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ABSTRACT

This paper examines the behavioral issues associated with homelessness and marginal lifestyles. It describes classroom techniques that may be used to develop self-directed learning readiness as a tool for mitigating the psychological problems associated with the causes and outcomes of marginal living and homelessness. Discussed first are 26 issues associated with homelessness/marginal lifestyles, including the following: nonsupportive/no family networks; learned helplessness; inability to admit needing help; sense of social valuelessness; social isolation; fear of failure; proneness to victimization; lack of education; stress; alcoholism; unemployment; and lack of physical space. Next, the differences between normal, situational, secondary, and primary depression are explained along with recognized cognitive treatments for depression. Goal-setting activities and group activities that are based on the techniques underlying the cognitive treatment of depression and that are designed to facilitate development of self-directed learning readiness are outlined and discussed within the context of social exchange theory and loss and attachment theory. In the paper's conclusion, some successful applications of the approach of using self-directed learning as a way of mitigating the psychosocial problems associated with marginal living and/or homelessness are highlighted. (MN)

Alamance Community College

Literacy Program

Psychosocial Factors

of the

Literacy Classroom

A Teacher's Guide

Director of Literacy - Suellyn Dalton

Written by - Peter F. Matuszowicz

Many students of literacy programs, including the working poor, are living in 'Marginal' situations. This paper is a review of the behavioral issues associated with homelessness and the marginal lifestyle that often precedes homelessness. It then goes on to outline classroom techniques used to develop Self-Directed Learning Readiness. The methodology associated with developing Self-Directed Learning is similar to accepted ways of mitigating the psychological problems associated with the causes / outcomes of marginal living and ultimately homelessness.

The Issues

Families have non-supportive social networks or no family network at all from which they may obtain resources. It falls to social workers to intervene on behalf of these families and facilitate linkages between them and their family members or professional service agencies so that appropriate support mechanisms may be established.

People report knowing individuals, often relatives, who make their life difficult. Additionally, many families prior to being homeless live in poor neighborhoods marked by physical and social deterioration with nowhere to turn in times of crisis.

People develop "Learned Helplessness" from exposure to poor environments or agency control. Shelters often dictate when people eat, sleep and shower. Doctors publicly argue over whether or not a person should be moved to another hospital without any regard for his / her own desires.

Instead of being helpless some people will not admit to the fact that they have any problems, including medical ones. Denying problems gives them the illusion they have control over a life that is in many ways governed by others.

Often, the cost of good care from an agency is to distance oneself from any feelings or behaviors that might be in opposition to the aims of that agency. An individual must disavow more assertive strivings for greater self-determination.Other studies reveal that agency admission procedures allow only the best functioning clients with the highest tolerance for traditional services to survive the obstacle course one has to navigate in order to receive services. This situation is exactly parallel to that described earlier, of whole families being unable to meet the demands of a system, therefore requiring representation.

People often develop a sense of social valuelessness by internalizing the belief of the dominant culture that they and their peers are worth nothing.

In other cases no-one strives to improve themselves for fear they may be seen as a failure.

Another element of the valueless issue inherent in stereotyping and labeling of homeless and marginal families comes from school authorities. Parents are viewed as incompetent rather than people in situational distress. Hence underlying, treatable difficulties are attributed to "Homelessness" and go unattended and isolation is exacerbated.

Conversely, independence from any assistance increases the status of an individual.

Individuals are prone to romantic fantasies, fulfilling a need to have someone to care about without suffering any negative consequences in doing so. In other cases individuals isolate themselves, becoming disoriented and losing the sense of self that one acquires from interaction in the social world.

Note also, that many programs are long on treatment and short on reintegration for political reasons, i.e. society's wishing to brush homelessness and associated issues under the carpet, with many community mental health centers perpetuating negative stereotypes so as to leverage funding for programs.

There are high health and psycho social risks for homeless / marginal families who frequently only use health care facilities episodically or during times of crisis.

Despite fears of isolation, compared to 'normal' populations, a much larger percentage of the homeless and marginally housed are unmarried or separated and live alone. Quite reasonable for many New York vagrant ladies who were living on the streets to escape disastrous relationships or personal problems that they felt unable to cope with or found embarrassing. A number of these ladies do return to normal lifestyles.

Many youths experience abuse. In response they run away. Or, they have been thrown out by their parents / guardians. Or they have been removed from one unsuitable environment by the state only to be placed in another unsuitable situation that they run away from. It is estimated that the number of foster care children among the homeless population is four times greater than among the general population.

Marginal people are more prone than average to victimization as a result of their bizarre behavior and appearance. Bullies regard them as easy prey, especially as the dominant culture affords these people no credibility and consequently minimal protection, if any. Ironically, the very weak develop exaggerated behavior patterns for what they perceive to be deterrence purposes only to be persecuted for the same.

There is also a significant relationship between depression and victimization; Alcohol and drug abuse being as likely as depression to be the result of victimization. Bad situations also have debilitating effects on people by triggering "flashback" to times when individuals were experiencing abuse and a concomitant lack of control over their lives; a reference to the control issues outlined earlier.

There is no doubt as to the high levels of emotional, physical and sexual abuse that men as children, women, women as children, mothers and their children experience prior to being homeless. Another reason for social isolation and depression to develop as adults and children come to feel that they can trust no-one. Sadly, the same abusive situations recur once people are on the streets, embracing any glimmer of caring in a stranger that often turns out to be just another betrayal once the needs of the stranger have been met.

Compared to domiciled groups, homeless people are significantly lacking in education. Studies indicate anywhere from 35 to 59 percent of homeless people having less than 12 years of schooling. Not good news considering since 1973 there has been a drop in the earning power of all but young college educated men.

Studies confirm that alcohol abuse among the homeless and marginally housed is much more common than among the general household population. Although heavy drinking is not generally found to be associated with poverty, and homelessness not a significant cause of alcohol abuse, studies conclude that alcohol abuse does lead to homelessness. Many believe substance abuse to be the most common problem among the homeless as the result of self medication in an effort to relieve associated anxiety and distress.

Stress is also a significant predictor of alcoholism, substance abuse being an accepted form of self medication that also facilitates socialization. Indeed, a number of studies point to distress occurring prior to homelessness as much as being exacerbated by homelessness.

As alcoholism is seen to precede homelessness, so does the process of falling out of the job market.

The unemployment rate is far higher among the homeless and marginally housed than among the general household population. Another dimension in defining typical low wage jobs of the homeless / marginal populations is that these jobs exacerbate the situation because they are socially isolating, affording no opportunity for advancement.

Families comprise the fastest growing sector of the homeless population, with many families never even requesting help for fear of dissolution by the very agencies that are supposed to be helping them; Dissolution being the price of shelter, the control issue already mentioned is again driving marginal or homeless people into isolation, avoiding assistance until crisis necessitates.

Marginal / transitional living in cramped quarters takes a toll on children too. Whatever the facility, cramped quarters force once private relationships into the public domain. The atmosphere is often quite volatile. For mothers in shared accommodation, the result is a discharge of tension through argument, many times about children's behavior. Such argument often serves to promote a negative self image among the children.

A mother's understandable anxiety and depression regarding her functioning as a parent and her homeless situation leave little energy for consistent parenting. Overwhelmed by external stress or internal conflicts people often return to an earlier developmental level in the hope of meeting their needs.

The outcome is that children become unruly and provocative in an effort to get more attention from depressed and anxious adults who are preoccupied with survival

issues. The converse outcome regarding children is withdrawal and shyness as they feel unsafe, unable to trust anyone or express their feelings and needs openly.

A further development of the parents inability to cope is that of role reversal: Children making decisions for their parents and children being surrogate parents to younger siblings. The ambiguity of this situation only serves to further destabilize the children.

Lack of physical space also causes other psychological problems.
In developing proprietary interests over physical places and exercising the two space related attributes outlined below, children and adults establish a sense of security.

Firstly, the degree to which the physical proximity of others is comfortable, the degree to which the stimulation of the surrounding can be filtered out or becomes aversive. Secondly, the ability to control inputs from the outside world: the ability to withdraw, physically, by oneself or with others.

Confined accommodation denies individuals this sense of security, control and mastery over the demands of the outside world, the inability to personalize a space seriously softening their identity.

Many studies concur regarding the range and scale of emotional problems exhibited by marginal / homeless children and adults, from aggressive to withdrawn behavior combined with depression, anxiety and stress. All this compounded by the inability to maintain friendships and exercise the requisite social skills of friendship as a result of living in constant transition; Another cause for homeless or transitory individuals to feel they have no control, this time over their social environment.

The Issues - A common Denominator

The one outcome common to all experiences, behaviors and thinking patterns of the homeless or marginally housed, including the associated sense of helplessness and dependency, is depression. Depression has various categories.

'Normal' depression after returning from a holiday or a visit with distant relatives. Normal depression is routinely self limited.

'Situational' depression, perhaps in reaction to a bereavement, is as common as normal depression and may last up to a few months. Losing one's job and income, forcing a move into shared accommodation would be a reasonable cause of situational depression. Indeed, just the threat of losing one's job is a reasonable stressor that might trigger situational depression. The concomitant loss of such an important environmental / physical or emotional attachment results in a period of anxiety, fear, anger and protest followed by depression and despair.

'Secondary' depression results from another psychiatric or medical illness. Secondary depression might well be the result of medical negligence, alcoholism, drug abuse, schizophrenia, injury or stroke, all issues associated with marginal living or homelessness. Secondary depression is seen as a psychological reaction to a given illness. Secondary depression might also be the result of a chemical imbalance in the body caused by an illness or the legitimate prescription of medication used to treat a given condition.

Although the more severe as well as chronic cases of these depressions require professional help, in many cases depressed people can help themselves. However, caution must be exercised.

'Primary'depression occurs without a pre-existing or concomitant condition. In primary cases there is often a history of depression or suicide in the family. Primary depression is also generally associated with disrupted sleep patterns, appetite and sexual drive. Diurnal mood variations exist, generally worse during the morning. Primary depressed people think and behave very slowly, being unable to experience pleasure at all. Furthermore, if a stressful / problematic situation does arise, the response is out of all proportion. Primary depression is also characterized by chronic episodes of severe depression that might alternate with severe mania. If an individual is depressed or manic they are considered ***'Unipolar'***. If an individual alternates between periods of depression and mania they are defined as ***'Bipolar'***. Manic behavior is associated with feelings of elation, euphoria or expansiveness. Manic individuals become inexplicably more active than usual. They talk a lot more than usual and experience difficulty communicating because they can't keep up with their thoughts. They are easily distracted, need less sleep and have an inflated self-esteem that may lead to their becoming delusional. Delusions do not allow the manic person to recognize the

high potential for painful consequences their behavior entails. In extreme cases a manic individual hears voices and sees things.

It is imperative that primary depression be differentiated from other categories of depression. Treatment and stabilization of primary depression is not a job for amateurs! The recurrence and outcome of primary depression can be mitigated by the same cognitive treatment that milder depressions respond to. However, primary depression should be stabilized first and then treated educationally in conjunction with supervised psychiatric care.

The Common Denominator - A Recognized Treatment

Regarding the 'Normal' population an increase in life events is clearly associated with an increase in depressive symptomology. Similarly a decrease in the number of life events is associated with a decrease in depressive symptomology. Hence the accepted cognitive treatment of depression lies in reducing the net number of stressful events that occur within an individual's life. Techniques used to reduce the occurrence of stressful events are detailed in a number of studies.

Graded task assignments are used to increase self esteem, relieving apathy, self criticism and helplessness. Implications for the way in which teachers interact with students are clear.

The depressed person chooses a goal. This creates the ownership of work. Whether one wants to complete a shopping trip or a small research project, the technique is the same.

Itemize every step in the process that will be used to achieve the goal to begin with. Test negative assumptions by catching a bus to the shops and get home again without getting lost one day. Organize a ride from the shelter to a library and get back to the shelter on time one day. Next day catch a bus to the shops and enter the store to find out how the store is laid out and see if the store carries everything on the shopping list. Or, go back to the library again and go inside, this time to ascertain the presence of appropriate materials, including their referential location. Make a third trip to the shops, this time to establish prices and organize a budget upon another successful return home. Make a third trip to the library, go in and open the appropriate books to establish their informational worth. Make a fourth trip to the shops and buy. Make a fourth trip to the library and take notes or copy the appropriate pages. The pattern is clear.

Goal Setting

No matter how poorly described the future is, its salience is primary. Without the expectation that things can get better, no effort makes no sense. In fact, the expectation that things can get better is the central presupposition behind all that we do, no matter where we stand to begin with.

Introduction

1. In the first instance have students identify someone they know and admire, someone they consider successful. Identify behavioral characteristics that the chosen individual exhibits.
2. List what learning the chosen individual is perceived to have undertaken in order to exhibit previously identified characteristics.

Development

Form One

1. Future orientation and goal setting is achieved by asking people to describe circumstances without a given complaint. Conversation must constantly be brought back to when a given complaint is not present.
2. The next step is for the individual to describe what learning must take place in order to achieve a life without the given complaint or situation. In common with Self-Directed Learning (SDL) and a student's self set goals, this type of approach is built on the assumption that the student constructs his or her own solution based on his or her own resources and successes.

Form Two

1. Another approach is to ask, "Assuming your life takes a dramatic change for the better, what behaviors would indicate this to those around you?" " How would your peers / associates recognize the change?"
2. Again, "What learning must take place to support these new behaviors?"

Measuring Progress

1. Furthermore, and again in common with SDL, it is more useful not just to set up goals but establish ways of measuring them (A Learning Contract).
2. In performing this function ask the question of every student, "How will you know when you have achieved your goal?" It also makes it a lot easier to work with people, creating more positive relationships, when focusing on what they are doing right.

Group Work

1. The facilitator is the first and foremost role model for students. Students are shown how to act and use decision making processes as exhibited by the facilitator. Therefore, as a leader / teacher one must participate in the activities being instigated.
2. Using interviews, allow students to introduce themselves to each other and then to the group.
3. Have students identify resources they can offer the class as well as those they need from the class.
4. Have students identify good and bad learning experiences. Be certain to identify why the good were good and why the bad were bad. This improves self awareness regarding learning styles. This also serves to remove personal responsibility for past failure in situations where outsiders have inappropriately dictated learning methods.
5. Introduce goal setting as outlined above.
6. Provide opportunities for individuals to anticipate obstacles to achieving goals and develop contingency plans to deal with these obstacles.
7. Provide opportunities for the group to discuss such plans and let students hear of different perspectives on them.
8. As students begin to achieve their goals, ensure that they are able to offer each other support in class by sharing successes and their expertise in terms of solutions to any problems encountered / means of achieving specific successes.
9. When achievements are realized, ask the questions, "How will this achievement benefit you?", "How might you have improved on the outcome?"
10. In providing feedback, allow students the opportunity to focus on interpersonal behavior. Ask the question, "How is X's behavior or attitude helping or hindering her / his ability to learn from others?"
11. Ask the question, "How might X's behavior hinder his / her ability to achieve the goal in question?"
12. Organize role plays such that students may practice questioning others to elicit information regarding a given subject. Allow experts within the class to be questioned in the same manner.
13. Encourage students to understand the feelings of both parties associated with the solicitation of assistance in learning (Feeling awkward in asking, feeling awkward in responding. Why is this the case?).
14. Identify methods of overcoming hesitation in asking for help.
15. Within the group, have students identify those skills that have helped them in their efforts and then consider how best to promote more of the same skills and habits.
16. Take time to examining the logical processes that are used to derive specific conclusions, i.e. Be sure students are familiar with the various stages of the decision making process.
17. Have students focus on the characteristics of successful individuals. Then ask members of the group to list which characteristics they feel they possess and which they lack.

18. Ask students to suggest ways of developing the characteristics they lack. What learning needs to take place in order to accommodate this?
19. With a focus on interpersonal behavior, have the group share their notes and provide feedback to each other regarding 15 and 16.

The social support of the group provides the opportunity to be self critical, consider alternatives and correct mistakes without falling to the typically depressed tendency of inferring personal inadequacy as a result of making a mistake. Social support provides powerful evidence of acceptance, respect, and affection such that it neutralizes an individual's tendency to downgrade him/herself, another issue in the fight against depression.

Social Exchange Theory

For a variety of reasons, many marginal individuals have learned not to trust others. As a result, the relationships they develop are characterized by limited quid-pro-quo exchanges that do nothing to enhance their fragile relationships and the concomitant social isolation. This is a key characteristic of the majority of relationships endured by those who are either living in transition or homeless.

The activities outlined above, between group members, are not at all on a quid-pro-quo basis. One person may help a second individual who in turn helps a third person as opposed to the first person. Social Exchange Theory characterizes such a situation as requiring a credit mentality under which circumstances participants are taking risks with other members of the group. Risk taking in turn generates a strong sense of solidarity between group members, generating the kind of trust marginal, homeless or abused people need to combat depression and begin turning their lives around.

Loss and Attachment Theory

Marginal situations being fragmented or abusive, children may be separated from their parent figure or often live under threat of separation. The insecurity that results from such a background is characterized by children and adults who, even in the face of danger, form anxious attachments rather than be left alone. Fear is typically aroused by strange and noisy environments or individuals as associated with marginal or homeless situations. The worst situation is realized when an individual, not uncommonly, acts in an angry fashion to coerce an attachment figure into remaining close, such anger only being checked by the threat of desertion by the attachment figure should the situation get out of hand. When an individual is angered to the point of threatening a coerced relationship is when one sees the anger inexplicably vented on outsiders, be that in frustration or with the aim of harming another.

The relationships developed from 'group activities' listed above, as associated with Social Exchange Theory are of service in relieving the sense of insecurity commonly associated with the fear of separation or loss of attachment figures, again helping to combat the depression commonly associated with marginal / transient living.

In Conclusion - Some Applications

A number of studies report that the good health associated with better education are critical factors in determining the inner strength / mastery required to cope with marginal living / homelessness. Psychological and physical health may be expected to improve as a result of better planning associated with the above activities. Additionally, it is not unreasonable to expect a diminishing of the social barriers that interfere with individuals seeking health care or any other assistance.

Developing the abilities to reason through situations will help marginal individuals avoid, perhaps for the first time, what are often recurring situations of detriment. Apart from avoiding detrimental situations the above activities should improve the ability of an individual to develop appropriate relationships.

Studies call for the opportunity to fail and try again in a non traditional classroom setting with tutors and mentors, for the input of young institutionalized individuals in developing, implementing and evaluating programs on the grounds that this would be self empowering, providing a sense of worth and belonging as opposed to creating dependent individuals with little sense of self worth.

In one study, pooling resources and functioning as a team helped the squatter community's functioning as a group. People failed to see themselves as personal failures because they were homeless, recognizing that political and economic factors had contributed to their situation. Often helping each other and sharing ideas and resources, there is no mention of the friction and withdrawal common to traditional shelters.

Another study, looking at homeless women with children, called for child care that emphasizes skill development to end carry over of the social and psychological problems associated with marginal living / homelessness into adulthood. This in itself is an unsung call for homeless mothers (and fathers) to develop the skills that accompany the above activities.

In dealing with families some studies are calling for residential treatment facilities that maintain the integrity of the family. Such integrity in part at least depends on the interpersonal skills and coping skills engendered by the above activities. Other researchers believe that abstinence is passed on from one generation to the next as is heavy drinking. Activities that alleviate the need to self medicate will reduce the likelihood of such habits being passed on.

Another study reports success for alcohol free residential centers where the "Social Model" replaces meetings. In other words new residents learn from working with peers who have been in recovery for longer periods of time, another example of the above activities at work.

Calling for higher levels of consumer involvement in developing successful permanent housing projects for the homeless, studies indicate that the most successful projects have been managed by the residents themselves who are able to recognize their own problems and want to participate in the development of solutions to meet their problems as opposed to having inappropriate solutions dictated by outsiders.

Information supplied by homeless individuals participating in a demonstration of case-managed job training for the homeless led to the conclusion

that opportunities to discuss their problems with others and to receive advice and encouragement were as important to their progress as the training and employment assistance they received.

The Office of Adult and Vocational Education [TOAVE] (1992) is also calling for curriculums that promote self help and goal setting, utilizing the life experience of learners, encompassing their needs and interests. Additionally TOAVE is promoting programs that allow for peer tutoring and the sharing of knowledge among participants. Furthermore TOAVE is asking for assessment that measures the degree to which a participant is using their newly acquired life skills. Hence the new format of documentation for some literacy programs.

Finally, phrased politically, one study asks for programs that accelerate self sufficiency instead of throwing services at a problem while simply being careful not to encourage dependency. In one sense that need is now a reality. Cuts are hot off the press in the current political climate. There is no option but to encourage greater independence and self sufficiency.

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