



Leaving homelessness and addiction: Narratives of an occupational transition

Birgit Heuchemer & Staffan Josephsson

To cite this article: Birgit Heuchemer & Staffan Josephsson (2006) Leaving homelessness and addiction: Narratives of an occupational transition, *Scandinavian Journal of Occupational Therapy*, 13:3, 160-169, DOI: [10.1080/11038120500360648](https://doi.org/10.1080/11038120500360648)

To link to this article: <https://doi.org/10.1080/11038120500360648>



Published online: 12 Jul 2009.



Submit your article to this journal [↗](#)



Article views: 940



Citing articles: 20 [View citing articles ↗](#)

ORIGINAL ARTICLE

Leaving homelessness and addiction: Narratives of an occupational transition

BIRGIT HEUCHEMER & STAFFAN JOSEPHSSON

Division of Occupational Therapy, Karolinska Institutet, Stockholm, Sweden

Abstract

The aim of this exploratory study was to gain an understanding of occupational aspects of homelessness and of the transition from homelessness. Data were collected through narrative interviews of two formerly homeless women recovering from drug addiction. Data were analyzed using a constant comparative method followed by a narrative analysis. The findings first identified homelessness as a life of high intensity lived within a limited time perspective. Further, for these women homelessness was related to drug addiction, which was experienced at first as a solution to life situations that seemed impossible to handle. Second, the analysis showed how social relationships can strengthen or change the lived plots of the participants. Third, the transition out of homelessness was accomplished through the development and enactment of new lived plots. Finally the analysis showed that life as formerly homeless women was experienced as less intense and as a life that can only partly be controlled. This new life includes a broader time perspective. In the discussion, the relationship between time use and the meaning-making process and possible practical implications of this study are presented.

Key words: *Homeless people, narrative theory, occupational therapy*

Background

Homelessness is prevalent even in welfare states such as Sweden where over 8 thousand people are registered as homeless among the 9 million inhabitants (1). Homelessness in Sweden is closely connected to drug abuse and psychiatric disorder. Over 70% of all homeless people have problems with drug abuse, 35% have psychiatric problems and around 25% have dual diagnosis (1). Addictions often lead to homelessness because they are difficult to finance. People do not manage to pay the rent and finance the addiction at the same time (2).

For people with psychiatric disorder, homelessness can be connected with occupational performance problems, and with systemic and political issues (3). People with a psychiatric disorder can have problems with performance of self-care, living and housing activities, engaging in work and leisure activities, social relations, and general participation in society (4). Having trouble managing living and housing activities, including controlling finances such as paying the rent, can result in eviction. This

situation may be further complicated if people with psychiatric disorders have difficulty seeking help from the right government departments, as well as by the reorganization of psychiatric care into community settings (3).

The historical development of homelessness in Sweden is difficult to describe because different approaches and different definitions of homelessness have been used over the years (2). The following definition of homelessness developed by the National Swedish Social Welfare Board is the one officially used today:

People are categorized as homeless if they lack an owned or rented place to live and are not steadily a lodger or a tenant at someone else's place. The homeless category also includes people who occasionally have a place to live and people living on the streets. Categorized as homeless are even people in an institution (e.g. jail, hospital etc.), that are scheduled to be released in the next 3 months and for whom no living arrangements have yet been made. Even people

that occasionally live with relatives are categorized as homeless if they have contacted authorities because they lack their own place to live. [1, p. 1]

As seen from the above quotation the current definition is based on the housing situation only. In current discussions an argument has been made for broadening the definition bearing in mind that there might be individuals whose needs are not met in their current housing, yet who are technically not homeless. There have been proposals to include a so-called inner homelessness, referring to a sense of feeling homeless, in the definition of homelessness (2). Further, there might be people who do not want to have a traditional home and thus could be seen as voluntarily homeless (2). However, as the discussion continues, the above definition is currently the one used in Sweden.

Looking at the foregoing definition and statistics, it appears that homelessness often is described in the form of a condition based on housing status. Homelessness has further been described in terms of health conditions, thereby enlightening the problematic symptomatology of mental and physical problems that often include several diagnoses for one and the same person (5,6). Less often, homelessness and the transition from homelessness are presented from an occupational perspective, in which the theoretical ground of occupational therapy and occupational science provides the basic assumption: that human beings have an occupational nature and occupational needs (7,8). The reason for this lack of literature might be that there is little existing research connecting homelessness and the transition from homelessness to human occupation. The few studies on homelessness that have been conducted in the field of occupational therapy focus on specific intervention components, such as utilization of various theoretical frames of reference for intervention (9–11), possible assessments (12), difficulties in approaching the healthcare system (5,6), and important legal and legislation issues for occupational therapists working with homeless people (13,14), rather than on the basic relationship between homelessness and human occupation.

The relationship between addiction and occupation, on the other hand, has been illustrated through the application of theoretical concepts of occupational therapy to drug addiction. One theoretical concept is occupational risk factors. Wilcock (15) argues that the complexity of these factors can explain why individuals choose some occupations over others, seemingly healthier occupations that might provide experiences of power and the opportunity to exert control over their lives. Occupational imbalance, the risk factor that occurs when individuals

are unable to meet their physical, social, mental, or rest needs, is related to the narrowing repertoire of daily occupations that typifies addiction-related behavior. Occupational imbalance may result as the addiction becomes the person's major life role (16). As a result, an unhealthy imbalance of daily occupations may lead to an internal conflict between what people should do and what they want to do (16). This internal conflict can lead to feelings of self-deprivation and can result in a relapse into addictive behavior, thereby reinforcing the cycle of addiction.

The risk factor of occupational deprivation, which occurs as the result of external forces that prevent a person from engaging in an occupation (15), is closely linked to the effects that have been presented as possible causes and consequences of drug addiction, such as lack of sensory stimulation, reduced opportunity to use physical, mental, and social capacities, reduced personal development, or lack of meaning in life (15).

Wilcock's (17) theory of the human need for occupation might further explain why people with an addiction may be driven to provide for immediate bodily needs through the addictive substance. This idea regarding biological needs for health describes three major functions of occupation in relation to maintaining health and survival of the individual and the species: The first function is to provide for immediate bodily needs of sustenance, self-care, shelter, and safety. The next is to develop skills, social structures, and technology aimed at superiority over predators and the environment. The final function is to exercise and develop personal capacities enabling the individual to reach his or her full potential. People with an addiction may be driven to provide for immediate bodily needs through the addictive substance. As a result this cycle of addiction may prevent them from developing the skills required to function in the community (17,18), thus not fulfilling the second function of occupation and not reaching their full occupational potential (20).

Townsend (19) has suggested that decision-making is an occupation that is observable through the choices we make in daily life. She described choosing and engaging in an occupation as crucial in addressing mental health problems. However, Townsend (19) further proposed that occupations could also be barriers, meaning that individuals who lack occupational opportunities could equally learn to be dependent and impaired in their everyday life. This outcome may occur for people with drug addiction, where the lack of occupational opportunities is linked to the maintenance of an addictive behavior (20).

Another occupational concept that has been related to addiction is meaningful time use, which is described as a crucial element of why people choose to engage in some occupations over others. Thus, for addicts, time may revolve around a lifestyle of substance misuse and seeking ways to fund and maintain their addiction (21,22). Research suggests the need for people with addictions to redefine the meanings attached to their time use. Hodgson et al. (22) explored the leisure participation of clients with diagnoses of mental illness and substance misuse, showing that time related to substance misuse was considered unfulfilling and that there was a need for leisure to be redefined and given new meaning in relation to roles, interests, and skills (23). A person's inability to fill time with meaningful occupations was considered a trigger to relapse. Further, the cycle of relapse suggests that recovery-oriented occupations need to provide the recovering addict with new roles, more satisfying and meaningful use of time, and opportunities for self-discovery (21,22).

As can be seen from the literature review above, research addressing homelessness and the transition from homelessness conducted from an occupational perspective is limited.

Consequently, the aim of this exploratory study was to gain an understanding of occupational aspects of homelessness and the transition from homelessness.

Material and methods

Design

A narrative approach was used to conduct this study bearing in mind that narrative has been described as a tool to understand human action, as a structure for human action, and as the initiator of human action (24,25). Narrative has further been described as suitable for studying change (25). Further, narrative interviews can be experienced as a natural way of communicating and are familiar to people of all social backgrounds in a wide range of settings (26).

The narrative approach used in this study is inspired by writings by Paul Ricoeur (24) and Cheryl Mattingly (25). Central in their reasoning is that narrative is often about an undesired situation, where there has been a breach between ideal and real, self and society (24,25). This breach is often narrated in the form of a space of desire, a gap, created by the distance between where the person in the story is and where she/he wants to be. This gap creates suspense regarding the outcome of the story and thus it provides motivation for action. Mattingly (25) argues that much human action can be seen as parts of lived plots, in which one element is the active effort of a person to close the gap between the

present and the desired life. Aiming at a desired life, trying to close the gap, narratives have their own narrative time. Narrated as well as lived plots are reaching for a desired endpoint, thereby providing an overall coherence and direction to life in changing circumstances. Narratives are built on time that matters, where something is at stake. Therefore stories are not naturally narrated chronologically but through the employment of single events into meaningful structures (24).

Further, as Mattingly (25) argues, that action is intimately tied to social relations. Thus, lived plots can be described as a form of communication or interaction.

Selection of participants

The participants were selected through purposeful sampling (27), according to the following criteria: (a) formerly homeless, (b) no active acute drug/alcohol addiction or psychiatric disorder, (c) constant housing situation for approximately 1 year, (d) motivated to participate, (e) available after the interviews for subsequent follow-up questions. Two persons who matched these criteria were found with the help of staff working in homeless shelters and a rehabilitation center for homeless people.

Presentation of participants

(For ethical reasons to protect the identity of the participants, names are fictional.)

Eva is 35 years old. She was addicted to drugs from age 19 to 29. During the last years of her addiction she was homeless. Today Eva lives in her own apartment and works for a computer company.

Sara is 38 years old. She had been addicted to drugs since she was a teenager and has been without a constant place to live during several periods of her life. At the time of the interview, Sara had been living in an apartment in a rehabilitation home for 10 months. She quit doing drugs about 9 months previously. Sara was about to start her work training and was soon to get her own rehabilitation apartment in town.

Both participants are active members of Narcotics Anonymous (NA), an international community-based association of local self-governing and self-supporting groups for recovering drug addicts, which adhere to a set of principles similar to the Twelve Steps and Twelve Traditions of Alcoholics Anonymous (28).

Data collection

An open interview was conducted (29) covering the following areas: activities of daily living as a homeless

person and their meaning, turning points, activities during the transition out of homelessness and their meaning, occupational life today, and reflections on the transition.

All questions were open-ended aiming to capture the participants' own stories. Follow-up questions were asked to ensure that all areas of the interview were covered or to encourage the participants in telling their stories.

The participants were interviewed separately in their homes. The duration of each interview was about 2 hours. These interviews were audiotaped and transcribed verbatim. Later both participants were contacted by phone for follow up and clarifying questions. During these phone interviews notes were taken. The data collection resulted in around 80 pages of printed text including the transcribed interviews and the notes.

Data analysis

The transcribed interviews and the notes were analyzed and interpreted using a qualitative comparative method (30) followed by an interpretation (31,32), based on the narrative theory presented above (24,25).

The comparative analysis started with repeated reading of the data in order to obtain an overall picture of its content (30). Then data were coded by an open line-by-line process, closely examining phrases, words, and paragraphs with the purpose of identifying each segment of data using a code (30). The two participants' data were coded separately. In order to gain an overview of the codes, they were organized in categories.

In a second step, codes and categories were compared with the data to allow themes to be identified. In the final step of the comparative analysis, the two interviews were brought together. Through a constant comparison of the themes of both interviews and the rest of the material, common themes emerged that covered the entire data material such as "social relationships play an important role", "homelessness contains an activity pattern".

These common themes reflect a complexity based on the transition and time aspects that the narratives of the participants included. In order to deal with the overall coherence of the participants' narrative, the common patterns were interpreted based on the narrative concepts of plot, turning points, suspense, and interaction in order to capture the coherence and meaning of each common theme. Interpretations were formulated, controlled, and rejected, in a back and forth process, until the richest interpretations emerged. For example homelessness was interpreted as a specific plot, thereby describing not only

the activity pattern but even the intensity and time perspective that homelessness contains.

In order to be validated, the final interpretations had to fulfill the following two criteria: the interpretations should be coherent with all relevant parts of the material and an internal logical conflict between different interpretations had to be avoided (31,32). Specifically, the interpretations had to have the support of all relevant parts of the data. Contradictory interpretations of the same parts of the data would not have been acceptable.

Ethical considerations

The Ethical Committee of Research at the Karolinska Institutet approved the study.

Informed consent was obtained from the participants. Further, the participants could terminate their participation at any point during the study. Anonymity was guaranteed.

Results

The analysis of the two narratives resulted in four main themes. The first focuses on life as a homeless person: (1) *Homelessness as a specific lived plot*. The second emphasizes the social context in which the participants live: (2) *Social relationships influence lived plots*. The third main theme concentrates on the transition out of homelessness: (3) *Change through creating possible employment*, and finally the last theme enlightens the new life as a former homeless person: (4) *Acting out a new plot*.

These themes will be presented below, supported by quotations and examples from the narratives.

(1) Homelessness as a specific lived plot

As the first main theme, the analysis identified homelessness as a lived plot, meaning a storyline, giving structure to everyday action. This lived plot contains specific characteristics, presented in the following three sub-themes.

Limited time perspective. The analysis showed that the time perspective of life during homelessness can be identified as lacking connection to the past and the future. Eva and Sara tell of how the present was the only thing that mattered for them when they were homeless and on drugs. Sara describes this limited time perspective as follows: "What has been has been and the future is something you don't know anything about. As long as I get my drug NOW, nothing else matters." In her narrative, Eva gives an example of the problem she had trying to include the future in her homeless life by describing how difficult it was to make plans for the next day. "In the evenings I wrote a

list of things that I had to do the next day. But when I awoke the next morning there were no drugs left. That meant that the list was forgotten. Instead it was all about getting out and chasing drugs right away."

As can be seen from these comments, the limited time perspective was closely related to the use of drugs. The result was a plot that did not connect with future plans or past events. Instead life during homelessness had a strong focus on the present.

Activities of high intensity. Data analysis identified a life of high intensity. Homelessness included certain activities that the participants describe as offering very strong experiences. Eva and Sara tell of similar activities belonging to the homeless life: "*Chasing money, chasing drugs, getting high, and trying to find a place to sleep*". Performing these activities included strong, one might say dramatic experiences that the participants describe partly as positive and partly as negative. An example of a positive dramatic experience was connected to using drugs, described by Eva as: "*I felt great! It was like watching a movie and starring in it at the same time. Everything seemed achievable.*" Dramatic experiences of a more negative kind occurred in connection with the activities of finding a place to sleep or chasing money because these activities could include physical or sexual abuse. Eva described several situations where she was raped or beaten when she tried to buy drugs or when she was offered a place to sleep by customers or drug dealers.

This daily drama of living life as a homeless person was further intensified through the long and tight activity pattern that homelessness included. This was described by the participants as: "*a full time job, more than that, because it is 24 hours a day*" and as "*It is a full schedule all the time*". This high frequency of dramatic experiences was supported through the interdependence of the activities. Eva describes having to be drunk or high to be able to perform the activities of earning money or finding a place to sleep.

In summary, the homeless life is described as dramatic, built on an intense suspense. The lived plot of homelessness offers dramatic experiences that were experienced partly as positive and partly as negative. The tight schedule of activities and their interdependence led to high frequency of dramatic experiences.

Leaving situations that are difficult to handle. The third characteristic of homelessness revealed through data analysis was that homelessness was seen as the result of drug abuse. Both participants' lives changed at some point from a quite ordinary life into a more

intense life of drug addiction resulting in homelessness. In both narratives that change occurred when their ordinary lives seemed to be too difficult to handle. Eva says that she was working in the beauty business and did not feel accepted because of her looks: "*I was overweight. I had contact with women who were thin and as beautiful as models. Then I found out about these slimming pills that included amphetamine. I somehow understood that, but my desire to be thin was stronger than my resistance to drugs.*" Eva started to live the life of an addict, where she felt accepted because of her competence. She says: "*I was really good at deceit!*" She further felt socially accepted through going to a lot of parties and having many relationships with men. Thus, the new life offered a solution to the old feeling of not being accepted.

Sara says that her life as a mother, wife, and employee was getting impossible to handle when she and the father of her children were separating. Losing her safety and uncertain as to whether she could manage life on her own, she started to abuse drugs. This new life seemed to be the solution to her difficult situation by giving her the feeling of safety and familiarity. She explains: "*That kind of life I knew, it felt safe.*"

As exemplified above, for both participants drugs offered, at least at first, relief or a solution to the difficulties of life.

(2) *Social relationships influence lived plots*

Another main theme of the analysis is that social relationships could strengthen or change the participants' lived plots. These two ways of influencing lived plots are described in the following two sub-themes.

Strengthening. Social relationships could have a strengthening influence by supporting the life that the participants were living. When other people assigned meaning shared by the participants to the participants' actions, then their lived plots were strengthened. This kind of support can be illustrated through the way in which Eva was committed to the life of an addict.

Eva says that her boyfriend had been experimenting with heroin and introduced her to this drug. Together they experienced wonderful heroin trips, which soon resulted in heavy heroin addiction for both of them. Together they tried to finance the addiction through deceit and other crimes and together they became homeless. Thus, her boyfriend supported her actions as addict and criminal.

Sara gives another example by describing how her contact person at the rehabilitation service played a very important role for her during rehabilitation through supporting and trusting Sara. Sara

especially remembers their meeting after she had had a relapse: *"She didn't kick me when I was already down, she did not tell me I was bad. Instead we had this talk about my life and my future and she told me that she appreciated my honesty and my efforts to succeed in rehabilitation. I felt: in some way she believes in me, anyway!"*

Thus, Eva and Sara were both strengthened in living their lives by people who supported their actions by sharing in their meaning with the women themselves.

Changing. Social relationships could also influence their lives through conflicting meanings, which appeared when the meanings that other people ascribed to actions of the participants differed from the meaning the participants themselves ascribed to their actions. Thus, there was a difference in understanding, which sometimes became a force leading to positive change. This difference of understanding and its impact can be exemplified through Eva's meeting with her stepfather. Eva spoke of how she tried to return home and how her stepfather no longer welcomed her in her mother's home. *"But all I got was a cup of coffee and the phone number of a social worker. I wasn't welcome there!"* Her stepfather disapproved of her actions and the consequences of her actions, which in his eyes included very selfish, dangerous, and self-destructive behavior. Eva describes how this meeting made her consider the meaning and the consequences of homeless life and became a force in starting her change process: *"I was homeless in every possible way. And I couldn't hide from the truth any more, which was that I was really not doing well."*

This difference in understanding could also have negative influences on the participants' lives. Sara described her fear of the negative influence that her relationship with Paul, the father of her children, could have on her new life. Paul is in prison and will soon be released. He has no future plans and will be released back to his life of homelessness that he once shared with Sara. Sara knows that her relationship with Paul will lead to conflict as long as they are not living the same life because for Paul the actions related to homelessness do not have the same dangerous and self-destructive meaning as they do for Sara. She says: *"I have built up a kind of life again. I have to continue doing that. He has to choose himself what he wants to do. I don't want this in my life again, you know, drugs. It feels dirty somehow. But it is not that easy to cut him out of my life. We have a long history together."* Thus, the conflict concerning lifestyles between Sara and Paul could lead to a change in

Sara's lived plot and take a turn back to drug addiction and homelessness.

These examples taken from the participants' narratives show how social relationships could influence the participants to eventually change their lives through conflicts based on the meaning of their actions. Looking at the findings, it can further be argued that the participants' lived plots were formed and lived through interaction with other people.

(3) Change through creating possible employment

The analysis further shows that change occurred through the development of a new lived plot. This change will be described more fully in the following three sub-themes.

Identifying a gap as a condition for change. A condition of changing the lived plot was for the participants to identify the gap between their current situation and state of mind, and that in which they wanted to live. When aware of this distance between current and wanted life, the participants could change their current actions and strive for change. Eva started to identify this gap by understanding the picture that her closest family members had of her: *"And my boyfriend said: you have gone crazy, you lie as soon as you open your mouth. I couldn't argue with him. He knew me so well."* She says further: *"So I went to my parents' home, (they hadn't seen me in years!), and asked them to give me a place to sleep. But all I got was a cup of coffee and the phone number of a social worker. I wasn't welcome there!"* Being aware of her current situation she felt unsatisfied with her life and started longing for another desired new life where she could get rid of all the bad consequences of life during homelessness included.

Sara identified the gap between her current life and a wanted life when she lost custody of her children owing to her homeless life. She says: *"I felt that I could not carry on any more. I had lost my children and the apartment. Nothing was left. This is no life. I felt: I want to have a life, I want to have a place to live, I want to have a job, I want to have a good relationship with my children and my sisters, with the people I care about."*

As illustrated, both participants experienced dissatisfaction with their life during homelessness. This dissatisfaction led to the desire to live a different life. Thus, through the dissatisfaction with their current lives and the desire for a new wanted life, they identified the gap between these two lives. This gap became a condition for starting their transition out of homelessness.

Change through acting. The analysis showed further that one crucial step in changing the lived plots was

to actively engage in this change process. In other words, the change the participants were accomplishing was not just an internal, intellectual change but probably most importantly a change accomplished through action.

Eva describes her awareness that change has to be accomplished through action as follows: *“Just to go to the NA meetings doesn’t do anything. You have to work on your change. You have to practice, practice and practice.”*

In her story, Sara repeatedly explains the importance of *“doing what I have to do”*. This action leads to *“continuing in the right direction”*, *“everything will be fine”*, *“it is safe”*.

As both participants exemplify in their narratives, change is accomplished through acting out their new plots.

Narrative arenas offer possible employment. In the third sub-theme, the analysis further identified a possible tool, which the participants used in order to change their lived plots. This tool could be named a narrative arena, in which the participants could test their new lived plots, guided in creating and enacting them by the interpretive frames of a social and symbolic nature.

NA meetings were used as one such narrative arena. Sara describes the meetings as a safe meeting place: *“It is a new gang. I didn’t feel ashamed any more when I understood that I am not alone in this situation, there are people existing that have experienced exactly the same things.”* Eva tells how this social framing helped her to start to enact her new role as a former homeless person. *“I had so many lies to control. Here I understood that everybody had been lying. I didn’t have to be very tense any more to be able to keep up a lie. That was a big relief and I finally could lower my guard.”*

Eva describes further how the spirituality to which she was introduced in the NA meetings provided framing of a symbolic nature. Spirituality gave her the possibility of creating a new plot that related to the continuity and coherence of her life. She explains: *“And today I have found my religion, I have found my own God, whom I talk to. Before my God was high, that’s why we could not talk to each other, but he was there all the time.”*

As illustrated, NA meetings can be described as narrative arenas offering symbolic and social framing through which the participants could test the creation and enactment of their new plots.

(4) Acting out a new plot

The fourth theme explores the new lived plot as a former homeless person. This new plot encompassed a broader time perspective, less dramatic

intensity, and a sense of acting in roles particularly beyond one’s control, as described below.

Broader time perspective. The first characteristic of the new life as a former homeless person was a broader time perspective. Both participants created a new plot that included past, present, and future. The way that Eva and Sara were able to give meaning to past events by planning future actions exemplifies the broader time perspective. Sara is planning to become a drug addiction therapist, something that in her eyes can give meaning to her homeless experiences. Eva is using her experience of being a homeless drug addict by working as a contact person supporting drug addicts. Both participants have chosen to give meaning to their past homeless experiences by helping people in similar situations. Thus, they are living plots that connect their past experiences and present actions to future plans.

Less dramatic intensity. The second characteristic of the new plot is that it was experienced as less dramatic. The new plot lacks the high intensity, the tight schedule, and the frequency of strong experiences that the homeless life had included. This new experience was described in the participants’ narratives as both negative and positive. Sara describes this new less dramatic life as something positive and peaceful that she is enjoying: *“To be able to have your peace, that’s wonderful. Sometimes I just take it easy and do nothing, and enjoy that.”* Eva sometimes experienced the less intense suspense as negative. She describes it as *“boring weekdays”*.

New lived plot influenced by factors beyond one’s control. The third characteristic of the new life was that it is influenced by factors experienced as beyond the participant’s control. One of these factors was economic in nature. Both participants tell in their narratives of how they had to start living the new life by finding themselves in difficult financial situations where they had to pay back large sums of money. Thus, transferring out of homelessness placed them in quite pressing economic situations that were largely beyond their control.

The participants further experienced the roles that they could play in their own families as partly beyond their control, as exemplified by Sara’s role as a mother. Sara feels ready to be a mother again and wants to build really good contact with her children, but she finds herself in a situation where she has to prove her trustworthiness and ability to be a mother not only to her children but also to the authorities.

Sara cannot control the way people around her approach her wish to be a mother again.

Another factor beyond their control was that the participants had missed the normal developmental experiences of people in their own age group. People of their age who had not been homeless had already established social and working lives in society. Eva says that she had to establish a new social life at the same time as she was doing her work training. *"I was sitting during the coffee breaks listening secretly to my colleagues. It was like an education in finding out what opinions and beliefs I have, like: 'Okay, I know now that I am against the death penalty'."* Singularly, Sara missed the opportunity for education when younger, owing to her drug addiction and homelessness, and has to deal with being much older than other people in work training. Being aware that she differs in age from them makes her feel *"Like an old woman."*

Both participants mentioned prejudice as another factor beyond their control in their new lives. Sara says that she must be careful about telling her life story, and she tries to avoid talking about her past to keep prejudice out of her life. She does not want prejudice to ruin her chances of successfully living her new life. Thus, for Sara her new life includes caution regarding prejudice.

As illustrated, the participants' roles in their new lived plots are influenced by factors, including economics, family, authorities, age, and prejudice, which are experienced as beyond their control.

Discussion

The aim of this study was to gain an understanding of homelessness and the transition out of homelessness from an occupational perspective. The results of the study provide material for discussion on this subject.

The analyses picture life during homelessness as a life lived with a limited time perspective. This is in line with the previously described time use for addicts, where time may revolve around a lifestyle of substance misuse and seeking ways to fund and maintain their addiction (21,22). Research also suggests the need for people with addictions to redefine the meanings attached to their time use (21). This need is also identified in the present study where the participants created a broader time perspective during their transitions in order to be able to create meaning for their actions. The limited time perspective of life during homelessness experienced by the participants in the present study, and its eventual consequences for possible change processes, can also be related to Mattingly's (25) discussion of how the meaning of any particular "now" is shaped by its place in an unfolding

anticipated story. This means that narratives have direction through employment. They are heading towards an ending that often is loaded with values (25). In connection with this present study, it could be argued that the lack of an unfolding story might limit the meaning-making process. Thus, the lack of time perspective that can be expanded through plots to past events and anticipated futures may impair the processes of meaning-making and of exploring desires or possibilities, and thereby limit the potential for change.

Another interesting result of this study was that for the participants the transition from homelessness was related to a change in their lived plots. In order to accomplish such changes, arenas identified as narrative arenas were used as tools guiding possible employment through social and symbolic frames. In these arenas, the participants could test the creation and enactment of their chosen lived plots. Interestingly, such arenas have been identified in related literature. One example is the story of an occupational therapy group intervention with a group of young head-injured adults in a hospital setting (25). The story describes how a boring group session was turned into a meaningful event when the treatment room was designed as a provisional New York subway station, thereby providing a familiar scene or arena for the patients who had all lived in New York. The members were riding on the provisional subway built of chairs and expressing themselves in the form of graffiti on the walls. It can be argued that in this narrative arena symbolic framing appears through the enactment of riding a subway. Mattingly (25) interprets this ride as being on the way, being in movement thereby highlighting the theme of return. Further, the participants had to use their own voices, expressing themselves in the graffiti. They had to interact. It can be argued that this group session is the social framing of this particular narrative arena, where the participants are trying to enact their new future plots of coming home after their hospital visits, enacting their new roles in a safe social forum. As can be seen from the above example, an occupational therapy session can have similarities to the narrative arenas identified in the present study.

Another possible clinical implication of this study is the interesting result that the first step of a transition might be for a person to identify the gap between the current life and a wanted life away from homelessness. Being dissatisfied with this gap can be the motivation for taking action that is needed to accomplish a change or transition. Connecting the concept of gap to possible intervention, it can be argued that to enable the clients to become aware of this possible gap might be an important feature. In any case, it should be mentioned that occupational

therapy can also address already existing gaps. Some clients might have identified this gap but are intimidated by it, seeing no way to bridge it. In that situation the gap has no motivating function leading to action but might instead create anxiety (4). Occupational therapy might be a place for working on shaping the client's gap to something manageable and thereby transforming it into a positive motivating power leading to action. As Grady (33) argues, this could include focusing on social justice for the clients, or considering changing the environment rather than the individual.

Transferring the concept of gap to other countries where homelessness could have other causes such as war or earthquakes, it should further be highlighted that the change occupational therapy can help the client to accomplish might not necessarily lead out of homelessness. The gap could in these cases be identified between the current life and a wanted life in the existing environment of homelessness. This is in line with Townsend's (34) idea of promoting inclusion, empowerment, and enablement, arguing that occupational therapy should create opportunities for people to develop their capacities in their chosen community with the appropriate support. However, more research on this subject is needed in order to continue the discussion on how to approach clients experiencing homelessness.

Methodological considerations

The empirical material of this study is limited due to the small number of participants. However, this should be seen in light of the aim of the present research being to increase understanding of the occupational transition leading from homelessness, rather than achieving generalizable results.

In order to ensure the validity of findings, data analysis was performed close to the empirical data, always comparing every theme or pattern with the original material and through a constant dialogue with the second author who is experienced in constant comparative and narrative analysis. Further, the validity of the final interpretations was guaranteed through the validity criteria described earlier (31,32).

Another methodological consideration is whether the use of narrative theory as the theoretical point of departure and for the final analysis might have put some parts of the material out of focus. Thus, further research based on other theoretical approaches such as a longitudinal design might add to the understanding of the occupational perspective on homelessness and the transition from homelessness. However, this quite unexplored field is in need

of further research in order to secure and develop knowledge on this particular transition, knowledge that might lead to interventions enabling possible changes for persons living without a home.

References

1. Socialstyrelsen. Hemlösa i Sverige 1999: vilka är de och vilken hjälp får de? Stockholm: Socialstyrelsen, 2000. (The National Swedish Social Welfare Board. Homeless people in Sweden 1999: who are they and what kind of help do they get? Stockholm: The National Swedish Social Welfare Board; 2000.)
2. SOU. Statens offentliga utredningar, 14: Adressat okänd: Om hemlöshetens bakgrund, orsaker and dynamik (The government's public investigation. Address unknown: background, causes and dynamics of homelessness). Stockholm: Norstedts tryckeri; 2000. p 14.
3. Tryssenaar J, Wilkinson S, Bailey C. Homelessness. mental health and occupational therapy. 2000;25:109–31.
4. Gahnström- Strandqvist K. Rehabilitation in a changing context: Responses, difficulties and competence from the views of occupational therapists and clients. Stockholm: Repro Print AB; 2003.
5. Bottomly JM. Health care and homeless older adults. *Top Geriatr Rehabil.* 2001;17:1–21.
6. Perkins JM, Tryssenaar J, Moland MR. Health and rehabilitation needs of a shelter population. *Can J Rehabil.* 1998;11: 117–22.
7. Zemke R, Clark F (Eds.). *Occupational science: The evolving discipline.* Philadelphia: FA Davis; 1996.
8. Kielhofner G. *Conceptual foundations of occupational therapy,* 1st ed. Philadelphia: FA Davis; 1992.
9. Kavanagh J, Fares J. Using the model of human occupation with homeless mentally ill clients. *Br J Occup Ther.* 1995;58: 429–2.
10. Tryssenaar J, Jones EJ, Lee D. Occupational performance needs of a shelter population. *Can J Occup Ther.* 1999;66: 188–96.
11. Herzberg G, Finlayson M. Development of occupational therapy in a homeless shelter. *Occup Ther Health Care.* 2001;13:133–47.
12. Finlayson M, Baker M, Rodman L, Herzberg G. The process and outcomes of a multimethod needs assessment at a homeless shelter. *A J Occup Ther.* 2002;56:313–21.
13. Mobsby I. A guide to the responsibilities of occupational therapists and their managers in regard to homeless people who use their services. *Br J Occup Ther.* 1996;59:557–60.
14. Mitchell H, Jones D. Homelessness: A review of the social policy background and the role of occupational therapy. *Br J Occup Ther.* 1997;60:315–9.
15. Wilcock A. *An occupational perspective of health.* Thorofare, NJ: Slack98.
16. Wanigaratne S, Wallace W, Pullin J, Keany F, Farmer R. *Relapse prevention for addictive behaviours: A manual for therapists.* Oxford: Blackwell Science; 1990.
17. Wilcock A. A theory of the human needs for occupation. *J Occup Sci.* 1993;1:17–24.
18. Keene J. *Drug misuse: Prevention, harm minimisation and treatment.* London: Chapman & Hall; 1997.
19. Townsend E. Occupation: Potential for personal and social transformation. *J Occup Sci.* 1997;4:18–26.
20. Helbig K, McKay E. An exploration of addictive behaviours from an Occupational Perspective. *J Occup Sci.* 2003;10: 140–5.

21. Chacksfield JD, Forshaw DM. Occupational therapy and forensic addictive behaviours. *Br J Occup Ther.* 1997;4:381–6.
22. Hodgson S, Lloyd C, Schmid T. The leisure participation of clients with a dual diagnosis. *Br J Occup Ther.* 2001;64:487–92.
23. Stoffel V, Cusatis M, Seitz L, Jones N. Self-esteem and leisure patterns of persons in a residential dependency program. *Occup Ther Psychosocial Dysfunction.* 1992;8:69–85.
24. Ricour P. *Time and narrative.* Chicago: University of Chicago Press; 1984.
25. Mattingly C. *Healing dramas and clinical plots: The narrative structure of experience.* Cambridge: Cambridge University Press; 1998.
26. Nelson K. *Narratives from the crib.* Cambridge, MA: Harvard University Press; 1989.
27. Patton MQ. *Qualitative evaluation and research method,* 2nd ed. Newbury Park, CA: Sage Publications; 1990.
28. Narcotics Anonymous. *A resource in your community.* Narcotics Anonymous World Services; 2003.
29. Kvale S. *Interviews: An introduction to qualitative research interviewing.* Thousand Oaks, CA: Sage Publications; 1996.
30. Bogdan RC, Biklen SK. *Qualitative research for education: An introduction to theory and methods,* 2nd ed. Needham Heights, MA: Allyn & Bacon; 1992.
31. Gustavsson A. *Tolkning och tolkningsteori (Interpretations and theory of interpreting).* Stockholm: Universitet, Pedagogiska Institutionen; 2000.
32. Gustavsson A. *Tolkning och tolkningsteori, fördjupning (Interpretations and theory of interpreting, part 2).* Stockholm: Universitet, Pedagogiska Institutionen; 2000.
33. Grady AP. Building inclusive community: A challenge for occupational therapy. *Am J Occup Ther.* 1995;49:300–10.
34. Townsend E. Occupational therapy's social vision. *Can J Occup Ther.* 1993;60:174–83.