Women Who Are Homeless: Leisure and Affiliation

Sandra Wolf Klitzing

People who are homeless are thought to be disaffiliated, or lack connections to community or social networks. The present study explored if women who lived in a transitional homeless shelter were disaffiliated, and examined the role leisure might play in maintaining affiliation. Ten women participated in the study. The study showed that leisure assisted the women to be affiliated. Women with mental illness or dual diagnosis were more disaffiliated than the other women in the study. Suggestions for therapeutic recreation practice to assist with preventing women who are homeless from becoming disaffiliated or chronically homeless are presented.

KEY WORDS: Affiliation, Disaffiliation, Leisure, Women Who Are Homeless

There has been a dramatic increase in homelessness over the past two decades, with up to two million people reported homeless in any given year (Kelly, 2001). Various definitions of homelessness exist. Several of the definitions include the concept of “disaffiliation,” or a diminished connection to social relationships or the community (e.g., Bahr, 1968; Grigsby, Baumann, Gregorich, & Roberts-Gray, 1990; Grunberg & Eagle, 1990; Morris, 1998). Goodman, Saxe, and Harvey (1991) noted the importance of helping people who are homeless maintain social networks and connections to their communities in order

Dr. Sandra Wolf Klitzing is an assistant professor in the School of Kinesiology and Recreation at Illinois State University. The author would like to thank the women from the shelter for sharing their insights, Dr. Lynn Barnett for guidance with the study, Dr. Cynthia Wachter for assistance with coding the data, and the reviewers for thoughtful suggestions that ultimately improved the manuscript.

Address Correspondence To: Sandra Wolf Klitzing, School of Kinesiology and Recreation, Campus Box 5121, Illinois State University, Normal, IL 61790. E-mail: slklitz@ilstu.edu.
to decrease disaffiliation. Although leisure is thought to be inherently social (Kelly & Godbey, 1992), and as a result could potentially combat the sense of disconnection or isolation people may experience, there has been limited research that has examined leisure or its role in addressing disaffiliation in the lives of people who are homeless. This could be because the opportunity to experience leisure or recreation is not recognized as a right for people who are homeless (Kunstler, 1992).

People who are homeless are a heterogeneous population with various subgroups (Toro & Warren, 1999), and each of these subgroups is thought to have unique needs (Morse, Calsyn, & Burger, 1992). Women, one of the recognized subgroups, currently account for at least half of the homeless population (Grimm & Maldonado, 1995) and are considered to be extremely vulnerable to the effects of homelessness (Galaif, Nyamathi, & Stein, 1999). While there has been limited research looking specifically at women who are homeless or their needs (Milburn & D'Ercole, 1991; Thrasher & Mowbray, 1995), the emerging literature has shown that these women lack social support and have weak social networks (Galaif et al; Grimm & Maldonado; Milburn & D'Ercole). Grimm and Maldonado noted that services or programs are necessary to address these problems.

O’Morrow (1991) proposed that therapeutic recreation might be able to provide valuable services for people who are homeless. Compton (1997), however, wrote: “The plight of America’s millions of homeless individuals and families is one example of a major human dilemma rarely discussed or addressed by therapeutic recreation” (p. 56). In fact, only two articles have been published in the Therapeutic Recreation Journal (TRJ) about people who are homeless. Kunstler’s (1991) groundbreaking article included definitions and descriptions of the overall homeless population. Kunstler also presented therapeutic recreation models to aid in overcoming the social isolation often noted by people who are homeless. In the second TRJ article on homelessness, Krinsky (1992) described a case study of a veteran who was homeless. One component of the veteran’s treatment was increasing social competence to assist with his affiliation into the community. Both articles proposed that social skill interventions might be important for people who are homeless. Neither article addressed issues related specifically to women who are homeless. Henderson, Bedini, and Bialeschki (1993) encouraged therapeutic recreation professionals to be cognizant of the unique needs of women when programs or services are developed.

The present study was part of a larger research project that focused on women who are homeless and how they described their leisure (Klitzing, 2000). The purpose of this study was to explore if women who lived in a transitional homeless shelter were disaffiliated from their community and social networks, and to examine what role leisure might play in maintaining affiliation. Transitional shelters are designed to serve as a bridge from emergency shelters to permanent housing. Women can typically stay longer in a transitional shelter than emergency shelter. In order to stay in a transitional shelter, the women must be motivated to become stably housed, and are expected to participate in programs designed to prepare them for independent living (Fogel, 1997).

Feminist standpoint theory was the theoretical framework that guided the study. Feminist standpoint theory emphasizes that the starting place for research should be the everyday lives and experiences of women (Harding, 1991; Swigonski, 1994). Often the voices of women who are marginalized or oppressed are absent from discourses about their lives, and consequently the knowledge of the topics explored are incomplete (Freilke, 1999; Henderson, Bialeschki, Shaw, & Freysinger, 1996). This paper provides definitions of disaffiliation as connected to homelessness, a review of previous research studies related to disaffiliation and women, and therapeutic recreation models that have been recommended to guide program development for people who are homeless.
The results reported were gathered from the voices of ten women who lived in a transitional homeless shelter. The discussion presents implications for therapeutic recreation practice.

Review of Related Literature
Disaffiliation and Homelessness

Homelessness is not as easily defined as common sense might dictate. Government agencies and advocates for people who are homeless battle over the definition because the definition impacts government policy and financial support. Dail (2001) expressed frustration that the debate over a universally accepted definition of homelessness continues after several decades. The core of the various definitions of homelessness, however, is that homelessness is a condition of being without a regular dwelling place or residing in temporary residences like shelters or welfare hotels (Institute of Medicine, 1988). Historically, the definition of homelessness has also been connected closely to the concept of disaffiliation (Bahr, 1968). Grunberg and Eagle (1990) explained the salient role disaffiliation plays in homelessness:

Homelessness is defined as the lack of adequate shelter and disaffiliation. Disaffiliation, or the absence of affiliative bonds to family and community, distinguishes the homeless from those who simply lack a place to live, such as migrant workers or people who lose their homes due to natural disasters. (p. 521)

Societal attitudes toward people who are homeless are often value laden. For example, if a person loses her home due to an uncontrollable natural disaster like a tornado or forest fire, the individual is viewed by society as a victim of circumstances beyond personal control, and thus worthy of support. Friends and neighbors rally around the victim to help her get back on her feet. When a person loses her home for what may be perceived as less socially sanctioned reasons or reasons she may be able to control, like fighting with a parent and being kicked out of the house or having the rent check spent on drugs by a boyfriend, the individual may be blamed for becoming homeless. As a result, little support may be forthcoming, or the person might use up any available support by ongoing requests for assistance (Bates & Toro, 1999; Tropman, 1998). Some scholars (Goodman et al., 1991) thought that social disaffiliation may precede homelessness for a portion of the homeless population, especially those people who have emotional problems or mental illness. Other scholars (Grunberg & Eagle, 1990) indicated that disaffiliation was a result of being homeless. As a person becomes and remains homeless, disaffiliation begins, continues, and eventually increases with time. They theorized that the longer a person was homeless, the greater the disconnection to family or friends who are not homeless.

Grigsby et al. (1990) elaborated on the process of disaffiliation through the development of a model on “chronic” homelessness. Chronic homelessness is a person’s entrenchment in being homeless for years with limited potential to exit homelessness. The model noted that adverse events such as eviction, loss of a job, divorce, or discharge from an institution can not only dislodge a person from housing but can also weaken social networks. Grigsby and colleagues, felt that disaffiliation could be as detrimental to a person as the loss of food and shelter. The continued loss of social support could lead to isolation, dysfunction, and chronic homelessness. A second path to chronic homelessness in this model included affiliation with others who are homeless, which led to functioning outside traditional and socially accepted roles. Thus, the model indicated that people become disaffiliated as a result of associating with others who are homeless. Grigsby and colleagues proposed that professionals who provide services to people who are homeless should assess the size and nature of each person’s social net-
work. These scholars suggested that case managers should help those who are recently homeless maintain social connections and expand their networks. For those people who have been more chronically homeless, the suggestion was made to help them withdraw from detrimental relationships and to become more involved with people who could be positive role models.

Jackson-Wilson and Borgers (1993) also studied disaffiliation of people who are homeless and proposed a multidimensional developmental model. This model defined disaffiliation as:

A construct that consists of an absence of affiliative bonds and supportive relationships beginning in childhood and persisting throughout the life span. Included in the model are the childhood aspects of disaffiliation including an individual's experience of the family's ability to cope with crisis situations in the family of origin. The adult component of disaffiliation consists of the lack or inadequacy of social supports. (p. 365)

Social supports refer to individuals whom a person can depend on when in trouble or during a period of need. According to Jackson-Wilson and Borgers, the essential component of social support is knowing that others love you and would do whatever they could for you. According to their model, living in a dysfunctional family might predispose someone to form dysfunctional relationships. Likewise, the ways in which a family has dealt with problems in the past also influences attempts to seek social support for current problems.

The disaffiliation models imply that people who are homeless have limited, vulnerable, or ineffective social support networks resulting from dysfunction in childhood or families of origin. Typically a problem or deficit approach is reflected in the models and in service delivery policies and practices. Koegel (1992) chided researchers and scholars for their overwhelming preoccupation with pathology and disaffiliation in people who are homeless. He indicated there is limited information on how people who are homeless live their lives or make meaning of their lives; how they spend their time, or with whom they spend their time; and what aspects of their lives help them maintain a sense of connection or well being, in spite of being homeless. Koegel noted the majority of homelessness research ignored the strategies people who are homeless devised to meet their needs or to create meaningful lives. He said, in order to get a clearer picture of homelessness and affiliation, people who are homeless will need to speak for themselves. Few researchers, however, have attempted to look at affiliation from a qualitative perspective or from the voices of people who are homeless. The present study sought to do so in order to inform therapeutic recreation on possible programs or services for one subgroup of the homeless population, namely women who are homeless.

**Disaffiliation and Women who are Homeless**

As researchers began to recognize the vast diversity of people who are homeless, they recognized that a "one-size-fits-all" approach to services would be inappropriate (Morse et al., 1992). Researchers then began to concentrate on specific subgroups like women (e.g., Burt & Cohen, 1989; Hagen, 1987), veterans (Applewhite, 1997), runaway youth (MacLean, Embry, & Mari, 1999), and so forth to better understand homelessness and to design programs or services to address each subgroup's unique needs. Identified characteristics of women who are homeless reveals that they tend to have fragmented and weak social networks, are likely to have lived in foster care or other institutions while growing up, have experienced high rates of physical and sexual abuse before and during homelessness, are often single parents with dependent children and inadequate childcare, and are often unemployed or employed in low paying positions.
These characteristics would seem to indicate that women who are homeless are disaffiliated, yet only a few studies actually explored disaffiliation in their lives.

Bassuk, Rubin, and Lauriat (1986) were some of the first scholars to explore disaffiliation in the lives of women who are homeless. They interviewed 80 mothers who lived in an emergency shelter in Massachusetts (aged 17–49; M = 27). There were approximately equal numbers of African American and European American women. Ninety percent of the women were single mothers, or divorced, separated, or widowed. In relation to social networks, one quarter of the women were not able to identify any supports, and 38% could name only one or two people. The support networks identified included a friend that was met in the shelter, a professional that worked in the shelter, or the women’s own children. Overall, this historical study showed that women who are homeless had limited relationships with other adults and were considered to be disaffiliated.

Shinn, Knickman, and Weitzman (1991) also studied social networks and compared social relationships between women who requested housing in a New York emergency shelter (N = 677) and women who received public assistance but were independently housed (N = 495). Contrary to the researchers’ expectations, the women who sought shelter maintained greater contact with their support system than their housed counterparts. The women who were homeless had people (e.g., mother, grandmother, relative, close friend) they could contact, and approximately 50% had spoken with these people within the last month. The women who were homeless, however, were less likely to believe their support networks would house them if they requested shelter because during the past year over 75% of the women were housed or had rent paid by their families and friends. The women reported relationships became strained as a result, and they wore out their welcome or support. The women who were homeless in this study were not as disaffiliated as was expected, nor as disaffiliated as the women in Bassuk et al.’s (1986) study. Shinn and colleagues’ study showed that the social networks of women who are homeless may not be inadequate in size or amount of contact, but the quality of the relationships may be strained as a result of utilizing previous support. The results also pointed to the need to examine the role ethnicity might play in affiliation.

Banyard (1995) looked at disaffiliation through a qualitative study of the various ways women with children in emergency shelters coped with daily stressful events. Sixty-four mothers who lived in small, midwestern emergency shelters were interviewed. Banyard found that 89% of the women used connections with family, friends, shelter staff, other shelter residents, and their own children to help them cope. Sixty-one percent reported there were people who they used to be able to ask for help or support, but could no longer do so. Approximately 40% of the women could no longer seek support because of strained relationships, and 30% said family and friends had financial problems of their own. The results of this study demonstrated that the women used social relationships to help cope with the stress of being homeless.

In a more recent study, Morris (1998) looked at affiliation of people who are homeless. Interviews were conducted with 230 adults in Florida shelters. For this study affiliation was operationalized as outside contacts with family or contacts at work. The results of the study showed that women who were homeless had more affiliative bonds than men who were homeless, and that women with children had more social ties than women without children. Women with children had more ties to their families than the other two groups. Over 65% of the women with children had contact with close relatives. Morris felt these results were connected to gender socialization of the women, as women are traditionally socialized to form and maintain social ties. The results could also be reflective that 90% of the women were homeless for the first time, and being
newly homeless may help account for the degree of connection to family. The family may not have reached the point of being burnt out from helping, or may have adequate resources to provide support. Another possible explanation for the degree of affiliation with family members may be that the majority of the children were young, and family members felt more obligated to provide support.

In summary, the limited literature on women who are homeless and disaffiliation is mixed. Whereas some women who are homeless are unable to maintain contact with people in their social networks (e.g., Bussuk et al., 1986), other scholars noted that some women (e.g., those with children) do maintain larger networks, although relationships in these networks were often strained (Banyard, 1995; Morris, 1998; Shinn et al., 1991). In fact, support systems may not be able to provide some types of support because other family members are dealing with their own problems (Banyard), or support provided to the women might be negative social support, especially if support from family or friends encouraged drug use or other negative behaviors (Galaif et al., 1999).

All of the studies reviewed in the previous section were based on the social networks of women who were residing in emergency shelters. It is not known if similar patterns of social network size and contact would be evident in the lives of women who live in transitional shelters, even though Hausman and Hammen (1993) noted that a woman’s homeless experience may differ depending on whether she lived in an emergency or a transitional shelter. Transitional shelters were designed to serve as a bridge from emergency shelters to permanent housing. Women could typically stay longer in transitional shelters than emergency shelters. In order to stay in a transitional shelter, the women must be motivated to become stably housed, and are expected to participate in programs designed to prepare them for independent living (Fogel, 1997).

Little is known about the programs in transitional shelters, although therapeutic recreation could potentially assist the women with independent living. Therefore the present study was designed to explore if women who live in transitional shelters were disaffiliated from their community and social networks, and to learn the role leisure might play in maintaining affiliation. It was hoped the results of the study could assist therapeutic recreation specialists design programs or services for women who live in transitional shelters.

**Therapeutic Recreation Models**

The articles on homelessness that were located in the therapeutic recreation, leisure, and recreation journals discussed disaffiliation of people who are homeless (e.g., Dail, 1992; Dawson & Harrington, 1996; Harrington & Dawson, 1997; Klitzing, 1991, 1992; Kunstler, 1991, 1992, 1993). Only Klitzing’s (2003) study concentrated on women who are homeless. Kunstler (1991) noted that people who are homeless experience social isolation from family, friends, and the community, and need to be reintegrated into society. She advocated for the use of therapeutic recreation programs to assist with this process, but said that programs based on traditional clinical models focused primarily on clients’ deficits were not able to address the complexities of social issues associated with women who are homeless. Kunstler proposed the use of three therapeutic recreation models she thought might be relevant for people who are homeless: “the ecological approach presented by Howe-Murphy and Charboneau (1987), the social integration model described by Decker (1987), and the community based model outlined by O’Morrow and Reynolds (1989)” (p. 35).

The ecological model (Howe-Murphy & Charboneau, 1987) recognized leisure and quality of life as key conceptual foundations of therapeutic recreation. This model was one of the earliest attempts to merge the clinical model that focused on changing the deficits or problems of the individual and the community development model that focused on changing society. When utilizing the ecological model,
the therapeutic recreation specialist assesses both the individual and his or her environment in order to design services with the “threefold goal of improving the adaptive capacities of individuals, improving the supportive qualities of the environment, and improving transactions between people and their environments” (Howe-Murphy & Charboneau, p. 19). Howe-Murphy and Charoneau thought the model could apply to all people, but their discussions were directed at the integration of people with disabilities into the mainstream of society. They indicated the model could be utilized in both specialized therapeutic settings and community settings.

Integration into society was also the goal of the other two models recommended by Kunstler (1991), namely the social integration model (Decker, 1987) and the community based model (O'Morrow & Reynolds, 1989). According to Kunstler, the social integration model is based on the premise that when people who are homeless are involved in community recreation activities, relationships could be developed with people who are not homeless and consequently strengthen community connections for people who are homeless. The community based model encourages therapeutic recreation specialists to advocate for people who are homeless to be involved in community recreation programs and to in-service general recreation staff on how to make people who are homeless feel welcome in their programs. Dail (1992) also proposed including people who are homeless in existing recreation programs rather than specialized programs in order to provide socialization opportunities and good role models for people who are homeless. Dawson and Harrington (1996) supported inclusive community based programs for people who are homeless but noted that specialized, segregated therapeutic recreation programs might be necessary for people who are chronically homeless.

All the models that were discussed in the literature converged on the importance of providing social skills training and socialization opportunities for people who are homeless. There appears to be agreement that these services should primarily be provided in community settings. This is not surprising in that the therapeutic recreation models which were suggested to assist with program design for people who are homeless were those models developed to facilitate inclusion of people with disabilities in community recreation programs. The argument supporting the use of the models in regard to homelessness is based on the underlying assumption that when people who are homeless are included in organized and leader facilitated community recreation programs they will become affiliated with their communities and overcome social isolation. But, what if people who are homeless do not want to be involved in community recreation programs or do not need socialization opportunities and social skills training? Are there other programs or services that therapeutic recreation specialists can develop to assist people who are homeless with affiliation to friends, family, and community? Although these questions are important for all people who are homeless, the present study focused on women who lived in a transitional shelter. The results might suggest roles therapeutic recreation specialists can play or programs they can design beyond what was previously discussed in the literature.

Method

Setting

The setting for the present study was a transitional homeless shelter for women located in a medium-sized, midwestern university city. Typically women can live for an extended period of time in a transitional shelter. They are encouraged to obtain employment and create savings accounts so they can eventually afford to move from the shelter. The women are also involved in programs that teach a variety of independent living skills. Transitional shelters are similar to group homes with private bedrooms and congregate living space (Fogel, 1997). The women in this study lived in a transitional shelter that housed...
both single women (defined by the shelter as women who are not mothers or women who do not have children with them in the shelter) and women with children. The shelter consisted of two renovated houses that are in the same city block. Sixteen people can live in each house. Throughout the duration of the study, the average census was 29, 16 children and 13 women. The women are allowed to live at the shelter for two years, even though the average length of stay was approximately four months. The shelter offered client advocates, children’s programs, aftercare program, support groups, and training classes, but did not offer therapeutic recreation programs.

**Participants**

Criteria for involvement in the study were that the women must be over 18 years old, must have lived in the shelter for one week prior to the interview, and must be willing to talk with the researcher. Ten women met the criteria and agreed to be interviewed (see Table 1). Only one woman that met the criteria when the study began declined to participate. Five of the women who participated in the study were African American, and five were European American. The women ranged in age from 19 to 52 years, with five of the women in their 20s. Six of the women had children with them in the shelter, two had no children and two had children not living with them in the shelter. The total number of children living in the shelter was 16, with a mean of 2.6 children per mother (range 1–5 children). The children ranged in age from 3 weeks to 13 years; seven of the children were aged six or younger. Eight of the women were employed. The longest a woman had been in her current job was three months. The women worked as kitchen help, waitress, fast food server, factory worker, certified nursing assistant or other low skilled jobs. Three of the women had disabilities. One woman had a developmental disability, one had a mental illness and paranoia, and one had a bipolar disability with developmental disabilities. Two of the women had chronic health problems (e.g. lung problems, leg ulcers). Length of stay in the shelter was between 2 weeks and 17 months at the first interview. Seven of the women had never before lived in a homeless shelter. The women in this study were comparable on most demographics to the women in previous studies (Banyard, 1995; Bassuk et al., 1986; Shinn et al., 1991), although those studies did not note if the women had disabilities.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Race</th>
<th>Marital Status</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenna</td>
<td>27</td>
<td>African American</td>
<td>Married</td>
<td>5</td>
</tr>
<tr>
<td>Bess</td>
<td>47</td>
<td>African American</td>
<td>Single</td>
<td>1 (Adult)</td>
</tr>
<tr>
<td>Carly</td>
<td>19</td>
<td>African American</td>
<td>Single</td>
<td>1</td>
</tr>
<tr>
<td>Dana</td>
<td>24</td>
<td>African American</td>
<td>Single</td>
<td>5 (4 in shelter)</td>
</tr>
<tr>
<td>Erin</td>
<td>19</td>
<td>European American</td>
<td>Single</td>
<td>1</td>
</tr>
<tr>
<td>Faith</td>
<td>23</td>
<td>European American</td>
<td>Divorced</td>
<td>1 (not in shelter)</td>
</tr>
<tr>
<td>Gay</td>
<td>24</td>
<td>European American</td>
<td>Divorced</td>
<td>0</td>
</tr>
<tr>
<td>Hazel</td>
<td>35</td>
<td>European American</td>
<td>Separated</td>
<td>5 (2 in shelter)</td>
</tr>
<tr>
<td>Ilana</td>
<td>29</td>
<td>African American</td>
<td>Single</td>
<td>3</td>
</tr>
<tr>
<td>Jendaya</td>
<td>52</td>
<td>European American</td>
<td>Single</td>
<td>0</td>
</tr>
</tbody>
</table>
**Procedure**

The study was completed while the researcher was a volunteer at the shelter because the literature showed volunteering in a shelter could increase rapport between the researcher and the participants, and could decrease the potential that people refuse to participate in a study (Toro, Wolfe, et al., 1999). During the six months of data collection, the researcher was at the shelter for official volunteer duties, and at unscheduled times in order to informally visit with the women and the staff, or to read the daily log where staff discussed shelter events or incidents. The researcher was involved with the shelter and its residents and staff for one month before the study was explained to the women during two mandatory shelter meetings, and data collection began. For involvement in the study, the women were each given a gift certificate valued at $10. Giving participants a small amount of money or a gift is a typical procedure in research studies that include people who are homeless (e.g., Banyard, 1995; Jackson-Wilson & Borgers, 1993).

Observations and informal conversations were recorded in a research journal. The researcher conducted all interviews, and with the women’s permission the interviews were audiotaped. A semi-structured interview guide was used for the interviews. The present study was based on the following questions: “Tell me about yourself. Describe your life at the Center. What do you do with your family or friends? What do you do with other women in the Center?” These questions were designed to determine with whom the women spent time and what was done with these people, as was recommended by Koegel (1992). The questions did not address either the total number of people in the women’s networks or the women’s perceptions of affiliation. Additionally, the women were not specifically asked about “leisure” because the literature noted that people who are marginalized have difficulty relating to that term (Dattilo, Dattilo, Samdahl, & Kleiber, 1994; Tirone & Shaw, 1997).

The interviews took place at a location chosen by the women. Nine of the interviews were conducted in the shelter, and one was conducted in the researcher’s car. Interviews ranged from 30 minutes to two hours, with the average time being 45 minutes. During the interview, the women were told that a second interview might be necessary. All agreed to a second interview, but when the researcher attempted to conduct follow-up interviews only four women could be located. The other women left the shelter and did not provide contact information. The follow-up interviews were designed to clarify questions that arose from the first interviews or as a validity check of what the women said. These interviews lasted 15 to 30 minutes, and were also audiotaped.

**Analysis**

Audiotapes of the interviews were transcribed verbatim by a professional transcriber. The researcher compared the transcripts to the tapes to insure accuracy of transcriptions, and to make notes on the transcripts about when the women would laugh, hesitate, lower voice, etc. The researcher read and reread all transcripts to become intimately familiar with the data, as recommended by Marshall and Rossman (1995). The interview data and journal notes were coded with QSR NUD*IST 4, which is a computer software program for analysis of qualitative data. This software program allows for coding and recoding data. The interview questions guided the creation of the codes. Data were coded by relationship to the women (e.g., family, friend, other woman in the shelter, other), by activity (e.g., leisure, not leisure), and by location of activity (e.g., in community, not in community). A faculty member with a background in leisure studies assisted with check-coding (Miles & Huberman, 1994), with intercoder reliability being 94%. Coded data and quotations were entered into a checklist matrix, which allowed the researcher to note patterns, to analyze each woman’s social network, and to make compar-
isons between all of the women's networks. The matrix also allowed the researcher to identify atypical social networks (Miles & Huberman). Finally, the project advisor critically questioned the researcher's analysis (Marshall & Rossman).

**Trustworthiness**

Trustworthiness is a set of criteria used to judge the quality of qualitative research. Lincoln and Guba (1985) proposed four constructs of trustworthiness, namely credibility, transferability, dependability, and confirmability. All four constructs were addressed in the present study. Credibility, or how truthful the findings are, was addressed by discussing the role of the researcher in this paper, prolonged contact in the setting by the researcher, follow-up interviews, and extensive use of quotes from participants to support the conclusions that were reached. The use of thick descriptions and multiple respondents addressed transferability, or how applicable the research findings are to another setting or group. Dependability, or how consistent and reproducible the findings are, was addressed by completion of a research plan and documentation of changes that were made to the plan. Lastly, confirmability, or how sure the findings are reflective of the respondents and not the creation of the researcher's biases, was addressed by the use of a second coder and a research adviser who critically questioned the researcher's analysis. Pseudonyms were used to protect the women's confidentiality.

**Results**

The women in the present study discussed what they did with people in their social networks. All of the activities mentioned by the women could be categorized as leisure activities. Nine of the women engaged in leisure activities that took place in the community (e.g., parks, stores, restaurants, skating rink, friend's house, etc.), and as a consequence appeared to be affiliated to the community. Only one woman, a woman with a bipolar disability and a developmental disability who was estranged from her family and had no children, did not engage in community leisure activities. Additional analysis of the data revealed one overarching theme, social network relationships, which described with whom the women spent their time. Three sub-themes describing relationships were evident: family, friends, and other women in the shelter.

**Family**

The first sub-theme that emerged from the data related to the family as a social network relationship. Eight of the women participated in activities that might be considered leisure with members of their families (e.g., parents, sisters, cousins, godparents, etc.). Only one woman was married and had a good relationship with her husband. He could not live with her in the shelter because of shelter rules, so she spent as much time outside the shelter with him and their children as was possible. Many of the activities the other women did took place with their children.

> This was two weekends ago... I took them [children] out to eat and we went to Skate Land. I can't skate. They were skating around. [Laugh] I was trying to skate. "Momma put on skates." I put on skates and we had a good time. We go to the park when I have free time. (Dana)

> Well, since the weather is getting better I know we [family] will be doing a lot of cookouts. That's what we did last summer. We had lots of cookouts and taking the kids to the park. (Hazel)

The majority of the women maintained positive relationships, as evident by engaging in leisure activities, with members of their families despite living in a transitional shelter. Most of the activities were relatively inexpensive. The activities the women who were homeless and their families participated in
were similar to activities in which women who are not homeless and their families might participate, with the exception that women who are not homeless could conceivably participate in the activities that cost money more frequently. Women who had children often interacted with their children. Two women who indicated they did things with family, also mentioned strained family relationships (e.g., mother kicked her out of the house when she became pregnant, mother chose to believe the stories of an abusive stepfather rather than the accounts of her daughter). Even though some relationships were strained, the women still engaged in leisure activities with other members of their families. The two women who did not participate in activities with family were estranged from family or her parents were dead, and had mental illness or dual diagnosis.

**Friends**

The second sub-theme related to friends as a social network relationship. Six of the women discussed doing what Kelly and Godbey (1992) described as ordinary leisure activities with their friends. Ordinary leisure activities are those that are accessible, informal, and inexpensive, such as reading, watching TV, listening to music, or walking. Erin described what she did with her friends: “Umm, just hanging out and watch movies. Talk about the latest things that we haven’t talked about in awhile.” Likewise, Faith said:

*Me and [friend] sometimes will have a couple of drinks. We go out and rent movies a lot. We will watch movies. Listen to the radio. Cook and stuff. Go out and do a lot of things like stuff she has to get done. We go out to eat and stuff.*

While six of the women spoke about currently doing things with a friend or friends, two of the women said they had problems with other friends in the past.

*Well, I mean I at least I used to talk to...*

Four of the women said they did not have any friends outside the shelter. Two were women who did not have children and one woman had an adult son who lived on his own. The first woman’s boyfriend had recently moved to another state. Two of the four women who did not have friends had mental illness or dual diagnosis. Both of these women described themselves as “loners” during conversations with the researcher.

*I just—the only friends that I have are people here. The only people I talk to are the people here. I just don’t have contact with anybody else. I have always just kept a distance from people because of the things that I have been through in my life [and] I am socially shy. (Gay)*

Fewer women maintained positive relationships with friends than with family. Over half of the women, however, maintained positive relationships with their friends despite living in a transitional shelter. The activities the women and their friends participated in were inexpensive and were typical of activities in which people who are not homeless might participate. Some of the relationships with previous friends were strained. Almost half of the women did not have friends outside the shelter. One of these women was temporarily without friends due to her boyfriend and his family moving out of town. Two of the other three women who did not have friends were women who had mental health problems. The last women had chronic health problems.
Other Women in the Shelter

The last sub-theme related to other women in the shelter as a social network relationship. Two of the women said they did not do anything with the other women. One of the women who did not interact with women in the shelter was married and her husband was not living in the shelter, and the other was a woman who was slightly older and had moved to the town where the shelter was located from a small, rural community about 100 miles away.

"I try to you know—I try to be around people that I really know. I mean I don’t have no problem like mingling or getting to know people but I just like to be around people I know... because I mean to me it’s like more comfortable. I mean it’s like I couldn’t sit downstairs and talk to the young ladies down there because I probably—they probably couldn’t relate to what I am talking about." (Adrenna)

Eight of the women discussed doing leisure-related activities with other women in the shelter. All four of the single women, according to the shelter’s definition, established friendships with others who lived in the shelter.

"Yeah, we do a lot of things. Like on Sundays before everybody started working we always just ran around here. We usually just cook up a big dinner for both houses. Go out and buy some food and cook up a big dinner on Sundays. Me and Ilana, we ride around—she got a car. We ride around in her car when neither of us is working. We work at the same place. We ride around in her car doing nothing... just ride and listen to music." (Dana)

"Well, like one of my—me and roommates—now on a weekend if I am off we will hang out. We will go to lunch or we will go shopping you know. Right now our work schedules haven’t matched. It’s been a couple of weeks. But when we get a day together when she is not working and I am not at work this is what we do—we will go somewhere to eat and go to the store. She likes clothes. I like to go look at clothes." (Bess)

"Like we will sit there and watch TV or like Dana will ask me to braid her hair or something like that. We will order pizza or something like that." (Carly)

The majority of the women established relationships and participated in leisure activities with other women who lived in the shelter. The same number of women who engaged in activities with other women from the shelter, engaged in activities with family members. Unlike the two previous sub-themes, women who had disabilities had social connections with others who lived in the shelter. More women interacted with family and other women from the shelter than with their friends outside the shelter. Congregate living may have facilitated the opportunity for the women to engage in leisure activities and to establish social connections.

In summary, of greatest interest for therapeutic recreation were the findings associated with the two women who had mental illness or dual diagnosis. These women were the most disaffiliated of the study participants; they had little contact with family or had strained family relationships, did not have children, and the few social contacts they did have were with other women in the shelter. Their lack of social connection may have severely impacted their health and well-being.

Discussion

Disaffiliation, consisting of diminished connections to social networks or the community, was noted as a defining characteristic of...
homelessness (e.g., Grigsby et al., 1990; Grunberg & Eagle, 1990). The limited literature on women who are homeless and disaffiliation is mixed. The literature showed some women were very disaffiliated (Bassuk et al., 1986), while other women were not as disaffiliated (Banyard, 1995; Shinn et al., 1991). Although disaffiliation has often been accepted as a contributing factor (Goodman et al., 1991) or a response (Grunberg & Eagle) to homelessness, Koegel (1992) recommended listening to the voices of people who are homeless to learn what aspects of their lives help maintain social connections or affiliation. As the present study focused on women who were homeless, feminist standpoint theory guided the researcher to listen to the voices of women in transitional shelters and to hear with whom the women spend their time and what is done with these people. Despite a small sample size, the exploratory nature of the study, and difficulties conducting research with a transient population, the study suggested a new perspective on the affiliation of women who are homeless.

The purpose of the study was to explore if women who lived in a transitional homeless shelter were disaffiliated from their community and social networks, and to examine what role leisure might play in maintaining affiliation in order to assist with therapeutic recreation practice. The results showed that most of the women were not disaffiliated, even though they lived in a shelter. The women engaged in leisure activities that are typical to the activities of people who are not homeless (Kelly & Godbey, 1992). Many of these activities took place in community environments. The women did not mention participating in organized community recreation programs, but they did mention utilizing community parks. Ordinary leisure activities (Kelly & Godbey) were a vehicle that assisted the women in maintaining social interactions, community connections, and affiliation. Previous studies that showed women who are homeless as disaffiliated, identified social support as family and friends providing, or being willing to provide, housing, food, monetary support, and so forth (Banyard, 1995; Shinn et al., 1991). Possibly the people with whom women who are homeless interact are not able to provide traditional functional forms of support, but these people may still provide emotional or quality of life support in the form of leisure and community involvements. Research has shown that being with others is a primary way women who are homeless cope with chronic stress (Klitzing, 2003), so the value of these connections cannot be underestimated or undervalued. Thus in order to fully understand the affiliation or disaffiliation of women who are homeless, therapeutic recreation specialists will need to assess the size and nature of each person’s social network as recommended by Grigsby et al. (1990), including the identification of people who are the women’s leisure companions.

Overall, the women in the present study were more affiliated than the literature suggested (e.g., Bassuk et al., 1986; Shinn et al., 1991). Looking beyond deficits, as Koegel (1992) recommended, allowed networks and connections to become evident. The women in the present study may have also been more affiliated because they lived in a transitional shelter instead of an emergency shelter or on the streets (e.g., Hausman & Hammen, 1993). Therapeutic recreation specialists who work with women who are homeless should assess the strengths and the problems of the women and the nature of their environments, as recommended by Howe-Murphy and Charboneau (1987), to obtain a greater understanding of the women’s lives and to design appropriate programs or services. Finally, most of the women in the present study had not been homeless previously and had been homeless for a relatively short period of time, therefore they may not have yet lost connections to family and friends (e.g., Grunberg & Eagle, 1990). Based on these findings, it is important for therapeutic recreation specialists to know how long and how often women have been homeless when assessing social networks and designing programs or services.

Not all of the women in the present study,
however, were affiliated. Two women had restricted social networks. These women had no interactions with friends or family, and primarily socialized only with each other. Both of these women had mental illness or dual diagnosis. These results are consistent with the literature that indicates people with persistent mental illness often have limited social networks (e.g., Gelberg & Linn, 1988; McCormick, 1999; Mobiley & MacNeil, 2002). Grigsby and colleague’s (1990) model indicated that affiliation with other people who are homeless could lead to disaffiliation. These two women might not be disaffiliated because they interacted only with other women who are homeless as Grigsby and colleagues predicted, but because they had disabilities that may marginalize them not only from other women who are homeless, but also from the general community. In fact, Goodman et al. (1991) indicated that disaffiliation may precede homelessness for people with emotional problems or mental illness. The results of this study suggest that women with mental illness may need specific therapeutic recreation programs or services to help them become or remain affiliated to the community, and to have positive social networks. These interventions would be incredibly valuable since many people who are homeless have severe and persistent mental illness (Morrissey & Levine, 1987).

**Implications for Therapeutic Recreation Practice**

The results of the present study have implications for therapeutic recreation practice with women who are homeless, especially those that have mental illness. Homeless models and research can provide guidance on “what” therapeutic recreation should focus on, and therapeutic recreation models can show “how” this can be done. The data suggests that Grigsby and colleague’s (1990) model on chronic homelessness could guide the development of therapeutic recreation programs or services. Following that model, therapeutic recreation specialists would concentrate on preventing women from becoming disaffiliated by helping them to establish, maintain, and expand social networks or connections. Therapeutic recreation has recently begun to direct attention to prevention programs for other populations (Shank & Coyle, 2002) and historically has designed programs to improve social interactions (cf., Stumbo & Peterson, 2004), so the suggested focus on preventing disaffiliation for women who are homeless would go along with current therapeutic recreation practice.

In relation to therapeutic recreation models, Kunstler (1991) suggested that the ecological model (Howe-Murphy & Charboneau, 1987) could guide the design of programs for people who are homeless. The ecological model provides a way of thinking about therapeutic recreation services but it does not provide program content. This model might be particularly helpful in treatment or residential settings for women who have persistent mental illness. The present study suggested that these women have very restricted social networks. Therapeutic recreation programs could be designed to help prevent the women from becoming homeless after discharge through programs that focus on creating and making social connections. Leisure education programs could emphasize leisure activity skill, community resources, knowledge of the benefits of leisure involvements, and social interaction skills (Stumbo & Peterson, 2004). Leisure activity skill development can concentrate on activities that enable interaction with others, as well as on how to identify places in the community to engage in these activities. The women can be taught about organized community recreation programs and other community resources that enable free or inexpensive leisure participation. Social interaction skills programs can concentrate on making and keeping friends, and strengthening family relationships. Discussion topics might include: how to get over the fear of interacting with other people, where to go to meet people, how to approach people, how to determine common
interests, activities people can do together on a limited budget, how to sustain relationships, how to identify and end negative relationships, how to repair strained relationships, etc. Armstrong and Lauzen's (1994) community integration program could be modified for people with severe and persistent mental illness who are in treatment or residential settings. This program could facilitate application and practice of skills taught in the leisure education programs in real life environments and situations. Armstrong and Lauzen recognized that some people may eventually become homeless and as a result included a basic survival skills module in their program. Adding a social network component to the survival skills module might be very appropriate for women with persistent mental illness.

Some of the women in the present study discussed strained relationships with family or friends, and the women who had mental illness did not interact with family and friends. Therapeutic recreation specialists working in transitional homeless shelters may also provide prevention services. In this case, the intent would be to prevent the women from becoming chronically homeless (Grigsby et al., 1990) through programs that focus on creating, maintaining, or repairing social connections. Hutchison and McGill (1992) developed a model on community building, which could guide therapeutic recreation programs or services in transitional shelters. This model emphasized the "importance of leisure in making people feel a part of their communities and in providing an opportunity for relationships to develop" (p. xiv). Using this model, the therapeutic recreation specialist would assume roles that facilitate "connecting" and "community development." "Connecting" means helping women who are homeless, especially those with mental illness who have restricted networks, to establish or reestablish relationships with people in their social networks. Hutchison and McGill said the first step in establishing or re-establishing relationships is to identify the person's current and past networks, including questions about with whom they spend time (e.g., friends, family, neighbors, professionals, co-workers, people who were in treatment, women in the shelter). Once the people in the network are identified, the therapeutic recreation specialist becomes a "connector" who works with the woman to maintain existing relationships, re-establish past relationships, or reunite family members. Leisure is used as a context for the woman to socially interact with her network members.

The majority of the women in the present study interacted with other women who lived in the shelter. Grigsby et al. (1990) wrote that affiliation with other people who are homeless may lead to chronic homelessness. But, the women in the present study were not chronically homeless. For most of the women, this was their first incidence of being homeless and they had only lived in the shelter for a short amount of time. Affiliation with others who are motivated to transition out of homelessness may in reality lead to creating positive social support instead of the negative results predicted by Grigsby et al. Hutchinson and McGill (1992) recognized the value of supportive communities or networks. These authors stated: "The community development approach in recreation goes beyond providing recreation programmes. It has as its focus, the development of a strong sense of community and community building" (p. 166). The therapeutic recreation specialist thus becomes a facilitator and resource person instead of a programmer. Women in the shelter would be empowered to plan evening and weekend leisure activities for themselves and their children, their families and friends, and women who have left the shelter and are independently housed. These activities will take place in the shelter and in the community. Including women who are independently housed can provide role models for those in the shelter, and support for women who may be in the community but have not established strong support networks. This newly developed community may be particularly important for women who have mental illness and have few friends beyond those formed in the shelter.
Therapeutic recreation specialists who work in community recreation agencies can also help prevent women who are homeless from being disaffiliated with the community. In the present study, women who had children often interacted with their own children. Most of the women had young children and were unemployed or underemployed. None of the women participated in community recreation programs. This could be because they were not interested in community recreation programs, they perceived community recreation agencies as unwelcoming (Reid, Frisby, & Ponic, 2002), or they faced barriers similar to those people with disabilities experience (cf., Dattilo, 2002). Thus the social integration, community based or inclusive models proposed in the literature (e.g., Dail, 1992; Dawson & Harrington, 1996; Kunstler, 1991) could guide therapeutic recreation practice in community settings.

The present study indicated that leisure assisted with keeping women who are homeless and live in a transitional shelter affiliated with their networks and community, and suggested therapeutic recreation specialists can design programs and services to help prevent the women from becoming chronically homeless. Different therapeutic recreation models may be needed to guide practice in a continuum of settings where the women might reside. The results and implications are exciting, but they are also very preliminary. Little is know about the programs therapeutic recreation specialists currently provide for people who are homeless, the facilities where these services are provided, or the outcomes of the programs. Research is needed to determine the current status of therapeutic recreation and services for people who are homeless. Research is also needed on the various subgroups of people who are homeless (e.g., women, men, children, veterans, families), and on the variety of locations where these people might live (e.g., emergency shelters, supervised apartments, streets) to assist with program development and to avoid a “one-size-fits-all” approach to therapeutic recreation services.

The connection between therapeutic recreation and homelessness remains relatively unexplored and presents the potential for important research and practice.

References


