

Resilience and coping mechanisms of homeless people

by

Esther Hannelie Griffiths

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Supervisors:

Prof David Maree

Dr Sabrina Liccardo

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“Do not judge me by my success, judge me by how many times I fell down and got back up again.” Nelson Mandela

Abstract

Homelessness is a global phenomenon that affects millions of people, South Africa included. The daily adversities and hardships the homeless face affect their physical and psychological well-being. The study aimed to identify critical processes, mechanisms and factors that help and support people experiencing homelessness to cope and enhance their resilience and well-being. Resilience in terms of this study encompasses the complex interaction of behavioural, psychological, social and institutional resources to overcome adversity. The study used a qualitative research approach to explore and understand the experiences of homeless people and their ability to survive. The study implemented Seligman's positive psychology theory of well-being as a theoretical lens to analyse the data. Positive psychology aims to identify, develop, and evaluate interventions to optimise functioning, enhance well-being, and assist individuals in coping with adversity (Wood & Johnson, 2016). Phenomenology was used as research design as the theoretical underpinning to collect, analyse and interpret the homeless' experiences.

A purposive, non-random sampling method was employed to recruit participants whose characteristics represent the homeless population/community. Ten in-depth, qualitative, individual interviews were held with temporarily housed homeless adults in the George region of the Western Cape. Thematic analysis assisted in exploring how the homeless perceives their lived experiences and how they cope in these circumstances. Accounts of psychological strengths, internal resources, and social support factors seem to enhance resilience and well-being among people experiencing homelessness despite disabling risk factors. These processes and factors could increase resilience and reduce vulnerabilities in the homeless' high-risk environment. Furthermore, a practical approach involving social, government, and support agents is needed to identify strengths, train, and motivate individuals experiencing homelessness. This approach aims to empower the homeless to become more

independent, and self-reliant but not dismissing the agency and structural constraints placed on them.

Keywords: resilience, homelessness, coping, adversity, positive psychology, risk factors, protective factors

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Chapter 1 - Contextualising the research study

Homelessness is a global dilemma, and South Africa is no exception. South African history of systemic inequity has caused unique challenges alongside the housing market, the economy, poverty, unemployment rate, government policies and the recent COVID-19 pandemic (Cross et al., 2010; Hentschke & Williams, 2018). Nonetheless, homelessness is more than not having access to proper housing or employment. People experiencing homelessness face many personal and structural challenges and hardships daily, creating disempowering conditions that are traumatic, isolating and affect their health and well-being.

These challenges and traumas the homeless face include exposure to crime, violence, abuse, discrimination, and difficulty accessing healthcare, food, and sanitation (Tembe, 2015). Furthermore, personal challenges encompass individual patterns and behaviour like substance abuse, mental illness, trauma, alcoholism and lack of self-determination which form part of individual agency that contribute to a person becoming homeless (Bandura, 1999; Krabbenborg et al., 2017; Main, 1998; Porpora, 2015). These environmental or structural factors, including the social and physical context, influence personal behaviour and factors and have a causal effect on the outcome of people experiencing homelessness (Bandura, 1999; Buch-Hansen & Nielsen, 2020).

Despite these circumstances, some homeless people exhibit resilience in these detrimental conditions. Although most studies in the past have focused more on the underlying reasons individuals become homeless (Mabhala et al., 2017; Zhao, 2023) this study adopts a broader, more positive approach towards well-being and resilience. This research endeavours to explain the personal or internal mechanisms/resources influencing positive well-being in people experiencing homelessness. These causal factors include cognitive processes, beliefs, actions and attitudes that impact an individual's behaviour and environmental and social support systems that promote resilience and enable them to cope with adverse circumstances. (Bandura, 1999; Sisto et al., 2019).

Resilience refers to the ability to adapt, navigate, absorb adversity, and harness resources effectively (Denckla et al., 2020). Resilience literature has moved away from solely focusing on person-centred traits and definitions to the inclusion of the complex interaction of social, institutional, ecological, behavioural and psychological resources (Denckla et al., 2020; Masten, 2021; Masten et al., 2021; Ungar & Theron, 2021). The related vital factors permit people experiencing homelessness to be resilient when faced with challenges and are seen as a dynamic process that enables them to cope (Ungar & Theron, 2021).

When confronting homelessness, resilience encompasses survival strategies, social network and support, cognitive capacity and executive functioning and other psychological adaptations (Hastings, 2021). All these factors collectively contribute to and influence the outcome of homelessness outcome.

Resilience in the context of homelessness is seen as the interaction and functioning of risk- and protective factors on several levels, where protective factors act as a buffer or moderator against the adverse outcomes of risk factors (Johnson, 2018).

Justification for the study

While conducting the literature review, it became evident that not much research has been done on the resilience of homeless people thus far. Most research focuses on the individual, and structural reasons for people to become homeless and resilience research has only recently started focusing on more than individuals and their traits (Sisto et al., 2019). Furthermore, not much research has been done on homelessness in South Africa, and it is subsequently in need of exploration. This study will therefore focus on the resilience and coping of people experiencing homelessness within a South African context. It will look into crucial processes/mechanisms related to resilience incorporating Seligman's positive psychology theory. Individual strength factors alone are not sufficient to sustain resilience among people experiencing homelessness (Bandura, 1999). Structural factors must be considered and accounted for to sustain and help people experiencing homelessness. Accordingly, the

study will also identify structural factors that add buffers that allow people experiencing homelessness to cope (Maddux, 2018). Identifying these processes/ mechanisms is essential to identify and expand on strength characteristics, coping techniques, systems and essential support to establish support systems for people experiencing homelessness, foregrounding what they are capable of and encouraging them to transition out of homelessness (Thompson et al., 2017).

Brief description of research questions

The present study aims to explore the underlying strengths of people experiencing homelessness and other forms of support that enable them to cope and show resilience with their daily struggles and adversities. The limited research availability on the topic calls for research that explores this phenomenon. This research will attempt to understand and get more insight into the thoughts and behaviour of people experiencing homelessness by exploring their lived experiences and the structural and social support available to them.

Research questions

To accomplish this goal, the study was guided by the following research questions:

- How do some homeless people cope with the hardships and adversities of living on the streets?
- Which psychological strengths, internal resources and factors promote resilience and well-being in homeless people?

Purpose of the study

The present study aims to explore and identify the key factors that promote the resilience and well-being of people experiencing homelessness in the context of their lived experiences. The research could improve service delivery, interventions and support in enhancing the well-being of people experiencing homelessness by identifying strengths and adopting practical approaches to recognise and utilise existing resources. Seligman's theory of well-being may be beneficial to identifying and cultivating positive psychology capital to give the people experiencing homelessness a sense of belonging, worth,

and purpose (Johnson, 2018; Seligman & Csikszentmihalyi, 2000). People experiencing homelessness could adopt the processes identified in the study or expand on some of Seligman's other vital processes that could increase their resiliency. Identifying these strengths could also be employed by professionals, support and service representatives when providing intervention strategies and, as a result, could improve support services and outcomes.

Working assumptions

The following literature-based assumptions directed the research objectives.

- People experiencing homelessness are confronted with individual and structural risk factors that negatively impact their well-being and resilience. South Africa has a history of systemic inequity, apartheid, and the migrant labour law, which adds extra unfavourable circumstances that affect people experiencing homelessness. Additionally, South Africa's economy, unemployment rate, poverty, housing market and government policies negatively impact people experiencing homelessness. In addition, people experiencing homelessness are also faced with personal challenges like abuse, trauma, substance abuse and mental illness.
- Applying Bandura's social cognitive theory involves recognizing that human behavior is shaped by the interplay of three key elements: personal factors, environmental factors, and the behavior itself. (Bandura, 1999). These three factors, referred to as triadic reciprocal causation, is applied to the risk and protective factors identified. This application gives a deeper understanding of the choices, actions, responses and outcome of the homeless.
- Despite these challenges, people experiencing homelessness could show signs of resilience and coping. Research has shown that resilience can be increased despite facing challenging circumstances (Thompson et al., 2016). Not denying the challenges the homeless face in different sectors that must be addressed and overcome, identifying, enhancing and utilising individual, environmental and social strengths could be implemented to promote resilience.

- Additionally, applying Bandura's four contributing factors to self-efficacy could be incorporated into helping people experiencing homelessness. These contributing factors to self-efficacy are a positive mood that combats depressive symptoms, mastering experiences through persistent effort, availability of competent models and encouragement and raised expectations from others. (Bandura, 1994, as cited in Booker 2021). In conjunction with Seligman's theory of well-being, Bandura's contributing factors to self-efficacy could be crucial for people experiencing homelessness to cope and increase resilience and well-being.

Summarised overview of chapters

Chapter 2: This chapter explores the phenomenon of homelessness, the individual and structural risk factors, including South Africa's history of inequity, the impact of COVID-19, and the classification and profiling of the homeless population. Additionally, interventions to combat homelessness are considered. The literature also reviews the concept of resilience and coping behaviour, which include character strengths and positive psychology as an interpretative paradigm.

Chapter 3: This chapter explains and discusses using a qualitative research approach for the current study. The research approach is discussed with the theoretical context and the considered presumptions. A rendition is given for using phenomenology as a theory in conjunction with thematic analysis to analyse the data. This chapter also discusses the selection criteria for the sampling of the study. The methodology chapter furthermore gives an overview of the sample characteristics, data collection method, data analysis and ethical considerations.

Chapter 4: This chapter discusses the findings obtained from the data collected. It gives an interpretation of the interviews in the form of themes and subthemes. Relevant literature is discussed and demonstrated with each theme to interlink the data with the literature review in Chapter 2.

Chapter 5: The final chapter gives an overview and synopsis of the previous chapters. Chapter 5 summarises the research questions' findings and how they relate. It gives a summarised interpretation

of the findings and themes in correspondence with the literature review. This chapter then conveys recommendations and suggestions for future research, the well-being of people experiencing homelessness and for them to become more resilient. Lastly, the chapter concludes with the study's limitations in light of the conclusions reached.

Chapter 2 - Literature Review

A key aim of helping people experiencing homelessness is to secure a home, autonomy, psychological well-being, and social inclusion (Christiaan et al., 2016). Certain psychological and structural hurdles must be overcome to engage in this pathway. Studies have indicated that the path to homelessness exhibits specific patterns of causal mechanisms, structures and context (Hastings, 2022). Consequently, it is essential to reference the structural, agency and cultural factors present and how these are interwoven to play an essential part in the outcome of individuals, which can contribute to an individual becoming homeless (Buch-Hansen & Nielsen, 2020).

Bandura's (1999) triadic reciprocal causation model of behaviour, personal- and environmental factors highlights the interrelatedness of human nature functioning and how they dynamically influence each other. The homeless face obstacles in these different sectors that need attention but have resources available that could be capitalised on, both external and internal. The different structures have causal capabilities and act as generative mechanisms in both positive and negative ways (Hastings, 2021). Personal factors like self-efficacy beliefs can influence an individual's behaviour, which in turn can shape their environment (Bandura, 1999). Simultaneously, the environment can influence personal factors and behaviour through social reinforcement, observational learning, and other social processes (Bandura, 1999). When the different structures interplay, some causal mechanisms amplify while others counteract each other (Hastings, 2021).

Some homeless individuals exhibit resilience, strength and coping mechanisms in adverse conditions. This study identifies which strengths and coping mechanisms they can utilise and build on to promote resilience. These strengths can be further utilised to better their psychological and environmental circumstances (for example, public health and support organisations) foregrounding what they are capable of encouraging them to transition out of homelessness (Thompson et al., 2017).

However, it also looks at the various obstacles in different sectors that must be addressed and overcome (for example, government policies and unemployment) to help with this process.

Homelessness

Definition of homelessness

Homelessness is a global phenomenon affecting both high- and low-income countries, and it is imperative to impose a particular definition since it affects how it is treated as a social problem (Institute of Global Homelessness, 2019; Jacobs et al., 1999). Definitions for homelessness differ across nations and methods for collecting data, making it difficult to give an exact number of global figures and influences on how data is interpreted and on homeless policy responses (Hastings, 2021; Institute of Global Homelessness, 2019). The Organisation for Economic Co-operation and Development (OECD, 2020) collected data from 36 countries globally (South Africa not included) and estimated that about 2.1 million people are homeless worldwide. Of these 36 countries, nearly all reported less than 1% of their population as homeless (OECD, 2020). The United Nations, however, reported that 150 million people are homeless globally, and 1.6 billion people live in inadequate housing conditions (United Nations, n.d.).

Homelessness is defined as an individual, family or community not having stable, permanent, safe and adequate housing nor the ability or means to obtain it that meets physical, security and social standards (Hastings, 2021; UN, 2022). The United Nations (2022), the Institute of Global Homelessness (2019), and FEANTSA (n.d.) use various forms of definitions for homelessness, which include: rough sleeping; persons living in severely insecure and inadequate housing like informal settlements; people living on the streets, cars or open spaces; persons living in shelters; emergency accommodation for internally displaced persons, migrants or refugees living in camps or other temporary accommodation.

The homeless population is heterogeneous but usually falls under a particular demographic profile and can be classified according to three types of homelessness (Hastings, 2021). Certain risk

factors contribute to the likelihood of a person becoming homeless, and South Africa's history of systemic inequity, has an additional factor that impacts the homeless figures, namely it's apartheid legacy.

Classification of homelessness

People without housing can experience three types of homelessness according to the number of days they are homeless (duration) and frequency or episodes of staying in a shelter (Hastings, 2021; Kuhn & Culhane, 1998). This typology includes, firstly, transitional or temporary; secondly, episodic and thirdly, chronic homelessness (Kuhn & Culhane, 1998). Transitional homelessness is usually temporary and could result from a significant or catastrophic life event, where individuals are forced to spend a brief time in a shelter (McAllister et al., 2011; Messier et al., 2021). They usually transition into stable housing and do not return to a shelter. Episodically homeless refers to people with recurring, short episodes of homelessness and can become chronic without the necessary resources and support (McAllister et al., 2011; Messier et al., 2021). When a shelter has become a long-term housing option for an individual with cumulative experiences, it is labelled chronic homelessness (Hastings, 2021; Kuhn & Culhane, 1998).

Episodic and chronic homelessness is associated with worse mental health and can trigger certain psychiatric disorders; therefore, early identification of risk factors, profiling and intervention is paramount to breaking the endless cycle (Balasuriya et al., 2020; Kertesz et al., 2005).

Demographic Profiling of the Homeless in South Africa

The last demographic profiling of homeless people in South Africa was done in 2010 with a relatively small sample of 94 homeless people from Gauteng, Mpumalanga and Limpopo (Kok et al., 2010). This profiling showed that most of the homeless population was male and a relatively small portion female (13%) (Kok et al., 2010). This profiling was in line with previous studies; however, difficulty was noted of contacting homeless women who try to stay off the streets as much as possible

for personal safety reasons (Kok et al., 2010; Olufemi, 2001). The bulk of the male population was aged between 25 and 44, with the greatest concentration in the 25 to 34 age intervals (Kok et al., 2010). The study showed that the average level of education was around seven years, making it difficult to enter the job market that requires at least 10 to 12 years of education to be employable (Kok et al., 2010). A relatively high percentage (27 %) reported that they were employed but did not indicate if this was permanent or irregular work (Kok et al., 2010). The research also indicated that people experiencing homelessness are prone to migrate and move 1.73 times on average, and about 58% of the urban street population considered rural areas their home of origin (Kok et al., 2010). This study also highlighted cross-border migration since about 14% of respondents were foreign nationals (Kok et al., 2010). The data collected for this study showed that the percentage of homeless people was ten times more than the Census information from 1996 Statistics.

Homelessness risk factors

According to Bandura's (1999) social cognitive theory, the interaction of three factors influences human behaviour; personal factors, environmental factors and the individual's behaviour itself, referred to as triadic reciprocal causation. Personal factors include cognitive processes, beliefs, attitudes, and self-perceptions that shape an individual's behaviour (Bandura, 1999). These personal factors form part of individual agency and give people experiencing homelessness the autonomy of free will, which affects their life choices (Buch-Hansen & Nielsen, 2020). Secondly, the physical and social context in which a person interacts, including social norms, cultural influences, and social support systems, forms part of the environmental factors (Bandura, 1999). The physical, cultural and social relations form part of the structural factors that also have a causal effect on the outcome of people experiencing homelessness (Buch-Hansen & Nielsen, 2020). Lastly, behaviour refers to the responses and actions exhibited by an individual (Bandura, 1999).

Specific individual scenarios or choices contribute to the characteristics of people experiencing homelessness. McQuiston et al. (2014) found that the strongest predictors of recurrent homelessness were among older age groups with low school education, a history of arrest, and anti-social personality disorder coupled with alcohol and other substance use disorders. Additional factors that causally contribute to homelessness include issues related to parenting or home environment, health problems, and experiences of trauma. (Hastings, 2021). In contrast, homeless from a younger age group with current or recent employment, family support, good coping skills, absence of substance abuse, and an arrest history showed a shorter duration of homelessness (Caton et al., 2005; Richard et al., 2023). Survival strategies, resilience, social network, cognitive capacity and executive functioning and other psychological adaptations all contribute to and affect the outcome when encountering homelessness (Hastings, 2021).

Ravenhill (2016) contributes the process of becoming homeless to the homeless culture. The homeless culture is learning to be homeless, including disengagement from mainstream society, the repeated experience of rough sleeping, and how to fit in with the other people experiencing homeless (Ravenhill, 2016). This culture reverberates Porpora's (2015) critical realist concept of social culture that connects social objects with social positions. Specific individual attributes are incorporated and influenced by social and cultural context and can explain these individuals' particular actions and behaviour (Booker, 2021). The culture of homelessness involves certain choices people experiencing homelessness have to make to survive on the street, which cements their street lifestyle (Farrell, 2010; Parker, 2021). Unfortunately, this could include petty crimes, prostitution, and drug use (Somerville, 2013). Persistent homelessness is the product of the complex needs of the homeless and wrong choices, which leads to chronic homelessness (Mik-Meyer & Silverman, 2019; Parsell & Clarke, 2019). Services promoting a balance between offering protection/help and empowering the homeless could lead to their autonomy and them not feeling neglected, ignored or marginalised (Braye et al., 2017;

O'Shaughnessy & Greenwood, 2021). Booker (2021) highlighted that social identity is derived from positions and roles individuals take up in society and co-occur with personal identity. Early intervention is imperative to avoid the cumulative loss of resources, acculturation to the homeless lifestyle and social identity of homeless individuals (Booker, 2021; Somerville, 2013).

Researchers and literature have acknowledged two causes of homelessness over the past few decades and the enduring tension in their interaction; structural and individual accounts (Christian et al., 2016; Main, 1998;). This research aims to bring the disparate but overlapping fields into play, offering a bridge between the positions and embracing the psychological construct to better understand the problematic situation (Booker, 2021). Porpora's (2015) conception of the covering-law model structuralism correlates government law and regularities governing and constraining the behaviour of social facts. The structural causes South Africa faces include the housing market, the economy, poverty, unemployment, and government policies adding to it the recent COVID-19 pandemic. Individual patterns and regularities of behaviours such as substance abuse, mental illness, abuse, alcoholism and lack of self-determination form part of social structure or individual agency (Krabbenborg et al., 2017; Main, 1998; Porpora, 2015). Structural and individual causes form an integrated agency, and neither could be denied importance and reality.

Furthermore, structural-agency dualism cannot be reduced to the sum of its parts or deconstructed by completely erasing the binary scheme duality (Buch-Hansen & Nielsen, 2020). Bhaskar (as cited in Booker, 2021) acknowledged that social structure foregoes and influences (but does not dictate) individual agency. Additionally, the social structure also has the potential to be reproduced and transformed through the consequences of individual actions (Booker, 2021).

Research in the past suggests that the focus has been mainly on structural causes to eradicate homelessness and that individual psychological elements deserve more consideration (Christian et al., 2016). Studies recently investigated the individual's involvement in constructing their homeless

narrative and being a victim of individual vulnerabilities (Bowpitt, 2020). Individuals sometimes "choose" to become or remain homeless and reject help because of past experiences, mistrust, a need to remain autonomous or doubts about overcoming barriers (Bowpitt, 2020; Christian et al., 2016). Studies have also indicated that overly involvement and support from government agencies leads to homeless institutionalisation and, therefore, must engage in an empowerment-orientated approach to cultivate autonomy (Krabbenborg et al., 2017; O'Shaughnessy & Greenwood, 2021). Subsequently, a delicate balance exists between empowering people experiencing homelessness towards autonomy and the necessary involvement and support. The individual agency has the advantage of individuals having the ability to reflect and intentionally respond incorrigibly to social forms' fallibilities (Archer, 2007; Parker, 2021). People experiencing homelessness, therefore, have the personal power to reflect on their circumstances and to decide what to do about them.

This study will focus on the individual and explore the behaviour and choices people experiencing homelessness can make to achieve positive transitions and outcomes without denying the reality of structural causes.

Homelessness in South Africa: A history as a by-product of systemic inequity

Certain conditions produce causal effects on social objects and structures which can lead to homelessness (Fitzpatrick, 2005; Ravenhill, 2016). Pre-existing structures can have a constraining or enabling effect on human actions (Fitzpatrick, 2005; Ravenhill, 2016). The history of South Africa has led to some people having fewer options allowed on them than others, which constrains them as individuals.

The lack of consensus on the definition and number of homeless people living on the streets in South Africa makes it more challenging to address the problem. Currently, there is no official and comprehensive statistic of the homeless population in South Africa. The last available data from the Human Sciences Resource Centre in 2015 estimated the number to be around 200 000 of the 53.5

million population (Rule-Groenewald et al., 2015). However, if living in an informal settlement is included in the definition of homelessness, the percentage of homeless people in South Africa will increase significantly.

Informal settlements provide shelter for millions of people in developing countries, although some argue they are not seen as homeless but inadequately housed (HSRC, 2005). The UN (2022) estimates that over a billion people live in informal settlements/slums that lack access to proper sanitation, - water and - sufficient living area/durability of a structure. Three regions, Sub-Saharan Africa (238 million), Central and Southern Asia (227 million) and Eastern and South-Eastern Asia (370 million) (UN, 2022), contribute 80% of this figure. The latest available figure (UN-Habitat, 2018) reported that 26,4% of South Africans live in informal settlements. Squatting or informal settlements date back to the apartheid era and laws of South Africa, where racial segregation and zoning laws controlled black people's movement and places of residents that forced them into black townships (Cross et al., 2010). In the early 19th century, black people were forcefully removed from their original homes and land and were not allowed to own property under colonial rule (Cross et al., 2010). The black population was displaced and forced to look for work, and many ended up homeless or in townships (Cross et al., 2010; Hentschke & Williams, 2018). The Cape's Vagrancy and Squatting Act (1878) was implemented and passed by the colonies, which resulted in the vagrant's status changing into residential labourers to prevent crime associated with the wandering population (Cross et al., 2010). This population was prevented from buying or selling land, denied citizens documentation, supported racial classification and the establishment of isolated residents/informal settlements in urban areas (Crais & McClendon, 2014). Visible homelessness was prohibited, and people who were homeless due to apartheid also moved into shack settlements (Cross et al., 2010). By 1968 South Africa faced severe housing shortages, which led to the illegal construction of informal settlements throughout cities, which continued to expand post-apartheid.

Homelessness creates conditions that violate human dignity principles and human rights according to articles 1 and 22 of the Universal Declaration of Human Rights (UN, 2022). Article 11 (1) of the International Covenant on Economic, Social and Cultural declares that everyone has the right to an adequate standard of living, including food, clothing and housing and the continuous improvement of living conditions (UN, 2022). Article 12 also further states that everyone, regardless of economic, social and cultural background, has the right to the highest attainable standard of health (UN, 2022).

Government assistance strategies

The broader social and economic structures, such as adverse housing and labour market conditions, increased levels of poverty, reduced government assistance programmes, and increasing family fragmentation, are considered macro-structural causes of homelessness (Fitzpatrick, 2005; Rule-Groenewald, 2015). Structural and economic factors can either co-create or enable conditions for vulnerable individuals to become homeless. The South African government has implemented laws and strategies to eradicate informal settlements and giving low- income citizens access to adequate accommodation that is affordable, conveniently located and fiscally sustainable (South African Government, 2022). The Sustainable Human Settlement initiative also includes access to essential services like sanitation, water, refuse removal and electricity (South African Government, 2022). The Comprehensive Housing Plan (CHP) initiative gives low-income access to subsidised, rental and bonded housing and provides facilities like clinics, schools and commercial opportunities (South African Government, 2022). The National Rental Housing Strategy, approved in 2008, gives access to secure and stable rental tenure for lower-income South African citizens who earn between R1600 and R3500 per month (South African Government, 2022). This strategy aligns with the UN Millennium Development Goals of 2014/15, which aim to improve the lives of 100 million slums residents worldwide (UN, 2015). The South African government managed to build 2.8 million houses over 15 years, but despite this success, the country faced an estimated backlog of 2 million in 2010.

Furthermore, South Africa has a growing number of citizens, referred to as the gap market or missing middle housing, who do not qualify for subsidised state housing but need to be more affluent to access bond markets to purchase a house. Entry-level homes at market prices vary between R937 000 and R1 22500 in urban areas where 80 % of the population is situated (Expatica, 2022). To buy a house of R937 000, a person would have to earn about R25 000 monthly to qualify for a bond (Expatica, 2022). For the 2019/2020 tax year, 6 369 806 (28.7%) individuals registered for income tax earned less than R70 000 (SARS, 2022). 31% of individuals registered for income tax earned between R70 000 and R150 000, and 25.5% earned between R150 000 and R250 000 monthly (SARS, 2022). Although some income bracket groups earning below the minimum income tax threshold of R70,000 will be eligible for house subsidies, at least half South African taxpayers will not qualify for a bond or housing benefits. The income ceiling for citizens to buy a house is increasing because of above-inflation house price increases, weak economic and income growth and political issues causing the erosion of house affordability for middle-income households (Jimoh & Van Wyk, 2015). The indigent low-income market has access to fully subsidised housing, and affluent citizens can afford and have access to bonds. This difference leaves a massive gap of unaffordability for the middle-income, for which it is exponentially more difficult for the middle income to afford a house.

COVID-19 Impact on Homelessness

The COVID-19 pandemic caused the dramatic loss of human life and battered economies worldwide and caused job losses and livelihoods, impacting health and food security (WHO, 2020). The World Economic Forum (2021) reported that 114 million people worldwide lost their jobs or livelihoods an additional 132 million people worldwide fell into extreme poverty (WHO, 2020). Most of these people lacked access to productive assets, social protection and health care, and no job equals no food (WHO, 2020). The pandemic also disrupted the entire food supply system because of the restrictions on accessing markets, buying inputs and selling products which affected the domestic and international

food chain (WHO, 2020). In South- Africa, the pandemic worsened the country's financial position with the loss of revenue collection and more money spent on social support and health response (South African Government, 2022). According to the Business and Human rights resource centre (2020), 3 million South Africans lost their jobs during the COVID-19 pandemic. Of these 3 million people, 2 million were women from already disadvantaged backgrounds, black -Africans who are less educated and will struggle to enter the job market. Apart from the job losses, 1.5 million did not receive an income during the lockdown and did manage to keep their jobs (Business and Human Rights Resource Centre, 2020). The lockdown caused widespread hunger and more poverty among South Africans, already facing an unemployment rate of 29,22% in 2020, which escalated to 33,9 % in 2022 (Stats, 2022). In a country where 30,4 million or 56% of the South African population live on R1227 or less a month, as the Institute of Security Studies reported, people experiencing poverty had a more intense and longer-lasting effect from COVID-19 (Newman & Du Plessis, 2020).

As the World Bank stated, people experiencing poverty were more vulnerable and had a much longer and more intense experience in the COVID-19 pandemic (Sánchez-Páramo & Narayan, 2020). In the long term, the pandemic caused nutritional deficiencies, months of loss of education, and difficulties accessing affordable health care in the poorer countries because of their dependency on public services such as health and education and where they stay (Sánchez-Páramo & Narayan, 2020). Of 40 households surveyed worldwide, the World Bank reported higher food insecurity after COVID-19. At least 16% of households stated that an adult went without food for a full day the week before the survey. Children in poorer countries were less likely to complete a teacher-provided assignment because of no access to digital services (Sánchez-Páramo & Narayan, 2020). In South Africa, many workers in the informal sector, like domestic workers and agricultural workers in the wine industries, lost their jobs because of employers' loss of income, ban on alcohol sales and restrictions (Geldenhuis, 2021). The closure of schools had a long-lasting devastating effect on poorer families because of the loss of months of

schooling, loss of early childhood interventions and decline in food intake for children who rely on school-feeding programmes (Geldenhuys, 2021).

Furthermore, during COVID-19 strict lockdown restrictions in South Africa, low-income areas like high-density black townships faced police brutality and excessive force (Harrisberg, 2020). COVID-19 also put the most vulnerable population at risk, with cities rounding people experiencing homelessness up and concentrating them in small overcrowded spaces - contradicting the social distancing intention of lockdown (Geldenhuys, 2021). Some of the homeless faced criminal charges after being forced into police vans against their will and faced arbitrary police action with fines imposed on them for using foul language (Cogger, 2020). Lastly, the lockdown affected their daily earnings and livelihood of begging on the streets, with fewer people on the roads and more people working from home (Geldenhuys, 2021).

During and after COVID-19, many households and individuals had to resort to alternative modes of income, as people without housing had to find ways to survive on the street.

Adapting to the homeless life

People experiencing homelessness learn to adapt to life on the street to survive. They find ways to get hold of resources and adapt to the social and cultural structures but sometimes not in positive, pro-social ways (Lankenau et al., 2005). Ungar (2004) refers to adaption to the street environment in unconventional, criminal, and anti-social behaviours as "hidden – resilience" (p. 24). Contributing factors must be considered with intervention measures if the objective is to get people experiencing homelessness reintegrated into society. Facilitating job creation, providing shelter and housing, treating substance abuse, and providing health and mental health services must be implemented to support people experiencing homelessness (Rule-Groenewald et al., 2015). Archer (2003) acknowledged that individuals are occupied and dependent on material components of the structural domain and influenced by ideas of cultural domains. However, individual consciousness and identity are not merely a processor of social forms and are developed and transformed over the years through morphogenesis

(Archer, 2003; Booker, 2021). This internal conversation enables the individual to identify and act in response despite constraints and enablements of social and cultural circumstances. Internal conversation affiliate Bhakar's reason, intentions and plan through a cognitive activity which precipitates action (Booker, 2021). Interventions that empower people experiencing homelessness positively, identifying their individual and community strengths and coping strategies, could facilitate an internal conversation that motivates them to live off the streets (Pulla, 2017).

People experiencing homelessness face numerous challenges daily that make life on the street demanding. Despite the evident challenges related to accessing necessities such as food, shelter, sanitation, and safety (Tembe, 2015), individuals experiencing homelessness also encounter additional difficulties, including exposure to crime and violence, poor health with limited access to proper healthcare, mistreatment by both police and the public, and instances of sexual abuse (Moya et al., 2017). The longer they stay on the streets, the more exposed they are to these many forms of exploitation, traumatic events, and the resulting damaging effects (Thompson et al., 2016). Traumas conflict with people experiencing homelessness' well-being and make it nearly impossible to maintain good mental health. Despite all these challenges, some homeless people show resilience in these circumstances (Thompson et al., 2016).

Intervention strategies to eradicate homelessness

Alleviating homelessness is more than providing housing and structural processes. It is a complex phenomenon that should be addressed from a multi-level perspective. At a macro and exo level, socio-economic and governance factors like poverty, unemployment, and a lack of social security and housing contribute to homelessness (Rule-Groenewald et al., 2015). South Africa has a 34.5% unemployment rate (Statistics South Africa, 2022). Since 2017, economic growth has decelerated, the skills shortage has increased, and the continuing volatility of the Rand makes the future for job creation bleak and ultimately an increase in poverty and homelessness (CIA, 2021). From a micro level, the

individual and family are considered from a psychosocial perspective. Poverty creates social problems like family dysfunction and conflict (domestic violence, child maltreatment), substance abuse which leads to mental and physical health issues, and criminal affiliation that has deleterious effects on the individual, and the family, which are all driving forces to homelessness (Cicchetti et al., 2018; Rule-Groenewald et al., 2015). Somerville (2013) furthermore describes the five deprivations across different dimensions. The first dimension is physiological deprivation which includes the lack of warmth, comfort and physical needs. The lack of love, joy and care is considered the second dimension. The third dimension is territorial, which is the lack of privacy and security. *Fourth* is the ontological dimension that involves a lack of belonging and rootedness in the world. Lastly, the fifth dimension is the deprivation of the spiritual, which includes a lack of purpose, hope, and sense of worth (Somerville, 2013). The combination of these factors creates a vicious cycle of homelessness.

Social structures presuppose the individual's actions but are intransitive causal mechanisms enabling intentional activity (Groff, 2004; Stutchbury, 2022). It is essential, therefore, not just to focus on what is wrong in economic circumstances on the government level but addressing homelessness must include solutions and individual involvement. The identity of the homeless person is shaped by cultural and structural forms as well as his/her internal conversation, which generates reason and precipitates agency (Booker, 2021). Therefore, their identity is shaped by their attitude towards life and authority, sense of belonging, competence and self-perceived status in society, which consequently influence their actions (Booker, 2021). When studying identity construction, one must consider the ontological depth, casual power and sociological point of contact with the individual (Booker, 2021).

Bandura (1994, as cited in Booker 2021) identified four contributing factors to perceived self-efficacy, which could be incorporated into helping people experiencing homelessness. These contributing factors to self-efficacy are a positive mood that combats depressive symptoms, mastering experiences through persistent effort, availability of competent models and encouragement and raised

expectations from others. (Bandura, 1994, as cited in Booker 2021). Studies have shown that positive psychology intervention programmes decrease distress levels, help overcome mental barriers and increase hope, resilience and self-control to help reintegrate people experiencing homelessness into society (Kalahasthi et al., 2022; Treglia, 2016). Implementing Seligman's theory of well-being could address the five deprivations by identifying and cultivating positive psychology capital and enhancing it to give people experiencing homelessness a sense of belonging and worth and highlight their purpose, hope and joy. Through thematic analysis, particular strengths were identified through the interviews already manifesting in people experiencing homelessness that could be built on and expanded to create positive transformation. The relevance of structural problems was also identified/highlighted through the interviews to place individual growth and well-being in context and not deny its role in interventions for future outcomes.

Resilience

Debates continue regarding the construct of definitions of resilience because of confusion around trait vs dynamic conceptualisation and the limitations of extant literature, which allow for inferences about causality and generalisability (Denckla et al., 2020). Studies indicate that genetic variations can account for 25- 52% of individual resilience differences (Wolf et al., 2018). Resilience was previously perceived as a trait, process, or outcome, but it is now recognised as a convergence of the three (Denckla et al., 2020). Resilience is moving away from person-centred definitions and is seen as the product of complex interacting behavioural, biological, psychological, ecological, social and institutional resources (Denckla et al., 2020; Masten, 2021; Masten et al., 2021; Ungar & Theron, 2021). Most definitions, however, focus on recovery, adaptation, and system transformation instead of breakdown and disorder before, during, and after exposure to adversity (Ungar, 2021). Resilience is the ability to adapt, navigate or absorb disturbances (significant adversity) and harness resources effectively (Denckla et al., 2020). This transformation results from resilience having a neo-liberalism agenda

manifestation in the past by emphasising psychological resources to avoid government responsibility (Masten, 2021; Masten et al., 2021; Ungar & Theron, 2021).

In particular, in this study, the stressor is homelessness and its challenges. Secondly, positive adaptation to these stressors will be in the context of symptoms related to internal well-being (Fletcher & Sarkar, 2013; Masten & Obradovic, 2006). *Resilience* is a construct that arises between the interaction of risk factors and resilience factors (Johnsen, 2018). Resilience factors act as buffers or moderators to minimise adverse outcomes when faced with risk factors (Johnson, 2018). This study investigates the diverse and intricate internal and external processes and resources the homeless individuals harness to cope and adapt to their environment.

Resilience is a process of relatively stable trajectories of well-being that could also have dips or periods of instability where a person is less resilient at specific periods of their life than others (Denckla et al., 2020). In studying resilience, adversity takes on many hardships and difficulties - from daily struggles to significant life events. Resilience is also almost always domain-specific, and individuals are rarely resilient in all aspects of life (Teicher et al., 2020). For instance, a person can be resilient in their workplace but not in terms of their relationships.

Resilience research originated by studying children around 1970 who faced high stressors and risks growing up yet showed healthy development patterns and the ability to adapt and adjust (Wood et al., 2018). It was noted that these high-resilience individuals showed certain protective factors like high self-confidence, higher intelligence, easy temperament and higher social play (Garmezy et al., 1984; Werner, 1995, as cited in Wood et al., 2018). Resilience research has moved away from deficit models that look at risks and vulnerabilities but instead focuses on at protective and strength factors within the individual and interconnected systems in the surrounding context and environment (Masten, 2019).

Some of these same processes/mechanisms that make a person resilient also improve our internal well-being. One of Bandura's (1994, as cited in Booker, 2021) four contributors to self-efficacy

includes a positive mood that generates energy and resilience. Resilience is a continuum process of adaption to life stresses that begin during childhood. Life experiences shape the neural pathways in the brain across the course of development, which results in physiological and structural changes in the brain (Cicchetti, as cited in Denckla et al., 2020). These changes in the brain, referred to as neural plasticity, are formed through a dynamic and continuous interaction of the brain and its environment and change over time (Cicchetti, as cited in Denckla et al., 2020). However, resilience cannot be seen in terms of biology; psychosocial factors are equally important. Psychosocial factors linked to resilience include close friendships, an autonomous self, secure attachment relationships, supportive parenting, variations in personality types, and neighbourhood characteristics (Masten & Cicchetti, 2016). These dynamic interactions shape development, building adaptive behaviour and resilience (Masten, 2016). Ungar (2021) looks at resilience from a multisystemic perspective and how individuals, families, and communities express it, the interaction between them, and how this can account for cultural and contextual differences. It is the process of negotiations between individuals and their environment for resources to define themselves as healthy amidst adversity (Ungar, 2021). Therefore, how individuals interact and adapt to their environment predicts resilience. All of these systems are considered equally important. In this study, we will explore how individual's behaviour and internal strengths are interconnected and interact with their community, family, and environment. We aim to understand how this interconnectedness builds resilience, enabling participants to effectively cope with challenges.

Coping

People experiencing homelessness' exertion of day-to-day survival and exposure to dangerous and unhealthy living conditions are exposed to chronic stress and strain that can affect their well-being (McMordie, 2021). This strain's impact depends on the individual's coping resources and strategies. Monet and Lazarus (1991, p. 5) describe coping as "an individual's efforts to master demands

(conditions of harm, threat or challenge) that are appraised (or perceived) as exceeding or taxing his or her resources". Coping is adapting and maintaining well-being in response to a crisis or stress (Altena et al., 2018). It is the conflict of external and internal adversities, conflicts, and intense emotions (Mitrousi et al., 2013).

Three main protective coping behaviours are often distinguished; problem-, emotion- and avoidance-orientated coping. Problem-focused coping is task-orientated by eliminating or controlling the problem-causing conditions. Controlling the meaning of the problem and emotional responses are considered emotional-focused coping. Lastly, avoidance-orientated coping involves activities and cognitions to avoid stressful circumstances. (Altena et al., 2018; Pearlin & Schooler, 1978). Coping strategies help understand the lived experiences of people experiencing homelessness and can enhance intervention efforts (Karadzhov et al., 2020). Studies show that successful coping strategies increase psychological resilience against adverse life events (Cronley & Evans, 2017). Coping strategies have also been shown to promote both intrinsic (e.g., abilities, attitudes, and inner strengths) and extrinsic (formal and informal support systems) well-being by promoting resources (Thompson et al., 2016).

Homelessness creates profoundly disempowering conditions that undermine an individual's ability to deal with psychological stressors. Both adaptive and maladaptive coping strategies impact their quality of life (Altena et al., 2018). Homeless individuals with maladaptive coping strategies engage in self-harm, drug abuse, aggression, social isolation, and high-risk sexual practices due to the inability to regulate distressing emotions effectively (Powell & Maguire, 2017). People experiencing homelessness have multiple and complex needs, and implementing coping strategies and interventions could reduce maladaptive behaviours and decrease homelessness.

Positive coping strategies can protect against detrimental factors and enable individuals to deal with stressful or traumatic experiences. Implementing Bandura's (1994, as cited in Booker, 2021) contributors to self-efficacy could act as a causal mechanism to change how the homeless act, feel, think

and motivate themselves. One of Bandura's contributors to perceived self-efficacy is having access to others that encourage and raises belief in their capabilities (1994, as cited in Booker 2021). Religion and emotional support from family and friends have been associated with improved well-being and decreased anxiety and depression (Columbus et al., 2021; Liao et al., 2018; Ma et al., 2018). Other positive coping strategies include challenging dysfunctional cognitions and non-adaptive beliefs by learning reasoning skills and problem-solving (Columbus et al., 2021; Ma et al., 2018) and improving an individual's self-esteem and social interactions (Columbus et al., 2021). Therefore, accessing component models that teach the homeless effective strategies and skills to manage their environmental challenges can lead to self-efficacy (Bandura, 1994, as cited in Booker, 2021). Focusing on positive thoughts, maintaining hope and making favourable comparisons are also considered positive coping strategies (Liao et al., 2018). Also, identifying distress triggers and distancing themselves from or avoiding the source will reduce stress and anxiety (Columbus et al., 2021; Liao et al., 2018).

Positive Psychology as Interpretative Paradigm

The study implemented positive psychology as a theoretical lens to analyse the data. Positive psychology aims to identify, develop, and evaluate interventions that enhance well-being (Wood & Johnson, 2016). Positive psychology looks at ineffective patterns of human behaviours, cognitions and emotions as problems in living, not disorders or diseases (Maddux, 2018). Psychotherapy reduces symptoms of psychopathology, whereas positive psychology intervention addresses the well-being of patients and their dissatisfaction with life (Carr et al., 2021). Well-being and psychopathology are moderately correlated but are viewed as independent constructs. However, studies have shown that positive psychology interventions may reduce symptoms and recurrence of psychopathology in the long run (Lamers et al., 2012; Westerhof & Keyes, 2010).

The history and interaction of an individual with social and cultural mechanisms, together with a person's attributes, can develop or limit a person's behaviour and self-efficacy (Booker, 2021). These

factors combined (social, cultural and psychological factors) form a generating mechanism for Archer's (2003) internal conversation and Bandura's (1994, as cited in Booker, 2021) four contributors to self-efficacy, which include a person's mood and encouragement from others (authority figures, friends and family). Therefore, the casual power of cultural, social and psychological structural entities contributes to how a homeless person acts as an agent. Intervention in an individual's internal conversation and mood can lead to a sense of self-efficacy and modification of the social and cultural entities (Booker, 2021).

Positive psychology interventions aim to optimise functioning and well-being and to help people cope with the adverse effects of everyday life (Seligman & Csikszentmihalyi, 2000; Johnson, 2018). Psychological entities are behind internal conversations and regarded as efficient causes since they reside within individuals (Booker, 2021). The approach of positive psychology interventions is consistent and in alignment with Seligman's PERMA theory model. It includes setting goals, finding meaning, using signature strengths, being grateful, developing optimism, strengthening relationships, practicing kindness, wisdom, personal responsibility and forgiveness (Maddux, 2018). These aspects help individuals become more self-directed and self-organised and understand what makes life worth living (Maddux, 2018). Bandura (1994, as cited in Booker 2021) also echoes this sentiment whereby he acknowledges that a positive mood combats depressive tendencies when facing slow progress or difficulties/failure and contributes to self-efficacy. Self-efficacy determines the structure of the mind and critically influences human action, sense of self, and personal identity (Booker, 2021). Positive psychology programmes have been shown to improve various aspects of well-being, and combining it with coaching psychology has additional benefits like self-insight, solution-focused thinking and goal-attainment (Grant & Atad, 2022).

Positive psychology focuses on inner strengths, virtues, and resilience, allowing individuals and communities to thrive (Seligman & Csikszentmihalyi, 2000). Martin Seligman is considered the founder

of positive psychology and developed the PERMA model of well-being that comprises five elements; 1) positive emotion, 2) engagement, 3) relationships, 4) meaning, and 5) accomplishments (Seligman, 2018). This theoretical approach differs from deficit models that focus on rectifying maladaptive behaviours but rather the positive aspects of human life (Seligman & Csikszentmihalyi, 2000). It encompasses the construct of well-being and, unlike the emotion of a cheerful mood or life satisfaction, cannot be measured. However, in contrast, the elements or building blocks contributing to well-being can be measured (Seligman, 2013).

Further research added the element of subjective well-being into the building blocks of well-being (Goodman et al., 2017). Positive emotion, also known as the pleasant life, encompasses pleasant emotions that a person feels, like warmth, ecstasy, pleasure, comfort, etcetera (Seligman, 2013). Engagement, often referred to as flow, is when a person gets so engaged or absorbed by an activity, for instance, playing music, that time stands still (Seligman, 2013). The concentration attention required with such an activity engages all a person's emotional and cognitive resources, strengths and talents so that the person blocks out all other thinking and feeling (Seligman, 2013). Meaning refers to serving or belonging to something or someone more significant than the self, for instance, religion, family, or charity organisations (Seligman, 2013). Bandura's (1994, as cited in Booker, 2021) construct of self-efficacy is centred around people's beliefs in their abilities or designated performance levels. Self-efficacy affects events that influence their lives and how a person behaves, think, feel, and motivate themselves (Bandura 1994, as cited in Booker, 2021). Accomplishment is tied to self-motivation and passion, working towards a goal, persevering and mastering it, which achieve a sense of pride, growth and connection in the individual (Seligman, 2013). Lastly, relationships refer to the importance of a person's social environment and connections and what it entails, like feeling loved, supported and valued by others and how this positively influences their well-being (Seligman, 2013; Siedlecki et al., 2014).

Positive psychology and the study of the positive aspects of life are divided into three different levels or pillars: 1) subjective level, 2) individual level, and 3) group level (Kim et al., 2016). The subjective focus concerns positive emotions like life satisfaction, happiness, and joyfulness. Studies have shown that genetics can account for about 32-40% of why some people are happier than others (Nes & Røysamb, 2017). On the individual level, the focus is on individual virtues and character strengths like wisdom, integrity, and courage. The group level focuses on institutions and civic virtues that foster better communities, like justice, social responsibility, families, and altruism (Kim et al., 2016). These different levels can be applied to the homeless community using their virtues and strengths to help them cope and show signs of resilience.

More than five decades ago, Seligman (Overmier & Seligman, 1967) developed the theory of learned helplessness. Initially, it was observed and described where an organism could not escape an avoidable aversive stimulus after exposure to an unavoidable adverse stimulus. The theory of learned helplessness (Maier & Seligman, 1976) produces three behavioural deficits:

- Motor/motivation (inability to initiate physical motivation in both instrumental and cognition tasks)
- Emotion (inability to manage an emotional response to uncontrollable stress)
- Cognition (interferences with contingent perception between behaviour and outcome relationship)

Learned helplessness is highly germane to the homeless population exposed to perceived uncontrollable daily stressors. In certain instances, they believe they cannot control or change their situation, even when opportunities for change present themselves (Yessick & Salomons, 2022). This learned helplessness occurs after repeated exposure to stressors, perceived uncontrollable situations and generalised failure to learn new contingencies between responses and outcomes, which results in

the prediction that their situation is uncontrollable and failure to learn new ways of dealing with their situation (Yessick & Salomons, 2022).

Furthermore, research has also shown that certain effortful acts can increase happiness, quality of life, and autonomy and decrease psychological distress (Krabbenborg et al., 2017; Schutte & Malouff, 2019). These acts are signature or character strengths, including committing acts of kindness, expressing gratitude, having a positive perspective, and savouring joyful life events (Schutte & Malouff, 2019).

Character Strengths

Southwick and Charney (2018) studied high-risk individuals who experienced trauma to understand why some people were more resilient than others. They concluded that having multiple protective factors will increase individuals' likelihood of resilience. These protective factors counteract the risk factors and help recovery from negative experiences. They align with Seligman's character strengths theory, including practices like optimism/hope, perseverance, creativity, social intelligence, religion/spirituality, and humour (Park, 2021). Research in positive psychology has recently started focusing on the contribution of cognitive- and positive-emotional practices, functioning and strengths that play a critical role in developing compensating strengths to recover from adversity (Southwick & Charney, 2018; Tugade et al., 2021). Positive psychology recognises certain psychological states (e.g., happiness), traits (e.g., talents, interests, strengths of character), positive relationships, and positive institutions that contribute to optimal human functioning (Park et al., 2016).

Structural and social factors can inhibit and undermine an individual's attempt to thrive in certain circumstances like homelessness. Peterson and Seligman (2004) identified 24-character strengths representing individuals' best qualities and the potential to achieve optimal functioning. The development of character strengths is the pathway associated with Seligman's and Peterson's virtues and strengths theory, which connects with the other two pillars of positive psychology, positive experiences and positive institutions, and has been shown to increase well-being (Carr et al., 2021;

Langford et al., 2020). Traits remain relatively stable across time and are characteristic patterns of thinking, feeling, and behaving that generalise across similar situations but differ systematically between individuals and enable positive experiences. Traits have significant influences in the context of work, family and community (Schmitt & Blum, 2020; Tugade et al., 2021.) Psychological states are characteristic patterns of thinking, feeling, and behaviour in concrete situations at a specific moment in time (Schmitt & Blum, 2020). Positive emotions or states build a broad mindset and enduring personal resources like resilience, social support, skills and knowledge that enhance survival, health and fulfilment (Tugade et al., 2021).

In contrast, negative emotion's primary function is to promote narrowed, quick and decisive action in life-threatening situations for the direct and immediate benefit and survival (Tugade et al., 2021). Positive emotions are likely to co-occur and differ for each individual based on dimensions such as moral judgement, spiritual experience and relatedness (Tong, 2006, as cited in Tugade et al., 2021).

Signature strengths are positive traits a person owns and frequently exercises. Dahlsgaard et al. (2005) identified six virtues whereby the 24 strengths can be classified within; wisdom and knowledge, courage, humanity, justice, temperance, and transcendence. The strength perspective looks at when a person uses their strength traits to the fullest, either learned or inherited, to make life meaningful for themselves and others (Pulla, 2017). Character strengths have a moral value and have proven to have a psychological construct distinct from personality traits (Park, 2021). Studies have shown that certain traits are likely to play a role in the regulation and control of an individual's mental and emotional state, despite the confrontation of negative feelings and cognitions when faced with a stressful life event and are associated with higher levels of resilience (Langford et al., 2020). Evidence suggests that several character strengths correlate with psychological well-being, life satisfaction and happiness. These traits include gratitude, love, hope, zest and curiosity (Park et al., 2016). Signature strength interventions have been shown to build resilience and well-being, reduce stress, anxiety and depression and gain resources

that continue to work overtime (Carr et al., 2020; Tugade et al., 2021). These practices include expressing forgiveness, finding flow, using signature strengths, humour, gratitude, counting blessings and performing acts of kindness, induce positive emotions (Carr et al., 2020; Della Porta et al., 2012; Layous et al., 2012; Seligman et al., 2005). Particular character strengths can buffer against adverse life events or trauma. They can help maintain or even lead to increased life satisfaction (for example, an increase in appreciation of beauty, bravery, kindness and humour) (Park, 2021). Encouraging individuals to keep track of character strengths, setting goals, and specific concrete plans combined with didactic instruction and extensive practice can motivate preservation and success (Park, 2021; Park et al., 2016). These practices could be helpful when encouraging people experiencing homelessness to live a satisfying, purposeful life according to their virtues and strengths.

Positive emotions (states) produce novel, broad-ranging thoughts and actions that can improve well-being. These include agency for achieving goals, hopefulness, savouring positive experiences, and improving close relationships, leading to a more fulfilling life and trait resilience (Gable & Reis, 2010; Fredrickson et al., 2009). These exact mechanisms that make a person resilient also improve coping abilities and internal well-being. Studies have shown that individuals showed increased physical health and psychological resources by deliberately generating positive emotions (for ex., through loving-kindness meditation or sharing a positive life experience with a friend). Chronic stressors like homelessness, unemployment or bereavement can evoke negative emotions, which leads to narrowly defined immediate actions that compromise recovery and well-being.

In contrast, when these individuals experienced some form of positive emotions accompanying the negative emotions, they presented with greater psychological well-being and resilience. This well-being and resilience are the results they had to develop plans and goals for the future and recover from adverse events (Bisconti & Wallace, 2006, as cited in Tugade et al., 2021). It is important to note that individuals that show resilience is not devoid of negative emotions but can distinguish between a range

of differentiated emotions and find positive moments without denying the seriousness of negative situations (Tugade et al., 2021). Individuals with high trait resilience and positive emotional experiences can reduce depression, experience less pain, fight off illness and reduce anxiety (Tugade, 2021).

Positive psychology defines happiness or positive emotions both from a hedonic (e.g., pleasurable experience or good mood) or a eudaimonic (connection with others, personal growth or meaningful occupation) perspective (Tugade et al., 2021). Intervention programmes to induce positive emotions can encourage participants to persevere in goals, life satisfaction and well-being programmes. They can be seen as a valuable resource when helping people experiencing homelessness.

Nevertheless, it is imperative to acknowledge that positive psychology is not the answer to all the problems the homeless face and must be looked at with a critical lens and the systemic critique it faces. Positive psychology can harm individuals and communities by not acknowledging the socio-, cultural- and political constructs and institutions (Yakushko & Blodgett, 2021). These detrimental effects can include the maladaptive pursuit of positive internal states and the promotion of harmful emotional regulation strategies (Ciarrochi et al., 2016). Positive psychology has also been criticised for employing circular reasoning, tautology, unjustified correlations, and generalisations like all successful people are happy (Yakushko & Blodgett, 2021). Positive psychology intervention can promote optimism, fulfilment and success in any person (Yakushko & Blodgett, 2021).

In contrast, contextualising people's problems and their negative experiences promote value-consistent and flexible behaviour (Ciarrochi et al., 2016). The focus can, therefore, be on more than just improving positive states, overemphasising people's inner experience and personality. However, it must acknowledge the circumstances' context and their experiences.

Notwithstanding agency and structural factors and problems, strength-based practices can be utilised and applied to people experiencing homelessness, enabling them to implement resilience processes to cope. Accompanied by Bandura's (1994, as cited in Booker 2021) self-efficacy factors and

support from key figures, these practices can act as an intervention despite the trauma and culture the homeless experience and have the potential from recovery from these unimaginable challenges.

This chapter explored the phenomenon of homelessness, the definitions and the classifications. It examined the individual and structural risk factors, including South Africa's history of inequity, the impact of COVID-19 and the profiling of the homeless population to get a better understanding of the individual struggles and background of the homeless. Additionally, interventions to combat or eradicate homelessness were considered; one that involve government assistance strategies. The literature also reviewed the concept of resilience and coping behaviour, which include character strengths and positive psychology as an interpretative paradigm as possible intervention measures to help the homeless.

The next chapter sets out the research methodology and strategies used in the research process to investigate the contributing factors and processes people experiencing homelessness use to cope.

Chapter 3 - Methodology

This study explores homeless people's experiences, thoughts, and emotional processes in George, a town on the Garden Route. The purpose is to try and understand how they manage their current situation (coping methods) in the face of adversity. The following chapter outlines the study's qualitative methodological research approach, sampling, data collection and analysis. This chapter also motivates the use of phenomenological research design and interpretation procedures. Finally, it presents the quality criteria and ethical measures followed during the research process.

Research Methodology

Methodological research refers to a research project's overarching strategy and rationale (McCombes, 2019). Methodological research is concerned with the plans and actions of gathering information, philosophical stance, and strategies for analysing such information (Gaus, 2017).

This study used a qualitative research approach to explore and understand the experiences of homeless people and their ability to survive. Using a qualitative research method was essential to collect the information needed to address the research questions in this study. Qualitative research's strength is that it elicits deeper insights into participants' behaviour, perceptions, feelings, and understanding (Rahman, 2017).

Qualitative research methods comprise of gathering and analysing non-numerical data to describe and interpret concepts, thoughts, or experiences and reflectively analyse them. In contrast, quantitative research involves collecting numerical data to examine variables that can be summarised and interpreted for statistical analysis (Gravetter & Forzano, 2018). According to Willig (2013), qualitative methodology is concerned with how people make sense of the world, how they experience events, and how they manage certain situations. Qualitative research is more concerned with the meaning of a phenomenon, the quality of the experience, and how participants experience it than the causal relationships (Pietkiewicz & Smith, 2014). The purpose of the study was to try and get a better

understanding of how the homeless manage certain situations and therefore are as Willig (2013, p.16) mentions “concerned with the quality and texture of experience”. Qualitative research was employed to develop a rich understanding of lived experiences on the street and capture the complexities of their perceptions that allowed them to survive adversity.

Central to qualitative data methods lies the careful observation of participants, engagement through interviews, and extensive note-taking. These observations, interviews, and notes are then analysed and summarised in an attempt to interpret and describe the subject studied (Sutton & Austin, 2015). These analyses could be done on a person's lived experiences, behaviours, and feelings or a cultural phenomenon that could incorporate multiple realities and subjective meanings (Rahman, 2017). With qualitative research, the researcher and participants must be sensitive and vigilant to inherent biases when observing, interpreting, and analysing people’s lived experiences (Tomaszewski et al., 2020). The exploration of how homeless people manage to survive will be accomplished by utilising interviews and identifying specific statements and experiences to describe what participants have in common by employing thematic analysis (Creswell & Poth, 2018).

Phenomenology Research Design

Research design refers to approaches in qualitative research methodology that align with formulating the research questions and procedures for collecting, analysing, and interpreting data (Tomaszewski et al., 2020). This study used phenomenology as the theoretical underpinning for interpreting homeless experiences.

Phenomenology falls under the philosophy of science of epistemology which is concerned with the theory of knowledge (Willig, 2013). Epistemology is characterised by knowledge assumptions that answer questions asked in research, “What, and how can we know?” (Willig, 2013, p. 39).

Phenomenology is most often used to understand the essence of a particular group, such as the homeless, lived experiences and therefore make meaning of the experience (Creswell & Poth, 2018). It is

the phenomenon of describing and analysing individuals or a group of individuals and their everyday world and how they make sense of their lives (Eddles-Hirsch, 2015). A phenomenological interpretation gives a subjective description of the participant's thoughts, feelings, and descriptions but acknowledges that it cannot explain what causes it (Willig, 2013). This study aims to understand how some homeless cope with their daily adversities and which psychological strengths, internal resources, and factors promote resilience and well-being. In terms of these questions, a qualitative phenomenology design seems most suitable.

Edmund Husserl (1859-1938), a German philosopher, is considered the founder of phenomenology and developed the theory (Beyer, 2020). Platonism, a method of consciousness that enables the researcher to have unprejudiced views of the world, interests, and structures in the experiential life (Beyer, 2020; Landgrebe, 2022). Therefore, phenomenology involves analysing an experienced reality as it presents itself to the consciousness (Landgrebe, 2022).

Husserl's fundamental principles are executed in two methodological functions, namely - "*epoche*" and "*eidetic*" intuition (Beyer, 2020, Landgrebe, 2022). *Epoche* is the process of ensuring a phenomenologist describes and accepts an experience or item precisely as it is by setting aside assumptions and beliefs (Beyer, 2020). Phenomenology is described from a first-person perspective, and *epoche* is the process of phenomenology reduction achieved by "bracketing" (Eddles-Hirsch, 2015). Phenomenology reduction is the act of intentional judgment and relatedness of a phenomenal by digging deeper and finding essential constituents and unveiling them (Muscat-Inglott, 2020). It is the process of transforming the data or concepts of the experience through a reflective process (bracketing) in an explicating composite depiction (Muscat-Inglott, 2020). Bracketing is the purposeful suspension of preconceived judgments or presuppositions to enable the researcher to delve deeply into the underlying structures and let the phenomenon manifest and speak for itself (Eddles-Hirsch, 2015). By moving away from consciousness and finding commonalities and abstracting themes, the essence of the phenomenon,

eidetic intuition, or description is achieved (Landgrebe, 2022; Muscat-Inglott, 2020). This process enables the researcher to objectively view the phenomenon under enquiry and discover the underlying structures or essences (Eddles-Hirsch, 2015).

Martin Heidegger (1889-1076), trained under Husserl, disagreed with him and believed that the researcher could not set aside beliefs and presuppositions, and intrinsic consciousness is fundamental to phenomenal research (Eddles-Hirsch, 2015). The researcher must be immersed during interaction with the phenomenon bringing their own assumptions to give meaning and understanding to participants' experiences, actions, and ideas (Chan et al., 2016). Based on the principles of hermeneutics, the researcher gives an interpretation of the phenomenon and participants' expression of their experiences. This interpretation makes it unique and distinguishable and not only an objective description (Pietkiewicz & Smith, 2014). This branch of phenomenology gives a purposeful recognition of both the participants of the phenomenon and the interpretation by the researcher, known as interpretative phenomenological analysis. (Eddles-Hirsch, 2015). IPA acknowledges that it is impossible to understand a phenomenon of a participant's life by description only and that the researcher must also recognize their own worldview and the nature of the researcher and participants interaction (Willig, 2013). With IPA, the researcher gives expression through the text of their analysis of the participant's perceptions and descriptions to reconstruct the intended meaning of the phenomenon (Chan et al., 2016). The process of IPA is characterized by transitioning from the specific to the shared (themes), from descriptive to interpretative, and incorporating principles such as meaning-making within a particular context (Smith & Fieldsend, 2021).

IPA adopts a realist ontological assumption whereby it assumes multiple truths exist and that participants from the same group can experience an event or situation in multiple ways but attach similar meanings (Willig, 2013). IPA does not study an individual experience but describes a universally experienced phenomenon of a specific group (Lochmiller & Lester, 2017). IPA's approach involves

recognizing patterns or themes that highlight both commonalities and nuances, encompassing both convergence and divergence (Smith & Fieldsend, 2021).

Through IPA, the phenomenon is not only just the description of the participant's experience but also the researcher's interpretation (Eddles-Hirsch, 2015). Through hermeneutics, the researcher attempts to comprehend the mindset and experience of participants to mediate and translate the activity as close as possible (Pietkiewicz & Smith, 2014). Informed by the unique characteristics of IPA, this research design was particularly appropriate to explore and describe the homeless subjective lived experiences, events, and relationships that lead to interpreting their resilience and coping processes. IPA explores how to understand the underlying meaning of specific experiences of participants, but it must be emphasised that interpretation of these experiences is pervaded by culture, history, and the researcher's point of view (Smith, 2015; Willig, 2013).

The IPA researcher examines the data from a holistic perspective, the nature of the participants' world, and their meaning by looking at the influence of a broader historical, psychological and social context (Willig, 2013). With IPA, in contrast to descriptive phenomenology, the researcher does not delineate the text of the participants' experiences precisely as it is but annotates by reflectively observing specific meaning-rich topics (Smith, 2015). These reflective observations and annotations of text are then interpreted by the researcher and described in themes to understand and analyse the underlying meaning (Muscat-Inglott, 2020; Smith, 2015). Given the flexibility of IPA, this approach seemed particularly appropriate for this study since it gives the researcher the ability to interpret the participant's experiences from their own perspective incorporating knowledge and assumptions of the phenomenon. This approach explored and described the homeless resilience and coping mechanisms from a positive psychological perspective.

Description of Research Site

The research was conducted at the Homeless shelter in George, on the Garden Route. The Garden Route has 4 homeless shelters that differentiate in size. George Night Shelter was chosen to recruit participants since it hosts the most boarders compared to the other 3 shelters. The Mossel Bay shelter is also relatively big but access and interviews with boarders at the Mossel bay Homeless center was denied by the staff. The shelter was founded in 1994 when the public got concerned about the number of homeless people roaming the streets in George and surrounding areas. A community meeting was held, and the shelter was established. Since opening its doors to the public, the homeless population has increased exponentially, and they have had to add to the building to accommodate the growing numbers.

The grounds are owned partly by the municipality and the Catholic church and the shelter is situated in central George. A small fee is paid to the municipality each month towards rent. The funds to run the shelter come from donations from the public, patrons, and the Department of Social Development (via a state grant). The shelter hosts fundraising annually to contribute to the running cost.

The shelter provides between two and three meals daily, a bed, and ablution facilities at R25 per day. The shelter can accommodate between 120 to 130 homeless people at a time, and they currently house between 95 and 110 patrons.

Weekly Alcohol and Narcotics Anonymous meetings are hosted at the shelter for occupants and individuals from the public. The patrons can access psychiatric nurses and doctors at their local health clinic. Should they show severe psychiatric or health problems, they are referred to the George State Hospital, which has an attending psychiatrist and psychiatric wing.

To gain access to the shelter, a homeless person must be sober or not intoxicated. Also, no weapons are allowed on the premises or when entering the shelter. The occupants are not required to work, but they have to get up at six o'clock in the morning, and they are required to do tasks to help run

and clean the shelter. They are not allowed to sleep or lay on their bed before noon. The maximum stay for a homeless person is three months, but some occupants have been staying at the shelter for three years or longer under the discretion of management.

If an occupant wants to go to town, for example, shopping, job hunting, or going to the clinic, they have to leave the shelter before eight o'clock in the morning and are only allowed to enter again after five o'clock in the evening. All occupants must sign in to be assigned a bed, or their bed could be reallocated to a new occupant.

A committee oversees the running of the shelter and the managers have been running the shelter for the last 21 years. Formal written permission was granted by the managers to conduct the research at the shelter and to do in-person interviews with the occupants.

Sampling

Sampling procedure

Sampling in a research study refers to selecting a portion of the population of interest since participation of all members will be difficult or sometimes even impossible to execute (Turner, 2020). Sampling a subset of the population is faster, more cost effective and practical than employing the entire population (Turner, 2020). The quality of the research is influenced by the type of sample procedure chosen in qualitative research and ultimately an important aspect of how the data will be analysed and conclusions drawn (Turner, 2020). The chosen sample is to provide insight and in-depth information, answer the research questions and make inferences about the population of interest (Etikan & Bala, 2017).

A purposive sampling method was employed to recruit participants whose characteristics are representative of the homeless population/community. In qualitative research, purposive sampling is the selection of a sample of a population, a community or an institution based on particular characteristics or purpose (Etikan & Bala, 2017). In purpose sampling all individuals of the population do

not have an equal probability of being selected. This kind of sampling is used to gather the best information to succeed for the research (Turner, 2020). The researcher therefore focusses on a specific group of participants from a required group willing to participate in the study.

Interpretive phenomenology analysis (IPA) was used as methodological framework, to give an in-depth account of participants' lived experiences and how they make sense of those experiences (Pietkiewicz & Smith, 2014). IPA aims for a homogenous sample to be selected, to the extent that they share the same experience or practical condition (Willig, 2013). The goal of purposefully selecting participants, under the researcher's judgment, is to significantly contribute to the study's objectives because of their unique knowledge of their experience or situation (Babbie, 2013). Therefore, the homeless were selected purposely in accordance to the criteria of the research question and their significance to the study. A non-random selection procedure was followed to select participants and interviews were conducted with boarders willing to participate.

A sample size for IPA is usually small since the focus is a detailed, in-depth examination of a certain phenomenon (Pietkiewicz & Smith, 2014). A sample size of between 1 and 8 participants is considered sufficient with IPA to fully appreciate each participant's case (Pietkiewicz & Smith, 2014). Semi-structured, individual, in-depth interviews were done with an IPA theoretical underpinning for this research study. This method allows the researcher elasticity to ensure the data collected transpire and select more participants to develop their data, categories or interrelationships, if needed (Etikan & Bala, 2017). Eleven participants were non-randomly selected for the study but only 10 of the interviews were viable for research purposes since one participant didn't comprehend any of the questions asked. One of the participants didn't answers all the questions but some of the information provided were still valuable for the study.

Qualitative research is usually conducted in a naturalistic setting. But since the homeless is sometimes difficult to track down, doing research at the shelter was more practical and feasible (Pietkiewicz & Smith, 2014).

The interviews were conducted one-on-one, in a private hall with all individuals that were willing to participate. The shelter manager gave formal goodwill permission for the interviews to be conducted on the premises with the patrons. The researcher was introduced to the patrons by the manager as a student doing their Masters and she briefly explained that researcher was doing a study on homeless people through the University of Pretoria.

The aim and purpose of the study were explained in more detail to each individual who gave oral permission to proceed with the interview and to participate. The contact details of the researcher and the supervisor should they have any queries or issues they wanted to discuss after the interview session or for later reference. To ensure all study information were communicated effectively, all participants received an information sheet and the consent forms to read (Appendices B, C, D). The researcher went through the information sheet with each participant to ensure all relevant information of the study's purpose, process and consequence was betrayed and understood.

The contact details of a psychiatrist at the George Hospital were provided to all participants for support if they experienced any emotional discomfort that resulted from the interview. It was also made clear that they can withdraw from the study at any interview stage. If they did not feel comfortable answering any of the questions, they were under no obligation to do so with any adverse consequences. Candidates were then given the opportunity to ask questions and if they agreed to proceed with the study, were asked to sign the consent forms.

Sampling Criteria

Phenomenology aims to understand the essence and capturing the phenomenon through candidates who participated and lived the experience (Creswell & Poth, 2018). The candidates were

therefore purposively selected as people that have been homeless that could give feedback of living the phenomenon. The initial intention was to select candidates I have worked with over the last few months at the soup kitchen. However, tracking down and remaining in contact with the homeless is not always easy. The next option was to recruit candidates from the homeless shelter in George.

The following criteria were used to recruit participants for the study:

1. All candidates were chosen based on the status that they had been homeless for at least a month. Not all candidates experienced living on the streets but all were destitute and had no other option then to stay at the homeless shelter.
2. The candidates had to be older than 18 years of age.
3. After been informed of the intent of the research study, candidates must have given written or oral consent to participate.
4. Candidates must have been willing to answer the questions about their experience and the phenomenon.

The selection criteria had the underpinnings of IPA as guidelines to choose a sample group as homogeneous as possible but also give room to analyse each individual's psychological similarities and differences (Pietkiewicz & Smith, 2014). The candidates who agreed to participate comprised five female and five male individuals. Candidates were between 26 and 76 years of age and had stayed at the shelter for periods between 1 month and 3 years. 9 of the participants interviewed were fully bilingual (could understand and speaks English and Afrikaans). 1 participant had to be interviewed in Afrikaans since he could only understand basic English. Since the interviewer was fully bilingual in Afrikaans and English there was no need for a translator. The sample of the participants consisted out of one coloured, one black and 9 white participants. Of the people interviewed, one had a full- time job and the 9 other participants received SASSA grants from the government. The chosen group of people (the homeless) has relevance

and significance for this research project since each brought their unique and subjective perspective of the phenomenon (Pietkiewicz & Smith, 2014).

Data Collection

Data collection in qualitative research uses various methods, but the most commonly used method is semi-structured interviews to collect non-standardised data for analysis (Eddles-Hirsch, 2015). For this phenomenological qualitative research, semi-structured interviews seemed best suited to gain an in-depth understanding and subjective meaning of this particular social phenomenon (Rahman, 2017). The interviews were preceded with a warm-up session to build rapport and gain participants' trust and to make them feel more at ease and comfortable with the interview process (Pietkiewicz & Smith, 2014). A list of questions approved by the University of Pretoria's Ethics Committee (HUM016/1121) was used to help guide the interview process (Appendix A). The questions asked were carefully considered as a trigger to encourage participants to talk and think about their experience of being homeless differently to generate a new understanding and knowledge of the phenomenon for both the interviewee and interviewer (Willig, 2013). The interviews were conducted by the researcher.

All of the interviews were audio-recorded, with the participants' permission. The researcher conducted the interviews for which she had received training during her honours studies. The recorded session, were later transcribed into text for further analysis by the researcher. The interviews were done in English for the exception of one interviewee who asked to be interviewed in Afrikaans. The duration of the interviews varied between 10 minutes and 1 hour 30 minutes depending on the openness and willingness of participants to answer questions. The Afrikaans-speaking interviewee, only lasted 10 minutes and only some of the data collected could be analysis because of the lack of information gathered during the interview. The interviewee lost interest and chose not to respond to some of the questions. The interviews were done in two sessions, two weeks apart.

In-depth semi structured interviews

IPA relies on the theoretical orientation ideography, the in-depth analysis of each individual's perspectives to examine their unique context, before making general assumptions and conclusions (Pietkiewicz & Smith, 2014). This was achieved by using semi-structure interviews as qualitative research methodology in the current study. This interview approach also allows selecting participants from different social categories (for instance, age, sex, years' experience etc.) to provide information about the phenomenon (Willig, 2013).

Interpretative researchers believe that reality is socially constructed that could be understood subjectively (Rahman, 2017). It is important to keep contextual factors in mind while conducting an interview and reflect on the meaning and experience for both the interviewer and interviewee (Willig, 2013). Semi-structured interviews also allow the flexibility to investigate unexpected issues during the dialogue that the researcher may want to explore further (Pietkiewicz & Smith, 2014). The interview questions were intentionally structured to allow participants to voice their thoughts and opinions of life as a homeless person. Since the homeless is a vulnerable research group, questions and responses were carefully considered not to inflict any harm during the interview process. Engaging in interviews with the homeless gave an insight into their reality, obstacles and thought processes that would help answering the research questions but sometimes some of the questions unintentionally stirred up painful experiences and memories. In situations like these, particular caution was taken not to probe further to cause more emotional distress. The answers to these questions gave insight and meaning to the risks and challenges they face and how they overcome it.

Like mentioned earlier, all interviews were audio-recorded with permission of all interviewees. These recordings enabled the interviews to be transcribed verbatim and give a more accurate account of each participant's experience. The transcriptions were done as soon as possible after the interviews were completed to enhance familiarity and give a more knowledgeable account of the data (Jones et al.,

2013). As per Willig (2013), non-lingual aspects like significant pauses or crying were included to assist with conversation and data analysis later. This process enabled the interviews to provide a rich description, explanation, and understanding of the homeless community's experiences, thoughts and coping techniques.

Thematic Data analysis

Qualitative research analysis helps generate a deep and nuanced understanding of a particular phenomenon. This process is dependent on a rigorous analysis of a vast amount of data, collected through interviews in this case, that brings meaning to the data set (Lester et al., 2020). Qualitative research aims to inductively interpret data, including quotes from interviews, with findings from the actual dataset (Lochmiller & Lester, 2017). Thematic analysis is considered a broad and flexible approach since it can be applied within a range of theoretical frameworks to identify patterns in a data set (Braun et al., 2019). Given the qualitative nature of the study and phenomenological focus, thematic analysis was deemed most appropriate to help address and answer the research questions. Qualitative research assumes that there is multiple, changing realities and that each individual holds their unique construction of reality (Merriam & Grenier, 2019). Thematic analysis assisted in exploring how the homeless perceive their unique lived experience and how they cope in these circumstances.

Thematic analysis allows a researcher to move from a broad understanding of a phenomenon to identifying and analysing themes and patterns (Clarke & Braun, 2013; Lochmiller & Lester, 2017; Smith & Fieldsend, 2021). Braun and Clarke's (2021) reflexive approach for theme development and analysing data involves six phases: (i) Familiarisation of the data; (ii) Initial creation of codes; (iii) Generating initial themes; (iv) Reviewing and developing themes; (v) Defining and naming the themes; and (vi) Writing up and producing a report (p.3). Thematic analysis is also flexible in that it can be used as only a data analysis method underpinned by a different methodological approach (Clarke & Braun, 2013). Therefore, examining the transcripts and reading through them multiple times, analysing the data, and

forming an understanding of what factors might be relevant, will enable me to identify the critical themes centred on issues of resilience and coping.

In the first phase mentioned above, familiarisation of the data took part by listening to the audio-recordings of the interviews and transcribing it. Transcribing the interviews in person gave an in-depth overview of each participants dataset. Transcribing the interviews, initiated coding of the data, phase 2, by continuously writing memos to highlight connections and consistencies between the interviews and data sets to get the essence of the data (Lochmiller & Lester, 2017; Smith & Fieldsend, 2021). These included memos on individual participant experiences, how they viewed their experiences, the battles they face and how they cope with this. From these memos, initial themes were recorded (phase 3). Themes are accomplished by conceptualising shared meaning patterns around a core phenomenon or idea (Braun et al., 2019). Therefore, examining the transcripts and reading through them multiple times, analysing the data, and forming an understanding of what factors might be relevant, enabled identifying themes centred on issues of resilience and coping. Phase 4, reviewing and developing themes, was accomplished by identifying overlapping and related data to give meaning to the similarities, interaction and differences between the different data sets (Lochmiller & Lester, 2017). Therefore, looking for themes across different data sets (ex. characteristics, experiences, events, etc.) to connect and give meaning for that which is related, to get the full picture. Defining and naming the themes, phase 5, is a continuation of phase 4. This was achieved by consolidating the themes already identified across various datasets into a single category. No co-coding or recoding was done since the themes were identified with codes, that were combined to form themes in the previous phase. This involved organizing the notes taken consistently throughout the previous steps.

The themes are broad, analytically derived statements about the data that combine different categories or sub-themes (Lochmiller & Lester, 2017). Phase 6 involved capturing and explaining the essence in multiple contexts among deeper or more concrete aspects of the datasets (Braun et al.,

2019). It also involves returning to the datasets to focus on the subjective experience from the researcher's point of view and the texture and quality of the experience of being homeless (Willig, 2013).

Quality control

Qualitative research helps answer questions about people and their life experiences and is concerned about meaning in context and the interpretation of data (Willig, 2013). It is necessary for qualitative research to be conducted thoroughly, rigorously, and internally consistent (Tomaszewski et al., 2020). Yardley's (2017) four quantitative principles were applied to ensure the quality of this research study: *sensitivity to context; commitment and rigour; transparency and coherence; impact and importance.*

Sensitivity to context refers to numerous facets of qualitative research that are equally important (Yardley, 2017). Firstly, the theory of relevant literature and previous empirical work was interpreted, which enabled the researcher with scholastic tools to do an in-depth analysis (Yardley, 2000). Being sensitive to the linguistic- and social culture context and the participant's perspective gives meaning and function to a phenomenon. Still, it was also imperative to be aware of how this influences the interpretation by the researcher (Yardley, 2017). Verbatim quotations gave voice to the participants' views, but IPA research requires idiographic depth and interpretation of participants' quotes through close analysed reading (Nizza et al., 2021). Therefore, quoted material from participants' interviews was not accepted at face -value but thoroughly analysed and interpreted to give meaning to participants' experiences and the data (Nizza et al., 2021). The power balance between the researcher and participant has an ethical dimension, and it was crucial to be sensitive and aware of this while communicating with interviewees (Yardley, 2000). Caution was also implemented not to impose pre-conceived categories by the researcher but to carefully consider the meanings generated by the interviewee (Smith, 2019; Yardley, 2017).

Commitment and rigour were achieved by comprehensive engagement with the topic, which included immersion in the relevant data (empirical and theoretical), developing and displaying competence and skill in the methods employed and undertaking an in-depth, detailed analysis of data (Yardley, 2017). Qualitative research studies small groups of a population, and to ensure representativeness, a sample was chosen that accurately characterises the research study. (Willig, 2013). The sample chosen was homeless people representing the homeless community to help answer the research questions. Rigour refers to the adequacy of the sample collected to enable comprehensive data analysis and interpretation (Yardley, 2000). This process allowed to address the variation and complexities observed and complete data interpretation (Yardley, 2000).

Transparency and coherence refer to the clarity and coherence of the data (Yardley, 2000). For research to be perceived as transparent, the reader must clearly see how the interpretation was derived from the data (Yardley, 2017). Qualitative researchers construct a version of reality through a compelling, unfolding narrative (Nizza et al., 2021). This narrative was formed by carefully selecting and interpreting extracts from participants' interviews to convey a sense of coherence and interpreting meaning and function (Nizza et al., 2021). Also, each theme complements the sense of coherence and adds to the narrative in an interconnected manner (Nizza et al., 2021).

Lastly, *impact and importance* refer to how the research generates valuable knowledge and influences how we think about the world (Yardley, 2017). To increase the quality of IPA analysis, participants' experiential and existential significance were reported and how they make meaning of their environment (Nizza et al., 2021). The value of research depends on the audience or community it was intended for, the application it was designed for, and the analysis objectives (Yardley, 2000). Nevertheless, thoroughly describing the research context and assumptions central to the research ensures the reader can determine how it could be generalised or transferred to their context (Merriam & Grenier, 2019).

IPA research usually involves data analysis from more than one participant, like in the current study (Pietkiewicz & Smith, 2014). The idiographic depth and systematic comparison show participants' patterns of similarity and individual idiosyncrasy (Nizza et al., 2021). Convergence and divergence were implemented to highlight the parallels and differences between participants (Smith, 2011). This also illustrates the analysis's prevalence, representation and variability (Pietkiewicz & Smith, 2014).

Ethical considerations

The homeless are considered a vulnerable population group and ethical considerations are highly concerned when doing qualitative research. Doing an in-depth interview can be widely intrusive because highly personal matters are discussed which can cause emotional distress (Rahman, 2017). Implementing precautionary measures from the beginning of the study was paramount to ensure no psychological harm is inflicted by doing the research. Therefore, before collecting the data, the research proposal was submitted to be reviewed by the University of Pretoria's Faculty of Humanities Research Ethics Committee and received ethical clearance on the 25th of November 2021, HUM016/1121 (Appendix E)

To ensure ethical standards are maintained during the study, research participants were informed of the purpose of the research, the execution process, and their rights when agreeing to participate (Appendix B). With each interview, the interviewee was constantly monitored and the interviewer was very sensitive to see how the interview affected the participant. If it was made apparent that the interviewee avoided talking about an issue, felt ashamed or became emotional, there were no further inquest on the subject (Pietkiewicz & Smith, 2014). It was also made clear that participating is non-compulsory and they are free to withdraw from the study at any time, even after agreeing to participate - without any negative consequence or penalty. Interviews were audio-recorded and notes were taken during the process. Nevertheless, identities were kept anonymous, using pseudonyms to report the findings. Participant information collected from the interview process were stored and filled safely on a computer that is password protected. Data collected will be used for research purposes to conduct the

study. Should a participant be interested in the study's findings, this will be made available to them a year after completing the research.

Research participants did not get any compensation for agreeing to participate, although refreshments were made available during the interview. Participants might not have directly benefited from participating in the research study nonetheless, the data collected could potentially help other people in community projects to empower the homeless. After explaining all procedures, written consent was acquired from participants (Appendix C). In particular, in cases where a participant could not read, verbal informed consent was required (Appendix D).

The Night Shelter in George gave written goodwill permission that some of their regular patrons could be interviewed (Appendix F). Arrangements were made with a registered professional for counselling should a candidate experience emotional distress during or after the interview (Appendix G). The homeless shelter has a team of social workers and psychological nurses at their disposal that refers them for counselling at the George Hospital should the need arise.

In conclusion, this chapter explained and discussed the use of a qualitative research methodology to obtain and analyse the data, of which the purpose was to investigate and explore how homeless people cope with the hardships of being homeless. Therefore, it was to understand better the psychological strengths that led to coping mechanisms and resilience. This chapter clarified the use of a phenomenological research design, the sampling procedure, data collection methods and the data analysis strategies. Bracketing was purposefully implemented by suspending any preconceived judgments or presuppositions of the homeless to let the data derived from the interviews, speak for itself to arrive at valid, reliable data on the homeless. Care was exercised to highlight and suspend any stereotypes about the homeless, or preconceived ideas or notions that could potentially impact judgment by the researcher. Therefore, caution was taken by continuously reflecting, critiquing, appraising and evaluate the research proses to eliminate subjectivity and context that could influence the interpretation and outcome of the

data (Olmos-Vega et al., 2023). The chapter concluded with the steps taken to adhere to ethical requirements as well as the quality and veracity of the study. The themes that emerged from the research findings are displayed in the next chapter.

Chapter 4 - Results of The Study

This chapter discusses the analysis of the data through the use of qualitative research to investigate and explore how people experiencing homelessness and cope with the hardships of being homeless. The previous chapter provided a detailed overview of the methodologies employed to produce and outlined the approach for presenting and analyzing the collected information. This chapter presents the findings derived from the research data. The data collection involved in-depth, semi-structured interviews, which were subsequently organized and analyzed using bracketing, content analysis, and thematic categorization.

The findings and discussions are supported and grounded by insights gained from the literature review. To corroborate and support the themes presented, verbatim excerpts from the participants' interviews were presented to substantiate the findings. Therefore, specific quotations from the transcribed interviews supported the themes identified to portray participants' shared experiences (Creswell & Poth, 2018).

Brief recap and context of the study:

Homelessness is a global phenomenon with complex explanations and causes. Various social systems and human agency circumstances contingently relate to a person becoming homeless (Fitzpatrick, 2005). This study went beyond identifying and describing homelessness-related characteristics and exposed the underlying causal structure processes (Hastings, 2022). In South Africa, social, cultural and economic factors contribute to the causes of homelessness (Roets et al., 2016). Balasuriya et al. (2020) state that people experiencing homelessness tend to have a history of social disadvantage and poverty, including growing up in poverty and having lower levels of education. Victimization and vulnerability often lead to homelessness, including but not limited to a history of abuse and trauma, poverty, mental and physical health challenges, and substance use/abuse (Popheim, 2021). Ravenhill (2008, as cited in Somerville, 2013) stated that homelessness results from an

accumulation of triggers within an individual's life course. The succession of traumatic events or triggers destabilises the individual and ruptures their protection against homelessness. This study explores how the structural and agency mechanisms develop to impact a person's housing stability and identifies possible emerging coping strategies (Hastings, 2022).

The interaction of personal, behaviour and environmental factors has a triadic reciprocal causation effect, as Bandura (1999) described. Therefore, specific structural and causal mechanisms produce these events and circumstances that lead to a person becoming homeless (Hastings, 2022). From the interviews, it became clear that environmental or structural causes like unemployment, poverty, housing unaffordability, abuse from partners, the public and police and lack of support from the government all contribute to homelessness. Nevertheless, some people experiencing homelessness also expressed that they experience social support from friends, family and support organisations. On a behaviour level, health and mental problems, criminal activities, traumas, and addiction exasperate the problem and culminate in individuals becoming homeless. The participants also expressed conflict between the residents and boredom as part of their daily lives.

Despite all the challenges these participants faced, they still exhibited strengths like finding purpose, gratitude, generosity, spirituality mindfulness and empathy for others. These cognitive processes, beliefs and attitudes form part of Bandura's (1999) triadic reciprocal causation personal factors that motivate and positively impact the individual.

Contextualising Sample

The sample comprised five female and six male individuals. Pseudonyms were used to keep participants identities anonymous. One male participant requested to do his interview in Afrikaans but did not answer the questions comprehensively. After an initial conversation, another male seemed unfit to answer the questions. The sample comprised out of one coloured- one black- and nine white participants, of which only ten interviews were viable. The homeless is sometimes challenging to track

down. Participants was therefore, chosen and recruited based on the convenience of locating and reaching them at the shelter. The participants in the current study were between the ages of 26 and 76. The 26-year-old is the only full-time employed participant; two were retrenched recently because of COVID-19, and two are retired, ages 74 and 76. Nine of the participants were SASSA grant recipients from the government. On average, participants have been staying at the shelter for one month and three years except Pieter, Marina, and Martin, who have been homeless for considerably more years. Marina, who is 74 years old, has been homeless since 1995 and first stayed at the shelter 20 years ago. She has since stayed with friends, her daughters and several other shelters. She recently moved back has been at the George Night Shelter for a month. Martin, 63, indicated he has been homeless since 2018 and has stayed at several shelters. He has been at the George Night Shelter for five months. Pieter, 62, has been homeless for more than 20 years and first stayed at the George Night Shelter in 1982. He has since visited the George Night Shelter about 30 times and has been with the shelter for five months for the current period. Two participants, Pieter and Louwrens (50 years of age), indicated they have lived on the streets.

In the current study, only three participants fall into the transitional or temporary homelessness category. Two were retrenched, Willem and Johan, because of COVID-19. Johan, 60, was employed full-time. At the time of the interview, he had been at the shelter for nine months. Willem, 57, has stayed at the shelter for about a year. It has been their first time at a shelter, and they plan to transition to stable employment and housing. It has also been Melinda's (26 years of age) first time staying at a shelter. She is employed full-time and has been staying at the shelter for a month but cannot afford housing for herself and her two children with her current salary. All of the other participants have had episodic recurring episodes spent in shelters. Janine, 61, has been at the shelter for two years and prior that, at the Mossel Bay shelter. Ella is 76, retired, and has been with the shelter for three years. Christel, 57, has been at the shelter for the last four years since an overdose on narcotics. Louwrens, 50, has been at the

shelter for ten years. Therefore, they all fall under the chronic homeless category and have been in shelters for over four years. The participant demographics from this study echo the demographic profiling of a study of the South African homeless population in 2010 (Kok et al.) with the chronic homeless participants having one or more of these risk factors, including being from an older age group, having a history of criminal activity/record and alcohol and substance abuse with no support from family and friends. The participant who has been chronically homeless for the most extended period (more than 20 years) had all the risk factors listed.

Overview of themes:

Theme	Subthemes
Theme 1: Challenges and Traumas	Poverty Addiction Mental illness and health problems Abuse – relationships, public, police Criminal activities Government, shelter and other institutions Conflict between the homeless Boredom
Theme 2: Support Systems	Government hospital, shelter and management Family, friends and peers
Theme 3: Coping, protective and strength characteristics	Spirituality and religion Gratitude Generosity Empathy Purpose and meaning Mindfulness

The interpretations of the selected participant's interviews and experiences are reflected in the outlined themes and subthemes. Similar subthemes are grouped under three main themes; (1) Challenges and traumas, (2) Support systems, and (3) Coping, protective and strength characteristics. Each subtheme is discussed in relation to the theme. The challenges and traumas the homeless face is discussed in the first theme and comprised out of eight subthemes. On a personal level, the challenges and traumas include addiction, abusive relationships, criminal involvement, boredom, mental illness and health problems. The challenges the homeless face on a public or macro level encompass poverty and

government policies that negatively impact their lives. The traumas they experience includes abuse by the police, the public, shelter staff and conflict between people experiencing homelessness.

The second theme discusses the support the homeless experience on a personal, public, emotional and social level. The three subthemes discuss the financial, necessities and structural support offered by the government, shelter and shelter staff. Friends, family, staff and peers offer emotional and social support.

The third and last theme discusses coping, protective and strength characteristics that enable the homeless to cope with their circumstances. The six subthemes that were identified are spirituality and religion, gratitude, generosity, empathy, mindfulness, purpose and meaning.

Theme 1: Challenges and Traumas

Homelessness is not just a housing problem and differs from person- to -person. Insight into each individual's life history should be considered to understand the complexities of homelessness. Somerville (2013) explains homelessness as a multi-dimensional framework with a psychological (for example, safety), ontological and physical (e.g., place of your own) dimension. Bramley and Fitzpatrick (2018) further explain the interconnectedness between structural and interpersonal causes of homelessness and how this affects how homelessness is alleviated. Individual or personal causes refer to vulnerabilities and behaviours like addiction or mental health problems, whereas structural problems include broader forces such as unemployment, poverty and lack of affordable housing (Bramley & Fitzpatrick, 2018). One aspect that some candidates highlighted is unemployment and their struggle to find work, and the lack of government strategies to provide housing assistance for the low-income sectors. Structural causes such as poverty create the environment for homelessness, and individual factors like being in an abusive relationship determine the likelihood of a person becoming homeless.

Therefore, the more cumulative problems present, the higher the chance of a person becoming homeless. Participants echoed personal or individual causes and structural causes in their lives.

Melinda is a divorced mother who works at a local supermarket as a cashier but cannot afford housing for herself and her two children. Her parents currently have custody of her children until she can secure housing:

Because I'm looking for better job with a bit more pay. I can't, I can't rent here. But what I, the difficulties I experienced here is more, uhm, I wouldn't say difficulty, but more of a challenge. The challenge to get out. Because in, in George the rent is extremely high.

Johan was retrenched during COVID-19 and has since not been able to secure a job:

I would love to work, but uhm, at my age, it's difficult to find work.

Martin, who was diagnosed with bipolar, struggles to find work at his age:

But for me to find work at 63 is gonna be very hard as well. But I just hope, yeah, I hope against all hope that I can find an opportunity to work again because I still got a good couple of years in me to work.

Pieter has applied for work at a local butchery but was unsuccessful and contribute it to his age:

Okay, also, age, I'm 62. So, getting, I'm a block man. So now block man, unfortunately, there is a physical aspect to the job. But that, and when this guy looks at you, he thinks, 'Nah, how long is this guy gonna last? At best, a year, two years.'

Louwrence expressed that the government sees the homeless as a burden and do not offer them the necessary assistance.

Poverty Linked to Unemployment

According to the United Nations (2022), 700 million people live in extreme poverty or 10% of the world population. The majority of this figure lives in Sub-Saharan Africa. Fulfilling the most basic needs

like health, food, access to sanitation and water and living off less than \$1.90 (+- R32) a day is considered living in extreme poverty (UN, 2022). Poverty is one of the structural causes of homelessness, as mentioned before. Significant progress was made globally to alleviate poverty; extreme poverty declined from 36% in 1990 to 10% in 2015, but COVID-19 and the war in Ukraine had devastating consequences (UNDP, 2022). The alarming growing divergence of the world economy, crushing debt levels and the accelerating food and energy crises has increased the number of impoverished people in developing countries by 71 million in the last three months since March 2022 (UNDP, 2022). The impact of the COVID-19 pandemic was also detrimental to families in South Africa. Statistics South Africa (2022) reported that 48.8% of households ran out of money to buy food during the first wave of the COVID-19 pandemic.

The pandemic directly impacted two participants' lives and livelihoods. Willem, aged 57, and Johan, 60, were retrenched because of the COVID-19 pandemic. Consequently, they could not afford housing and had to find refuge in the Night shelter. They have not been able to secure employment since being retrenched. Willem's "bakkie" also got stolen during this period. Willem is doing small odd-jobs at the shelter for an extra income. He also wants to open a car wash next to the shelter's premises or open a panel beating shop.

Studies show that poverty and homelessness are positively correlated and a universal risk factor (Bramley & Fitzpatrick, 2018). South Africa has an official national unemployment rate of 34.5% (Statistics South Africa, 2022). Unemployment causes severe financial hardship and poverty, detrimental family tension and breakdown, mental and physical health problems and, ultimately, crime (Belle & Bullock, 2022). Occupants over 60 can apply for an older person's grant, which pays between R1980 and R2000 (South African Government, 2022). Any person with a mental or physical disability confirmed by a state-appointed doctor can receive a disability grant of R1980 (South African Government, 2022). Occupants must pay R25 a day to stay at the shelter, which includes three meals, access to ablution

facilities and a bed. Some of the occupants at the shelter work as car guards during the day. However, none of the participants interviewed indicated that they did. Occupants that do not work or receive grants do odd jobs to pay their daily fees. Most participants indicated that it is challenging to find employment as middle-aged individuals compared to when they were in their twenties.

Some candidates stated during the interviews how unemployment had affected their lives and their struggle to find work.

As Louwrens stated:

People, they lose their houses or they lose their employment. And you wouldn't believe how many people in day-to-day life this happens to where, where the one week, they still have a job, they still have a house, they've raised two kids. And the next week, everything goes wrong, and they end up in the street, there's hundreds of families like that.

One of the other male participants, Pieter, 62, tried to find work as a block man at a local butchery for which he is qualified. However, when he gave the shelter as his residence address, the owner was not interested in offering him employment.

Of all the participants interviewed, only one had full-time employment, Melinda, aged 26. However, even being full-time employed, she could not afford accommodation to rent with her salary. She has been seeking alternative employment to afford suitable housing for herself and her two children. One of the female participants, Janine, runs a small shop on the premises for an extra income. Three out of the 10 participants did not indicate that they were looking for employment. One of these participants, Ella, aged 76, is retired and worked as a nurse her whole life. The other two participants were still of working age; Louwrens, 50 (male), and Christel, 58 (female). Christel disclosed that she is a recovered alcoholic and drug addict and gets financial support from her children. Louwrens was accidentally chemically poisoned at his last employment, which caused swelling of the brain. He has had five brain surgeries since the accident.

Losing a job or unemployment is traumatic for the individual and has secondary impacts like estrangement from family, housing stress, social standing and emotional well-being (McClelland, 2000; Rao, 2023). For some participants, unemployment and poverty have led to their families deteriorating directly or indirectly.

Louwrens did not go into detail, but the loss he experienced since becoming unemployed is apparent, as he stated:

I lived in Stellenbosch in a four-bedroom house, I had a job, I had a business, everything... it's a whole different culture than living in suburbia, in suburbia, in your house, with your family.

Pieter (62) indicated that his family deteriorated, and he has almost no contact with his children:

No, I've got, I've got divorced very early. So, I've got an ex-wife and two children and two grandchildren ... they, they don't feel like family.

Melinda and her husband had their own business, but her husband is an addict, and they could not care for or provide for their children. Consequently, the children were removed from them by Child Welfare. She got divorced but has to prove that she can look after her children independently, and able to provide them with a stable environment with suitable accommodation.

Addiction

Although it is imperative to highlight that not all poverty-stricken people have a substance abuse problem, studies have shown that poverty and addiction are interrelated (Bramley & Fitzpatrick, 2018). Ravenhill (2008, as cited in Somerville, 2013) stated that the homeless culture becomes a subculture with discernible identifiers like their demeanor, behaviour, dress and language. This subculture develops its subcultures among each other. For example, it can compromise the drinkers, drug addicts, and specialist day centre/hostel groupies (which refer to people with mental illness).

People experiencing homelessness with alcohol and addiction problems have worse psychological well-being, a greater chance of long-term homelessness and difficulties being reintegrated into society (Johnstone et al., 2016; Somerville, 2013). Studies differ significantly on the percentage of homeless people with drug and alcohol dependence, and research on the relationship is limited in low- to middle-income countries. One recent study done in Cape Town, South Africa, on people experiencing homelessness showed that 44.9 % used drugs and 22.7% met the criteria for alcohol dependence (Carney et al., 2021). In the current study, 2 out of the 10 participants indicated they are alcoholics/addicts. Janine, Willem and Melinda indicated that they used drugs, alcohol, or both in the past but are now sober. Therefore, 50% of participants have used drugs, alcohol, or both and 20% are recovery alcoholics/addicts. The interviewed participants said they receive help for their addictions through the weekly AA and NA meetings on the shelter premises.

Pieter (62) indicated he had been an alcoholic for about 30 years. His alcoholism has caused losing employment and the deterioration of his family life. Alcohol and drug abuse is often a vicious circle, initially a pathway into homelessness and, subsequently, for people experiencing homelessness to cope with life on the street.

I'm an alcoholic or I was. Okay, I still am, but uhm, you get different kinds. Like some guys they wake up every morning, you got to drink every day, type of thing. I go for months without bothering and then all of a sudden, I've just got too much money or I lose my temper or something and there I go again. And then I'll lose a job and then I'll come back to the night shelter.

Alcoholics Anonymous, or AA, is an international organisation or mutual aid fellowship dedicated to abstinence-based recovery from alcoholism through its twelve-step programme (AA, 2022). Narcotics Anonymous, or NA, is a non-profit organisation that uses a twelve-step programme to help

people with various substance use disorders (Narcotics Anonymous South African Region, 2020). The AA and NA have meetings at the shelter for residents and public members.

Substance abuse is often used as a coping mechanism for the stress and danger associated with homelessness, but it also makes it nearly impossible to maintain stable housing (Alcoholism among the Homeless, 2022).

When asked how he deals with the difficulties of being homeless, Pieter stated the following:

Normally with a bottle. Uhm, it is, but, uh, the alcohol does it for you... I don't know how long it's going to last. I'm going to lose it sometime. Uhm, I'll, I'll get my money one day, my SASSA money or something, and I'll walk past a bottle store and then it's all over again, you know. Everything starts all over again.

It is difficult for him to stay in one place, stemming from his unstable childhood. His parents moved around a lot when he was a child; he attended 13 schools.

Studies have shown that adverse conditions in childhood, like instability, neglect and abuse, could produce negative results in adulthood, like an addiction which could ultimately lead to homelessness (De Espíndola et al., 2020; Montgomery et al., 2013; Nishio et al., 2017).

Christel (58) disclosed that she attends AA and NA meetings weekly. Christel has no contact with her adult children and omitted to reveal how long she has been an addict. Her addiction has also led to her losing her employment and her house.

She expressed how the meetings had been a form of support:

Uhm, I attend AA and NA. Uhm, AA is on Tuesday nights, and NA is on Thursday nights, uhm in this room here. I've always looked forward to meeting people that come are coming from the outside that are not staying in the shelter. We chat. Uhm (pause). We also have had a few laughs; every now and then, we laugh, you know. We have to see the funny side of things. I've got my NA and AA groups supporting me, my sponsor.

Individuals with substance abuse and mental illness are at high risk for homelessness. For some people experiencing homelessness, substance abuse and mental illness co-occur and are used to self-medicate since they do not always receive the proper treatment (Mejia-Lancheros et al., 2020). Mental illness and substance abuse have a reciprocal causal effect with homelessness, making it difficult to break the cycle (Balasuriya et al., 2020; Krabbenborg et al., 2017).

Mental Illness and health problems

Mental and physical illness falls under personal vulnerabilities, one of the factors contributing to an individual becoming homeless (Bramley & Fitzpatrick, 2018). Studies have found that mental illness and homelessness have a bi-directional relationship, and 25- 30% of homeless persons have severe mental illnesses like schizophrenia, bipolar or anxiety disorder (Balasuriya, 2020; Padgett, 2020). Traumatic experiences, mental health issues, behaviour factors and an individual's homeless status are all connected (Somerville, 2013). A person with mental illness is more likely to engage in risky behaviours, leading to increased vulnerability to violent victimisation and traumatic experiences that could lead to homelessness (Ventriglio et al., 2015). Studies have also shown that poverty strongly affects physical and mental health (Bramley & Fitzpatrick, 2018).

The shelter manager reported that she estimates that about 70% of the shelter's patrons have mental illnesses inhibiting them from entering the workforce. Mental illnesses reported include depression, bipolar disorder and, in a lesser occurrence, schizophrenia. She also reported that about half of people experiencing homelessness are in bad health, making it problematic for them to work and nearly impossible with the high unemployment rate. The participants interviewed are receiving help on different levels through government agencies. Their mental illness and health problems are being addressed through government agencies like the clinic near the shelter that employs psychiatric nurses. They refer severe cases to the government hospital with a full-time psychiatrist on staff.

Of the 10 participants, one reported that he had been diagnosed with bipolar disorder. Ella and Christel reported that they tried to commit suicide, and two of the participants, still working age, have health issues.

Martin, who is 63, reported:

I suffer from bipolar. So, I have these manic, manic attacks and, uhm given to a sort of psychotic frame of mind, we just do things as though you were king of the mountains, you can take on the world. And then you come crashing down.

He was diagnosed in 2014 and is currently on medication but has had a few relapses. He inherited a lump sum from his mother that he squandered.

As he states: *"I only have myself to blame for. Uhm, and why I did it, to how I did it, I still don't quite understand what my, what was going on in my mind."*

Pieter stated: *"And I've seen some scary people in here. I'd say at least 40% of these people, wouldn't, should be in a psychiatric institution. ...half these guys don't belong here. They belong in an institution of some kind."*

The additional risk factor of a mental disorder causes a severe obstacle for people experiencing homelessness to overcome. Studies have shown that homeless individuals with mental illness often get stigmatised and discriminated against in settings like health care, social services and law enforcement, making it even harder for people experiencing homelessness to get the proper treatment (Mejia-Lancheros et al., 2020).

Louwrens was chemically poisoned by fertilisers at his last employment six years ago. It caused swelling in his brain, and he had to undergo five surgeries and has since been unable to work.

Pieter also reported that he has back problems that make it difficult for him to work as a block man – which used to be his occupation. He also reported the following experience at a government

hospital in George: *"And hospitalisation! Wow! I went to George when somebody (hit me) in the head with a brick and I lay there for 4 hours, bleeding! And nobody did a damn thing; they just walked past."*

The homeless community has higher rates of premature mortality than the rest of the population because of the remarkably high severity of diseases as a consequence of delays in seeking care, nonadherence to therapy, cognitive impairments and severe poverty (Asibey et al., 2020; Fazel et al., 2014). Studies have reported that physical health problems such as sexually transmitted infections, respiratory and cardiac diseases, non-communicable diseases, unintentional injuries and disabilities are the health problems to which the homeless are most susceptible (Fazel et al., 2014; Hwang, 2001).

Abuse – relationships, public, police

People experiencing homelessness are frequently exposed to harsh circumstances, including extreme violence and victimisation from all walks of life. Abusive households are one of the physiological risk factors (safety) that lead to women and children ending up homeless (Somerville, 2013). According to Statistics South Africa (2021), 39.7% of women 18 years and older who have been partnered and divorced experienced physical violence, and 16.9% experienced sexual violence (2022). Multiple factors intersect to affect women to become homeless. The narratives woman experience linking persistent poverty, single-parent households, shortages of low-income housing and gender violence and abuse which form part of the structural factors that have a causal effect on their outcome of becoming homeless (Buch-Hansen & Nielsen, 2020; Williams, 2016).

Studies indicate a significant and consistent association between complex trauma and homelessness (Somerville, 2013). Most participants have experienced abuse from a partner, the public or law enforcement. The shelters provide a place of safety and a roof, but as Somerville (2013) stated, consider other dimensions like a sense of worth, own space and satisfying relationships to help these victims. A woman that experiences any form of violence or abuse makes her highly vulnerable and susceptible to homelessness to escape abuse at home. In addition, homeless women are regular victims

of sexual assault, robbery, rape, insults, and threats and are sometimes not even spared from this abuse when entering a shelter (Posada-Abadía et al., 2021).

Three out of the five women indicated they experienced abuse from their partners.

Marina was married to an abusive man for years: “... *he used to abuse me. He used, he hit me with a ‘sjambok’. One day he nearly killed me.*”

If a woman experiences abuse, it places them in highly vulnerable scenarios, and if they cannot access housing or assistance, they are forced to endure abuse and violence (Mayock & Parker, 2015).

A doctor who was also their lay mister helped her escape, and she fled to a town where she could be safe. She contacted a welfare organisation and started working for the Salvation Army. She remarried, but her husband died, which left her destitute again, and she ended up in the shelter.

A woman experiencing homelessness is particularly complex because of the high rate of post-traumatic stress, the presence of children, mental health issues, sexual exploitation and assault (Milaney et al., 2019).

When Melinda was 16 years old, she was sexually assaulted. She got pregnant and decided to keep the baby. She got married a few years later, but her husband was an addict and emotionally abusive. She divorced him and ended up staying in the shelter.

Violence against a woman by men occurs in multiple ways and is usually a current or ex-husband or boyfriend (Milaney et al., 2019). Intimate partner violence can include physical and sexual violence, stalking and psychological aggression or maltreatment (Graham-Bermann, 2018). Abused women experience not only physical and psychological trauma like depression and anxiety from the abuse but also financial costs and societal issues, and associated health-, work- and academic problems (Graham-Bermann, 2018).

Janine also fled from an abusive relationship fearing for her life and found a haven at the homeless shelter:

I was abused. And this (the shelter) is actually far better, better for me being away from that abuse that I had, I suffered from, uh, physically, mentally. Uhm, I dealt with a narcissist, so it's better for me to be here.

The Domestic Violence Amendment Act 14 of 2021 was promulgated to deal with how to end domestic violence. However, despite these efforts, domestic violence is viewed as a pandemic in South Africa (South African Government, 2022). The South African Police Service states that it offers victims of domestic violence or sexual assault victim counselling, medical attention and shelter (South African Government, 2022). Despite legislators' best efforts to strengthen the state's response to domestic violence, police stations implementing the law remain weak, uncoordinated, misinformed and apathetic to victims seeking help (Stone & Lopes, 2018). The poor compliance of the police to the Domestic Violence Act not only cultivates a lack of trust in the police but has dire consequences for victims (Stone & Lopes, 2018). Therefore, most victims avoid the justice system altogether and seek refuge at shelters (Stone & Lopes, 2018). Victims seek refuge at private organisations like POWA (People Against woman abuse) to help abused women with short-term sheltering and counselling (POWA, 2016).

The homeless are often seen as the cause of crime, but they are more likely to be victims of crimes and experience violence and victimisation at disproportionate rates (Pophaim, 2021). People experiencing homelessness are significantly more prone to victimisation than most because of their exposure and lifestyle (Pophaim, 2021). In a study done in Pretoria and Thohoyandou with homeless people, 52,9% indicated they had been victims of physical assault, grievous bodily harm, verbal abuse or theft (Sadiki, 2016).

Pieter reported the following:

Uhm, the streets are dangerous man, you can't sleep on the streets. If I, I'm say now we're drunk or something and get thrown out. I wouldn't be sitting anywhere in town in one of these little alleys or something. I'd go far out because of all these kids. Uhm, I

think we call them "pompkoppies", the homeless kids. And they, they're the worst thieves of the lot.

Unfortunately, because of stigmatisation and negatively socially constructed labels, people experiencing homelessness are being criminalised and severely ill-treated by police and other members of society (Pophaim, 2021). Traumatic injuries, violence, crime and victimisation are often not reported to the police since they receive little or no acknowledgement from the criminal justice system (Pophaim, 2021). Due to experiences from the institutions and officials supposed to protect them, the homeless lack trust in the criminal justice system and police (Pophaim, 2021).

When asked what kind of security issues the participants experienced, Louwrens answered the following:

.... harassment, from not only some of the uhm, troublemakers at night, but also, sometimes from the law enforcement... Governmental divisions like, uhm, law enforcement, not just the police but also law enforcement branches...One day a police officer, uhm, attacked me.

When asked how they overcome the difficulties they experience, he replied the following:

You just overcome it. You ignore it. Yeah, if it really bothers you, then there's places to complain. But the majority of the time is where the divisions in government or, and police, where your complaint to. They generally ignore these sorts of complaints because you're almost looking at a group of unofficial citizens. They (the homeless) don't have any real voting power or political swing or any of those. So, some, most of the time they're governmental divisions look at it as a burden.

Extreme social exclusion, which is associated with poor mental- and physical health, is something the homeless are familiar with (Bramley & Fitzpatrick, 2018). People experiencing homelessness are victims and aware of the stigmatisation, status loss and discrimination of homelessness in

the general society (Reilly & Williamson, 2022). The homeless experience oppression on a cultural level when the ideals, norms and values are reflected by the dominant culture and expressed through stereotypes, stigma and language and perpetuated through mass media and dominant discourse (Schneider et al., 2019).

When asked how they see people who are not homeless, a few participants turned the question around to how the public sees them.

Pieter: “... we're all considered rubbish because we are homeless...”

Louwrens: “When you go to the street, you don't change your perception about them. It's more them changing their perception about you. I've never changed my opinion about them. I think it's more the other way around.”

Melinda also stated:

...the ladies there, that work at the tills, they don't even know, I recognise them (from the shelter). But they don't, they don't know where they come from. And I know that person is legit, and, and they're really struggling, that's why they're here. But then, they will be mistreated and looked down upon because they are in a situation where they, where their clothes are torn, or where they don't look like, you know, they look like they struggle. They look like they're homeless, a lot of the people here..., and they look down on them and treat them badly.

Homeless individuals are among the most vulnerable people in any society. However, in South Africa, people experiencing homelessness are seen as a disposable surplus population, and legislation has been enacted to criminalise their activities. Section 22 of the Streets and Public Places and the Prevention of Noise Nuisance Bylaw, announced on 22 April 2020, allow the search and seizure of personal property and the legal forced removal and displacement of people experiencing homelessness

(Kretzmann, 2020). It is, therefore, an offence for people experiencing homelessness to erect any shelter, wash or bath in public or cook on an open fire.

Pieter reported experiencing the following:

In Durban when they're, uhm, having a big affair, like they're inviting hundreds of people and there's going to be TV and Everything. The, the night before, these people arrive, they came pick up all the homeless people. They know exactly where we sleep and everything. And then they go drop you 50, 60 km out of town.

Criminal activities

The same structural factors drive homelessness and criminal activity and exacerbate one another in an endless cycle. A Cape Town study showed that a homeless person is 11 times more likely to be arrested than the average citizen (Hopkins et al., 2022). The general population's chance of arrest is about 3%, but this does not necessarily indicate that the homeless are dangerous criminals (Hopkins et al., 2022). The research survey results showed that the arrests were primarily for minor offences like the possession of drugs, bylaw infringements and anti-social behaviour (Hopkins et al., 2022). In South Africa, the public and law enforcement's interaction and attitudes toward people experiencing homelessness are often negative. They are perceived as criminals, and not only are they arrested and imprisoned for trivial offences, their make-shift shelters are destroyed, and they are driven off the streets (Pophaim, 2021; Somerville, 2013). The homeless continuously battle to survive, facing challenges on the streets. Without a protective shelter, often in high-crime areas, the homeless occasionally engage in criminal activities to survive (Pophaim, 2021). Often the homeless have a history of crime and continue to resort to crime to survive (Somerville, 2013). One participant, Pieter, reported that the streets are dangerous and hostile.

Two participants indicated that they had been arrested and incarcerated. Pieter smuggled drugs to Bolivia for a Nigerian he met on the streets in Durban. He was caught and jailed in Bolivia for three

years and seven months. The Catholic church helped him get released from jail and paid him to return to South Africa. He describes his experience:

The jails there are, oi! We think South African jails are nightmares. You should see those places. It's a little slump. It's the second most dangerous jail on Earth, according to the internet. It was scary. I got robbed a couple of times, I got beaten up a couple of times.

Martin reported being falsely arrested and jailed in 2014, although he did not disclose his crime.

He stated:

I was diagnosed when I was falsely arrested. I was; I had to spend some time in jail. This is a big, big, that's a big eye-opener. Is to be, get inside of a jail, and see how people live in there. So here, every day, I just, I count my blessings that you know, it could be a lot worse.

Criminal activities, in the same manner as addiction, have a cause-and-effect cycle. Individuals with a history of criminal activity, disconnected from support systems like family and friends, are more likely to become homeless (Moschino & Johnson, 2019). A criminal record causes a lifelong barrier for these individuals to find employment and get their life back on track. Furthermore, people experiencing homelessness also exhibit high rates of criminal justice system involvement in minor or non-violent crimes for survival (Parpouchi et al., 2021).

Government, shelter and other institutions

Certain candidates emphasised their struggle to find work and affordable housing and how the government fail to provide housing assistance for the low-income sectors. The lack of government assistance and strategies forms part of the structural factors that have a causal effect on the outcome of people experiencing homelessness (Buch-Hansen & Nielsen, 2020). Several issues must be addressed before formulating policies and strategies to help people experiencing homelessness. The central government can make a difference as it has political structures that could set social policies, but this is

not always the case (Roets et al., 2016). Participants expressed that government policies and strategies and the state the government is in have negatively impacted their lives instead of assisting and supporting people experiencing homelessness.

Louwrens stated:

They (the homeless) don't have any real voting power or political swing or any of those. So, some, most of the time they're governmental divisions look at it as a burden. That's why Social Services gets appointed to those divisions... That quality, quality of service that they provide for these people can be better. It's almost like everybody's just employed to... To, to, to uhm receive their salary at the end of the month. It's a little bit of clearing (inaudible) to mandatory social services once a week. But it's not so much as social services that's important. It's more the facilities that you use, and government subsidises these facilities. And I think a lot of the money that goes to the facilities never ends up in the facility itself... There's underspending or somewhere. All the money is disappearing somewhere.

Louwrens's statement is consistent with a community-based participatory research project conducted in the United States of America that highlighted the oppression of people experiencing homelessness on an individual, cultural, and systemic level and that practice strategies and service delivery must address homelessness on all three levels (Schneider et al., 2019). Homeless people rarely have the opportunity to give their input or share their perspectives and collaborate on projects (Roets et al., 2016; Schneider et al., 2019). More often than not, people in power from a local society or community deal with the homeless situation (Roets et al., 2016), as with the shelter in George. Studies have also pointed out the disconnection between the services available and the services necessary and should involve community partners, including those living in poverty (Schneider et al., 2019).

Pieter commented the following:

But they, there is no, and there's no systemised form of getting you back on your feet...No, they, there are no systems to help homeless people. And, and the ones that there are, are pathetic. Uhm, they're really sick! The welfare and the things that they send here. Uhm, they might as well just go fetch their payment in public, you know what I mean. Uhm, they're really useless and they're not interested... But they, there is no, and there's no systemised form of getting you back on your feet.

Homelessness affects social and economic infrastructure, law enforcement, disease and environmental pollution (Roets et al., 2016). In 2020, 14,357 homeless people lived in Cape Town, South Africa, and although R744 million was spent on them, R287 million, or 39% of this figure, came from the public through humanitarian and compassionate support (Hopkins et al., 2022). Only 16%, or R122 million, was spent on developmental activities to help them leave the streets and their daily needs (Hopkins et al., 2022). The most significant amount or percentage, R355 million or 45%, went towards reactive activities like incarceration and urban management costs (Hopkins et al., 2022). The R355 million could have been used more productively towards the development and reintegration programmes to support the homeless.

Melinda also stated: *"The government make promises to make situations better for the community. But the community only experience inflations."*

Louwrens commented the following:

I can't think that there is. As so far as I'm concerned, nobody should live on the streets. And as far as the Social Security bowl, by social services bowl goes, I believe they shouldn't have anybody sleeping on the streets. With more than enough money in the national budgets to cater for the people they lose their houses or they lose their employment whole attitude to society changes immediately and it is still the same person, he just fell on tough times.

Overcoming homelessness is more than providing shelter but also putting programmes and services in place for personal challenges like coping with social isolation and maintaining positive self-worth (Schneider et al., 2019). Persons in crucial positions in local society often take responsibility and position to help people experiencing homelessness. All the participants interviewed were mainly content or satisfied with the George Night Shelter and the care they received. Unfortunately, this is not the case with all shelters they have stayed at, as reported by some participants.

Pieter stated:

Wow! They, they're totally underutilised. And they're really ugly. This is the best of the lot that I've ever been to... Mossel Bay, the people working in the shelter, make more money out of that... oh, evil. And unfortunately, the people in charge of the night shelters are not always people that are capable of doing the job. They, uh, to them it's a job. And it's a way of getting money. And, and it's easy. It's an easy job. And it gives you all the chances to become arrogant and dictatorial. And some of them are like really mean. And especially at our level, uhm, homeless people and everything.

Roets et al. (2016) state that South Africa lacks consensus on a coordinated strategy to address homelessness and that no sector, discipline or institution is prepared to take responsibility or initiative. Policies must be consolidated, and more should be done to monitor and evaluate policies and programmes to determine their effectiveness (Roets et al., 2016).

Conflict between the homeless

The homeless experience hostility from authority figures and the public nearly daily, but a theme among participants that became evident during the interviews is the conflict between residents in the shelter. Social support from family, friends and mental health professionals has been shown to buffer the adverse effects of stress and increase the internal resources of people experiencing

homelessness (Marra et al., 2009). In contrast, conflict within the homeless support network diminishes the positive effects of social support on their well-being and causes emotional draining and stress (Marra et al., 2009). In some instances, people experiencing homelessness come from a background of conflict involving their families, contributing to them becoming homeless (Stuart, 2016). It was apparent that the participants experienced not only animosity between themselves and family members but also between residents.

So many people living together in relatively small quarters is a breeding ground for conflict. The conflict harms their well-being, and it appears they did not see conflict as something they could resolve positively. A significant barrier the homeless face in learning conflict resolution skills is low self-esteem, a history of abuse and violence, and a sense of powerlessness (Stuart, 2016). As stated by the residents, they dealt with conflict by "keeping to themselves, " leading to more isolation and loneliness.

Ella:

It's the people. You know, when you're woken up at six o'clock in the morning with people screaming and shouting at one another...So how I do it here, I just isolate myself as much as possible.

Fighting has also been indicated as a way for people experiencing homelessness to cope with boredom, seek a stimulating experience, and combat the feeling of being excluded from society (Marshall et al., 2020).

Martin reported that he has experience harassment from one of the other occupants in the shelter, which also led to him isolating himself to avoid the confrontations.

Martin:

Nothing bad. I've just had, had, uhm, one of the guys in the dormitory picking on me a lot. But I just sort of ignore him, you know. Otherwise, if you take it personally, it becomes an issue. So, I just try to ignore it. And just keep to myself.

Martin:

It is; I just try to keep to myself and stay out of trouble. You know, you just got to really try and do your own thing and, uhm, and try and respect other people. And each one to their own.

Studies have shown that social isolation and maintaining a positive self-image are personal factors that must be addressed to overcome homelessness (Schneider et al., 2019).

Janine has learnt how to deal with the conflict by clarifying and trivializing it, but it still has a negative impact.

Janine:

Uhm, more the, the people (laugh). The residents, some of the residents that, that used to live here, but they're not here anymore. Through difficult people and all that. So, to deal with a different lot of personalities, different personalities all around you, and all of a sudden, is not a joke, but you can overcome it. "...." Yes. It's like some sometimes when you see a lot of, huh, people in Warzone again in the mornings, early mornings.

Christel explained the negative impact it had on her emotional well-being witnessing the fights every day and how avoiding the conflict has led to her feeling lonely.

Christel:

Uhm, living together with other woman can get to one at times. I mean, every day there's a fight. Uhm, I try and keep out of it as much as possible."... "Uhm (pause) but I've tried to keep the peace, I just keep out of everything, you know. As much as I can because, uhm, like I said the woman get into each other's hair every day. So, I've just got to be careful (laugh)." "... now feel lonely (pause) and alone. I really, there are days that I'm around, I'm around here with people but I'm totally alone. I feel totally alone. Uhm (pause).

Some of the men did not go into detail about the conflict but stated that they preferred to keep to themselves and go through life alone.

Pieter: *"I'm very much a loner."*

Louwrens:

I keep to myself pretty much...You pretty much keep to yourself. You get used to the regulars that's also on the street and you learn to know them fairly quickly. But you don't really (inaudible) meet one another. Everybody still stays, sort of with their groups. I don't do the group thing. I stay with myself.

Studies have shown that social isolation and maintaining a positive self-image are personal factors that must be addressed to overcome homelessness (Schneider et al., 2019). Stuart (2016) has also stated that conflict among the residents of shelters must be addressed by conflict resolution programmes positively addressing conflict among them.

Boredom

It was reported during the interviews that the participants frequently and profoundly experienced boredom since becoming homeless. This data aligns with a recent study on homeless people, indicating they experienced profound and pervasive boredom (Marshall et al., 2019). Although boredom is seen as trivial compared to other problems, it has emerged in recent years that it is a core feature of the homeless experience, which has implications for their health and well-being (Marshall et al., 2020). Boredom is critical in homeless persons' existential, behavioural, and emotional lives (Marshall et al., 2020).

The shelter provides accommodation and for the basic physical needs and encourages the occupants to find work, but this is only sometimes viable. The lack of resources, structural inequality and institutional factors, such as rules and processes imposed by social service factors like shelters, limit

occupational opportunities for people living in poverty or experiencing homelessness (Marshall et al., 2020). Some occupants have indicated that they want to start a business but have yet to be able to because they need the resources. Marina wants to make curtains and mend clothes but needs a sewing machine. Willem wants to start an upholstering business but needs more equipment and resources. Martin indicated he wants to do online courses but needs access to a computer or funds for the tuition.

The most common way the homeless deal with boredom is substance abuse to manage the lack of stimulation that occupation otherwise could have offered (Marshall et al., 2017). Other ways the homeless have been shown to also deal with boredom are leisure and sleep, the ongoing search for eventfulness, including fighting and sex, endless walking and social occupation (Marshall et al., 2020).

The interviews indicated that the participants had few activities to occupy their time, which gave little meaning to their lives and made the days seem very long.

As Martin mentioned:

And, the, the time flies as well even though the days are long. And the days are long, you know. You've got 24-7, 24 hours to kill every day. And it's, it's horrible in terms of use (inaudible) you really are looking to, to fill, to fill the day, with, fill the hours with something (inaudible), you can at least be. You know, try and read, you try and do as much as possible.

Louwrens:

Suddenly you've got all this time on your hands and I think that was the biggest adjustment that I had to made, to be made is sitting with all this time because what do you do with all this time? And it takes a day, suddenly becomes two days. Where in the past a day was like an hour. When you, when you blinked the day was passed.

A review of recent studies on homeless boredom has indicated that people experiencing homelessness have too much unoccupied time, and days are characterised as spent trying to find something to do or trying to tolerate being wholly and utterly unoccupied (Marshall et al., 2020).

Ella:

Uhm, some of the rules I think are a bit stupid. Like, getting up at six o'clock in the morning uhm, that, I can't see the point of it. It's got more hours to sit and do nothing.

The adverse effects of boredom on people experiencing homelessness include emotional distress, victimisation and fatigue (Marshall et al., 2020). Boredom causes persistent frustration, leads to people experiencing homelessness questioning their existence, and causes existential crises (Marshall et al., 2017). Since people experiencing homelessness have nothing to do, they tend to move around a lot, making them more visible for victimisation by police, the public and authorities (O'Neil, 2014; Van Hout & Bingham, 2013).

Pieter:

Uhm, your purpose, it's both. You had to do things. Here, you don't have to, you have to wake up. There is reason for everything, uhm. You, you were always focused on something (before becoming homeless). Uhm, now I'm working towards a holiday or working towards buying my car or uhm... You're doing things for, for a reason. Here the only time you do things are because you have to. You don't have to do anything really, uhm, if you live in a shelter. Like some of the guys here, they go for three meals a day and they go to bed. The rest, they, they don't have to do anything and they're quite happier right there. You'll see, a lot of them sit inside there and do absolutely nothing all day, quite happily. They don't go out, only time they go out, just to fetch their SASSA money.

Boredom has a strong negative correlation with belonging to a community, but it also identified a strong positive correlation between meaningful activities and mental well-being (Marshall et al., 2019). Interventions to address boredom highlight the importance of implementing employment support models and social enterprises among chronically homeless persons (Marshall et al., 2017). This notion correlates with Bandura's (1994, as cited in Booker 2021) availability of competent models as one of four contributing factors to self-efficacy. Physical occupation programmes have been identified to be particularly successful since it offers both physical and mental health benefits (McDonald, 2006).

Theme 2: Support Systems

A compassionate approach towards addressing the needs of people experiencing homelessness is crucial in encouraging and motivating them to rebuild their lives and gain independence (Limebury & Shea, 2015). Somerville (2013) identified facilitating factors for helping people without housing to exit homelessness. These include family and practical support, appropriate housing, drug treatment, education/training and new social relationships that include key workers (Somerville, 2013). Formal and informal social support has been indicated as a path out of homelessness and housing retention (Nelson et al., 2015). Many former homeless persons who achieved housing, remain socially isolated and experience difficulty integrating socially (Tsai et al., 2012). Researchers have pointed out that service providers must consider personal challenges like social isolation and maintaining a positive self-image when developing programmes (Voronka et al., 2014). Other barriers to exiting homelessness include a lack of job opportunities, facilitators, mental health problems, problems arising from homelessness, adapting to life on the street, and becoming homeless at a young age (Somerville, 2013).

In a study of homelessness in South Africa, Roets et al. (2016) describe the homeless needs into four categories: economic, personal, socio-political and psychosocial. The study further identified health care and social, economic, and policy activities as the support activities needed for people experiencing homelessness (Roets et al., 2016).

Government hospital, shelter and management

Studies have shown that programmes for people experiencing homelessness build independence and psychological growth when they have access to dependable and nurturing services at institutions (Watson et al., 2019). These dependable and secure support services and environments counteract the role of compound trauma created and build confidence in people experiencing homelessness over time (Watson et al., 2019). Individuals who encourage and raise expectations for people experiencing homelessness also form part of Bandura's (1994, as cited in Booker, 2021) four contributing factors to self-efficacy.

People without homes can access social-, health- and psychiatry services through the George Regional Hospital and primary healthcare clinics (Western Cape Government, 2020). The George Regional Hospital offer short-stay psychiatric in- and outpatient mental health service that caters for the Southern Cape area (Western Cape Government, 2021) and has two permanent psychiatrists on staff. People without housing also have access to doctors, nurses and mental health nurses at primary health care clinics in and around George, which refer severe cases to the hospital. Past research indicated that wrong forms of support are detrimental to pathways out of homelessness, and institutions like shelters and staff officials play an integral part in the well-being of people without housing (Johnston et al., 2016). Supportive environments involve providing emotional and relational safety with reactive services where the psychological and social needs of people experiencing homelessness can be met and damaged attachment relationships can be repaired (Phipps et al., 2017; Watson et al., 2019).

The participants indicated that the manager and staff at the shelter have been very supportive and instrumental in their welfare and in trying to get them back on their feet.

Johan: *"We've got great, uh, staff working (here). (The manager). It is actually okay living here."*

Willem: *"But (the manager) is a very good person...she always tries to help us get back on track again. That is an experience, but it is nice."*

Marina:

And, uh, yeah and (the manager) is a very nice woman. She's uh, can't play around with her. She's not stupid, you know... As soon as you mentioned (the manager) name and then you, you know, because (the manager), likes me, you can see, you know.

Studies have highlighted the importance of services and support in creating a trusting, compassionate and non-judgemental relationship with people experiencing homelessness, forming the foundation for self-confidence and the opportunity for independent growth (Watson, 2019). Service providers must consider people without homes' challenges, such as a strong sense of self-worth, positive self-esteem, and a capacity for hope in defeating homelessness (Schneider et al., 2019.) Not only are the participants' physical needs being met through the shelter, but the management makes it a safe, welcoming space, and they feel the staff cares about and wants to help them.

Janine:

(the manager) is also making it a whole lot better for all of us. That woman is a jewel. She, does whatever she can do for us. She's got the most selfless, personality you can dream of. She will put us all in front of her before she even thinks of herself.

Pieter commented: *"So even the, the, the guys like me, I get attention...None of us can afford a decent old age home or something like that, okay. There is no other place except for the shelter."*

The provision of houses is part of a comprehensive approach to addressing homelessness (De Beer, 2020). De Beer blames the causes of homelessness on the city officials and politicians that often relegate homelessness to social services departments, making it an individual welfare issue (2020). This sentiment has been echoed in other studies where project workers take on personal responsibility for residents in shelters' well-being but lack external support and was met with organisational restrictions (Watson et al., 2019).

The fault lines were made apparent during the COVID-19 lockdown of the lack of clear and coherent national policies and that no action plan or budget was allocated to address homelessness (De Beer, 2020). The South African government, however, did offer a Social Relief of Distress Grant (SRD grant) of R350 per month. This grant was made available for persons between the ages of 18 and 60, to unemployed citizens who do not receive any other grants, are not eligible for UIF payment, and have no financial support from any other source (Sassa, n.d). Often NGOs, shelters and outreach centres bear the brunt of providing care and shelter to people experiencing homelessness.

Frameworks and programmes involving helping people experiencing homelessness must be built on empathy concerning their histories of accumulated trauma and the resulting manner of survival (Phipps et al., 2017; Watson et al., 2019). In this way, relationships can progress towards a restorative and deliberate attempt to counter previous abuses (Phipps et al., 2017; Watson et al., 2019).

Janine and Marina were both in abusive relationships. The shelter and outreach programmes like the Salvation Army not only offered them a place to stay but a way out:

Janine: *"And this (the shelter) is actually far better, better for me...."*

Marina: *"I went to, uh, welfare there and they helped me. They put me at the Salvation Army. And I started going to church there and I was working for Salvation Army."*

The shelter offers a safe place for people without housing, but not all shelters operate similarly and have the same level of commitment to residents. In some cases, the resident-service worker relations can be complex, and it has been shown that residents do not always describe relationships as healing (Westaway et al., 2017).

Martin: *"...every day, I just, I count my blessings that you know, it could be a lot worse...I have been in a shelter once before, for about three days. But it was far worse than this."*

For one participant, the shelter offers her stability, freedom and a new start.

Melinda: *"The shelter, life here in the shelter is actually better for me. I chose to come here because so I can get to my, to work."*

The shelter operates with a routine, and residents have household duties to lessen the workload and instill responsibility. As a condition of stay, residents must strictly abide by the rules and regulations of the shelter. Some rules include nightly curfews, no weapons, possession or intoxication of drugs or alcohol and no aggression towards staff or other residents. Although the rules are primarily implemented for the safety of all, some participants objected to the rules.

Ella:

Uhm, some of the rules, I think, are a bit stupid. Like getting up at six o'clock in the morning, uhm, that, I can't see the point of it. It's got more hours to sit and do nothing. Uhm, but otherwise, the shelter has provided all my needs.

Martin:

It's very rigid in terms of what you can and can't do. Uhm, but with so many people staying here, you can understand that, that's, that, there's reasons for that... So, they got quite strict rules with that, regards to that. If you want to go out and, and look for work or do anything you can go out. If you leave at eight o'clock, you will be back and you can only come back at five....And uhm, so that's quite difficult, because I mean, you don't always want to stay out the whole day. But you need to get out of the place, you can just imagine if you spend 24/7 here. So, it's, it's difficult from that perspective.

Highly structural environments like shelters have rules and routines that restrict homeless individuals from freedom and autonomy (Marshall et al., 2017). Most shelters force residents to leave the shelter during the day, and they end up wandering the streets, leading to boredom and a life that lacks meaning (Connolly, 2005; Marshall et al., 2017).

Christel and Pieter have a history of alcohol and drug abuse and attend AA and NA weekly. Studies have shown that shelter rules have been associated with higher levels of depression but lower levels of substance abuse, but could it be attributed to a response to authority rather than rules themselves (Beharie et al., 2017)

Christel: *“Uhm, I don't like some of the rules they have here. And I don't, I don't like the duties that we have to do.”*

Illman et al. (2013) found that people without housing, unable to conform to the structure rules of shelters, found themselves back on the streets, trying to pass the time.

Pieter:

It's, it's very strict. It has to be and it's uhm, then a few things you don't want to do you know. Like, you obviously, if you've been on the streets, you not used to people telling me what you do all the time. And it's very systemised, you know, you've got to do this from time to that time. Is too many people telling me what to do. Drives me nuts but again, it drives everybody nuts.

Some studies have indicated that too strict rules and procedures in shelters create barriers for residents by creating a loss of autonomy and self-efficacy and that shelter occupants focus on obliging to the rules to avoid losing their housing and therefore become shelter-dependent (Beharie et al., 2021; Gregory et al., 2021).

In contrast, Melinda feels the rules have a purpose and are necessary. The rules have helped her get her life in order.

Melinda:

Everything was chaos (in her homelife). And this place, that, the good thing that, that it's done me is it, there's a lot of, a lot of rules... So, the rules here help a lot of people especially them. And it helped me too, to get order in your life. You know, it brings back

order and responsibility in the, in the little things ... There's a lot of people that really need help to get started in life.

Family, friends and Peers

Stable and adequate housing is the greatest priority, but Johnston et al. (2016) emphasise the importance of building and promoting social connections and support to help reintegrate the homeless into society. Positive social support through formal and informal strategies improves positive community connections, which helps the homeless transition out of homelessness and retain housing (Gabrielian, 2018; Johnston et al., 2016). Family support, social networks, social support structures and social reintegration are some of the psychosocial and personal needs identified to help people without housing (Roets et al., 2016). Although it was made apparent that not all participants get along, some indicated that they had formed valuable friendships in the shelter that has been a form of support.

Johan and Marina have more friends now than when they were not homeless, and they feel they have more support and understanding of others since entering the shelter.

Johan reported: *"When I came here, I had more people surrounding me. Uhm, people to talk to because at home it was just me, all, all alone, the whole time."*

When asked if he has friends support system in the shelter, he answered: *"Yeah, about a 100 of them."*

Marina:

Uhm, I think it's a good experience to get on with people you know. Because I'm not actually a people person, you know. I'm always like on my own. I've never had like friends or stuff like that, you know? And uhm, yeah, so. I think it's good actually. It teaches me to understand others to, you know. You're not the only one who's got problems, they also got problems, you know.

Studies have found that social connection or kinship benefits people experiencing homelessness, including giving them a sense of security, helping them face their challenges and frustrations and giving them a more meaningful way to spend their time (O'Neil, 2015).

Willem: *"I got a lot of friends here. I got a lot of friends in the shelter."*

Martin:

I've made one, one good friend here. And I wouldn't say, no, I wouldn't say I've made any other friends. The guy that I've made friends with is a bit older than me. He's, he's three years older than I am. Uhm, so we've just become sort of buddies, if you like.

Christel: *"So yes, I do have people like it (friends). And there's a few people here that I can go to with a problem, you know."*

A good relationship with relatives or friends and the support they add provide a protection factor for homelessness (Somerville, 2013). Social support has also been shown to decrease depressive symptoms and substance use problems in people experiencing homelessness (Tan et al., 2021). A few participants indicated they had a support system outside the shelter.

Ella: *"I have a support system outside, yes. Uhm, we, I go out to coffee every Thursday morning with a friend of mine and she, she helps me out."*

Janine:

Yeah, I've got good friends. I've got, uh, a lady friend in Mossel Bay. Uhm, she is a very good friend of mine. She, if we talk about emotional support, she, she's one of those people that I can always talk to.

Johan:

Uhm, but, otherwise with the help of my children, I think I'm pretty good. Dreams, not, reality. I'm going back to my children, within the next few months, few months or so. They're looking for me for a place there.

Studies have shown that having broken ties with family members is a risk factor associated with homelessness (Bramley & Fitzpatrick, 2018). Alcohol and drug abuse exasperate the risk but also increase the risk of a homeless person becoming estranged from their family (De Espíndola et al., 2020). A recent study also indicated that the homeless experienced estrangement or conflicting relationships with their family and children and indicated the negative psychological impact it had on them, like depression (De Espíndola et al., 2020). Unfortunately, many participants indicated that their families and children were estranged from them and had almost no contact with them. The estrangement is brutal on them; they are desperate to mend those ties.

Andre:

I've become estranged from my son. My daughter lives in Australia, recently got married. I've got no, I have three step-brothers but we haven't spoken to each other for years. Uhm, so my family support system is non, non-existent. He'll, he'll, he'll (his son) make contact with me again when I've got my act together. He, he reckons that I've self-destructed, you know. I've been on a mission to destroy my life which I, I find, you know, difficult to believe that my son would think that I'm doing, what I'm doing on purpose. It was circumstantial. Yes, you got to take responsibility for your actions and for the things that happen to you but you know, your, your blood, his blood. He is my son and you know, you'll think that through whatever he would still be, if, in giving moral support, obviously not financial support, which I don't expect from them. ...now they're disappointed more than anything. I think my son can't imagine his father sort of in the ghettos. He convicted me in that says he'd rather just haven't cut himself off from me until I'm in the position that I've got myself back.

A study done in the USA found that one out of five homeless people had no friends (Johnson & Tseng, 2014). Unfortunately, one of this study's participants has no support system and no contact with family or friends in years.

Louwrens:

Everything was different. You had a social calendar. You had lots of friends. 20 years ago, you had support systems and you had school systems and friends and 50 years later, it's different.

Loneliness and isolation can have profound impacts on people experiencing homelessness. They can have severe physical and mental impacts, such as a decline in cognitive function and performance, stress, anxiety, personality disorders, psychosis and suicide which in turn reduces their self-esteem and optimism (Hawkey & Cacioppo, 2010; Leigh-Hunt et al., 2017). Consequently, loneliness and isolation are detrimental to a population that already has such high rates of mental and physical disorders (Balasuriya, 2020; Bower et al., 2023). It is imperative that service providers working with people experiencing homelessness and people exiting homelessness treat the social roots of their loneliness and also connect them with valued networks to reduce isolation and prevent re-entering homelessness (Bower et al., 2023; Gabrielian et al., 2018).

Theme 3: Coping, protective and strength characteristics

The participants have found ways to cope with their circumstances despite their current situation. Studies have found that apart from affordable housing, individual factors such as positive self-esteem, a strong sense of self-worth, and a capacity for hope are essential factors in defeating homelessness (Schneider et al., 2019). Despite their vulnerabilities, people experiencing homelessness have many positive attributes like gratitude, empathy, and generosity that contribute to them finding meaning and resilience. These attributes have also been shown to enhance life -satisfaction, which aligns with Bandura's (as cited in Booker 2021) contributing factors to self-efficacy, whereby a positive

mood combats depressive symptoms. The research focuses on the participant's unique protective strength characteristics that help them cope with adversity.

Spirituality and Religion

The experience of homelessness can result in a person feeling profound despair. In the last three decades, research studies have consistently shown that spirituality–religiosity positively correlates to mental and physical health in various populations and groups (Saad et al., 2019). Participation in religious practices is associated with numerous human flourishing, including happiness and life satisfaction, virtue and character and close social relationships (VanderWeele, 2017). Spiritual beliefs and practices can motivate individuals going through hardship and trauma to experience transformations in new priorities, deeper bonds and a sense of purpose (Walsh, 2020).

The COVID-19 pandemic caused major stressors similar to homelessness, such as unemployment, isolation, sickness, financial insecurity and separation from family, which resulted in mental health difficulties for some people (Sen et al., 2021). A longitudinal study across Canada, the United States, the United Kingdom and Australia showed that spirituality and religion conveyed mental health benefits for caregivers and parents during the pandemic and periods of social disruption (Sen et al., 2021). Most of the participants' responses echoed the research findings, and nine of the ten said they were religious/spiritual.

Melinda:

And, uhm, anyway, but the Lord strengthens me... Now you see the Lord is opening paths for me... And I can only go to, get out of this and get through life, with Him... I think faith, I've experienced in my life, faith is the only thing that opens doors that cannot, cannot be shutted.

Researchers propose numerous mechanisms or potential mediators for the association between practicing religion and well-being (VanderWeele, 2017). One of these mechanisms is forgiveness, which benefits depression, hope and anxiety (Wade et al., 2014).

Melinda: *"I, I, I forgive, I forgive... t's, that is, that is the law of God."*

The outcomes of these mechanisms vary, but some studies also suggest that practicing religion increases optimism, life meaning, and social support (VanderWeele, 2017.)

Janine:

Oh, my God is my Everything. Yeah, and he's been pulling me through all the way. Yeah, if it wasn't for him, then I don't know where I would have been today... I've made a bad decision before. God didn't leave me on that road.

Marina:

And I go sit under the trees and I pray. And I pray also, you know. God is with me and He always answers my prayers. So, that relaxes me a lot... And God is in control of my life. And I always say that He'll make a way for me, you know.

Research suggests that religious practices reduce depression and suicide rates, alcoholism and drug use (VanderWeele, 2017). Christel is a recovering alcoholic and drug user who disclosed that she tried suicide.

Christel:

I do believe, I'm a true believer. Uhm, yeah. If, if it wasn't for Him, He wouldn't have pulled me out of so many situations. Like when I tried to commit suicide and all sorts of things. When I was drunk, and I was alone on the street and, and falling all over a, yeah. He managed to pull me out of so many situations.

Spirituality has been shown to serve as a source of strength, promote healthy behaviour, support coping strategies, instill hope and motivate individuals experiencing homelessness to work

towards overcoming homelessness (Snodgrass, 2019). Researchers propose that service providers helping people experiencing homelessness should adopt spiritually grounded practices since it entails conducting a strengths-based assessment and encouraging people without housing to seek the support of spiritual and religious leaders of homelessness (Snodgrass, 2019).

Gratitude

Research strongly and consistently associates the character strength of gratitude with greater happiness and optimism (Harvard Health Publishing, 2021). Gratitude has also been shown to invoke positive emotions, improve health, relish good experiences, build strong relationships and help individuals deal with adversity (Harvard Health Publishing, 2021). Facing adversity diminishes an individual's well-being, although expressing gratitude increases an individual's well-being even when faced with fewer positive life events (Staben et al., 2019). A recent longitude intervention study found that despite their vulnerabilities and limitations, people experiencing homelessness have many positive attributes like gratitude, hope, resilience and optimism, which positively correlate to their life satisfaction (Rew et al., 2019).

In this study, most participants also expressed gratitude despite their daily adversity.

Janine:

I am very grateful every morning because I know my health issues at the moment as well. And uhm, I'm just overall a very happy person in that sense of being grateful every morning. Wow, another day, yesterday is gone, today is another day. It's a bright new day!

Ella: *"And that's my attitude towards life. I'm very grateful for what I've got here. Uhm, I really am."*

Martin: *"So, look, I've still got my health to be grateful for. I am still able and willing and able to work."*

Johan: *"Sitting there, thinking, thanking. You know that's my kind of thing."*

Louwrens: *"I'm 50 years old now. My current situation is pretty much consistent with what I've got now. I'm grateful."*

The longitude study also suggested that future interventions focus on developing positive attributes such as hope and gratitude to enhance psychological capital and life satisfaction further (Rew et al., 2019). A recent study conducted in Poland (Małgorzata et al., 2022) also indicated that the religiosity attitude intensity and gratitude are more robust when people experiencing homelessness seek help from others or institutions.

One of the participants, Christel, expressed that she did not appreciate her life before becoming homeless and how this is affecting her current well-being:

I was happy, sometimes I wasn't and I should have been. I realise that now, what I had. I wasn't grateful. I had money; I had a job. Not all, not all the time that I have a job but most of the time. I had my children speaking to me, I had my granddaughter around me. Uhm, all the things that are important, like family, they were all with me. And we were quite close and now that broke up and it's breaking me.

Generosity

Focusing on intentional actions like being generous provides the most fruitful and sustainable route to happiness and well-being (Aknin et al., 2018). According to Lyubomirsky et al.'s (2005) model of chronic happiness, volitional activities like volunteering and generosity are responsible for about 40% of individuals' happiness. The other two components, which are very difficult or sometimes impossible to alter, inherited personality traits and temperament, account for 50% of happiness, and stable life circumstances like employment account for only about 10% (Lyubomirsky et al., 2005).

According to the self-determination theory, relatedness to others is a psychological need to be fulfilled to boost well-being (Ryan & Deci, 2000, as cited in Aknin et al., 2018). Relatedness refers to a

social connection or a sense of belonging, and being generous to others can build or strengthen social bonds and fulfil relational needs (Aknin et al., 2018). Therefore, kind gestures and pro-social generosity towards others are associated with higher well-being (Aknin et al., 2018).

Generosity comes at a personal cost, especially for a homeless person with few possessions. Research has indicated that generosity is not intuitive. However, altruism and charity are linked to activity and connectivity in the temporoparietal junction (TJP) and ventral striatum (Park et al., 2017). Activity in the striatum is directly related to generosity activity and is fundamental in linking generosity to happiness and well-being (Park et al., 2017).

Altruism, philanthropy and generosity sometimes come from the people with the least worldly possessions to share. Some of the participants have expressed how they have shown generosity even when faced with adversity.

Marina:

I am a giver. If I had, I gave a lovely bag away to a woman down the street one day when I was walking. A leather bag because I couldn't carry all this stuff. I gave boots away, brand new boots that I bought at Woolworths. And uhm, I gave my guitar away.

Melinda: *"You don't get by not giving, you get by giving. We are blessed to be a blessing."*

Studies show higher levels of well-being when generosity is motivated by concern for others instead of generating happiness for oneself (Aknin & Wiwad, 2017). Generosity creates positive shifts in inter- and intrapersonal areas and has been shown to increase physical health, self-esteem, sense of control over life and lower levels of depression (Mei-Chuan et al., 2014). Therefore, morally motivated generosity can lead to deep, lasting contentment and well-being.

Empathy

Research studies in the past usually focus on the general public's empathy towards people experiencing homelessness, and very few studies of them being empathetic towards others (Tweed et

al., 2012). However, some studies have shown altruistic behaviour, such as empathy, recognised as a character strength among people experiencing homelessness that could benefit their well-being (Tweed et al., 2012). Researchers distinguish between two types of empathy categories—cognitive and emotional (Oliver et al., 2018). Cognitive empathy refers to accurately imagining or intuiting another person's perspective. Emotional empathy or emotional contagion refers to empathy emotions and the capacity to share and react effectively to another person's emotional experience and internal state (Oliver et al., 2018; Ruini, 2017).

Positive empathy is understanding and vicariously celebrating, sharing and enjoying others' positive emotions (Morelli, 2015). Positive empathy facilitates the experience of positive emotions and identifying personal strengths and goals (Ruini, 2017). Researchers have found that positive empathy positively relates to helpful and generous behaviour and increases individual well-being and life satisfaction (Morelli, 2015). Furthermore, positive empathy negatively correlates with depression, social anxiety and psychopathy (Morelli, 2015). Empathy has been correlated with higher well-being, self-efficiently, and as a protective factor against burnout, although it also has some risks in some professions (Huang et al., 2020).

Research has indicated that individuals suffering from physical or psychological trauma manifested more pro-social behaviour and altruism, which could lead to resilience (Ruini, 2017). The participants had difficulty overcoming personal problems but still had empathy for other residents.

Ella:

...I do have a great deal of empathy. Because I have experienced quite a lot of things in life so I can actually empathise with people. I don't like to see people abused or taken for a ride. Uhm, and I stand up for them...

Marina:

And as I said the people are not bad here, they've all got their own problems. And one must just try and give them a bit of love also, not just take it... You're not the only one who's got problems; they also got problems, you know. Not that I feel sorry for them, you know, that they drink or take drugs and that, you know. But uhm, yeah, one must just bear with them also, you know. They're also human beings and you know. As I said, when you hear someone else's problems then you see yours is not as big as there's, you know.

Empathy, altruism and compassion lead to more openness and, in turn, positive interpersonal relationships and, if impaired, to psychiatric and neurological disorders (Oliver et al., 2018). Improving a person's social functioning may initiate a process of maturation and growth connected to resilience and recovery from disorders (Ruini, 2017). Most of the participants indicated that they have empathy for others and try to help and lift their spirits.

Johan: *"Uhm, I care about people. I can listen to people's problems. Uhm, give them hope."*

Melinda:

And I think the most, the biggest thing that most people in this, in the low society, does not know is that by sacrificing what you...By sacrificing how you feel, or whatever is going on with you. By sacrificing that through loving others that will automatically make everything better... And I want to be friendly, because I want to, I, I want to make a difference in people's lives. A lot of people need, need Him and they don't know it... And so, so I'm more supporting other, than I'm, than I'm getting support myself but it makes me happy, to see somebody else smile, you see.

Empathy is considered a character strength, and although individuals can present a combination of vulnerabilities and strengths, a balanced expression of positive traits could lead to positive human functioning (Ruini, 2017).

When asked how the participants feel about people that are not homeless, some of them were content with them:

Janine:

So, but I can't blame that on other people, I can't take it out on other people. For instance, or be jealous upon their, well-being and all that kind of thing. I mean, it's ridiculous. So no, I do respect other people a lot that's got their own houses and cars and I can't have that now. So, but it's fine, it's fine. It's not a big deal.

Purpose and Meaning

Studies have shown that meaning in life includes feelings of purpose, coherence and external value (Li et al., 2020). The perception of feeling one's life has value necessitates meaning (and well-being) which has an internal and external dimension (Li et al., 2020). The internal dimension refers to a sense of one's life being valuable to oneself, and the outer dimension feeling significant to others, society and the world (Li et al., 2020). For this study, purpose refers to individuals with personally meaningful values and aims that they can apply daily (Li et al., 2020). Therefore, the heightened sense of purpose raises the self-perception that an individual has aims and values that they can personify (Dahl et al., 2020).

Purpose and meaning are associated with psychological well-being, increased physical health and psychological resilience across the life span (Dahl et al., 2020). In a study on older adults portrayed as a vulnerable group, purpose and meaning emerged as protective factors predicting resilience and well-being during the COVID-19 pandemic (Mau et al., 2022). According to Dahl et al. (2020), living a purposeful life is one of the four dimensions of well-being that can be cultivated through self-regulation processes. In contrast, the absence or low levels of purpose are associated with various psychological disorders (Goodman et al., 2018).

Receiving formal and informal support combined with internal resourcefulness helps the homeless gain strength and confidence to increase their well-being and enrich their life with purposes (Dunleavy et al., 2014).

Janine got approval to open a kiosk a year and a half ago. The kiosk gives her more freedom to come and go as she pleases and gives her purpose. Johan helps her run the shop and buy stock, which gives him more freedom. The support they received and taking the initiative led them to find meaning and purpose in the current circumstances.

The manager also asked Willem to help with repairs and maintenance around the shelter, which gave him a new purpose and meaning.

Willem: "Yeah, I'd like to work and I like working. But Mrs. Smith hired me for a job, like everything was broken here and I make it right. I like to do stuff..."

People experiencing homelessness have been shown to feel a greater sense of purpose and meaningfulness when helping and supporting others in otherwise chaotic lives (Dunleavy et al., 2014).

Two participants reported that becoming homeless gave them a new perspective on life, the purpose of life, and helping others.

Melinda:

Not, I wasn't like I was like I'm now. I didn't. I wasn't focused on what I could give. I was focused on what I could get. Focus on what I have. Uhm, physical things I have and what I think is important in life. But never make a difference in anyone, anybody's life. Like a real difference. Uhm, so just by loving people, doing what the Lord wants you to do. It will; it'll work out for me... a lot of the people in the shelter because I get to know everybody because I want to show them the love of the Lord.... Uhm, so just by loving people, doing what the Lord wants you to do. It will; it'll work out for me... And, you know, when I get, walk outside that door, I go to work. I know,

somehow, I'm going to be a blessing into someone's day, and the Lord's gonna bless me... So, so I don't think I had a lot before that. It's not living if you don't live for others. It's not living at all.

Marina:

But maybe God has sent me to these shelters to, to, uh, show people love and you know, goodness and understanding and, you know... So, maybe this is the way He wants me to Minister, you know. Just show love, you know and, and, and kindness.

Unfortunately, some recalled how having to do something or working towards a goal gave them purpose and how becoming homeless has taken away any meaning or purpose to their lives.

When asked what was different before different in their life when they were not living on the streets or in a shelter, Pieter reported the following:

Uhm, your purpose, it's both. You had to do things. Here, you don't have to... you have to wake up. There is reason for everything, uhm. You, you were always focused on something... uhm, now I'm working towards a holiday or working towards buying my car or uhm... You're doing things for, for a reason. Here the only time you do things are because you have to. You don't have to do anything really, uhm, if you live in a shelter.

In contrast, Pieter acknowledged that his life had a purpose when he was not homeless:

The children. And, they, they bring you a better life because you're forced to, to bring them up in good conditions and obviously staying the same condition. On my own I wouldn't give a damme, where I stay. As long as I'm safe and I'm comfortable. When, when, when and it wasn't the wife. Okay the wife, a bit of pride involved. I mean, your wife you must look after. But, the kids, you, you're morally obliged. They must have beds, they must go to decent schools, they must, you know. You, I think that's the best thing that ever happened to me. That couple of years. Yeah.

Studies have indicated that accounts of renewed self-confidence and well-being were strengthened by having a meaningful purpose in life through motivation, sustained effort, personal

persistence and informal and formal support (Dunleavy et al., 2014). Educational activities, opportunities and structural support can act as crucially beneficial resources and motivation to counteract homelessness's inherent problems (including boredom) (Dunleavy et al., 2014).

Mindfulness

Mindfulness is "the awareness that emerges through paying attention, on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment" (Kabat-Zinn, 2003, p. 145). In the current study, mindfulness is an enabler of virtue and has a positive relationship with character strengths such as openness, creativity, curiosity, perseverance, social intelligence and love of learning (Pang & Ruch, 2019). Mindfulness meditation has improved a positive mindset among cancer patients and decreased stress and anxiety by strengthening brain regions responsible for attention, executive function, interoception and mental flexibility (Yesiana, 2017). Mindfulness and self-compassion support emotional development, self-acceptance, and acknowledging and overcoming feelings of personal suffering (Baer, 2015).

Some participants have indicated that they practice mindfulness and how it affects their state of mind and mood.

Janine: *"Like, 5 o'clock this morning, I'm sitting outside and I saw the morning sun, ah wow, beautiful. That's what, actually, what I, what I experience every single day."*

Studies have indicated that mindful-based strength practices allow individuals to recognise character strengths that enhance well-being and quality of life (Baer, 2015).

Johan:

Uhm, but I like, I wake up at five o'clock in the morning. Okay, wake up time is six o'clock in the morning. You know. I usually, everybody knows me. By the time they wake up I'm also, always sitting outside, all by myself. I enjoy the sunrise and I have my quiet time. Taking in every

moment. That power, that's my power for the day. Sitting there, thinking, thanking. You know that's my kind of thing.

Research has also indicated that mindfulness strongly affects eudemonic well-being, including personal growth, self-acceptance, purpose in life, and positive relationships (Verhaeghen, 2021). Therefore, initiating and expanding mindful practices could increase people experiencing homelessness's well-being, quality of life, purpose and relationships.

The analysis results, as presented in the themes discussed in this chapter, confirmed that people experiencing homelessness experience many difficulties and hardships to overcome internally and structurally. In order to cope with these difficulties, they rely on internal psychological strengths and resources to survive. Nonetheless, the results also illustrated that they rely on external structural support and critical figures that help them navigate these difficulties. These internal psychological strengths and external support contribute to the resilience and protective factors they show to push forward in life.

These findings build on reports of previous studies of resilience processes and how certain traits and strengths help people overcome adversity. The next chapter presents the study's conclusion and the limitations and recommendations for further research.

Chapter 5 - Discussion of Findings

The following chapter will summarise the findings discussed in response to the research questions posed to contextualise the study's conclusions for the reader. The theoretical framework and insights gained from the literature review in answering these questions were considered. In conclusion, the recommendations, possible contributions and limitations are discussed.

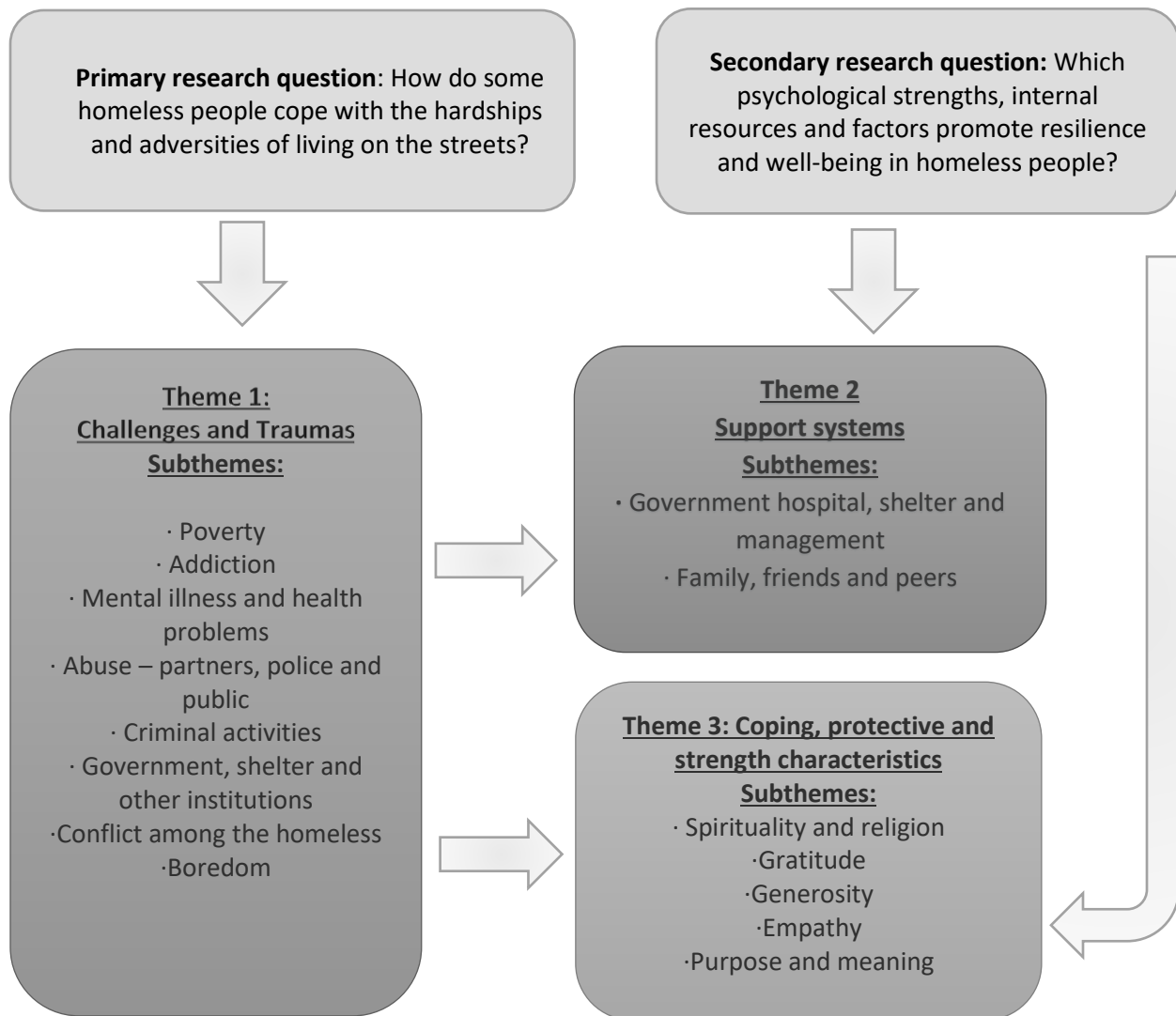
Findings in terms of research questions

The study looked at individual and structural causes that could lead to homelessness. However, the principal aim of the study was to explore and describe how some homeless people cope and exhibit signs of resilience in their challenging circumstances. It examined which internal and external mechanisms/resources they draw on to enable them to cope with the adversities they face.

Below is a diagrammatic representation of the research questions and themes and sub-themes likely to answer the related questions.

Figure 1

Diagram of research questions and themes and subthemes that emerged in response to the questions



The following research question will examine which resources and factors help the participants cope, adapt and maintain well-being.

Which psychological strengths, internal resources and factors promote resilience and well-being in homeless people?

As a theoretical framework interpretation, phenomenology gave the research a subjective description of the participants' thoughts, feelings and everyday world (Willig, 2013). Interpretative phenomenological analysis was used to interpret the experienced reality of the participants as it was reported by people experiencing homelessness (Landgrebe, 2022). IPA allowed the researcher to dig deeper into the underlying structures, allowing the phenomenon to manifest and speak for itself, resulting in recognised themes (Eddles-Hirsch, 2015). Caution was taken to purposely suspend any preconceived judgements or presuppositions to interpret and find commonalities of the phenomenon, and participants reported experiences to discover underlying structures or essences (Eddles-Hirsch, 2015). IPA allowed the purposeful recognition of the participants' phenomenon and the researcher's interpretation.

Resilience is seen as a product of complex interacting psychological, behavioural, biological, ecological, social and institutional resources (Denckla et al., 2020; Masten, 2021; Masten et al., 2021; Ungar & Theron, 2021). In the context of this study, resilience is seen as the ability to adapt and navigate the stressors and challenges of the homeless lifestyle and harness internal and external resources effectively to cope and maintain a level of well-being (Denckla et al., 2020; Masten & Obradović, 2006). In the current research focus on the strength or protective factors within the individual and interconnected systems in the surrounding context and environment. Some processes that make a person resilient also improve our well-being (Masten, 2019). Individual or agency factors in this context are individuals' behaviour, including the actions, choices and responses that led to their resilience (Bandura, 1999). The participants have shown how they cope with their challenging circumstances by choosing how they respond to these challenges. They have shown resilience by implementing positive psychology elements like gratitude, empathy, gratefulness, spirituality and religion to dealing with

individual and structural challenges. The physical and social context in which a person interacts, including cultural influences and social- norms and support systems, forms part of the environmental, structural factors that also affect a person's resilience (Bandura, 1999). Relationships has also shown to be a source of strength through friendships with other people experiencing homelessness, family, shelter staff and management.

Ungar (2021) looks at resilience from a multi-systemic perspective of the interaction of the individual, community, culture, and environment to negotiate resources to stay healthy amidst adversity (Unger, 2021). From an individual standpoint, this research implemented positive psychology as a theoretical lens to analyse the data. Positive psychology intervention addresses the well-being of the individual and optimises functioning to help people cope and address adverse effects of life (Seligman & Csikszentmihalyi, 2000; Johnson, 2018). Positive psychology interventions are consistent with Seligman's PERMA model of well-being, which includes five elements, positive emotions, engagement, relationships, meaning and accomplishment (Seligman, 2018) and align with the strengths subthemes that the participants exhibited (Maddux, 2018). These inner strengths and virtues have been shown to help individuals become more self-directed and self-organised and understand what makes life worth living (Maddux, 2018).

A subtheme that emerged is that all but one of the participants expressed that they lean strongly on their religion or spirituality for guidance, protection and strength. Religion/spirituality gave them meaning and influenced how they reacted, thought, behaved and felt about their circumstances. In various studies, spirituality and religion are linked with physical and mental health, and religious practices are associated with human life satisfaction and happiness (Saad et al., 2019; VanderWeele, 2017). The participants reported that their religion/spirituality gives them hope, coping strategies, overcoming addiction, depression and anxiety and, for some participants, served as motivation to reach new goals. Religion/spirituality complies with one of Bandura's (1994, as cited in Booker, 2021) four

constructs of self-efficacy centred around people's beliefs in their abilities or designated performance levels. Spirituality/religion can potentially motivate people experiencing homelessness who have experienced trauma and hardship to transform into new priorities, a sense of purpose and deeper bonds (Walsh, 2020).

The research revealed that despite their circumstances, most participants expressed gratitude that transpired as a sub-theme. Research has shown that gratitude improves one's health, helps individuals deal with adversity, builds solid relationships and invokes positive emotions (Harvard Health Publishing, 2021). The participants expressed gratitude for their health, the start of a new day (new beginning), what they have, the shelter as a refuge, and the impact it had on their lives. Expressing gratitude gives them hope and increases their well-being despite their vulnerabilities and limitations (Staben et al., 2019; Rew et al., 2019). One participant expressed that she should have been more grateful before becoming homeless since she took the life she had for granted, which is affecting her current well-being.

Generosity has been revealed to be the most fruitful and sustainable route to well-being and happiness. Some participants reaffirmed these sentiments, and generosity emerged as a subtheme. For some participants, their generosity is morally or spiritually motivated. One participant, in particular, likes to give because she is concerned for others regardless of her problems and limited belongings. The latter participant gets along with everybody in the shelter and is concerned with their well-being. Generosity has been shown to strengthen social bonds, increase self-esteem and physical health, control over life and lower levels of depression (Aknin et al., 2018; Mei-Chuan et al., 2014).

Living together for long periods in a confined space leads to participants sharing their life stories and problems with other residents. Some participants shared that although they have difficulties, they are empathetic and compassionate towards others, a confidant who tries to lift their spirits. Their experiences and life difficulties make it possible for them to empathise with others' situations,

understand and intuit their internal state and react effectively (Oliver et al., 2018; Ruini, 2017). Consequently, empathy resulted as a subtheme. The participants also conveyed positive empathy for non-homeless people by having a contented attitude towards them. Positive empathy increases well-being and life satisfaction, leading to helpful and generous behaviour (Morelli, 2015). Empathy is a character strength, and research indicates that individuals suffering from physical or psychological trauma manifest as altruism, more openness, positive interpersonal relationships and more pro-social behaviour, which could lead to resilience (Oliver et al., 2018; Ruini, 2017).

Homelessness is associated with losing one's purpose in life, but some participants still manage to find purpose despite their circumstances. Purpose and meaning were identified as a subtheme from the data collected. Some of the participants have found meaning and purpose by being there and acting as a support for others going through a difficult emotional period. Making a difference in others' lives and making others feel heard and understood gives them a feeling of significance to others and society. One of the participants received permission to open a kiosk at the shelter with the help of a friend. The running of the kiosk gives her an external dimension of purpose and a sense of value and goals. It also gives her and her friend more freedom to enter and exit the shelter. After initially taking his initiative, one of the male participants, who was retrenched during COVID-19, has been employed to do maintenance and repairs around the shelter. He felt bored at the shelter after being employed full-time. The employment has given him a heightened sense of purpose and motivated him to set new goals of opening a car wash or upholstery business. Purpose and meaning act as protective factors and increase psychological resilience, physical health and well-being (Dahl et al., 2020; Mau et al., 2022).

Some participants indicated that they practice mindfulness, paying attention and enjoying the moment and its positive impact on their mood and state of mind. Studies have indicated that mindfulness is associated with lower levels of stress and anxiety as well as enhancing coping mechanisms by strengthening *executive function, interoception and mental flexibility regions in the brain*

(Yesiana, 2017). Mindful-based strength practices have been shown to help individuals recognize character strengths that enhance well-being and quality of life (Baer, 2015). Research also indicated that mindfulness affects eudemonic well, including personal growth, self-acceptance, purpose in life, and positive relationships (Verhaeghen, 2021).

Encouraging more participants to practice mindfulness can enhance their well-being, increase emotional development and self-acceptance, and acknowledge and overcome feelings of personal suffering (Baer, 2015).

The participants' strengths are signature or character strengths that can increase their quality of life, happiness, and autonomy and decrease psychological distress (Krabbenborg et al., 2017; Schutte & Malouff, 2019). These are two of Bandura's contributor factors to self-efficacy, one, which entails having a positive mood that generates energy and resilience and two, how people believe in their abilities or designated performance levels through persistent effort (Bandura, 1994, as cited in Booker, 2021). Self-efficacy affects events that influence their lives and how a person thinks, behave, feels, and motivates themselves (Bandura, 1994, as cited in Booker, 2021).

Internal resourcefulness combined with formal and informal support helps the homeless gain strength and confidence to increase their well-being and enrich their life with purposes (Dunleavy et al., 2014).

A theme that became clear is the support systems that the participants have in place to help them, which included the government hospital, shelter and management, friends and family. The George regional hospital and primary healthcare clinics offer the homeless and low-income individuals/families access to social-, health-, and psychiatry services (Western Cape Government, 2020). The George regional hospital has a short-stay psychiatric in-and outpatient mental health facility that caters for the Southern Cape area and has two permanent psychiatrists on staff (Western Cape Government, 2020). Low-income individuals/families or people without housing also have access to

doctors, nurses and mental health nurses at the primary health care clinics in and around George, which refer severe cases to the hospital.

The staff and shelter management play an instrumental part in the well-being of the participants. The shelter staff and management became an apparent form of support and, subsequently, a sub-theme. All participants reported that the manager creates a supportive environment that offers emotional safety instrumental to their well-being. Research has shown the importance of services and support in creating a trusting, compassionate and non-judgmental relationship with people without housing, forming the foundation for independent growth and self-confidence (Watson, 2019). The participants revealed that the manager cares about them non-judgmentally, making them feel valued, making the shelter home and trying to help them get them back on their feet. Supportive environments where the psychological and social needs of people experiencing homelessness are met enable the repair of trauma and damaged relationships (Phipps et al., 2017; Watson et al., 2019).

The AA and NN also offer a supportive environment where a few participants with a history of substance abuse can share their problems, and trauma can be addressed. The weekly meetings have provided comfort and support for one participant, who has also formed valuable friendships.

The support the participants receive from shelter and hospital staff, family, friends, and support groups follows one of Bandura's third contributing factors of self-efficacy, receiving encouragement and raised expectations from others (Bandura, 1994, as cited in Booker 2021).

A sub-theme that stood out was the friendships formed in the shelter. Some participants indicated they had formed valuable friendships in the shelter, offering support and understanding. Two participants reported that they have more friends now since, before entering the shelter, they were always alone and lonely. One participant, in particular, stated that it has helped her get an understanding of others and improved her social skills. Research has indicated that social connections

give people experiencing homelessness a sense of security and a more meaningful way to spend their time and help them face their challenges and frustrations (O'Neil, 2015).

A few participants have friends as a support system outside the shelter, and a few also have their families supporting them. A supportive relationship with family and friends, social networks and social support structures is an essential psychosocial and personal need for people experiencing homelessness to reintegrate into society (Johnston et al., 2016; Roets et al., 2016). Unfortunately, many participants are estranged from their families, which could negatively impact them, and induce depression (De Espíndola et al., 2020).

Recommendations

Evidence from this study showed that in addition to receiving support from family, friends, the shelter and hospital staff, the homeless participants cope using their internal strengths and resources. Addressing Somerville's (2013) five deprivation dimensions could help the homeless efforts to self-efficacy and independence could be made to give them a sense of belonging and worth and highlight and expand on their purpose, hope and joy, which is in line with Seligman's theory of well-being. Firstly, these deprivations include physiological deprivation, which includes the lack of warmth, comfort, safety, and physical needs. These physiological needs are addressed in the shelter by giving them a place to live, comfort and food. The second dimension is the lack of love, joy and care. The staff at the shelter has shown to give a great deal of attention and love, and even among the residents, they have shown each other compassion and care. The third dimension is territorial, which is the lack of privacy and security. The shelter offers them a place of security but, unfortunately, offers very little privacy since it hosts over a hundred residents. *Fourth* is the ontological dimension that involves a lack of belonging and rootedness in the world. Becoming homeless in itself uproots a person's life and removes their security of belonging to society. Unfortunately, a few residents also have broken relationships with their families which gives them a feeling of deracination. However, the shelter allows the residents to form new

friendships, which gives them a feeling of belonging. Efforts should be made to expand on getting people experiencing homelessness to be part of society and give them a sense of rootedness.

Lastly, the fifth dimension is the deprivation of the spiritual, which includes a lack of purpose, hope and a sense of worth (Somerville, 2013). Some participants still managed to find purpose, which gives them a sense of worth in their current situation, but there is room for expansion and improvement. Practicing mindfulness can also lead to self-acceptance, discovering purpose and improving personal relationships. These factors align with Seligman's theory of well-being using signature strengths which include setting goals, finding meaning, strengthening relationships, personal responsibility and developing optimism (Seligman & Csikszentmihalyi, 2000; Johnson, 2018). These attributes help individuals become more self-directed and self-organised and understand what makes life worth living (Maddux, 2018).

Combining these attributes with Bandura's (1994, as cited in Booker 2021) four self-efficacy factors could help people experiencing homelessness live a more independent, self-sufficient life. Self-efficiency determines the structure of the mind and critically influences human action, sense of self, and personal identity (Booker, 2021). The first of the factors, a positive mood to combat depressive symptoms, is achievable by cultivating the strengths already highlighted. Some participants indicated that the days in the shelter are very long and tedious, which escalates depression and could lead to relapse for the addicts. Some participants indicated how they find purpose through counselling others, doing small jobs or opening a kiosk.

Even so, some participants also stated how they lost meaning in life because they had no responsibilities or tasks, although if given the opportunity, they would welcome it. Giving the residents of the shelter opportunities, jobs or learning crafts they can master through persistent effort will be the second factor of Bandura that leads to self-efficiency (Bandura, 1994, as cited in Booker 2021). A few participants have indicated their goals and aspirations to start a new business or do courses to become

more employable. For instance, Marina wants to mend clothes, Martin would like to do some courses to upskill, and Willem wants to open a car wash or upholstery shop. With the right mentorship or competent models, necessary resources and encouragement and raised expectations from others, they can achieve their goals, which are also both factors that contribute to self-efficacy (Bandura, 1994, as cited in Booker 2021). Certain vital people like their friends, shelter staff and support groups already offer them support and encouragement but training and development programmes and skill-work employment could expose them to competent models that will inspire and help them to persevere and reach their goals. The competent models can add to the other three self-efficacy factors by motivating them to persist through challenges and achieve their goals. As a result, they relish the satisfaction of mastering experiences.

Intervention strategies must look at individual factors and structural issues to break the cycle of homelessness. Not denying the constraints government and structural agencies put on homeless individuals recognising their strengths and fostering them may offer significant encouragement for growth and fulfilling their potential (Tweed et al., 2012). The identified strengths people experiencing homelessness exhibited, together with specific vital figures that offer support and guidance, have already been shown to help them cope and show resilience in challenging circumstances; expanding on these could be the foundation/ building blocks to help them off the streets. Also, attending to and cultivating the strengths of people experiencing homelessness may help give the service providers and institutions a better understanding of the residents of shelters and recognise their positive traits (Tweed et al., 2012).

Limitations of the study

Certain limitations of the study become evident that could serve as recommendations for future research on the topic.

The number of participants that took part in the study was relatively small. The sample was also a non-random, purposive one within a qualitative research design. Also, most participants were over 50, and only one was in her twenties. Although not intentionally, the sample did not equally represent all races in South Africa in comparison to the overall racial demographics of the population. The sample of candidates was chosen based on availability and willingness to participate. As such, the study results are likely to impact the transferability, and cannot be transferred to a larger homeless population. Subsequently, future research could explore the resilience of individuals facing homelessness using a more extensive sample, greater diversity in terms of race and culture, varied contexts, and a broader age range.

- Only one of the participants selected from the sample had employment and was actively looking for other employment to afford housing. Some of the other occupants of the shelter were working as car guards. Since they were only allowed back in the shelter at 5 pm, they could not participate in the interviews. The fact that only one working participant could partake limited the study, and it would have been more effective incorporating more working participants' perspectives living at the shelter.
- The resilience and coping processes/mechanisms employed by people experiencing homelessness participated in this study cannot be taken as applicable to all homeless people. The resilience processes and mechanisms are relative to each participant's environmental and personal challenges and factors, context, culture and history and are not definite. Nevertheless, the study highlighted which processes/mechanisms people experiencing homelessness could potentially use to steer through challenges.

Conclusion

This study concluded that people experiencing homelessness are coping and showing signs of resilience despite their individual and structural challenges faced. The study found that people

experiencing homelessness relied on social support from friends, support groups, shelter staff, government practitioners, and in some instances, family. It became apparent that most support came from private institutions and the community and that the government lacked the necessary policies and strategies to support people experiencing homelessness. People experiencing homelessness also relied on their own internal resources and psychological strength to cope with their challenges.

While people experiencing homelessness have shown resilience to their circumstances, they ultimately still need assistance and support to become independent and self-efficient. A start is exploring their internal strength, elaborating and building on it, and tapping into all structural resources available to help them overcome barriers in their capacity. Their well-being and resilience are linked with finding purpose and meaning in life, religion/spirituality, generosity, empathy and gratitude. Social support was also established as a critical source of well-being for people experiencing homelessness. It is, however, suggested that keeping occupied with formal activities and training and having a sense of purpose and accomplishment will be a beneficial well-being resource. The availability of competent models, accompanied by Bandura's other three self-efficacy factors, will help them achieve a sense of purpose and achievement by accomplishing their goals, learning new skills and mastering them. The results of this study confirm the importance of social and structural support to mitigate people experiencing homelessness to the aftermath of becoming homeless to get them back on their feet. This support has practical and political implications for future planning of on-site resources and the availability of competent models for training and instruction to motivate people experiencing homelessness to participate. The study, therefore, suggests social opportunities and interaction with professional, competent models and educational activities as beneficial resources to deal with difficulties. Governments and policymakers must implement strategies and resources to extend the support given to people experiencing homelessness in collaboration with community partners, service deliverers and shelters. While more research and intervention are required to assess the agency and

structural needs of people experiencing homelessness, the study's findings suggest a practical support approach that enables people experiencing homelessness to identify and utilise existing resources to install resilience and well-being.

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Appendices

Appendix A: Research Questionnaire



Questions:

- Where do you come from originally?
- What difficulties do you experience living on the streets?
- How do you deal with these difficulties?
- Was it difficult to adapt to your circumstances?
- What is the worst thing that has happened to you since living on the streets?
- Are there any good things that has come from living on the streets?
- Do you have a support system like family and friends?
- Do you get along with the other homeless people?
- Do you believe in a higher power or higher powers?
- How do you feel about people who don't live on the streets?
- What are your thoughts about your current situation?
- What was different in your life when you were not living on the streets?
- What are your special talents and abilities?

- When people say good things about you, what do they say?
- Can you think of things in the past that brought a better life for you?
- What are your dreams and hopes when you think about the future?

Appendix B - Participant Information Sheet



PARTICIPANT INFORMATION SHEET

TITLE OF THE STUDY

Resilience and coping mechanisms of homeless people

Hello, my name is Este' Griffiths, I am currently a Master's student at the Faculty of Humanities, University of Pretoria. You are being invited to take part in my/our research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take some time to read the following information carefully, which will explain the details of this research project. Please feel free to ask the researcher if there is anything that is not clear or if you need more information.

WHAT IS THE PURPOSE OF THE STUDY?

- The purpose of this study is to find the underlying mechanisms or factors that promote resilience in the homeless. Little is known about/very few studies have been done on the resilience and coping mechanisms of the homeless and. I have decided to conduct a study on resilience.
- The overall aim of this study is to find out how the homeless cope with adversity daily.

WHY HAVE YOU BEEN INVITED TO PARTICIPATE?

- You will be invited to participate because you are older than 18 years of age.
- You have also complied with the following: homeless for more than a month.
- You will be excluded if you have been homeless for less than a month and are younger than 18.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

- You will be expected to participate in an in-person interview. The interview will take approximately 1 hour.
- The interview will be audio-recorded and notes will be taken during the interview.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

- Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason, if you decide not to take part in the study without negative consequences or being penalized

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER BE KEPT CONFIDENTIAL?

- Confidentiality will be ensured by assigning code names/numbers to each participant, and that will be used in all research notes and documents. Findings from this data will be disseminated through conferences and publications. Reporting of findings will be anonymous, only the researchers of this study will have access to the information.
- ❖ Please note participant information will be kept confidential, except in cases where the researcher is legally obliged to report incidents such as abuse and suicide risk.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

- There will be no direct benefits to you for participating in the study. However, I hope information obtained from this study might benefit projects that empower the homeless and motivate them to live off the street.

WHAT ARE THE ANTICIPATED RISKS FROM TAKING PART IN THIS STUDY?

- The risks in this study are that participants might experience emotional distress by taking part in the interview. Measures to minimize these risks are to be sensitive to the participants by the type of questions asked and explaining that they don't have to answer a question if it makes them feel uncomfortable in any way.

WHAT WILL HAPPEN IN THE UNLIKELY EVENT THAT SOME FORM OF DISCOMFORT OCCUR AS A RESULT OF TAKING PART IN THIS RESEARCH STUDY?

- I have arranged for participants to receive counselling from a professional if they do experience emotional distress after conducting the interview.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

- Electronic information will be stored for 15 years. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable.
- Participant information in hard copies of raw data will be locked in the cabinet and electronic data will be kept in a file that is password protected in the Department of Psychology.

WHAT WILL THE RESEARCH DATA BE USED FOR?

- Data gathered from the participant would be used for research purposes that included; Dissertation and article publication.

WILL I BE PAID TO TAKE PART IN THIS STUDY?

- NO, you will not be paid to take part in this study but refreshments will be provided.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Committee of Faculty of Humanities, University of Pretoria. Ethical approval number HUM016/1121. A copy of the approval letter can be provided to you on request. The Humanities Research Ethics committee contact details: tracey.andrew@up.ac.za

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

- The findings of the research study will be shared with you by(provide full names) after one year or two years of completing the study. (Can provide the approximate month and year)

WHO SHOULD I CONTACT IF I HAVE CONCERNS, COMPLAINTS, OR ANYTHING I SHOULD KNOW ABOUT THE STUDY?

If you have questions about this study or you have experienced adverse effects as a result of participating in this study, you may contact the researcher whose contact information is provided below. If you have questions regarding the rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher, please contact the supervisor, and contact details are below

Thank you for taking the time to read this information sheet and in advance for participating in this study.

Researcher

Name Surname: Este' Griffiths

Contact number: 0836344785

Email address: este@workexploreabroad.co.za

Supervisor

Name: Prof. David Maree

Contact number... 0635028597.....

Email address: david.maree@up.ac.za

Appendix C: Written Consent Form



Resilience and coping mechanisms of homeless people

HUM016/1121

WRITTEN CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (**participant name**), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

STATEMENT	AGREE	DISAGREE	NOT APPLICABLE
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any consequences or penalties.			
I understand that information collected during the study will not be linked to my identity and I give permission to the researchers of this study to access the information.			
I understand that this study has been reviewed by, and received ethics clearance from the Research Ethics Committee Faculty of Humanities of the University of			
I understand who will have access to personal information and how the information will be stored with a clear understanding that, I will not be linked to the			
I give consent that data gathered may be used for dissertation, article publication, conference presentations, and writing policy briefs.			
I understand how to raise a concern or make a complaint.			

STATEMENT	AGREE	DISAGREE	NOT APPLICABLE
I consent to being audio recorded.			
I consent to have my audio recordings be used in research outputs such as publication of articles, thesis, and conferences as long as my identity is protected.			
I give permission to be quoted directly in the research publication whilst remaining anonymous.			
I have sufficient opportunity to ask questions and I agree to take part in the above study.			

Name of Participant

Date

Signature

Name of person taking consent

Date

Signature

Appendix D: Oral Consent Form



Resilience and coping mechanisms of homeless people

HUM016/1121

RESEARCHER RECORD OF ORAL CONSENT

Date	
Location (City/Region)	
Interviewee Name or Number	
Project Explained (Yes/No)	
I have sufficient opportunity to ask questions and agree to take part in the study	
Interview recorded or Notes Taken	
Photos and video to be taken and used in publications and conferences without identifying my name	
Participant and Quotes Indicate Yes / No	Direct quotes
	Quotes which would not identify them
	Not to be quoted at all

Este' Griffiths _____

Name of Researcher

Signature of Researcher

(Signed in the presence of the interviewee to confirm oral consent)

Enquiries: Supervisor, Prof David Maree, david.maree@up.ac.za, 0635028597

Appendix E: Research Ethics Committee Approval



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotho



1 December 2021

Dear Mrs EH Griffiths

Project Title: Resilience and coping mechanisms of homeless people
Researcher: Mrs EH Griffiths
Supervisor(s): Prof DJF Maree
Department: Psychology
Reference number: 97055426 (HUM016/1121)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 25 November 2021. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Karen Harris
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za

Research Ethics Committee Members: Prof KL Harris (Chair); Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Dr P Gutura; Ms KT Govinder Andrew; Dr E Johnson; Dr D Krige; Prof D Maree; Mr A Mohamed; Dr I Noomé, Dr J Okeke; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Ms D Mokalapa

Room 7-27, Humanities Building, University of Pretoria, Private Bag X20, Hatfield 0028, South Africa
Tel +27 (0)12 420 4853 | Fax +27 (0)12 420 4501 | Email pghumanities@up.ac.za | www.up.ac.za/faculty-of-humanities

Appendix F: Night Shelter Approval Letter

The George Night Shelter

123 Memoriam Street, George, 6529
P. O. Box 540, George, 6530
Email: sheltergeorg@mweb.co.za
Phone: 044 873 2787



P.B.O NO : 18/11/13/2172

26 July 2021

Dear Este

Re: INTERVIEWS WITH RESIDENTS AT THE GEORGE NIGHT SHELTER

Hereby we grant permission for interviews with the residents of the George Night Shelter for homeless people.

Covid 19 protocol will be followed for the safety of both interviewer and clients.

Kind Regards

Manager

Appendix G: Supportive Counselling Availability Letter



Western Cape
Government
Health

George Hospital
Department Psychiatry
044- 802 4552

26.07.2021

Research Project: Esté Griffiths

To whom it may concern

Herewith to confirm that supportive counselling services will be available to participants in this project.

Please note that participants will be required to register a need at their closest clinic. A mental health nurse is available on selected days at Conville, Blanco and Parkdene clinic within the George area. The mental health nurse will assess participants need for support and refer accordingly. Referral will be done to either a counsellor, FAMSA or a psychologist.

Kind regards

Psychologist
George Hospital

Davidson Road, GEORGE, 6530
tel: +27 44 802 4537 fax: +27 44 874 6737
www.capegateway.gov.za

Private Bag X6534, GEORGE, 6530
www.georgehospital.co.za