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Health Inequalities and Homelessness

Considering Material, Spatial and Relational Dimensions

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Abstract

Homelessness is a pressing health concern involving material hardship, social marginalization and restrained relationships between homeless and housed people. This article links relational aspects of homelessness, and its health consequences, with material and spatial considerations through the use of photo-elicitation interviews with 12 rough sleepers in London. We highlight the relevance of embodied deprivation for a health psychology that is responsive to the ways in which social inequalities can get under the skin of homeless people and manifest as health disparities.

Keywords

- *health*
- *homelessness*
- *material*
- *psychosocial*
- *visual*

HOMELESSNESS is a serious health concern primarily affecting people from economically and socially marginalized backgrounds (Biswas-Diener & Diener, 2006; Crane & Warnes, 2005; Tois, 2005), thus intensifying existing risks of illness associated with social positioning (Wilkinson & Marmont, 2003). International research documents how, when compared with domiciled citizens, homeless people are more likely to experience a raft of illnesses and unmet health needs (Quine, Kendig, Russel, & Touchard, 2004), physical or sexual violence (Wenzel, Koegel, & Gelberg, 2000), a sense of insecurity and fear (Dordick, 1997) and reduced social integration (Connolly, 2000; Daly, 1997). When compared to the general public, homeless people are 34 times more likely to commit suicide, 25 times more likely to die at any point in their homeless lives and 150 times more likely to be assaulted fatally (Shaw, Dorling, & Smith, 1999). Material hardship and economic and social exclusions involved in homelessness are core determinants of health (Wilkinson & Marmot, 2003).

Identifying links between social deprivation and illness, as central to homelessness, is hardly groundbreaking news. Early epidemiological work allied to the public health movements of the 19th century documented the health impact of adverse living conditions (Chadwick, 1842), often paying specific attention to the plight of 'vagrants' (Mayhew, 1861). Recent evidence suggests that inequitable social arrangements not only impact on people materially, but also psychologically, through people's experiences of stigma, stress, loneliness, low self-esteem, powerlessness and poor quality social relations (cf. Bolam, Hodgetts, Chamberlain, Murphy, & Gleeson, 2003). This is reflected in discussions of the role of social capital, support and networks in health (Wilkinson & Marmot, 2003). While emphasizing the importance of personal experience and psychosocial processes in health inequalities we would not want to draw attention away from the physical and structural determinants of such inequalities. Both quantitative and qualitative public health research indicates that social support and networks do not alleviate material hardship, even though such interpersonal supports can buffer people from the severity of material hardship (Cattell, 2001; Norris, Scott, Speiglman, & Green, 2003). Advocates of both 'materialist' and 'psychosocial' approaches to health inequalities now acknowledge the importance of material conditions, such as having to sleep on a wet and cold concrete doorstep, and experiences such as being stigmatized or fearing assault for living on the doorstep (Adler, 2006; Macleod, Davey Smith, Metcalfe, & Hart, 2006). Due to the social exclusionary nature of homelessness, people face barriers to accessing basic physical necessities, such as a warm dwelling and adequate food, as well as psychological resources for good health, including support networks, respite from stress and a sense of belonging, self-esteem and hope.

In terms of understanding how material conditions and social positioning get under the skin of homeless people to manifest in experiences of illness and ultimately untimely death, notions of embodiment are central. For Cresswell:

> Embodiment refers to the process whereby the individual body is connected to larger networks of meaning at a variety of scales. It refers to the production of social and cultural relations through and by the body at the same time as the body is being 'made up' by external forces. (1999, p. 176)

Similarly, Gleeson and Frith (2006) introduce the concept of the 'inscribed body' into health psychology to conceptualize how our sense of self as embodied beings is socially and interpersonally inflected in contextually specific ways. Such work echoes Merleau-Ponty's (1968) assertion that flesh functions as the 'intercorporeal medium of sensibility'. Because bodies are not meaningful in themselves or 'self-produced', our embodied experiences are socially mediated through socio-political meaning systems, symbols and relationships. Bodies become meaningful and are transformed and regulated in relation to other bodies (Merleau-Ponty, 1968). Bodies are simultaneously, physical and symbolic, personal and relational. We will document how homeless bodies act out socially prescribed roles and relationships in specific settings, and in response to public expectations which impact health (cf. Hill, 2003; Hodgetts, Radley, & Cullen, 2006). Taking such contextual orientations to the psychology of embodied experience enables us to avoid the accusation from advocates of materialist explanations for health inequalities (Macleod et al., 2006) that psychosocial explanations can work to individualize social and health inequalities by reducing these disparities to personal perceptions and lifestyles. This orientation towards bodies in socio-political contexts materializes psychosocial processes in a combination of expressions, gestures, clothing, locations and relations that typify the positioning of homeless people.

Briefly, although research identifies high rates of disease and risk among homeless populations (Crane & Warnes, 2005), we know less about daily health-related practices, experiences and the possibility of

health-enhancing relationships for homeless people. Similarly, we know little about how health is influenced by relations between homeless people and members of the domiciled public (Radley, Hodgetts, & Cullen, 2005). Although material deprivation is a base element of homelessness, it is important to note that this is not simply a 'bricks and mortar' issue. It is also about relationships between homeless and housed people, and economically privileged and marginalized groups (Hodgetts et al., 2006). To advance understandings of homelessness, and people's health-related practices, resources and opportunities, this article offers insights into the material and relational aspects of homeless people's health. Our focus is on how social deprivation is crystallized in material and embodied experience.

Although there can be difficulties in defining homelessness (Daly, 1997), recent conceptual developments endorse a shift from homelessness as 'situation' to homelessness as 'process' (Fitzpatrick, Kemp, & Klinker, 2000). This has given rise to an emphasis on the value of detailed descriptions of cultures of homelessness (Radley et al., 2005). One way in which the interwoven nature of personal, relational and social dimensions of homelessness has been explored is through a focus on pathways to homelessness (Clapham, 2003). Such research documents how homelessness often stems from vulnerability to poverty exacerbated by a combination of traumatic life events such as family deaths, abuse, relationship breakdowns, mental illness, substance misuse and job loss (Morrell-Bellai, Goering, & Boydell, 2000; Toohey, Shinn, & Weitzman, 2004). People often 'use up' their social networks by relying overly on friends and family for support and a sofa for the night, eventually 'wearing out their welcome' and ending up on the street (Radley, Hodgetts, & Cullen, 2006). Once a person is homeless, issues of personal vulnerability intensify the situation so that they can become stranded as members of the most highly visible and stigmatized group of homeless people, 'street vagrants' or 'rough sleepers'.

There does not appear to be any single pathway into homelessness, and therefore the way back into mainstream society can vary considerably (Anderson & Tulloch, 2000). There are often difficulties in maintaining re-settlement for homeless people, which frequently results in their return to street life (Daly, 1997). Failures of re-housing are attributable to housing unaffordability, as well as social isolation, loneliness and a lack of community integration (Crane & Warnes, 2005). Efforts to re-house homeless people are also rendered vulnerable through a lack of public support for local re-housing initiatives, often reflected in 'zero tolerance' policies (Atkinson, 2003; Sibley, 1995). Appropriate reintegration, rather than merely requiring re-housing, necessitates support systems, jobs and the cultivation of social networks around homeless people. This involves homeless people in a series of complex transactions with community workers, officials, family, friends and members of the housed public (Fitzpatrick, Kemp, & Klinker, 2000). Whatever the route out of homelessness, successful interventions to help homeless people require knowledge of the daily cultures in which these people engage, and their experiences of health and social relations.

Central to this article is the premise that research into cultures of homelessness and issues of social relations and health must consider material, relational and spatial dimensions, topics that are often absent in psychological research (Snell & Hodgetts, in press). After all, we are embodied beings who live in a material world, frequent public spaces and engage with others (Geismar & Horst, 2004). These dimensions are also essential if we are to explore the ways in which a sense of belonging and place are associated with good health (Cattell, 2001; Popay et al., 2003) and crystallized in particular situations, specific objects, spaces and interactions (Tilley, 2006). Materially and spatially located experiences remind homeless people of who they are, who they want to be, whether they belong and how they are connected or dislocated from others (Radley et al., 2005). As we will show, this is particularly pertinent to the regulation and frequent dismissal of homeless bodies from public life (Atkinson, 2003). Examining the influence of material spaces and objects on health requires a research strategy and methodology that captures material and spatial dimensions of homelessness.

The research strategy

This research uses observational, visual and verbal qualitative methods in order to provide a close focus on the lifeworlds associated with homelessness and personal health (cf. Griffin, 2000; Luders, 2004), closer than usually evident in social psychological research. The project involved fieldwork, including site visits, engagements with participants in their various locations and observations of domiciled people's reactions to homeless people in public spaces (cf. Geismar & Horst, 2004; Tilley, 2006). To ensure responsiveness to context and the safety of all

concerned, this ethnographic work was guided by ongoing dialogue with charity staff and participants. This work provided an important backdrop to the interpretation of material produced using photographic and interview methods.

The research involving 12 homeless people recruited from two night hostels and one day centre in Central London. Staff from these agencies facilitated the recruitment of the participants and organized the interviewing facilities to enable researchers to conduct the study in a manner sensitive to the situations and needs of the participants involved (see Radley et al., 2005). These participants included nine men and three women; all were white, British and aged between 30 and 60 years. The participants had experienced varied routes to becoming homeless and had been in this situation from one to 27 years.

The method involved semi-structured interviews based upon participant photovoice projects (Wang, Cash, & Powers, 2000). Homeless participants were initially interviewed about their homeless biographies, social networks and health, and then given disposable cameras and asked to image homelessness, their social relationships and use of public spaces. Photo-production interviews were then conducted where participants were asked to reflect on and talk about the images they had produced. The resulting images and associated accounts provide insights into the practices through which homeless people construct themselves as social beings within specific locales, and enable us to link personal lifeworlds to wider societal contexts for health (Tois, 2005).

Image-based methods are particularly suited where respondents are spatially dispersed and mobile, and where the research requires a narrative that retains a strong sense of personal and social context (MacKnee & Mervyn, 2002). This assumes that photographs can do something that words alone cannot. Asking people to take and then talk about their photographs engages them in their world in a prescribed way, one that can then be reported upon within the framework of the investigation. By taking the camera the participant extends the investigation, becoming an interpreter of how the study is to be conducted. By returning with the photographs the participant satisfies what has been asked of him or her, and yet supplies pictures that 'go beyond' what the investigator could ever have asked for (Mitchell, 1994). Through talking about the photographs, participants bring to life links between material circumstances, social positioning and health. The collection of images and text together enables a 'showing and telling' that facilitates accounts of experiences located in particular spaces (Radley & Taylor, 2003a, 2003b; Radley et al., 2006).

Rather than see the photographs as bounded objects for interpretation, they are better understood as standing in a dialectical relationship with the persons who produced them. Their meaning does not lie in the images, except in so far as this is part of the way that people talk about them. To talk about the photographs one has taken is to make claims for them—to explain, interpret and ultimately take responsibility for them. From this perspective the photo-based interviews can be thought of as a conversation between respondent and interviewer. The accounts given and the interpretations made are then a result of a dialectic relationship between these positions, not an outcome of prescribed movements from one to another. As interpretive practice, this comes near to Mitchell's description of representation as something assembled over time out of fragments. The aim is to 'make materially visible the structure of representation as a trace of temporality and exchange, the fragments as mementos, as "presents" re-presented in the ongoing process of assemblage, of stitching in and tearing out' (Mitchell, 1994, p. 419). Importantly, just as the interviews were made *in the anticipation of* photographs to be taken, and then *on the basis of* the prints being looked at, the analysis involving the four investigators also had a conversational form. This meant that the aim was not so much an understanding *of* the pictures, as an understanding *with* the photographs and corresponding accounts about the lives of the respondents concerned.

The analysis of the data was carried out within this framework. We were mindful of criticisms of ethnographic studies of homeless people adopting an 'innocent ethnography' that serves to perpetuate assumptions of the homeless as 'other' (Radley et al., 2006). By offering the participants a camera to picture their world we gave them the opportunity to 'turn upon' their environment and also to provide an account of how and why they did so (Radley & Taylor, 2003a). The analytical process identified points at which negotiations between homeless people and the housed are reflected on as either undermining or enhancing health (cf. MacKnee & Mervyn, 2002). By necessity the analysis moved us beyond the description of specific representations or stories to more complex understandings of how health inequalities are rendered meaningful through relational, material and spatial considerations. Each section of the following analysis is grounded in both the participants' photographs and associated accounts, and is informed by the ethnographic observation, and existing literatures

on homelessness, geographies of exclusion and health inequalities. Section one documents understandings of illness in circulation among participants and how these relate to survival on the street and embodied deprivation. Section two explores in more detail relational and spatial dimensions of health, paying particular attention to geographies of exclusion.

Health and homelessness

In terms of accounts of health and illness, participants voiced classic notions of stoicism and need to respond to and cope with adversity. This trope was interwoven with constructions of the impact of social structures on personal lifeworlds and bodies. Of key importance in linking circumstances and health were notions of social stress and the importance of relationships and networks as buffers to material adversity. A particularly prominent account emphasized hygiene and material deprivation in the form of dirt and urine. Correspondingly, participants reflect on 'spaces for care' where they can wash, access clean clothes, food and engage in meaningful conversations, and thus gain some respite from the stressors of the street. The remainder of this section documents these issues. We consider the interwoven influence on health of material conditions, embodied experiences and identity formation.

One of the most dramatic images of material hardship directly linked to illness was painted by Keith when discussing a photograph that he wanted to take, but did not. Keith describes the physical environment he lived in prior to entering a night hostel. The account invokes notions of stigma and stress from being homeless combined with unhealthy, cold and damp living conditions:

Just being homeless in itself is make effort, do you know what I mean? It's a horrible thing, I wouldn't wish it on anybody, really being homeless … I think it affects your health, a great deal. I actually had chronic pneumonia, and I woke up one morning I was living in a squat in a three-story block of flats. (Coughs) Excuse me. And there in one of the corners in the living room, there was a hole and when it rained it was obviously coming through the roof and it was dripping. And the people that lived there before us had put a mattress in the corner to soak up the water and now it was keeping the place damp. And I was sleeping in that room in the other corner and I was in there for weeks and weeks. I didn't, I felt alright, and I woke up one morning I couldn't breathe. I felt like my lungs had collapsed. That's what it felt like and I didn't know what was wrong. I didn't think it could be pneumonia. I went to the hospital and they said it's pneumonia cos you've been homeless and living in squats, damp conditions, affected my health for sure. They kept me in hospital for three days cos I had chronic pneumonia.

Keith offers a spatially located description of a scene that epitomizes homelessness and its material implications for physical health. Here, it is the physical conditions of homelessness that lead to serious illness.

Participants' photographs and associated accounts repeatedly reflected how illness can rupture a sense of normality and autonomy. Inevitable bodily decline from the hardships of homelessness and the onset of illness is constructed as a gradual process, that 'can sneak up on you', and which is often experienced through physical or psychological symptoms. In the following extract Jean presents a dramatic account of embodied deprivation:

I didn't think about it affecting my health for a long time, but my teeth have all rotted. It's very deceptive. You don't think it is not ruining your health but it does, it does … You know the concrete pavement takes the heat from your body ... For years there was nothing wrong with me, for years. Now I've got backache and my teeth rotted all very quickly and I say it's been a long-time homeless. I'm sure I would have been a lot healthier if I hadn't been homeless ...

This extract reflects the embodied nature of illness and how one comes to realize the impact of homelessness on health through the loss of teeth or reflections on the impact of sleeping on a concrete doorstep. It is important to make a distinction between the physical realities of illness and the processes of awareness about illness and bodily decline. Such awareness is often triggered through the markers of embodied deprivation, such as the loss of teeth. Recognition of the body in a state of decline often surprises participants and forces them to acknowledge the consequences of homelessness. For instance, when shuffling through his photographs for images to discuss, Robert pauses on a portrait shot of a homeless man. On closer examination, he realizes that the man is in fact himself. His account of this portrait reveals how embodied deprivation can be exhibited:

That's not me. Oh let's have a look. Oh hang on, yes it is me. I didn't even recognize myself there … I think I look bloody ugly (laughs) … I look a lot different to what I used to look … I think it [homelessness] probably aged me in my appearance … It's no good standing out in the pouring rain getting soaking wet when you know you've got to sleep in them

clothes in the night-time … I mean I have enough problems with my asthma. I don't need anything else on top of that … And you keep saying to yourself, we'll be alright ... Always conscious of any sounds ... If I don't recognize a sound, I wake up instantly ... Your senses are more alert because you're expecting something or you could expect something. I knew a guy that got burnt out in a shop doorway … I mean it's a hard life and you have got to be really, really tough, you can't take any rubbish … you sort of half sleep but with one eye open, you know. You've always got to be ready for it that's why I never used to use a sleeping bag. I used to lay on it but I'd never get in it.

Reflecting the interwoven nature of material and psychosocial considerations, Robert directly relates stress and stigma to material disadvantage and social exclusion. His account reflects a complex understanding of the impact of wet and cold conditions, risks posed from existing ailments, the strain of safety issues associated with sleeping rough, the stress of vigilance and the constant effort to remain ever ready to defend oneself and cope with hardship, to 'tough it out'. The reference to sleeping on, rather than in, his sleeping bag reveals how the perceived threat of physical violence (a psychosocial influence) can lead to the adoption of a self-preservation strategy (a material action) that contributes to hardship and susceptibility to illness. The health of this homeless body is compromised by the practice of not getting into the sleeping bag; a practice necessitated by adverse local relations between homeless and housed people.

Unhealthy living conditions were repeatedly linked to illness and bodily decline, even though these may be resisted through personal stoicism. One may be stoical, but can only fight for so long. Participant accounts reflect the notions of positive fatalism proposed by Bolam and colleagues (2003), who argue that although one must acknowledge a lack of control over circumstances, one remains morally obliged not to give in to adversity. Participants repeatedly voiced a profound sense of lack of control associated with adverse material and social conditions and bodily decline. They provided physically located and embodied accounts reflecting the ways in which material conditions get under the skin to make people sick. In coping with the strains of homelessness, participants engaged in material practices that can exacerbate health concerns. For instance, all participants discussed escapist drinking or drug use as a response to the horrors of homelessness. In the following two extracts Jack and Phillip refer to the practice of drinking cider despite knowledge of the health consequences, and then relate this activity to a sense of self as homeless:

Jack: It's [White Lightening cider] only two ninety-nine in the cheap office licence, for three litres. It's nasty though, but it's cheap. That's why you buy it like, you know, ah 7.5 per cent ... You get a bad gut from it. If I drink that for a few months, if I'm drinking a couple of those every day, yeah. After about two months, I have to go off it. Because it burns, starts to burn away at my guts. And the bile in the morning, do you know what I mean. Sick in the morning, just green. That's all the chemicals that's in it, like you know. But it's cheap so that's why I always drink it.

The consumption of alcohol or drugs comprises a means of escaping from and coping with the material reality of homelessness. Further, the consumption of alcohol is linked to a sense of self as marginalized, strange, deviant and 'out of place' (Hill, 2003). When discussing the drink *White Lightening*, Phillip states:

I've got the bottle between my feet that's where I'm usually sitting [Photograph 1]. My life is like a bottle of cider, it's not like that all the time, I mean it's been a bit across the board. That photograph where I photographed the bottle and you can see my shoes. It's like, that's where I'm sitting.

Such depictions of drinkers crystallize health concerns associated with homelessness. Also, it is important to note that obtaining resources, like alcohol or cigarettes, for consumption is a means of participating in a consumer culture, even if it means being identified as 'secondary consumers' (Hill, 2003) who 'recycle' or 'scavenge'. These activities often mark homeless people as separate from the domiciled majority.

Such practices of consumption shape how homeless people understand themselves and are seen by others. Homelessness was also associated with a more profound loss of self, where one is not simply a person living on the street but a part of the street, in the form of an abandoned object. For example, in the following extract Jean discusses Photograph 2 which depicts a back street in which she links stress and stigma to a loss of self, associated with being reduced to an abandoned physical object:

I live and eat and work with it and I haven't had a break for years … And the street, can claim you ... It has various ways of claiming you. That's why this number 22 photograph I feel epitomizes completely my view. That street, just one back alley will claim you as a homeless person ...

Interviewer: How does the street keep you?

Photograph 1. Expression of self through the depiction of a bottle of cider.

Photograph 2. Expression of loss of self through the depiction of a street in London.

Jean: Well, how does a car, end up being parked in one street for a very long time? I've often seen cars like this, has been abandoned, right. Now if a car could speak, the car would say I've got no choice. My driver's gone; I've run out of petrol … I'm stuck in this street and there are lots of time when you think, I'm not human any more …

Jean presents a picture of entrapment, where she is stranded on the street and in hardship. Exacerbating such concerns is the fact that one is bound within an unclean or unhygienic, and therefore inherently unhealthy, space. Jean turns her attention to another photograph in which she describes her daily route to the day centre, a semi-private space where homeless people attempt to sanitize themselves and gain sanctuary from the material hardship and filth of the street:

I took these photographs because in there, there was a man pissing ... And I thought it was important to let you know that a lot of the times the steps and corners and crannies and all that are often weed upon. So if you bed down at night, you know, there's a great big chance that somebody has weed on that spot. So you'd often lie in someone's urine ... The people homeless have slept in there, it's right next door to a garage … Yeah, that's what homeless means—dirty. It's filthy, it's horrible, so degrading. You know, you come into the day centre, get all cleaned up and then at night you sleep on the step then find somebody had pissed on it all day. I often used to think well if they could do it you they will … It's important, you know like anything that's you know supposed to be hygienic for unemployed people, what can I say. I notice that they don't boil things here … The water just ain't hot enough to get your clothes clean and all that sort of thing. So, I mean, how filthy is urine?

Jean invokes a sense of ultimate neglect and indignity through an account of sleeping in someone else's urine, and the sense of being always unclean. The account also introduces two forms of relationship between homeless and housed people. The first concerns societal neglect, in that members of the domiciled public are presented as willing to urinate where other people sleep. The second is evident in the account of the day centre where concerned citizens offer a place to re-sanitize. However, the key consideration here is the fundamental association of homelessness with dirt and neglect, and the inability to transcend the contamination of homelessness.

Such references to personal hygiene invoke notions of body care, self-respect and responsibility. Jean introduces the function of 'spaces of care' (Johnsen, Cloke, & May, 2005). These are places where people can gain access to basic material resources such as food, clothing and medical care. These spaces provide respite from material deprivation, but as importantly, also provide social support, relief from loneliness and a haven from stigma. The following extract from Dean shows how these are 'places to be and belong':

It's just, it's the place most people get together and have a laugh and a joke and a chat. We go down say mid-morning for a cup of tea, there's myself, Albert, and I haven't got one of Albert. Myself, Albert, Michael and Nigel and we just sit round, we gab. You know, you just get together, have a cup a tea and just laugh and joke you know.

Spaces for care are about much more than food and shelter; they are part of a homeless person's daily routine and provide some structure and purpose to the day. These spaces provide a place to gain some sanctuary from the strain and adversity of homelessness, and strength to cope with life on the streets. As Mary recounts:

Go to the Passage at 7 o'clock in the morning, have a shower, get my washing done, have my dinner, my breakfast and back on the streets at 2 o'clock and drink. Go to sleep, go back up in the morning and the same thing all day, every day of the week and that's just how life is. You've got everything you want. You've got nurses, doctors, chiropodists, hairdressers, you've got everything … We all use the day centre so you come in here and you start making friends … Since I've been down the Passage I've got a lot stronger. When I first come down here, I was like a nervous little girl … Anyone said boo to me and I jumped 14 feet into the next room (laughs) but as the time's gone by they've given me strength to stay homeless, give me strength and I'm not so frightened ...

Homeless people seek more than food and shelter. Such basic needs are important. However, seeking friendship, support and community are equally important. It would be misleading to assume that physical and material needs must be addressed before psychological and relational health can occur. Our participants sought both basic material needs and meaningful social supports. Their accounts reflect the finding of Biswas-Diener and Diener that in terms of psychological health 'physical, social, and psychological needs might interact in a more "horizontal" fashion to create overall psychological well-being, and that a success in one can counterbalance a failure in another' (2006, p. 201). Both are necessary to ensure health. Homelessness is more than a bricks and mortar issue. Social relationships also impact on participants' circumstances, coping and survival.

Material relations and spatial regulation

Experiences of positive social interaction and participation in diverse social networks are beneficial

for health (Cattell, 2001). Health can be usefully conceptualized as a fundamentally relational process, shaped through social dialogue and interaction (Cornish, 2004) and the quality of relations between groups in society (Wallack, 2003). This approach to health invokes concerns around social inclusion and exclusion for vulnerable groups such as homeless people (cf. Popay et al., 2003). Our participants reported three primary sources of interpersonal interaction, with other homeless people, with service providers and with domiciled people. Homeless people are subject to the power of domiciled groups to regulate their use of public spaces and opportunities for inclusion and belonging. Spatial considerations are particularly important to understanding these relational dimensions of health that stem from interactions between homeless and housed people.

Processes of social power are central to relations between homeless and housed people (Atkinson, 2003; Daly, 1997). Because homeless people occupy a 'grey area' where their existence is, to a varying extent, acknowledged and tolerated by domiciled people (cf. Atkinson, 2003), institutions of the domiciled have power to define and regulate homeless people in terms of who they can be, where they can go and how they should behave. Our participants express an imperative to reproduce public expectations and display the 'detectable' features of 'the homeless' (Hodgetts et al., 2006), with awareness of the performative nature of their presence. To gain access to resources and sympathy from the public, several participants talked about the need to present in a manner compliant with common characterizations, such as the beggar. For instance, Jim stated that those who beg adopt the iconic image of the beggar consciously through mundane acts such as going 'without a shave'. The significance of adopting such simple symbols was often explained through the reproduction of popular story lines. The following set of six photographs are taken from a series produced by Keith, who rearticulated and then reflected upon a prominent story frame where rough sleepers are cast as 'down and outers' who spend their time begging so that they can buy alcohol or drugs.

Photograph 3 depicts Keith's begging uniform. Photograph 4 depicts a sign used to invoke sympathy and donations. Photograph 5 depicts two bags made to look as if they are full of possessions that Keith carries while begging. Photograph 6 depicts two friends sitting in a popular spot for stationary begging outside Waterloo Station. Photograph 7 depicts mobile begging in Waterloo station. Photograph 8 depicts the market in Brixton known as 'Electric Avenue', where homeless people can purchase drugs with money from begging.

Photograph 3

Photograph 4

Photograph 5

Photograph 6

Photograph 7

Photograph 8
Photographs 3–8. Depictions of the art of begging.

Keith appropriates the image of the beggar and uses this series of photographs to chronicle the 'science of begging' as an important knowledge base for survival on the street. He recounts how, depending on location and pedestrian flows, a person can select different tactics for begging. In doing so, he highlights the cultural currency of public expectations:

Yeah, it's [Photograph 2] for when it's busy and there's a lot of people passing. There's two different kinds of begging. You can sit down with a blanket and beg or you can walk about and beg. I used to beg like this [Photograph 6]. Sit down with a sign when it's really busy at rush hour, but now I stand around and beg and walk about the station [Photograph 7].

To domiciled people begging often appears to be a strange, uncoordinated, passive and even random activity. Thus, the interaction it necessitates between 'us' and 'them' becomes potentially threatening and dangerous. In fact, begging is often a systematic activity based on specific knowledge of spatial orderings and the appropriation of public expectations. For Keith begging is an organized act where different strategies require different props. When sitting one needs a sign [Photograph 4] and when walking around one needs luggage [Photograph 5]:

Keith: I just walk about. I've got that [one bag] over my shoulder like that. I've got that [other bag] on my other shoulder […]

Interviewer: So what do you have in there?

Keith: Nothing, just a sleeping bag ... It's just for show. […]

Interviewer: …What sort of effect does it have?

Keith: Well, homeless innit. I mean they [domiciled people] associate homeless people if you're homeless then where is all your stuff? Where do you keep your stuff? Walking about with nothing just doesn't work. Just clothes on, you must have somewhere to live sort of thing, you know what I mean?

Interviewer: Even if you haven't got any stuff, you make it look as if you do?

Keith: Yeah, saying I'm homeless … Yeah, that's my begging clothes [Photograph 3] …

Interviewer: So it's like a uniform?

Keith: Yeah (laughs).

Interviewer: Okay, here's this one of the guy on the bike [Photograph 7].

Keith: No it's not him, it's the market area. This is Brixton. This is actually a drug photograph.

Interviewer: A drug photograph?

Keith: Yeah, there's not actually drugs in it but this is where homeless people buy drugs around this market. This is Brixton … Basically yeah. It was just a quick flash.

Keith's use of the common 'drug-addicted beggar' story line epitomizes how many homeless people construct self-representations in response to public expectations and accusations. Dittmar (1992) has proposed that audiences make assumptions about the identities of others through their possessions. Keith's presentation of the props to signify his position as a beggar reflects an awareness of how people and objects can come to stand for each other (Sibley, 1995). Yet, these photographs communicate more than the life of a beggar. Keith demonstrates how homeless people are not simply victims of public power to name and define. Homeless people can actively manipulate such expectations in order to obtain material resources, survive and invoke sympathy from members of the domiciled public (Atkinson, 2003). Keith engages with members of the public in a prescribed manner while renegotiating the power relations that underlie expected interactions between beggars and domiciled people who are approached for money. Homeless people present particular self-representations to housed people in an attempt to encourage others to see and respond to them in certain ways (Morrell-Bellai, Goering, & Boydell, 2000).

The act of reproducing and reflecting on the addicted beggar story fame demonstrates how taken-for-granted aspects of street life and the public spaces within which events take place are invested with intentions, expectations and meanings. Strategies for begging present a material manifestation of aspects of homeless–housed relations. One interpretation of such strategies is that Keith is simply manipulating the public. This is a partial interpretation because it fails to address the wider symbolic processes at play in such simple acts as a rough sleeper asking a passer-by for money. This act is often associated with stigma, accusations of dependency and ridicule, which can undermine homeless people's dignity as autonomous members of society (Sennett, 1998) and disrupt their sense of place. Those who engage in begging can respond by giving convincing performances in a manner that preserves their personal dignity and sense of control. For instance, Keith presents the beggar as a characterization that he controls, and in doing so, is able to convince himself and others that he has some agency over his public image. Such expressions of independence in thought and deed are a key means of foregrounding self-direction and personal autonomy. In short, Keith depicts himself as an active agent who uses public expectations in order to assert some control over his interactions with the public. Such purposeful activities as begging comprise strategies or ways of responding to social rules of interaction between groups, in this case between homeless and housed people. Clearly we need to consider issues of social power here because these strategies for interaction are also socially regulated, as when homeless bodies are removed from public spaces for annoying or transgressing the sensibilities of housed people.

Elsewhere we have shown that homeless people seek membership of homeless communities, exemplified by participation in groups of beggars or drinking schools that mark homeless people as distinct from the domiciled community (Hodgetts, Cullen, & Radley, 2005; Hodgetts et al., 2006). Sibley (1995) notes that marginalized groups, such as homeless people, often create spaces for community on the fringes of society, and in the process invert social power relations by pushing out members of the dominant group, or by making them feel uncomfortable in such spaces where the marginalized group 'commands the centre'. In these spaces, social support can be gained from other homeless people through shared activities such as drinking and begging. These communal activities facilitate a sense of shared purpose, reciprocity and friendship (Hodgetts et al., 2006), which are associated with positive health outcomes (Popay et al., 2003). Homeless people also seek participation in local domiciled communities through casual engagements with local residents they meet in parks and local businesses (Radley et al., 2005). These interactions allow homeless people to claim status as local residents and to become 'one of us' who 'belongs'. Participation in these local social networks is also health enhancing. Seeking community ties in parks, cafes, garages, theatres, libraries, bookmakers', fish and chip shops and grocery stores appears to constitute attempts to maintain one's dignity as a person who is recognized and who belongs (Radley et al., 2006).

Popay and colleagues (2003) refer to the importance of material conditions and 'place' for shaping identities and lives. People often understand their lives, and their health, in relation to links between their sense of self and normative expectations of the

'proper place to be' or the proper use of public spaces (Atkinson, 2003). Despite these efforts for inclusion, homeless people are generally deemed out of place on a doorstep because their presence transgresses normative distinctions between the public and the private, where their presence turns a public space into an exposed private dwelling. Popay and colleagues (2003) associate the resulting sense of being out of place with an increased risk of illness because the experience produces distrust and disrespect, as well as stress and stigma. Concerns regarding the regulation of space, homeless bodies and social hygiene are evident in the following extract from Robert:

They'll [security staff] say to you, oh, move on, yeah? And they get the same name again, they'll move them on again and they say don't come back again, otherwise next time you're nicked ... Purges, you know. They'll leave you alone for three months and all of a sudden they'll have a purge on you. They see you, they see you day in, day out, and you can guarantee when it's pouring with rain, they'll chuck you out. They'll chuck you out of there … That's another thing that gets to you, coldness. That's why you go into places like the library, why you go into the coach station. It's nice and warm, you know. You can sit down there for hours at a time and you might get someone come through and say, are you travelling sir? That's how, their favourite offer, you know …

Such extracts illustrate how homeless people face stigma as 'non-citizens' who are caricatured and dismissed according to perceptions of their deviance and transgression of social norms (cf. Connolly, 2000). The embodied experience of being left out in the cold is, in part, given meaning through a paradigmatic relationship with domiciled bodies free to enjoy the warmth of the indoors (cf. Merleau-Ponty, 1968).

The occupancy of public space by the homeless is frequently a matter of public concern. Civic responses to this occupancy are manifest in such things as the introduction of CCTV systems that make housed citizens feel safer at the expense of displacing 'winos and beggars' (Radley et al., 2006). Contemporary cities are increasingly hostile to homeless people, evident in developments such as the design of park benches that people cannot sleep on and the hiring of security guards to remove vagrants from train stations or shopping districts (Atkinson, 2003; Johnsen et al., 2005). Homeless bodies might infect, spoil or taint such spaces. Social policies developed to 'manage' and regulate homeless people (Daly, 1997) support efforts on the part of the domiciled to purifying public space (Sibley, 1995). The regulation of social spaces raises notions of pubic purification and social hygiene, as evident in the following extract from Phillip:

They're [domiciled public] like part of 'oh dear don't they [homeless people] spoil the street. Don't they spoil the doorways and don't they spoil the benches on the railway stations, don't they spoil the park benches, don't they spoil'. It's like, I think, if the general public were truthful they tread them under the carpet like a piece of dirt on your shoe.

Practices of exclusion evident in this extract create barriers to social participation and support for homeless people. Jarvinen (2003) similarly found that homeless people's accounts reflected a sense of defensiveness because they were constantly on trial and their membership in society and local settings was constantly at risk. This 'questioning of belonging' has implications for health and the social regulation of homeless bodies through limiting the wider inter-group relations between homeless and domiciled citizens. The quality of inter-group relations is linked to practices of social exclusion and stigma that are manifested in the forced mobility of homeless people from public spaces, ultimately contributing to increased material hardship and enhanced risk of illness.

Conclusion

These findings support the importance of both material (Macleod et al., 2006) and psychosocial (Adler, 2006) orientations to health inequalities research through providing insights into the ways in which social deprivation can get under the skin of homeless people. The findings also support the relevance of embodied deprivation for understanding the interwoven nature of physical and interpersonal settings for the health of homeless people. Material hardship can be exacerbated by social stigma and a sense of self as deviant and out of place. In adopting this orientation we have followed Pascale (2005) in avoiding artificial distinctions between material conditions and social constructions often found in homelessness research. Our participants make sense of the material deprivation they experience in relation to the need to respond to public expectations about the character, place and behaviour of homeless people. The stress and alienation resulting from being regulated and excluded encourages escapist strategies such as substance misuse, and produces susceptibility to illness. Homeless people's attempts to cope with unhealthy social and material circumstances appear to reflect de

Certeau's (1984) notion that the 'art of everyday life is the art of making do'.

It is important to note that understanding how homeless people live their lives will not prevent individuals from arriving in this situation. However, it can help researchers, policy makers and service providers conceptualize an action frame to interpret how homeless people make decisions about accessing spaces of care. Our point is that homelessness is not just a passage through which people travel (Clapham, 2003), but a culture and set of social practices and relationships in which they engage. Because that culture is not separate from society, but part of it, we need to conceptualize a way of envisaging relationships between homeless people and others in public spaces. This requires us to address the fundamentally social nature of homelessness as more than a 'bricks and mortar' issue. Consequently, this research offers more than a static picture of the homeless situation; it documents how health issues are grounded in the material, symbolic and relational contexts in which homeless people live their lives. Our focus on material, relational and spatial considerations provides insight into these societal aspects of health.

If health psychologists are to consider contextual dimensions of health inequalities, then our research methods need to capture and document these aspects of everyday life. To address such concerns, health psychologists need to consider more creative and critical ways of researching (Yanchar, Gantt, & Clay, 2005), the benefits of using ethnographic approaches (Griffin, 2000) and image-based methods (Snell & Hodgetts, in press). The present research demonstrates some of the benefits of such a shift. However, it is informative to reflect also on the complexities and limits of photo-production as a method. Requesting homeless people to take photographs oriented the participants to their contexts, and encouraged a spatially and materially focused engagement with places, objects and bodies. It provided opportunities for the participants to reflect critically on their situations and health. However, it would be a mistake to consider this method is an unproblematic route to homeless experiences. Many important issues raised by participants in discussion were not pictured, although the photographic exercise provided a space for invoking issues that were not materialized in photographs. In other words, in discussing the process of photographing participants were able to reflect on what they did not capture. It is often the relationships and concerns lying behind and beyond the photographs that provide insights into embodied deprivation and health inequalities. Examples presented in our analysis illustrate how participants not only talk about a specific photograph and the locations depicted, they also talk about relationships and issues that lie beyond such depictions.

References

Adler, N. (2006). When one's main effect is another's error: Material vs. psychosocial explanations of health disparities. *Social Science & Medicine*, *63*, 846–850.

Anderson, I., & Tulloch, D. (2000). *Pathways through homelessness: A review of the research evidence*. Edinburgh: Scottish Homes.

Atkinson, R. (2003). Domestication by cappuccino or a revenge on urban space? Control and empowerment in the management of public space. *Urban Studies*, *40*, 1829–1843.

Biswas-Diener, R., & Diener, E. (2006). The subjective well-being of the homeless, and lessons for happiness. *Social Indicators Research*, *76*, 185–205.

Bolam, B., Hodgetts, D., Chamberlain, K., Murphy, S., & Gleeson, K. (2003). 'Just do it': An analysis of accounts of control amongst lower socio-economic status groups. *Critical Public Health*, *13*, 15–31.

Cattell, V. (2001). Poor people, poor places, and poor health: The mediating role of social networks and social capital. *Social Science & Medicine*, *52*, 1501–1516.

Chadwick, E. (1842). *Report of an enquiry into the sanitary conditions of the labouring population of Great Britain*. London: Poor Law Commission.

Clapham, D. (2003). Pathways approaches to homelessness research. *Journal of Community and Applied Social Psychology*, *13*, 119–127.

Connolly, D. (2000). *Homeless mothers: Face to face with women and poverty*. Minneapolis, MN: University of Minnesota Press.

Cornish, F. (2004). Making 'context' concrete: A dialogical approach to the society–health relation. *Journal of Health Psychology*, *9*, 281–294.

Crane, M., & Warnes, A. (2005). Responding to the needs of older homeless people: The effectiveness and limitations of British services. *Innovations*, *18*, 138–152.

Cresswell, T. (1999). Embodiment, power and the politics of mobility: The case of female tramps and hobos. *Trans Inst British Geography*, *24*, 175–192.

Daly, G. (1997). Charity begins at home: A cross-national view of the voluntary sector in Britain, Canada and the United States. In M. Huth and T. Wright (Eds.), *International critical perspectives on homelessness* (pp. 168–184). London: Praeger.

De Certeau, M. (1984). *The practice of everyday life*. Trans. S. Randall. Berkeley, CA: University of California Press.

Dittmar, H. (1992). *The social psychology of material possessions: To have is to be*. Hemel Hempstead: Harvester Wheatsheaf.

Dordick, G. (1997). *Something left to lose: Personal relations and survival among New York's homeless*. Philadelphia, PA: Temple University Press.

Fitzpatrick, S., Kemp, P., & Klinker, S. (2000). *Single homelessness: An overview of research in Britain*. Bristol: Policy Press.

Geismar, H., & Horst, H. (2004). Materializing ethnography. *Journal of Material Culture*, *9*, 5–10.

Gleeson, K., & Frith, H. (2006). (De)constructing body image. *Journal of Health Psychology*, *11*, 79–90.

Griffin, C. (2000). More than simply talk and text: Psychologists as cultural ethnographers. In C. Squire (Ed.), *Culture in psychology* (pp. 17–30). London: Routledge.

Hill, R. (2003). Homeless in the US: An ethnographic look at consumption strategies. *Journal of Community & Applied Social Psychology*, *13*, 128–137.

Hodgetts, D., Cullen, A., & Radley, A. (2005). Television characterizations of homeless people in the United Kingdom. *Analyses of Social Issues and Public Policy*, *5*, 29–48.

Hodgetts, D., Radley, A., & Cullen, A. (2006). Life in the shadow of the media: Images of street homelessness in London. *European Journal of Cultural Studies*, *9*, 224–245.

Jarvinen, M. (2003). Negotiating strangerhood: Interviews with homeless immigrants in Copenhagen. *ACTA Sociologica*, *46*, 215–230.

Johnsen, S., Cloke, P., & May, J. (2005). Day centres for homeless people: Spaces of care or fear? *Social & Cultural Geography*, *6*, 787–811.

Luders, C. (2004). Field observation and ethnography. In U. Flick, E. von Kardorff, & I. Steinke (Eds.), *A companion to qualitative research* (pp. 221–230). London: Sage Publications.

MacKnee, C. M., & Mervyn, J. (2002). Critical incidents that facilitate homeless people's transition off the streets. *Journal of Social Distress and the Homeless*, *11*, 293–306.

Macleod, J., Davey Smith, G., Metcalfe, C., & Hart, C. (2006). Subjective and objective status and health: A response to Adler's 'When one's main effect is another's error: Material vs. psychosocial explanations of health disparities. A commentary on Macleod et al.'. *Social Science & Medicine*, *63*, 851–857.

Mayhew, H. (1861). *London labour and the London poor. London: A cyclopaedia of the condition and earnings of those that will work, those that cannot work, and those that will not work*. New York: A. M. Kelly.

Merleau-Ponty, M. (1968). *The visible and the invisible*. Trans. A. Lingis. Evanston, IL: Northwestern University Press.

Mitchell, W. J. T. (1994). *Picture theory*. Chicago, IL: University of Chicago Press.

Morrell-Bellai, T., Goering, P., & Boydell, K. (2000). Becoming and remaining homeless: A qualitative investigation. *Issues in Mental Health Nursing*, *21*, 581–604.

Norris, J., Scott, R., Speiglman, R., & Green, R. (2003). Homelessness, hunger and material hardship among those who lost SSI. *Contemporary Drug Problems*, *30*, 241–273.

Pascale, C. (2005). There's no place like home: The discursive creation of homelessness. *Cultural Studies/Critical Methodologies*, *5*, 250–268.

Popay, J., Thomas, C., Willians, G., Bennett, S., Gatrell, A., & Bostock, L. (2003). A proper place to live: Health inequalities, agency and the normative dimensions of space. *Social Science & Medicine*, *57*, 55–69.

Quine, S., Kendig, H., Russel, C., & Touchard, D. (2004). Health promotion for socially disadvantaged groups: The case of homeless older men in Australia. *Health Promotion International*, *19*, 157–165.

Radley, A., Hodgetts, D., & Cullen, A. (2005). Visualising homelessness: A study in photography and estrangement. *Journal of Community and Applied Social Psychology*, *15*, 273–295.

Radley, A., Hodgetts, D., & Cullen, A. (2006). Fear, romance and transience in the lives of homeless women. *Journal of Social and Cultural Geography*, *7*, 437–461.

Radley, A., & Taylor, D. (2003a). Images of recovery: A photo-elicitation study on the hospital ward. *Qualitative Health Research*, *13*, 77–99.

Radley, A., & Taylor, D. (2003b). Remembering one's stay in hospital: A study in recovery, photography and forgetting. *health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, *7*, 129–159.

Sennett, R. (1998). *The corrosion of character*. London: W. W. Norton & Company.

Shaw, M., Dorling, D., & Smith, G. (1999). Poverty, social exclusion and minorities. In M. Marmont & R. Wilkinson (Eds.), *Social determinants of health* (pp. 211–239). New York: Oxford.

Sibley, D. (1995). *Geographies of exclusion*. London: Routledge.

Snell, D., & Hodgetts, D. (in press). A heavy metal community of practice. *Journal of Community and Applied Social Psychology*.

Tilley, C. (2006). Introduction: Identity, place, landscape and heritage. *Journal of Material Culture*, *11*, 7–32.

Tois, A. (2005). Re-housing and social reintegration of homeless people: A case study from Milan. *Innovation*, *18*, 183–203.

Toohey, S., Shinn, B., & Weitzman, B. (2004). Social networks and homelessness among women heads of household. *American Journal of Community Psychology*, *33*, 7–20.

Yanchar, S., Gantt, E., & Clay, S. (2005). On the nature of a critical methodology. *Theory & Psychology*, *15*, 27–50.

Wallack, L. (2003). The role of mass media in creating social capital: A new direction for public health. In R. Hofrichter (Ed.), *Health and social justice: Politics, ideology, and inequality in the distribution of disease* (pp. 594–625). San Francisco, CA: Jossey-Bass.

Wang, C., Cash, J., & Powers, L. (2000). Who knows the streets as well as the homeless? Promoting personal and community action through photovoice. *Health Promotion Practice*, *1*, 81–89.

Wenzel, S., Koegel, P., & Gelberg, L. (2000). Antecedents of physical and sexual victimization among homeless women: A comparison with homeless men. *American Journal of Community Psychology*, *28*, 367–390.

Wilkinson, R., & Marmot, M. (2003). *Social determinants of health: The solid facts*, 2nd edn. London: International Centre for Health and Society.

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