An Ethnographic Study of Homelessness in Memphis During the COVID-19 Pandemic

Tharwa Bilbeisi

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AN ETHNOGRAPHIC STUDY OF HOMELESSNESS IN MEMPHIS DURING THE COVID-19 PANDEMIC

by

Tharwa F Bilbeisi

A Dissertation
Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

Major: Health Communication

August 2022
Dedication

I dedicate this dissertation to all persons currently experiencing homelessness who have lost their homes or live under the threat of losing them. Whether in Memphis, throughout the U.S., or across the globe, this labor of love is a tribute to you. And for my family, my parents for raising me to be the person I am today, and to husband and children who supported me throughout the grueling graduate school journey. And finally, I dedicate this work to the memory of my father-in-law, who experienced the loss of his home multiple times. He now rests in his forever home, the green palace I imagine that he described in his last days. He started his life in a Palestinian village and spent his last days waiting for me to return home from night classes. He would say, “Whether I am alive or dead, mark my words; she will succeed and complete this degree because she is serious and hardworking!” Well, Ammy (my uncle), I’m graduating, and I wish you were here to see it!

Photo 1 Source: Participant-captured-image shows the “M-bridge” and Memphis Riverboats floating atop the Mississippi river.
Acknowledgments

I cannot put into words the depth of appreciation I have for the members of my committee, who I refer to as the “dream team,” led by my chair Dr. Joy V. Goldsmith. Since elementary school, earning a doctoral degree has been a dream, and my dream team helped me get there.

What does one say about a caring, compassionate, and unstoppable chair? Known as a “research machine” in the department, her passion, drive, and work ethic are as inspirational as infectious. You want to make her proud because she says what she means, and she means business. Dr. Goldsmith is a rock; she is my rock, and I will forever be in her debt. Thank you, Dr. Goldsmith, for taking a chance on me, keeping me under your wing, and for your unwavering support and guidance. I’d also like to thank you for putting up with the barrage of texts sent your way at all hours of the day or night.

I’d also like to thank my committee members. The legendary Dr. Gray Matthews, whose superhuman intellect and exceptional team spirit make him the department’s most requested committee member. His insight and gentle demeanor have enriched this work and countless others. The film guru, Professor David Goodman, was instrumental in expanding my film, ethics, and storytelling knowledge base. Professor Goodman’s understated approach infused my doctoral work and final product with kindness and a personal touch. Finally, the venerable Dr. Marian Levy who never ceased to surprise me with the speed, scrupulousness, and rigor with which she was able to provide me feedback. Dr. Levy is thoughtful and thorough, and I am grateful for all the times she reached out to offer me opportunities and sponsor my work. From the bottom of my heart, I thank you all!
Family. My family is everything. Foremost, I would like to thank my husband for his unwavering support and unrelenting belief in me and my abilities. His steadfast confidence helped push me past the tough days when I thought I might quit. He helped alleviate daily obstacles and stressors and stood by to catch me when the earth shook beneath me. This moment would not have been possible without him.

I’d like to thank my four beautiful children for putting up with Mama when she was too focused on her writing that sometimes she didn’t even notice when they came home. Thank you for letting me work and forgiving the times I couldn’t be there; I was with you in spirit. Ansam, Mazin, Jenna, and Zacharya, the four of you are my world, my everything, and without you, I cannot imagine the world. My love for you exceeds my capacity to express it.

Finally, I’d like to thank my mother and father. Baba (papa) is the impetus behind it all. After taking time to raise my children, he’d noticed I’d become complacent, putting myself on the backburner. Baba would call to ask, “Are you happy with yourself right now? If not, it’s time to go back and finish what you started.” His persistent calls and questions about when I would go back to finish my education held me accountable and kept me on track to accomplishing my dream. Mama’s pride and unassuming presence are absolute. Her taciturn manner is not to be mistaken for doubt; she remains in my (and everyone else’s) corner, selflessly giving beyond depletion. Her only comment was, “Visiting you when you’re studying is no fun; I’ll come back when you finish.” You can come back now, Mama; the party’s about to begin.
Abstract

This dissertation is an ethnographic study that examines the health beliefs of persons experiencing homelessness in Memphis. It considers participants' social practices and environmental circumstances and analyzes how the global pandemic may have informed their health beliefs. Social determinants such as neighborhood safety, unemployment, racism, and transportation exacerbate issues of mistrust in health systems and public aid. Low “compliance,” a term used in health care to describe patient behaviors of non-adherence to prescribed medical treatments, is problematic in its connotation of intent or deliberateness without consideration of socioeconomics and other sociocultural matters. The term is used in this text interchangeably with “non-adherence” with reluctance and with the understanding that such terminology does not account for health beliefs, psychosocial, or cultural factors. Moreover, the terms are restrictive and are at odds with the notions of health beliefs and the narrative paradigm. Nonetheless, non-compliance highlights issues of health literacy, that complicate matters of patient adherence and the production of socially-constructed health beliefs. Vulnerable populations, such as persons experiencing homelessness, have long suffered from the systems that exclude them from society and almost entirely from the scientific literature that may shed light on the barriers they experience daily and pathways that might affect policy change to improve their health and wellness.

By Privileging the voices and experiences of persons affected by homelessness, this study seeks to identify social and structural barriers impacting the health of this population group and make their struggles visible to policymakers, health promoters, and the lay public. Secondly, this community-based participatory action research invites participants to discuss pathways to impact
health equity and become potential catalysts for social change. The participants are the recorders, collectors, and tellers of stories expressing their needs to inform systemic or policy change. The study data was collected over eighteen months post-COVID-19 lock-down.

This ethnomethodological study demonstrates that the cohort's mixed sociocultural, socioeconomic, and psychohistories affect individual and communal health beliefs. The narratives serve as the primary data and basis for answering questions about the formulation, exchange, and communication of health beliefs and behaviors as they may be affected by socio-environmental conditions.
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Chapter 1 Introduction

This dissertation is an ethnographic study of the health beliefs and behaviors of various guests of the Manna House Memphis, a homeless shelter in the mid-town area of Memphis, TN. The data collected over 18 months was a labor of love. I am grateful for the time spent in research and the time I continue to spend as a volunteer at the shelter. The guests and fellow volunteers have become friends and persons who will remain a part of my life for long after completing this work.

The data collection methodology evolved as the project began to take shape and includes ethnographic observation and field notes, formal and informal conversations with guests, audio-recorded interviews with participants, and the photos provided by the participants to accompany their stories. The participants took all the photographic images included in this text; they have not been altered or adulterated except for formatting.

Statement of Problem

I am looking at the construction and transmission of health beliefs and behaviors that may place vulnerable populations, with restricted healthcare access, at greater risk of disparate outcomes. For example, vaccination rates in Shelby County and across the state of Tennessee lag behind the national average (Shelby County Vaccine Dashboard, 2021) despite the scientifically proven safety and efficacy of FDA-approved vaccines (Griffin, 2021). These low rates may further harm persons experiencing homelessness and are concerning to scientists (Tsai & Wilson, 2020); this population group is the focus of this research. The health and health literacy of persons experiencing homelessness is under-researched in communication studies. This project aims to break new ground in identifying barriers to health and work in collaborative development
planning within the population under study. Within the larger context of an ongoing pandemic, communal health beliefs and subsequent behavioral modifications can pose challenges to the mortality and co-morbidities of specific population groups.

**Homelessness in Memphis**

Homelessness has been described as a *fluid* state in its impermanence and defiance of generalizations, posing challenges to quantifying its parameters (Baumohl & National Coalition for the Homeless (U.S.), 1996). After a brief recession in the early 1980s, many thought the number of homeless would improve, falsely attributing fluctuations in economic volatility to the number of those homeless (Baumohl & National Coalition for the Homeless (U.S.), 1996). Despite economic improvement, the number of homeless families and individuals has followed a general increase over the past few decades (Edwards, 2020; HUD, 2021; Passaro, 1996; Ramanuj, 2019). It is difficult to determine the exact number of homeless persons across the U.S. due to poor record-keeping (Johnson, 2010). A 2017 study on homeless youth in America cited that one in three children between the ages of 13-17 and one in ten young adults between 18-25 experienced some form of homeless over a twelve-month period (Morton et al., 2017). Morton and colleagues (2017) identify the transience and hidden nature of youth homelessness as complicating the accurate accounting of individuals who may have chosen to run away or were forcibly ejected from their homes. Moreover, their report attributes underreporting to a phenomenon called “couch surfing,” where persons sleep on another's couch to avoid sleeping in shelters, thereby missing official homeless count totals (p. 5).

In 2019, 1,325 persons were homeless in Memphis and Shelby County on any given night; that is about 14.2 people per 10,000 (National Alliance to End Homelessness, 2020). However, the actual number of persons experiencing homelessness is likely far more significant
due to data collection only accounting for “unsheltered” persons while disregarding those utilizing rehabilitation and other temporary housing services (Byrne et al., 2020). Nationwide, chronic patterns of homelessness grew by 15% between 2019 and 2020, as the unsheltered population grew by 21% (HUD, 2021). In addition, the pandemic has displaced many individuals and families due to drastic economic changes and job losses. The Department of Health and Human Services (2021) estimates that the number of persons experiencing homelessness has steadily increased by about 2% over the past four years. In 2020 approximately 580,000 people experienced homelessness nationwide, 61% sheltered and 39% unsheltered (HUD, 2021). Nationally, the African American population accounts for about 12% of the U.S. population; however, they are overrepresented in homelessness, accounting for about 39% of homeless persons (HUD, 2021). Despite the lack of comprehensive demographic data on the homeless population in Memphis, 64.2% of the general population is Black, and 9.3% of the labor force is unemployed (Department of Population Health, 2018).

Research shows that families and individuals may find themselves homeless after crisis events such as job loss, illness, relationship breakups, or home loss due to fire or eviction (Anderson & Koblinsky, 1995). The picture is bleak for Memphis residents across the age spectrum; however, it is urgent for those who care for children whose life chances are directly related to their family income/poverty levels (Lee et al., 2010). Childhood poverty in Memphis is more than double the national average, and 40% of Memphians experience high housing costs, with 30% or more of their income allocated to covering housing bills (Department of Population Health, 2018). Childhood homelessness, compounded by the lack of affordable housing and the pandemic, increases the likelihood that low-income youth in Memphis may become homeless, making them less likely to complete high school and, thus, adversely affecting their health and
life outcomes (Edwards, 2020). In addition, homeless and low-income children and adults of color are often left behind or excluded from public health endeavors designed to reduce chronic illnesses, e.g., smoking-secession or obesity/healthy-eating campaigns more easily accessed by affluent community members (Subica et al., 2016).

**Persons Experiencing Homelessness**

Pandemic public health and safety recommendations may seem easily applicable to all. Yet, they potentially exclude vulnerable populations who may find measures like social distancing challenging to implement due to shared sleeping spaces (Wood et al., 2020). Moreover, public health programs are often expected to be easily transferable and applicable to all population groups, often neglecting to account for the historical and sociocultural context (Wang et al., 2006). For example, exacerbating challenges to good health among the homeless during a pandemic includes living in environments that may be conducive to the spread of disease epidemics (Tsai & Wilson, 2020). Other challenges include limited access to handwashing, clean water, soap (Wood et al., 2020), and limited access to primary healthcare and preventative screenings (Lima et al., 2020).

Despite their non-homogenous make-up, the homeless population is considered a marginalized and vulnerable population that often faces stigmatization due to socioeconomic status, job status, substance use/addiction status, and mental health status (Lee et al., 2010). While homeless populations include women, children, and families, many of whom find themselves homeless after extreme hardships, including job loss (Fetherman & Burke, 2015), those who are childless fare far worse (Passaro, 1996). Services prioritizing aid to families or single parents with children, disfavor single men who may be worst off in their joblessness or low-income states (Lee et al., 2010). The racial and ethnic make-up of the urban homeless
generally reflects the demographic composition of the geographic location, which
disproportionately affects low-income communities of color who suffer the conflated
consequences of gentrified neighborhoods, redevelopment projects, and teardowns of single-
occupancy hotels and other housing platforms (Lee et al., 2010). However, recent scholarship
describes homelessness as a racialized issue in America disproportionately affecting Black
Americans, who, despite only comprising 13% of the U.S. population, account for 40% of
reported persons experiencing homelessness (Edwards, 2021).

Traditional chronicles of homelessness identify the problem within the limiting simplism
of persons lacking housing; the conjured images are of persons wandering the streets,
panhandling, and sleeping on park benches or in alleyways. But these definitions fail to account
for the characteristic differences of the male/female populations, the demographic composition
of the geographic location, and the delicate transience or temporality of the lifestyle that
perpetuates homelessness despite changes in job status or collection aid-benefits (Lee et al.,
2010). Lee and colleagues (2010) connect the marginalization of persons experiencing
homelessness to their “life chances” (classified as “material well-being, physical and mental
health, and safety”) that contributes detrimentally to lifelong opportunity and perpetuates a
cyclical pattern of poverty and inequity that is generationally passed down (p. 505).

Moreover, while the associations between mental illness and homelessness are well
documented, the literature is sparse when factoring in racial demographics. Correlations between
race, homelessness, and discrimination (including healthcare discrimination) are often difficult to
prove. Such incidences often go unreported or underreported; however, Skosireva and colleagues
(Skosireva et al., 2014) find that persons reporting one domain of discrimination (such as racial
discrimination) are also more likely to experience discrimination in the other two domains
(homeless and mental health discrimination). The study’s findings are based on data out of Canada and may not be transferable, due in part to varying demographics and differences in healthcare coverage in the U.S. Concomitantly, advocates of health equity and social reform often turn to public health measures that consider holistic approaches to health that include mitigating the effects of social determinants such discrimination, poverty, and build environments. Edwards (2021) argues that centering homeless conversations in “colorblind” terms and away from a racial focus fails to speak to historical systemic racism and socioeconomic plight that leaves Black Americans “more likely to experience homelessness than Americans in every state” (p. 1). Studies examining race and implicit/perceived bias also report racial disadvantage and worse healthcare services and outcomes among Black Americans (Fitzgerald & Hurst, 2017; Maina et al., 2018).

**Community and Health**

Communities unite likeminded people, create divisions, labels, status, and exclusions of persons and ideologies. The word communication and community's shared etymologic root comes from the Latin *communitatiem*, meaning to impart, make ordinary, or engage in fellowship. The words include public interactions that revolve around interpersonal interactions and society as a co-constructed institution. Sharma and Branscum (2020) define communities as groups of individuals who share “common interests and characteristics,” abide by shared rules and adhere to communal units to accomplish their basic needs for sustenance, social interaction, and a symbolic collective identity (pp. 1-2). Studying health beliefs among socially constructed communities of individuals who share geographic locations, cultural and historical heritage, and are bound by common characteristics, is essential to answering why community members tend to think, adopt, or reject health behaviors in tandem. Our human need to seek fellowship via
communities is often expressed symbolically through exchanges in food, drink, conversations, and collective decision-making (Simpson, 2014).

Even those seeking deliberate solitude, such as monks or the homeless who have chosen to leave capitalist order systems, often congregate in communal spaces for safety or camaraderie. But what happens when communities are stigmatized, marginalized, or ostracized for their social status, racial and demographic makeup, and perceived failures? Who is to blame for excluding these individuals and communal groups, and how have societies rationalized this exclusion? Finally, how does exclusion from general society, including self-blame, complicate issues of health even when access is granted? These questions and their answers may present truths about civil society that we are not yet ready to face. And despite the work of local charities and organizations, public and private institutions that offer aid are often enablers of the systemic perpetuation of inequities that affect health promotion and disease prevention. For example, stymied primary preventative care, such as deflected improvements to the upstream socioenvironmental determinants to health, may exacerbate the need for emergency or tertiary treatments and beliefs in their efficacy and altruistic intent. Thus, despite the best efforts of policymakers and health promotors, health communication improvements are needed to affect health beliefs and behaviors to witness tangible changes in health and circumstance of marginalized people, such as those experiencing homelessness.

Health beliefs, including vaccine hesitancy or opposition, are often as diverse as those who espouse them. However, most of these health beliefs are formulated through sociocultural networks and are affected by socioeconomic status, education levels, and environmental factors, known as “the social determinants of health” (Braveman et al., 2011). Health beliefs are often formulated discursively in online spaces or through interpersonal interactions and communicated
via health delivery systems, sociopolitical settings, or social groups and households (Glanz et al., 2015). As a social group, persons experiencing homeless may find themselves learning to fulfill their basic provisions of sustenance, social interaction, and symbolic identity without the comforts of reliable shelter or income (Freeman, 1987). Homeless persons struggle to survive the elements, particularly their geographic locations, whether alone or as part of a community. Their demographic makeup comprises persons of mixed historical, racial, and ethnic identities (Lee et al., 2010). Outside of their mutual homelessness, these individuals may not identify as members of the same community and often congregate with those closest to their historical heritage, even within their shared spaces.

The health and health beliefs of the various homeless populations are understudied in academia and present researchers with valuable opportunities to address health disparity. Discussions of extreme poverty, homelessness, socioenvironmental disadvantage, and the social determinants of health often intersect with discourses of historical and racial disenfranchisement and inequity. Meanwhile, health beliefs and the adoption or rejection of public health promoting behaviors are often studied and designed with a limiting scope and fail to serve the specific needs of the racially diverse urban homeless. My work aims to bridge gaps in the research by identifying barriers and relaying solutions as narrated by those on the ground. Using mixed methodologies incorporating cultural humility and empowerment, those in need may develop the tools to self-advocate and serve as cocreators and equal partners in devising grassroots solutions.

Public Health Efficacy

Preventative public health measures, such as vaccination drives, to help chronic or acute illnesses are also disproportionately directed at communities of affluence and means (Subica et al., 2016). The hesitancy of adult and childhood vaccines among some communities of regional
and political likeness is grounded in ideological opposition despite the well-documented safety and efficacy of vaccines (Duchsherer et al., 2020). Vaccine hesitancy became an issue of pressing salience as the international medical and scientific community sought active solutions to end the deadly spread of the COVID-19 pandemic (Malik et al., 2020). The rise of social media outlets and a barrage of breaking-news updates ushered in an era of limitless information and misinformation. The hypervigilance created by the repetitive sharing of (health-related) misinformation across multiple sites is perhaps as dangerous as it is lucrative in its threat of increasing health disparities (Burki, 2020). The pandemic of “misinformation,” as dubbed by the World Health Organization (WHO), has intensified the deadliness of the disease by pushing back against normative recognition of scientific expertise; further widening the gaps in health disparities among communities of color and the socioeconomically disadvantaged (Ferdinand, 2021; Snowden & Graaf, 2021).

Misinformation campaigns have capitalized on general fears, social anxieties, and historical mistrust of government and health institutions that are prevalent, particularly among people of color (Razai et al., 2021). Health beliefs, and thus disparities, are often researched within the context of race and socioeconomic status (Snowden & Graaf, 2021), but reasons for vaccine hesitancy exist outside of racial and economic disparity (Duchsherer et al., 2020; Malik et al., 2020). Legitimate causes for vaccine hesitation may include concerns about possible side effects in the short and long term, lack of trust in the vaccine, including the speed of development, low perceived risk, and historic mistrust among people of color (Dror et al., 2020; Razai et al., 2021; Savoia et al., 2021). Researchers are calling for better health promotion, including improved health communication (May, 2020) with targeted messaging that accounts for general mistrust (Heller, 2016), language accommodations, and other access barriers (Razai
et al., 2021; Savoia et al., 2021). Yet, the communication literature is sparse concerning marginalized mixed-race communities such as the urban homeless and housing insecure in Memphis, many of whom are suspicious and distrustful of outsider interference. However, mistrust of medical institutions and government mandates or interventions are not limited to marginalized communities and may be driven by adherence to dominant political discourses (Duchsherer et al., 2020; SteelFisher et al., 2021).

Perpetual distrust of public institutions creates socio-cultural tensions that can manifest into negative health beliefs among various community groups and adversely affect health outcomes (Mattke et al., 2020; Taylor et al., 2020). Despite increases in vaccinations among eligible persons, Covid-19 mutated strains such as the highly transmissible “Delta-variant” continue to spread across the U.S., primarily afflicting unvaccinated adults and children (Delahoy et al., 2021). The surge of hospitalizations and spread of infection, even among the vaccinated, has provided further fodder for misinformation campaigns to attack the vaccine's efficacy; however, the principal value of the two-dose immunizations remains its capability to protect individuals against severe illness and death (Griffin, 2021). Even with widespread news of increased hospitalizations and deaths, many among the unvaccinated remain un-swayed and distrustful of vaccine-related institutions, fearing the push for vaccinations out of nefarious intent like personal/group tracking (Benis et al., 2021). Benis and colleagues (2021) thus stress the need for more effective health communication and promotive health measures that target population groups based on their literacy levels and reasons behind their vaccine hesitancy.

**Communication Studies Potential Contribution**

Social and behavioral health interventions related to health literacy have focused very little on co-constructed, relationally informed phenomena. Additionally, most health literacy
literature is predicated on a patient or caregiver deficit model rather than a stakeholder co-
creation approach. Considering complex socioeconomic, sociopolitical, sociocultural, and 
socioenvironmental complicators to health, a communication study is warranted that examines 
the health beliefs and subsequent behaviors amongst people experiencing homelessness due to 
the nature of their lived experiences that include environmental conditions preexisting medical 
conditions, and challenges to accessing primary healthcare. As new work in health literacy 
becomes informed by all stakeholder positions and contributions to the creation of health 
literacy, this ethnomethodological project has the potential to offer insight and context to the 
understudied subject. Amidst a global pandemic, health communication is a pressing concern for 
public health officials and remains an area demanding further inquiry and scholarship.
Chapter 2 Background and Literature Review

Communities and other social groups may be defined as persons sharing political beliefs, geographic location, culture, race, ethnic background, and even life circumstances, as may be the case with the urban homeless. This section defines the parameters of homelessness in metropolitan Memphis, examines the history of health beliefs surrounding vaccines, and reviews the social networks that may have complicated vaccine promotion efforts. The historical context and historied pasts of the participants will be as diverse as the guests of the homeless shelters in Memphis themselves. This section will engage the current and past public health and communication literature to identify gaps, draw connections, and contribute to ongoing research to mitigate health disparities among low-income and racial minority communities.

Social and Environmental Contributors to Health Beliefs

Mandated public health changes to daily lives and routines have given rise to oppositional discourses born of fear, anxiety, and lack of control of one’s body or health (Taylor et al., 2020). As communal beings, our health beliefs and behaviors may be predicted by studying perceptions of barriers, threats, and susceptibility to illness (Glanz et al., 2015). Public health practitioners suggest engaging in a “bottom-up” or “grassroots” approach to community building as an effective way to tackle hesitancy among racial minorities and the socioeconomic disadvantaged (Sharma & Branscum, 2020). Grassroots approaches offer empowering opportunities for community members to identify barriers particular to their individual needs as opposed to power-submissive responses to a “one-size-fits-all” approach that assumes the researcher’s role as an omniscient leader (Gadotti & Torres, 2009). Community building thus allows local members to create solutions that are both culturally sensitive and empower members to creatively resolve the issues most pressing to them (Majee et al., 2018).
Health and social problems are complicated by multisectoral influences, which conversely require multisectoral engagement to devise practical solutions (Schiavo, 2014). Effective collaborative efforts to vaccinate a diverse populace may engage in communications that target language barriers, varying levels of health literacy, and communities with high levels of medical mistrust with steered approaches that address specific beliefs and concerns. Health beliefs formed in communal spaces, both online and in-person, may be driven by the narrated experience. While the scientific community often rejects anecdotal stories as a persuasive means of health promotion, their reliance on quantitative data (Le Gouais et al., 2021) can cause missed opportunities. A chief strength of the antivaccine movement, which has a robust online presence, is recruiting new members. Despite the all-encompassing label “anti-vax,” many people more likely fall into the “vaccine hesitant,” “vaccine skeptical,” or “vaccine selective” category as a better describer of adult trepidations regarding vaccinating themselves or their children (Grant et al., 2015). Vaccine informative websites also fall into categories that range from government-sponsored pro-vaccine sites to those that lean towards antivaccination and those of total rejection. Sites that market themselves as “vaccine skeptical,” like those reviewed by Grant and colleagues (2015), offer active involvement, including memberships, donation pleas, spaces to share stories, and links to social media pages for open dialogue.

**COVID-19 and the Explosion of Misguided Health Beliefs**

Well before the COVID-19 outbreak, antivaccine movements were gaining ground with opposition to treatments such as Gardasil, the HPV vaccine (Grant et al., 2015), and even well-established vaccines like the MMR (measles, mumps, rubella) vaccine (Berezin & Eads, 2016). However, vaccine resistance is not a new phenomenon in the West; it dates back to the 18th century when the smallpox vaccine, undergoing early development, was met with some ridicule.
and pushback from some religious detractors (Riedel, 2005). However, the success of the immunization eventually led to the UK’s passage of the Vaccination Act of 1853 (Grant et al., 2015). What is new is the proliferation of internet usage to access health information. One advantage that vaccine resistance sites have tapped into is the human intrigue of narrative, storytelling, and the feelings of belonging to a community. Grant and colleagues (2015) suggest that the strength of antivaccine sites comes from their use of vaccine injury stories told in first-person; as well as their abundant use of hyperlinks to other personal accounts, providing opportunities to share experiences, the user-friendliness of the sites, and perpetuating continuous interactions on social media. As a result, the antivaccine movement has effectively usurped the vaccine narrative, leaving the scientific community to play a slow game of catchup with only marginally compelling qualitative data to counter (Berezin & Eads, 2016; Grant et al., 2015).

Vaccine hesitancy has been an area of pressing concern since the COVID-19 pandemic and is an area where health beliefs and behaviors may unintentionally contribute to the health inequity (Akerele et al., 2021). The Centers for Disease Control and Prevention (CDC) has approved vaccine eligibility expansion to include anyone above the age of five. However, challenges to mass vaccinations persist due to high rates of hesitancy, particularly among historically marginalized communities and those ascribing to highly politicized denialist ideologies (SteelFisher et al., 2021). Opposition among all races in the US concerns public health officials fearing the outbreak of mutated strains of the virus (SteelFisher et al., 2021). The Federal Drug Administration (FDA) has granted full approval of the Pfizer vaccine (and booster) and the emergency approval of the Moderna and Johnson & Johnson vaccines (CDC, 2021). Emergency approvals were granted ahead of full FDA approval to mitigate mutations of the virus and expedite “herd immunity.” The CDC explains that herd immunity is achieved when enough
people (70-80% of the population) have either been vaccinated or have natural immunity from exposure to a particular disease (CDC, 2021). COVID-19 herd immunity may take longer than predicted due to mismanaged vaccine messaging, poor distribution practices, and political divisiveness that have spiked levels of vaccine distrust (SteelFisher et al., 2021). While vaccine hesitancy is generally higher among minority populations, Black Americans voice the highest opposition rates and are least likely to participate in clinical trials (Hopkins, 2020).

**Race and Sociocultural Influences**

Inoculation was introduced in America during the Boston smallpox outbreak of 1721 when vaccine advocate Cotton Mather first learned of the practice from reading English reports on inoculations in Turkey. These reports were later affirmed by his inoculated African slave, Onesimus (Tindol, 2011). Despite Mather’s hesitancy to vaccinate his children, he displayed no reservations about experimenting on the bodies he owned or taking credit for the newfound science. With the Eastern and African connection to vaccines thoroughly severed, further experimentation on enslaved people, such as gynecological surgeries performed by Dr. Sims on the bodies of nonconsenting enslaved Black women (Khavele et al., 2021) and The Tuskegee Syphilis Study decades later, have left many Black Americans with a distrust of medical interventions and government interference (Gamble, 1997). The study of African American folklore shows that even post-emancipation, many Americans of African descent continue to believe that testing on Black bodies is ongoing, and the Tuskegee atrocity did little to assuage those persistent fears (Gamble, 1997).

As part of the syphilis study, Black men suffering from the disease were recruited under the guise of treatment; however, treatments were withheld to study the effects of the disease as it ravaged the bodies of the unsuspecting Black men (White, 2000). As a result of their complicity,
at minimum to ethics violations, government, medical associations, and the public turned a blind eye to the abuses because of the numerous publications that resulted from the study (Gamble, 1997). Many Black Americans continue to be leery of institutions, public and private, offering outside interventions (Gamble, 1997; White, 2000). While many interventions are health-related, they exist within the broader historical context of gentrification and urban renewal that compounds social determinants and issues of Black removal. Indeed, many urban renewal projects have been viewed as “gentrifying” prominently Black neighborhoods with the intent of uprooting Black businesses and displacing the existent or struggling residents (Daniels, 2018).

**Historic Disenfranchisement and Vaccination Efforts**

Today as a vaccine is readily available at no personal cost to any willing subject, many historically disenfranchised population groups, particularly Black Americans, remain hesitant despite their disproportionately, more significant loss of life (Maness et al., 2021). While some researchers attribute Black vaccine hesitancy or opposition primarily to racism (SteelFisher et al., 2021), others cite past and present social determinants as exacerbators of mortality rates and the long-term adverse health effects of the disease among African Americans (Maness et al., 2021; Snowden & Graaf, 2021). While vaccination rates remain low in Shelby County, the predominantly Black city of Memphis has seen an uptick in vaccination rates among the Black population. According to the Shelby County Health Department, 56% of those vaccinated are women, compared to 44% of men and 37% are Black/African American compared to 34% White, and 26% identified as other, mixed-race, or Asian (Shelby County Vaccine Dashboard, 2021).

On November 29, 2021, Tennessee ranked among the states with the lowest vaccination rates in the country, with about 50% of its population fully vaccinated, compared to 70%
nationwide (CDC, 2021). This below national average may be partly due to divisive political discourses and politicization of the vaccine, which gives rise to COVID-19 antivaccine sentiments among republican voters (SteelFisher et al., 2021). Neighboring states with similar vaccine rates include Georgia, Louisiana, Arkansas, Alabama, and Mississippi (Adams, 2021). According to the CDC, Shelby County’s numbers, where Memphis is located, fall just below the state rate (CDC, 2021). These statistics are notable because despite 70% of eligible American adults now fully vaccinated, the rate of transmission, according to the CDC tracker across the state, ranges from “moderate” to “high” (CDC, 2021). The CDC transmission scale rates threat levels as low, moderate, substantial, or high based on county reporting. Moreover, demographically speaking, Memphis is not only a predominantly Black city (Department of Population Health, 2018), but low-income levels and other social determinants continue to perpetuate disparity and complicate pathways to health (Braveman & Gottlieb, 2014).

**Health Disparities in Memphis: Sociocultural Approaches to Disease and Poverty**

Sociocultural approaches to public health research encourage community building and community-based participatory research (CBPR) to effectively implement social action that challenges power imbalances (Glanz et al., 2015). Such efforts may be most effective in historically disenfranchised communities of color who often face systemic racial injustices and health inequity (Glanz et al., 2015). Schneider (2020) estimates that only 3% of healthcare spending in the U.S. goes towards public health, which considers behavioral and socioenvironmental approaches to improving health outcomes, particularly among Black Americans who have lower life expectancies than Whites. Despite strides in public health
measures and being on the front lines of health innovation and steep spending\(^1\), the U.S. lags behind the wealthiest nations in life expectancy (Schneider, 2020).

Of the 37 nation members of the Organization for Economic Co-operation and Development (OECD), the U.S. outspends every nation ($10,348 per person). It ranks among the bottom 10 in health outcomes due to increasing gaps in the health of the poor and uninsured (Knickman & Elbel, 2019). Collaborations between public and private sector stakeholders may significantly improve health outcomes when monies are allocated to programs with social justice as a focus (Schneider, 2020). CBPRs incorporating Freirean concepts of cultural humility have proven effective at mitigating the social determinants that perpetuate health inequity (Cacari-Stone et al., 2014; Dickson et al., 2020; Wallerstein et al., 2020). Such programs work to enact social justice policies that ensure livable wages, education attainment, sustainable housing, neighborhoods safe from crime and environmental hazards, and expanded access to healthcare (Schneider, 2020).

In Memphis, 64% of residents are Black, 43.3% of Memphis’ children live in poverty, 69.9% of children in poverty are Black, 73.9% of Memphis residents had limited access to healthy food, and 38.4% of reported adults over 18 are obese (Department of Population Health, 2018). In addition, many large chain grocery stores find the cost/benefit ratio in underserved communities to be too high, opting instead to open stores in more affluent neighborhoods, further perpetuating food shortages and barriers to access for low-income families (Widener et al., 2012). To improve food availability among Memphis’ low-income residents, food pantries and community gardens may serve as effective and culturally competent community-based responses.

to nutritional barriers (Silver et al., 2017; Zepeda et al., 2014). A qualitative study of low-income, primarily Black participants (33 of 34) of a Mississippi food pantry found that faith-based institutions are critically important in achieving positive health outcomes (Mann et al., 2020). The researchers attribute this import to local cultural competency and robust support systems that build social capital among community members (Mann et al., 2020).

Targeting vaccine hesitant groups with low vaccination rates in Memphis may include culturally sensitive and specifically formulated messaging to overcome barriers. Other local obstacles limiting access to healthcare may consist of social determinants such as high crime rates and limited access to healthcare services among neighborhoods demographically comprised of predominantly low-income people of color in Memphis (Department of Population Health, 2018). Thus, using Freirean concepts incorporating community empowerment, a community-based model designed to address vaccine and other health disparities in Memphis may be the best approach to work towards local health equity. This may require identifying and involving local leaders to institute collaborative change.

**Tackling Health Inequities Through Examples of Community Models**

Community-based models seeking to mitigate the various social determinants of health and improve health outcomes for sufferers of chronic diseases like obesity, diabetes, and coronary illness often look to behavior and lifestyle modification programs (Deavenport-Saman et al., 2019; Heerman et al., 2019). For example, one community-based project working to temper the adverse health outcomes associated with living in “food deserts” used a spatial optimization model to identify areas of need. However, they admit that non-spatial barriers such as time constraints were beyond the scope of their research (Widener et al., 2012). The Buffalo, NY-based pilot program instituted a mobile food pantry delivering locally grown fresh produce
to low-income neighborhoods lacking access to supermarkets. Barriers not addressed by the program include consumer preference for unhealthy foods and options for quick meals. A similar study conducted in the Cincinnati area reported obstacles to daily operations and expansions that included limited staffing or volunteer support, insufficient storage space, inabilities to provide and store fresh foods, shortages of storage equipment, and inadequate transportation capabilities (Barone et al., 2020). Further hindering their reach, Barone’s team (2020) included monetary impediments to funding extensive advertising, the inability to offer competitive or bargain pricing, deficiencies in educational materials such as nutritional guidelines, and lack of client interest in health education.

These, and other community-based models engaged in outreach work, need to afford special attention to vulnerable populations for maximum impact while addressing issues of inequity (Zepeda et al., 2014). Community-based programs like food pantries should be culturally and contextually appropriate, involve community stakeholder participation, and project genuine compassion and affection for the cause and the people they serve (Mann et al., 2020). Multi-sector collaborations, such as those with private-sector organizations like the Massachusetts Avenue Project (MAP) (Widener et al., 2012), working to produce and distribute goods to low-income communities, may fare better than solo efforts. For instance, partnerships with public-sector institutions like the United States Department of Agriculture (USDA) may help fund and create policy reforms to support community-based projects. The success of programs like the National School Lunch Program (NSLP), offering children of low socioeconomic status free and reduced-fee meals, has seen expansions since first signed into law by President Harry Truman in 1946 (Bardin et al., 2020). Despite mixed reports on the efficacy of the meal programs to provide nutrient-dense meals (Hinrichs, 2010), positively affect
education attainment (Gleason & Suitor, 2003) and bridge gaps in socioeconomically driven racial/ethnic health disparities (Bardin et al., 2020) the reimbursement program remains widely popular.

However, researchers suggest addressing built environment issues (Reis et al., 2020) and expanding collaborations to include public, private, and academic partnerships to see greater efficacy in combating health disparities such as childhood obesity among low-income communities (Deavenport-Saman et al., 2019). Drastic health reform starts with social reform that considers the environmental and structural causes of disparities (Subica, 2018). Like others espousing community engagement, Subica (2018) suggests local empowerment may prolong the positive effects of programs as it incentivizes residents to lead efforts to improve local conditions for health and equity. Residential empowerment begins with delineating areas of need as they are identified by community members. Invitations for local partnerships that incorporate multi-sectoral stakeholders are the basis of equity work that challenges power dynamics and is a foundational part of this research.

Health Literacy

Equating literacy and health literacy would be improper and potentially misleading. Low literacy, as characterized by the National Literacy Study in 1993, refers to reading comprehension scores at the lowest two levels (on a five-point scale) and signifies both a degree of difficulty in assessing information from complex texts and executing two or more successive processes (Dewalt et al., 2004). Declining levels of reading comprehension in the 1980s, despite increased levels of schooling, began to impact individual agency, health, civic society, and economic policy (Berkman et al., 2010). Emergent evidence from the healthcare sector in the 1990s shows negative correlations between low literacy and health outcomes (Dewalt et al.,
Yet, a study published in the Journal of the American Medical Association (JAMA) found that while some levels of literacy were adequate for functionality in the daily home or work life, the same levels of literacy in a healthcare setting may be lower and found to be only marginal or even inadequate (Williams et al., 1995).

Implications of the decline became a concern of national security, leading to shifts in defining and measuring literacy (Berkman et al., 2010). By the late 1990s, studies on the application of literacy found that significant numbers of adults lack sufficient literacy levels to succeed in today’s world (Rudd, 2019). The OECD adult literacy surveys noted that among wealthy nations, factors contributing to low literacy and consequently increased exclusion or marginalization include age, race (racial/ethnic minority groups), access to resources, income, and geographic location (DesjardinsR. et al., 2005). The definition of health literacy has moved away from an individual’s functional literacy level (reading) to a relationship between practical literacy level and the ability to understand prescribed therapeutic regimens (Koh & Rudd, 2015), such as compliance or adherence with prescribed drugs and medical regimens. Low “compliance,” a term used in health care to describe patient behaviors of non-adherence to prescribed medical treatments, is problematic in its connotation of intent or deliberateness without consideration of socioeconomics and other sociocultural matters. Therefore, the term is used in this text interchangeably with “non-adherence” with reluctance and with the understanding that such industry terminology does not account for health beliefs, psychosocial, or cultural factors. Moreover, the terms are restrictive and are at odds with the notions of health beliefs and the narrative paradigm. Nonetheless, non-compliance highlights issues of health
literacy, which may also complicate matters of patient adherence and the production of socially constructed health beliefs.

The ability to act on health-related matters is ascribed to an individual’s degree of health literacy. It may be independent of general literacy or education levels, mainly when diseases are new or unknown (Spring, 2020). In cases of chronic or terminal illnesses, patient deficits in health literacy are linked to “poor communication, poor health outcomes, less use of healthcare resources, increased emergency department use, and hospitalization[s]” (Wittenberg-Lyles et al., 2019, p. 70). Despite reports of lower health literacy among population groups comprised of the elderly, low income, and lower educated, gender appears to predict higher health literacy, favoring women (Clouston et al., 2016). Even among higher-income population groups with higher literacy, and technological savvy, many consumers of health information struggle to navigate and properly vet the deluge of health information available online (Demner-Fushman et al., 2020). Moreover, health literacy is often content and context specific requires some self-management and is vital to the preservation and progression of individual health (Mckenna et al., 2020). As a social determinant of health, low health literacy demarcates barriers that contribute to poorer health outcomes and overall health, e.g., higher incidences of preventable chronic illnesses such as cardiovascular diseases, type II diabetes, and diseases correlated to overweight and obesity (Tylavsky et al., 2020). Racial and ethnic minorities, elderly adults and adolescent youths, and those of low income or education suffer disproportionately from low health literacy. Muvuka and colleagues (2020) report that 59% of Black Americans have “basic or below basic” levels of health literacy compared to 28% of their non-Hispanic White counterparts (p. 138). Their research suggests improved health communication, community engagement, and culturally tailored health literacy as paths towards improvement.
The Office of Disease Prevention and Health Promotion, which falls under the U.S. Department of Health and Human Services, has worked to develop The Healthy People 2000, 2010, 2020, and 2030 initiatives to expand upon public health measures while working to eliminate the social determinants of health and health inequity. The objectives under health communication include improving health literacy, which remains currently under research due to insufficient baseline data, making evidence-based intervention recommendations currently unavailable (Increase the Health Literacy of the Population — HC/HIT-R01 - Healthy People 2030 | Health.Gov, 2021). Health literacy research proposes implementing measures designed to build upon prior knowledge (e.g., familiarity with reading nutrition and medication labels) (Clouston et al., 2016). Researchers also promote clarity and understanding (Spring, 2020), addressing access limitations, and using simplified language that is culturally attentive (Muvuka et al., 2020, p. 138).

**Population and Community Health**

*Population Health* research identifies health disparities among various population groups to improve health measures, programs, and communications that speak to the cultural sensitivities of minority/ethnic populations (Nash et al., 2016). Public health policies endeavor to improve the health of population groups by investing in programs and interventions that strive to impact determinants of health as they exist upstream of tertiary care (Kindig et al., 2008). Ethnic minority populations tend to be of lower socioeconomic status and more likely to have higher treatable chronic conditions due to lifestyle and social disadvantage (Betancourt et al., 2003; Wallerstein, 1992). Brazilian philosopher and activist Paulo Freire espoused radical ideas of teaching oppressed peoples to self-liberate (Minkler & Cox, 1980). Freire’s concepts serve as the basis for the community action model incorporating cultural competence, emphasizing the social
and cultural influences affecting patient behaviors and beliefs (Betancourt et al., 2003). Community action models invite community members to practice collaboration, integrative techniques, dialogue, and reflectivity to assess and meet the needs of low-income communities of color (Wallerstein, 1992). For low-income and persons facing homelessness in Memphis, this means allowing residents to critically evaluate and modify programs (Minkler & Wallerstein, 2008; Wallerstein, 1992) intended to mitigate the environmental factors contributing to population health epidemics like chronic illnesses.

Black and Hispanic racial and ethnic minorities in the U.S. tend to be of lower socioeconomic status and suffer at higher rates from treatable chronic conditions due to lifestyle and social disadvantage (Reis et al., 2020). The obesity epidemic, for instance, in the U.S., is significantly related to the resurgence of diverse diseases once thought to be adult ailments but that are now frequent in children (Nigg et al., 2016). Obesity is linked to increasing diagnoses of type 2 diabetes, dyslipidemia, hypertension, obstructive sleep apnea, and mobility impairment in children and adolescents (Tylavsky et al., 2020). In addition, childhood obesity, coupled with adverse childhood experiences, negatively affects children's mental health, including anxiety and depression (Ahn et al., 2020). Childhood obesity among low-income communities of color is related to unhealthy behaviors and the social and environmental conditions that impede equitable access to care and health-promoting behaviors (Subica, 2018). Social determinants affecting children of low socioeconomic status are community-wide factors and include ethnicity, unemployment, education, food insecurity, affordable housing, green/recreational spaces, and available transportation (Heerman et al., 2019; Reis et al., 2020). Other determinants, including poor access to healthy foods, safe and walkable neighborhoods, and low achieving schools engaging in punishments, have further compounded the health conditions such as emotional and
mental health (Subica et al., 2016). Health communication research thus strives to practice culturally sensitive social action that advances tangible change in the upstream determinants that affect the health and wellness of low-income residents in Memphis. Culturally attentive health communication may facilitate developments in health literacy, equity, and communication levels by working to build community trust and collaboration.

For members of a society to reach their full potential, the elimination of the disease is only one aspect of healthcare; mitigating health disparities and improving socio-environmental conditions that marginalize poor and disenfranchised communities requires the involvement of an array of public and private sector stakeholders (Institute of Medicine (U.S.). Committee on Integrating Primary Care and Public Health., 2012). Majee and colleagues (2018) posit community leadership development programs as collaborative efforts to affect inclusive and tangible changes in health and wellness while fostering a sense of responsibility and ownership among local leaders. Such programs offer sponsorships from local public and private sector organizations and are facilitated by community members knowledgeable about the specific needs and issues of the local population. Multisectoral partnerships interactively drive creative solutions to complicated socioenvironmental inequities in health (Schiavo, 2014). Efforts to reach diverse populaces invite multisectoral contributors to address socio-cultural and environmental barriers to health that may seem unrelated to illness but target access barriers and varying levels of health literacy. Multicomponent collaborative programs addressing the adverse health effects of food insecurity, for instance, among low-income communities, have domino effects in life-course studies (Silver et al., 2017). Silver and colleagues (2017) found that early intervention preschool nutrition programs demonstrated long-term improvements to childhood cognitive development, local food environments, family social capital, and urban economic
development. Healthcare professionals thus serve as “coalition” members who serve as part of a team, not as a detached external advisory board that dictates the manner of support in communities that may not be ready to implement drastic lifestyle changes (Sharma & Branscum, 2020).

Freirean pedagogy promotes themes of “liberation,” “critical consciousness,” and “praxis,” connecting his teachings directly to social equity (Freire et al., 1998). In terms of community and health care, his teachings coincide with the mission of public health to mitigate health disparities and systemic inequities (Barr, 2019; Schneider, 2020). Minkler and Cox (1980) observed that applying Freire’s methods in healthcare has proven effective in rural and urban areas internationally and the United States. They discuss how educating people about the healthcare system and the reasons for their community’s health disparity is an empowering tool of self-armament. Freire’s strategies can be practically used to concentrate on the specific needs of disadvantaged communities by situating collaboration and dialogue in their lived experiences. Thus, improving health conditions while “creating in people critical awareness of the root causes of their problems and a concomitant readiness to take action based on this awareness” (Minkler & Cox, 1980, p. 311).

Health Communication, Paradigm, and Theories

As a qualitative researcher, meaningful research produces an understanding of human conditions that thus inform policies that make an empowering change. Because of my commitment to the engagement of specific communities, the study presented here will proffer an applied approach to empower change in a sociocultural context. Some traditions and theories of communication borrow from psychology and other social science disciplines to objectively understand processes of human behavior in interpersonal and more significant social contexts.
Critics of scientific research methods reason that while these approaches may provide illuminating data, they often highlight specific findings while relegating other features or inconsistencies to the background (Griffin et al., 2019). Social scientists likewise offer criticism of objective methods claiming that meaning cannot be assigned on a whim without empirical evidence, which is a risk they argue, interpretive scholars undertake when forgoing objectivity (Griffin et al., 2019). The narrative paradigm as a conceptual framework thus offers a conduit to bridge the opposing research paradigms across disciplines (Fisher, 1989) including health communication which incorporates an overwhelmingly social-scientific theoretical framework.

Before defining health communication or delving further into the narrative paradigm, it is essential to present five components that have been used to determine the communication. They consist of 1) an exchange of information in any form, 2) the existence of a message, 3) the action of communication, 4) rapport or awareness of reciprocated discernment, and 5) accessibility of the communication form to be given and or received (Griffin et al., 2019; Littlejohn & Foss, 2008; Schiavo, 2014). As discussed earlier, interpretive theorists may call themselves social constructionists, deconstructivists, phenomenologists, critical theorists, hermeneuticists, cultural studies researchers, and social action theorists (Griffin et al., 2019). Health communication theorists are also a multifaceted, multidisciplinary group of researchers and practitioners that aim to reach and empower different population groups. Health communication channels are pathways to getting audiences or stakeholders with targeted health-related information/messages. Schiavo (2014) outlines the field as one that encompasses theory, practice, and research that exchanges health-related “information, ideas, and methods” that “influence[s], engage[s], empower[s], and
support[s]” key stakeholders including communities, individuals, health-care providers/professionals, policymakers, and the public (Schiavo, 2014, p. 5).

As a targeted area of communication studies, health communication maintains a mission of public equity and social action and, thus, shares in the goals of many humanist communication scholars. In addition, health communication theories often include the narrative paradigm that encourages understanding via praxis and storytelling. Influenced by different theoretical and disciplinary approaches, health communication borrows from medical models, social and behavioral sciences, mass communication theories, social marketing theories, and more (Schiavo, 2014). Health communication cannot stand alone as a framework for conducting research; it is a critical part of more significant public health interventions.

As a health communication researcher maintaining a mission of public equity and social action, I share in the goals of many humanist communication scholars. In addition, health communication theories are compatible with components of the narrative paradigm that encourage understanding via praxis and storytelling. Influenced by different theoretical and disciplinary approaches, health communication borrows from medical models, social and behavioral sciences, mass communication theories, and social marketing theories (Schiavo, 2014). Health communication cannot stand alone as a framework for conducting research; it is a critical part of more extensive public health interventions. However, according to Schiavo (2014), health communication cannot be a substitute for poor biomedical care or services. Instead, partners in the field aim to advocate for the underserved, work to develop services, affect policies, devise solutions, encourage community involvement, and improve health outcomes (Schiavo, 2014).
Paradigms and Theoretical Frameworks

In conjunction with the narrative paradigm, the theoretical frameworks I will incorporate in this project will be The Health Belief Model (HBM), Diffusion of Innovation Theory (DI), and Social Cognitive Theory (SCT). These models may serve as theoretical approaches to tackling health issues or the social determinants that exacerbate the health of poor or underserved communities by providing the tools to design intervention programs that foster community growth and empowerment. The HBM, DI, and SCT models are behavioral and social scientific theories that seek to analyze and explain health practices or phenomena at the individual, community, and public levels (Schiavo, 2014).

The DI theory\(^2\) informs research on the study of how new health-related practices or concepts are spread within a community. DI may prove crucial to current research on vaccine hesitancy as the new vaccines continue to face resistance among some individuals and community groups. The HBM was initially intended to explain people’s refusal to participate in secondary and tertiary health prevention programs. The HBM weighs perceptions of risk to benefit ratio while also considering barriers and other negative aspects of adopting behavior modifications (Schiavo, 2014). The SCT, also known as the “social learning theory,” looks at personal factors, behaviors, and outside events that may influence the imitation or adoption of health behaviors (Schiavo, 2014, p. 43).

These three theories may help inform community-intervention research, programs, and policies, particularly among persons belonging to historically disenfranchised or marginalized communities that may be distrustful of medical intervention (Harrison, 2001). For example, one

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way public health practitioners suggest may be effective at tackling behavior modification, such as vaccine resistance, among racial minorities and the socioeconomically disadvantaged is by engaging in a “bottom-up” or “grassroots” approach to community building (Sharma & Branscum, 2020). Grassroots approaches offer empowering opportunities for community members to identify barriers particular to their individual needs instead of power-submissive responses to a “one-size-fits-all” approach that assumes the researcher as an omniscient leader (Gadotti & Torres, 2009). Community building thus allows local members to create solutions that are both culturally sensitive and enable participants to creatively resolve the issues most pressing to them (Majee et al., 2018).

The Health Belief Model

The health belief model (HBM) is a conceptual framework for researching health behaviors, such as why individuals may take actions to prevent, detect, or treat illnesses (Glanz et al., 2015). This model, developed in the 1950s by social psychologists, sprang from the U.S. public health sector’s concerns over the minimal efficacy or failure of detection and prevention programs to establish widespread voluntary participation (Glanz et al., 2015). As outlined by (Glanz et al., 2015), two emergent theories developed, the Stimulus-Response Theory (SRT) and Cognitive Theory; theorists subscribing to the former theory attribute repetitive behaviors to tangible rewards, while those subscribing to the latter consider a deliberative process that values the expectations that specific behaviors will prevent illnesses. SRT detaches behavior from “reasoning or thinking,” viewing health behaviors as actions of “mere temporal association” (p. 76). Inversely, cognitive theorists view health behaviors as components of critical processes termed “value-expectancy” that considers the degree to which individuals and or population
groups share commonalities, value an outcome, or the expectation that “a particular action will achieve that [desired] outcome” (p. 76).

The central components of the HBM consider perceptions of susceptibility, severity, threat, barriers, and the benefits of actions before modifying behaviors (Glanz et al., 2015). All these perceptions can be directly correlated to the social determinants of health, in that one’s environmental exposures and life experiences cannot be separated from one’s cognitive or stimuli-responsive functioning. They reiterate this point on emphasizing variables such as demographics and structural or psychosocial factors that may affect and influence health behaviors.

**Diffusion of Information and Social Norms Theory**

The role of community and social networks cannot be underestimated and often serve as foundational in filling the gaps between research and praxis (Glanz et al., 2015). Often associated with geographic location, communities are also comprised of racial, SES, gender, sexual orientation, and even political affiliations as commonalities that bind individuals together (Glanz et al., 2015). They describe diffusion theories and frameworks as addressing critical openings for community-based researchers to study diffusion (the passive, uncontrolled spread of new interventions) as a complicating factor and framework for implementing evidence-based practices. Thus, the study of health beliefs and behaviors may follow a communal-based

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3 Communal spaces may include online spaces and differ from community-based
trajectory, grounded in the observations of Georg Simmel4 that situates individual beliefs and actions in the imitation and influence of interpersonal relationships and social networks (p. 302).

Social Norms Theory (SNT) thus concentrates on the influential factors that contribute to the behaviors and beliefs as groups adopt them in social settings. Social norms, or behaviors adopted for the sake of conformity, may be adopted irrespective of whether or not they are beneficial or in an individual’s best interest; conformity with norms often coincides with expectations and fear of embarrassment, judgment, or punishment for non-compliance (Bicchieri & Mercier, 2014). Bicchieri’s research on social norms and conformity suggests that people behave in the ways they believe other’s in their situation would act, even if that behavior is misaligned with an individual’s beliefs, so long as there is an obligation to act normatively or if there’s a greater “pay-off” in the disapproved act (Bicchieri & Xiao, 2009). In other words, persons may go against normative behaviors if there is greater reward in not doing so. Social conformity among various communities may shed light on conformity in antivaccine and antimasking behaviors even when mandates are present. Schiavo (2014) posits that the study of community social behaviors is an essential component in applying health communication and emergency response measures to help predict and prevent potentially harmful behaviors and encourage diffusion and adoption of healthful actions.

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4 German political philosopher at the turn of the century who may have been influenced by the work of French Judge Gabriel Tarde who described diffusion concepts in his book The Laws of Imitation in 1903. (Glanz, K., Rimer, B. K., & Viswanath, K. (2015). *Health behavior: theory, research, and practice* (Fifth edition. ed.). Jossey-Bass.
Dissemination and Implementation

The study of health disparities, which considers the non-medical, non-behavioral social determinants of health, necessitates the development of research formulations that follow frameworks and theories that accommodate the adoption of non-normative practices or innovations. Before delving deeper into dissemination and implementation (D&I) research and practice, it is essential to view D&I as a more appropriate methodological approach to studying related health beliefs than SCT because researchers assume the salience of Covid urgency is transitory. As more Americans get vaccinated, outdoor activities and gatherings are returning to pre-pandemic days, and the need to mandate mask-wearing and social distancing is waning (Mandavilli, 2021). Top health officials fear vigilant primary prevention behaviors, such as frequent handwashing, may be abandoned too soon (Levin, 2021). SCT may be a more appropriate model for long-term behavior modification, like smoking cessation, where social support and networks are essential components of success (Glanz et al., 2015).

For the limited scope of studying vaccine beliefs among Memphis’ racial/ethnic minority homeless population, D&I methods may aptly address the active dissemination of evidence-based findings and the diffusion of innovations as they are adopted long-term or temporarily and subsequently abandoned (Glanz et al., 2015). This is because research “design[ed] for dissemination,” such as public health campaigns to encourage vaccinations, should reflect coherent messaging from researchers and practitioners but also adapt to the individual or community needs (Glanz et al., 2015). As an active approach to tactical planning, D&I strategizes for the targeting population groups through “determined channels” (Brownson et al., 2013). Tabak and colleagues (2012) describe the D&I approach as multidisciplinary and flexible,
leaving room for incorporating socio-cultural sensitive strategies and the weaving in of the HBM and cultural humility.

**Narrative Inquiry**

As Clandinin and Connelly (2000) outline, narrative inquiry is a means to understand and represent experience. They describe the study of experience through narrative thinking as “a key form of experience and a key way of writing and thinking about it.” (Clandinin & Connelly, 2000, p. 18). Narrative and photovoice ethnographic methods approach to research (partners) with notions of context as settings for a nuanced understanding of the issues defined by the study’s participants. The methodologies acknowledge that depending on the people, place, and time, the sociopolitical and historical context makes all the difference (Clandinin & Connelly, 2000). From the three disjointed theoretical divisions of feminism, Freirean pedagogy, and participatory documentary, photovoice aims to bridge the gaps in traditional empirically based and interpretive research (Latz, 2017). Foundationally, photovoice provides the space for collaborators to tell their “stories” and “experiences” without the interference of the researcher. Photovoice also endorses and supports cultural consciousness among contributors; it encourages policymakers to make concrete improvements to programs and procedures driven by the inquiry’s findings (Latz, 2017).

**Communication Theory and the Narrative Paradigm**

Communication paradigms have facilitated the practical application of theories or traditions for identifying both tensions and transitions in the field (Jensen & Neuman, 2013). Hybrid theories, or those arising from other traditions, are common influences on the field of communication that has adopted flexible frameworks to further objective and humanist research.
Spawning from the objective and paradigmatic interpretive spectrum emerge theories that, as abstractions, organize principles, concepts, and explanations of aspects of human communicative circumstances (Littlejohn & Foss, 2008). Interpersonal, cultural, and mass communication theories that follow an objective paradigm borrow from socio-psychological and cybernetic traditions and include social penetration theory, social information processing theory, uncertainty reduction theory, social judgment theory, cognitive dissonance theory, agenda-setting theory, and face-negotiation theory (Griffin et al., 2019). Theories adhering to an interpretive paradigm follow socio-cultural, critical, and phenomenological traditions, including coordinated management of meaning, relational dialectics theory, cultural studies, standpoint theory, muted group theory, and co-cultural theory. In between these two spectrums lie the rhetorical and critical traditions, which include symbolic interactionism, communication privacy management theory, symbolic convergence theory, the communicative constitution of organizations, rhetoric, dramatism, narrative paradigm, media ecology, semiotics, cultivation theory, gender lacked styles, and communication accommodation theory among others (Griffin et al., 2019).

The study of human communication is one of understanding human relationships and explaining how knowledge comes to be known. The objective and interpretive paradigms offer insight into analyzing language and behavior, and to predict future behaviors to enhance current and new health policies. Communication, however, exists in contexts of time, place, and sociocultural settings, and as such, evidence of the existence of a singular “truth” remains a point of contention among scholars. Academics also differ on who is qualified to judge the quality or worth of “the knowledge”—is it for experts or laypersons to decide? The social-scientific approach often obeys a “rational-world paradigm” that assumes people to be rational and driven by logic. The approach also assumes that established knowledge is determined through
deliberation by experts (Griffin et al., 2019, p. 300). Interpretative theorists often seek to explain socially derived knowledge as influenced or constructed by the normative behaviors and thought processes of groups and individuals. The narrative paradigm thus presents a shift from a rational-world view that elevates expert analysis to a theoretical framework that examines human communication through narrative (Griffin et al., 2019).

**The Narrative Paradigm, Walter Fisher**

As developed by communication scholar Walter Fisher, the narrative paradigm assumes that humans are storytellers by nature and that meaning is derived from our use of symbolic words or actions (Griffin et al., 2019). In his prolific writing and defense of the narrative paradigm, Fisher finds the rational-world view limiting. Instead, he offers a framework that situates rationality in a historical and cultural context and the coherence and validity, or quality, of the stories people tell. By adding dimensions of praxis, the narrative paradigm primarily advances methods to determine if discourses are dependable and produce constructive thought or action (Fisher, 1985). The paradigm’s concern with the pragmatic effect of communicative exchanges extends beyond the traditions of logic and narrative rationality that view the interpretation of “value” or good reason[s]” from an inferential or implicative standpoint (Fisher, 1985, p. 350). While the narrative paradigm may serve as a foundation for rhetorical analysis and interpretation, it invites humanistic theories, such as hermeneutics and critical or cultural theories, to fill in the nuances created by complicated human subjects (Fisher, 1989). People may be difficult to predict; the logic and reasoning behind their actions or understanding of meaning is formed characteristically, culturally, historically, linguistically, and through interanimation (Fisher, 1985). Yet Fisher (1985) argues that there is meaning in all human discourse, even the
mundane. In contrast to structuralist theories, the narrative paradigm is a study of the social influence.

The paradigm does not seek to replace social scientific or subjective research but rather incorporate human storytelling into and across these disciplines (Fisher, 1989). Similar to the arguments against the standardization of study in the communication field made by Dance and Craig, Fisher also finds that messaging is in the various forms of human interaction and informed by the stories that are told. Moreover, Fisher situates the production of knowledge and judgments on the reliability, truth, or “good reason[s]” behind a chosen form of communication, or narrative, which does not require expert analysis and transpires between individuals daily, even in the most banal of dealings (Fisher, 1985). The narrative paradigm is not meant to be a rhetorical criticism, and instead of rejecting the traditions of argumentation, Fisher sees them as compatible and constitutive. Fisher (1985) claims that the paradigm expands on themes espoused by humanist and social science scholars alike, including Goffman, Habermas, Gadamer, Burke, Heidegger, and Barthes.

**Goffman and Performance**

Erving Goffman’s *The Presentation of Self in Everyday Life* (1959) approaches human communication from a perspective of theatrical performance and describes social interactions as derived from principles of dramaturgy. Goffman thus offers a framework that he maintains is a framework to be applied to material establishments, including the private or domestic, the industrial, or the commercial. He explores the behaviors of individuals in everyday situations and reasons their physical and symbolic actions, verbal and non, are crafted as performances that differ based on the setting and audience. In the absence of a stage and the third-party presence of an audience, the co-communicators fulfill the role of presenter or actor and “audience” member.
even in interpersonal exchanges. Goffman claims that people are proverbial characters in performances whose purpose is to continuously negotiate, in exchanges with others, a public identify and establish a persona within the state of (present) events (Griffin et al., 2019). Such negotiations are often fragile and temporal or adhere to understandings of normalcy and even sociopolitical hegemonies. Goffman provides examples of persons “acting” in certain mannerisms, which are at odds with their abilities, and are in line with expectations or often performed to manipulate a situation or gain the desired outcome. Often, these behaviors reinforce that status quo, as is the case in the anecdotal stories of gendered and racial minorities compromising themselves to reify a social or hegemonic hierarchy, their performance of submission may serve them in contexts where doing otherwise may come at a high personal cost (Griffin et al., 2019).

Fisher views Goffman’s framework as influenced by thinkers like Francis Bacon and stemming from the objective approaches of the social-science traditions (Fisher, 1985). Moreover, Fisher finds that Goffman’s work is in step with “storytelling” and that his epistemology is one of an exploration of the relationship between knowledge and power “over people” (Fisher, 1985, p. 349). As a paradigm that Fisher (1985) argues is complimentary to the humanistic theories of structuralism and post-structuralism, post-analytic philosophy, hermeneutics, and critical theories, the narrative paradigm can be as useful for interpreting popular culture movements as it is in analyzing a formal speech. The narrative paradigm agrees with Goffman but may differ from other frameworks in viewing human beings as agents or operators of their narrative rationality (Fisher, 1985). In other words, Fisher’s paradigm considers human beings as drivers of arguments who rationalize “good reasons” for themselves.
and their audiences. This paradigm overlaps with the constructs developed by scholars along the fragmented and interdisciplinary spectrum of communication theories.

**Community-based Participatory Research**

My dissertation project aims to query the low-income, housing insecure, or homeless population groups that frequent the Manna House Memphis about their life experiences and offer them the opportunity to identify the issues or barriers they face and become partners in creating solutions. As part of community-based collaborative partnerships, research participants will be given the platform to share their narratives through the qualitative methodologies of narrative inquiry, photovoice, and ethnography. To explain the premise of narrative medicine, Frank (2017) describes the framework, as devised by Rita Charon and colleagues, as a creative pedagogical practice that will translate into praxis in patient interactions. Praxis then entails substantiative action that is patient or participant-driven. Following the humanistic theories and narrative paradigms, I intend to approach key stakeholders without a set path for research. In this manner and congruent with the principles of narrative and ethnographic work, the participants and the data will dictate the findings and the project’s scope. To ascertain the individual and community-influenced health beliefs, I will use the methodology of photovoice to collect the “stories” of the selected population group and support them as they guide the project. Narrative, or the story, is thus the precursor for the research endeavor.

In harmony with the aims of health communication, photovoice as a narrative methodology satisfies concerns of cultural competency as laid out by empowerment theories. I see this research method as informing my approach to presenting the standpoint of the intersectional Manna House community. Guests of the Manna House Memphis make up a community of members who exist at the intersections of class, race, ethnicity, physical and
mental ability, sexual orientation, and housing and employment status. Many of their social realities are unknown to the public and policymakers. Photovoice, like Freirean epistemologies, seeks to give voice to the voiceless and allows them to provide narratives outside of Eurocentric, colonialist systems (Latz, 2017).

Thus far, my experience at Manna House, and with photovoice has exposed me to provocative experiences of lives that are utterly foreign to me. The shared narratives are expressive of struggles with life, in situations of choice or circumstance, from a marginalized and ostracized community that is rarely given a voice. Photovoice provides images to narratives that reveal competence, strength, and a will to endure. The story of poverty is age-old and often replicated in film and literature as a popular and publicly intriguing motif. I do not wish to share participant stories just to shed light on poverty and housing insecurity, but rather as an effort to represent a community accurately. As a co-advocate or partner, I hope the data can inform and amend policies that enrich the life “experiences” of the Manna House guests. The data produced from this project may not be used to predict future behavior, as might a quantitative approach. Still, this qualitative analysis intends to shed new insights into the effects of the socioenvironmental conditions on the lives of the individuals who share their stories.

**Aims of this Research and Research Questions**

AIM 1. By privileging the voices and experiences of people affected by homelessness, this study will first identify the social and structural barriers impacting health beliefs among homeless people enduring chronic illness, mental health illness, and low or no income amidst a global pandemic.

RQ 1. Does homelessness qualify as an institution, and how might this institution affect the development and adoption of health beliefs and behaviors?
AIM 2. Those facing homelessness are often defined based on their homelessness and substance use, resulting in mistreatment and a lack of dignity/civility in the exchanges between the homeless and those who are not homeless. Daily experiences of violence, racism, theft, threats, and ostracism are everyday experiences among the homeless community members. The stigma attached to the homeless disqualifies them from social acceptance, and social equity and disproportionately places them at higher risk of falling victim to severe disease, requiring hospitalization or death. This work will allow cooperative participants to articulate the impact of their socioenvironmental circumstances and make their struggles visible to policymakers, health promoters, and people among the lay public.

RQ 2. How do study participants define their socio-environmental context, and how does this context, including their social networks, contribute to their health beliefs, particularly regarding the COVID-19 virus and vaccines?

AIM 3. Identify barriers and pathways to health equity by exploring socio-environmental factors that contribute to the development of health beliefs and the adoption of health behaviors. Those facing homelessness often struggle to obtain the services and tools needed to improve their socio-environmental conditions that directly correlate to better health. Environmental conditions can be improved, but procedural policy barriers create obstacles to receiving services, aid, and funding.

RQ 3. Are health-related services available and accessible locally? If not, what barriers and pathways do study participants identify as facilitators aiding in the navigation of obtaining desired services?

This project is an ethnomethodological project consisting of photovoice, interview, video, and observational data. In its first phase of work, the research features a method called
Photovoice, which allows participants to capture images of barriers and pathways related to a phenomenon. The participants are the recorders, collectors, and tellers of stories expressing their needs to inform systemic or policy change. Photovoice features three central tenets: (1) enables people to record the strengths and needs of an issue/phenomenon for a group, (2) advances the conversation and understanding of vital issues through discussion of photographs, and (3) reaches those (policymakers) who might influence the conversation.

In the second phase, I will use formal and informal interviews that will be audio recorded to achieve narrative depth and exploration. This study uses narrative inquiry to understand better how community members' social practices and environmental circumstances have informed their health beliefs amidst a global pandemic. By utilizing community-based participatory action research, I will invite community stakeholders (potential stakeholders: persons experiencing homelessness or housing insecurity, shelter coordinators, or volunteers) to visually capture the challenges and pathways impacting health among a vulnerable population group and become potential catalysts for social change. This project expands on the work of Dr. Terui and Dr. Goldsmith’s team that partnered with persons experiencing homelessness in Memphis as experts in knowing the barriers to and facilitators of achieving housing security. Manna House guests share their experiences of homelessness, health care services, and the challenges they face daily. Participants will receive disposable cameras, capture 10-15 photos of their life that underscore the themes of this project, and share their narratives that unpack the images. These narratives will serve as primary data and as the basis for answering questions about the formulation, exchange, and communication of health beliefs/behaviors as they may be affected by the socio-environmental conditions in which study participants reside? This dissertation attempts to answer
these questions through the theoretical construct of the transmission of health beliefs while considering this population group's mixed sociocultural, socioeconomic, and psychohistories.
Chapter 3 Methods and Approach

Ethnography and Methods of Ethnographic Inquiry

As someone fascinated by human relationships, communication has always been an interactive process to live and learn by. I love to talk, engage in discussions (even with total strangers), people watch, peek through open windows, and even partake in the occasional eavesdropping of public conversations. As a result, I am somewhat of an ad hoc *Nosy Nellie*. Ethnography satisfies my desire to marry my dual roles of inquisitive researcher and the less pejorative social reformer or advocate. Practicing less preaching and listening to participants, researchers utilizing ethnographic methodologies have helped pave the way for this dissertation project to understand the social and environmental context that serves as a backdrop for the development of health behaviors that may be key to mitigating disparity and cultivating improved health equity.

Ethnography is an empathetic sense-making tool to examine people’s lives, thoughts, and experiences in their everyday practices. Ethnography grants researchers access to lives wholly removed from their own. People come to know and understand one another despite their disparate upbringings and outlooks through communicative processes of mutual exchange. Ethnographic methodologies sanction such exchanges under conditions that might not usually be accessible by attaining entry to people and places perhaps foreign and misunderstood. For example, a direct approach to improving health outcomes in public health policy is programing that outlines and adheres to safety protocols and desires *best practices*. While such methods may seem ideal, educating population groups on better health behaviors may dismiss personal struggles that complicate the application of such recommendations. Ethnographic research aims to shed light and retrieve a nuanced understanding of the complications individuals and
population groups face through intercultural exchange and the formation of relationships. Here, researchers refrain from proposing exclamations of fact or predicting behaviors, yielding control instead to the participatory subjects. The data produced in this, and other ethnographic inquiries, will be unique to each interview, which is person-based and may differ depending upon one’s demographic makeup and life experience. Here race, gender, and upbringing may present areas of life complications that participants may choose to share or gloss over. My job as a researcher is to probe questions that arrive at understanding and provide the platform for participants to communicate their stories through spoken words, visual images, and observations of their performances and mannerisms.

Who’s in Control? Challenging Traditions

Interviewers tend to go into the field seeking answers to specific questions. Perhaps catch the interviewee in a contradiction and point out the discrepancy. Journalists and lawyers often prepare interview questions to answer questions like “what did you know, and when did you know it” to establish concrete timelines and separate fact from fiction. Such configurations of control are intentionally missing from ethnographic interviews, and even where contradictions exist, the ethnographer recognizes them as an integral part of the story, the research, and the exchange of understanding. Clandinin and Connelly (2000) articulate that structured interviews such as those mentioned above are emptied of relational quality and are the least used interview style in narrative inquiry, a methodology of ethnographic work. Regarding ethnographic relationships, Goldsmith (2004) describes them as void of control and producing datasets where (their) validity and reliability cannot be quantifiably measured. Arguing that “[t]he focus is on the naturally occurring, without the researcher’s intervention and gimmick” (p. 77), the power dynamic is neutralized through an organically evolving rapport.
The Ethnographic Tradition

This study includes ethnomethods of researcher participation as a means of narrative inquiry. Ethnography and ethnographic writing (research), as Goodall (2000) describes it, is detective work that follows clues, weaves in context, and involves disciplined fieldwork that includes socializing and visiting new or unknown people and places, and engages in “observations, interviews, and conversations, [and] rituals and rites” that may be unbeknownst to the ethnographer (pp. 24-25). As a sociological method, ethnography began as an “extension of antecedent sociologies” and transitioned into a methodology on its own that borrows influence from Goffman’s work on symbolic interactionism (Attewell, 1974). Garfinkel’s (1967) seminal piece, Studies in Ethnomethodology, investigates how people make sense of their world and actions by examining human perceptions and practical approaches to social structures and situations.

Ethnography as a methodology directs studies beyond the content of interviews and texts and into the realm of context. Lillis (2008) characterizes the ethnographic methodology as one that is comprised of multiple sources to “explore and track the dynamic and complex situated meanings and practices” of the participants or subject matter (p. 355). Despite critical contributions to qualitative analyses, criticism of the methodology suggests a narrow focus of the multimodality approach that neglects to speak to data collection, acquisition, and the transference of knowledge (Schindler, 2018). Nevertheless, as a methodology consistent with a constructivist philosophy that privileges truth as co-constructed between researcher and participant, ethnography has been successfully paired with grounded theory to interpret those interactions (Bamkin et al., 2016).
Ethnomethods involves using multi-ethnographic methodologies to study how meaning is made and understood in context. Meaning, or *sense-making* that is representative or gives voice and is authentic to the participant and the context, is inherently symbolic, if not political, and potentially transformative. Goodall (2000) writes that representation is “both an intriguing idea, or concept, as well as an issue that warrants a lot of new scholarship devoted to collecting and telling stories about people, places, and things that never before attained scholarly interest or legitimacy” (p. 56). Ethnomethodology invites researchers to situate themselves as ordinary participants in the situational context or the field to observe and engage as part of the learning opportunity (Schindler, 2018). The work asks for the researcher's patience, requiring considerable time commitments devoted to collecting and analyzing data. Furthermore, ethnomethods, such as participatory fieldwork, collecting fieldnotes, gathering interviews and narratives, and self-reflective data analysis, require a compelling and believable narratorial voice (Goodall, 2000). Here, the researcher's ethnographic search for meaning involves its *use* or application in everyday situations as a perspective of phenomenological study that avoids potentially misleading fixed dictionary-style readings or etymological analyses (Psathas, 1968).

This study is in the narrative paradigm as a theoretical anchor to the ethnographic inquiry into health (and vaccine) beliefs. The collection of participant narratives, or stories, will be analyzed concomitant with Fisher’s concerns between narrative and adopted action. Research in health communication stresses the importance of the patient-provider relationship that includes the patient, caregiver, and family member(s) on the one side and multidisciplinary healthcare providers on the other. Specialized care may present challenges to providers still adapting to communication with members outside their subspeciality, but efforts that include interdisciplinary teams in the care planning may reduce costs, mitigate conflicts among
providers, and improve patient care (Hall & Weaver, 2001). In addition, including narratives from interdisciplinary teams in the research process lends individual voice to fragmented collections that create a larger story.

**Fieldnotes.** Ethnographic work supplements the collection and analysis of narratives with fieldnotes centers and contextualizes the data (Goldsmith et al., 2010) while enriching the researcher’s role as a co-member of the participatory action-based research model. Goldsmith and colleagues (2010) offer that such narrative exploration, in the healthcare context, can challenge assumptions of existing knowledge and may be a source of education for future patients and providers. If ethnography is “a written representation of culture,” then fieldnotes are captured perceptions; they are records of exchanges (verbal and non-verbal), performances, and maybe partial or partisan (Goodall, 2000, p. 86). Clandinin and Connelly (2000) reiterate the co-constructed nature of field texts and the enriching quality to the interpretive process.

The field text is shaped by the selective interest or disinterest of [the] researcher or participant (or both). What may appear as an objective tape recording of a structured interview is already an interpretive and contextualized text: it is interpretive because it is shaped by the interpretive processes of researcher and participant and their relationship, and it is contextualized because of the particular circumstances of the interview’s origins and setting. (Clandinin & Connelly, 2000, p. 94)

While fieldnotes may not always be impartial, they can be trustworthy sources of ethnomethodological data when used in tandem with interview collections, checked for accuracy, and supported interpretive claims (Goldsmith et al., 2010). Rigorously detailed and routinely kept, fieldnotes fill in memory gaps and offer a “reflective stance” (Clandinin & Connelly, 2000, p. 95). In research examining the correlations between narrative and adopted action, it is
imperative to match group cultural characteristics with health information and communications seeking receptivity/acceptance of health programs (Thomas et al., 2004) (e.g., vaccine promotion campaigns among vulnerable or minority populations). Moreover, in this ethnographic study, my fieldnotes are an essential part of the narrative data collection, thematic analysis, cultural contextualization of the fragmented stories, and contributing new insights as part of an ongoing campaign to mitigate determinants and eliminate health inequity.

**Grounded Theory**

Grounded theory is a social scientific methodology with an emphasis on comparative analysis of qualitative social research. In their seminal piece, *The Discovery of Grounded Theory: Strategies for Qualitative Research*, Glaser and Strauss (1967) define and develop a theory that centers research within the context by which it is extracted. Where traditional scholarship might approach datasets with prescriptive procedural processes as “verification of theory,” grounded theorists encourage a reversal of trajectory, allowing the data to instead inform and “generate theory” (Glaser & Strauss, 1967, p. 6). Their aim to steer qualitative data away from theory-lite monograph-style reporting offered researchers opportunities to test facts against unsubstantiated, quantitatively produced theories. Indeed, the standard measure of social systems and social structures studies provide only limited value or contribution, no matter how detailed or entertaining the report, when non-adhering to the evidentiary rules that limitingly scrutinize indicators, validity, and reliability. Moreover, Glaser and Strauss argue not for the superior ranking of quantitative nor qualitative methods; rather, they posit that both are valuable for verifying and generating theory.

In the decades that followed, scholarship on grounded theory evolved as Glaser and Strauss, and their students, began to expand their understanding of the theory and its methods. As
a result, two schools of grounded theory inquiry were formed from the independent work of Glaser and Strauss with varying emphasis on the role of theory. As an inherently epistemological issue of contention, Vollstedt and Rezat (2019) note studies that have successfully challenged disputations of the theory's applicability as analytical adjustments may be made based on the phenomena under survey.

Grounded theory engages in sequential iterative processes of data collection that are continuous, reflective, and responsive. The progression then follows with a series of systemic analyses substantiated by the empirical data (Vollstedt & Rezat, 2019). When paired with ethnography, grounded theory processes the collected data and best answers research questions that query why various social interactions produce the sense or understandings. However, the theory should not be so datacentric it ignores or rejects the extant literature while searching for unbiased or new insights (Suddaby, 2006). Grounded theory is most appropriate for research in areas lacking sufficient theoretical concepts; with adequate time in the field (data production/collection), it can generate new theories and concepts (Vollstedt & Rezat, 2019).

**Photovoice**

Photovoice is an applied research methodology that is narrative-based, community-based, and often in contrast with conventional research models (Latz, 2017). For example, traditional research models follow a framework that is “gendered,” a masculine style adhering to social scientific principles of objectivity that assumes a neatly quantifiable data set. In this masculinely gendered approach, representation is a re-representation of a fixed reality (Goodall, 2000). Alternatively, Goodall (2000) defines ethnographic work, such as photovoice and narrative inquiry, as engaging in feminine approaches that emphasize building rapport with participants.
The trust that develops allows participants to fill in the inconsistencies left behind by the
objective “fixed” reality assumption.

Like other photography and image-based documentary forms, photovoice is about
representing others. The ethnomethod also incorporates aspects of the observational mode of
filmmaking by relinquishing image control to the subject; the participatory model emphasizes the
interactive relationship behind the subject-researcher collaboration (Nichols, 2001).

Representation, as a goal of the research, challenges notions of a singular “truth” or “reality,”
making this goal by definition political, feminist, and pushing back against traditional
empirically-based research methods (Goodall, 2000). Instead of objectivity, photovoice and
ethnographic narrative work inherently employ critical and cultural theoretical methods.
Photovoice radically gives voice to participants to self-represent and challenge notions of “truth”
while filling in the gaps left behind by empirical researchers (Goodall, 2000; Latz, 2017).

Photovoice borrows from the conceptual teachings of Freirean pedagogy of community
empowerment, cultural sensitivity/humility, and praxis (Gadotti & Torres, 2009; Latz, 2017;
Lekas et al., 2020). As a form of resistance to institutionalized power and rejection of the
student-teacher authoritarian paradigm, Freire’s teachings affirm individuals' agency for
reclaiming authority over their lives (Gadotti & Torres, 2009). In composing the “Pedagogy of
the Oppressed,” Freire lays out the symbiotic relationship between educational practice and
liberation by focusing on dialogue, practice, and situated learning in lived experiences (Freire et
al., 1998).

Photovoice as an Ethnographic Method

Photovoice is a participatory action form of community-based research meant to endow
participants with the tools of analysis rather than the researchers administering predetermined
research structures using participants (Latz, 2017). Community stakeholders will be invited into the study to capture and narrate images that articulate pathways and barriers to health literacy and how they understand it. The data collection will utilize a mixed-methods approach and will be primarily gathered from ethnographic observation and participatory-based accumulations.

To study health beliefs and behaviors qualitatively, I will engage ethnographic methods of “watching and listening” to capture the nuanced meaning behind the performed “behavior[s] and language” of participants (Treadwell, 2014, p. 192). Outlined by Treadwell (2014), my role will be that of “participant as [an] observer,” where over time (months), my relationship with the participants may resemble a friendship, despite my disclosed position as a researcher (p. 201). I will conduct interviews, focus group conversations, and record my observations as an essential component of supplementing ethnographic practices that privileges narrative as representative work. Thus, I have chosen ethnography as the qualitative methodology that allows me, as a researcher, to partner with community stakeholders in the collaborative process of expressing individual truths and understanding certain phenomena as seen through their eyes.

This qualitative research will utilize the transformative paradigm, which proposes that individual realities can be changed when social justice issues are addressed. This paradigm professes the empowerment of marginalized communities by engaging stakeholders in action-based research that is collaborative, advocative, and partnership-based to solve social problems (Jacobsen, 2017). Photovoice and narrative inquiry are the two central methodological schemes of this ethnographic project. Data will be collected from guests and volunteers from the Manna House Memphis, a homeless shelter outside of downtown Memphis. As a researcher involved in social action modalities, I have become an active participant in collecting firsthand data and producing supportive supplemental data for the thematic analysis. This data includes field and
journal notes of non-audio recorded conversations and observations. These fieldnotes will consist of immediate records of conversations with guests and volunteers, observations of behaviors and interpersonal interactions, and my assessments or feelings of events that transpire while on site.

The ethnographic modality of photovoice can provide photos/images/artifacts amateurly collected by participants, transcriptions of audio recordings of interviews, and coded data of critical findings. Follow-up interviews, including focus group interviews, will be audio-visually captured. Supplemental data on homelessness, COVID-19 related information, and vaccine/antivaccine movements will be collected from peer-reviewed journals, mass media, public health records, and social media posts/blogs. This method of data analysis is most appropriate to share the firsthand narrated experiences of the participants and avoid misrepresentation. Patterns, recurrent themes, and reconciled content will be coded and categorized to appropriately brand community identified barriers and solutions.

Study Design

Conceptual Framework

Intercultural communication studies often refer to communication and culture as inextricably intertwined phenomena (Philipsen, 1987); definitions of health or healthiness vary based on culture, region, ethnicity, and socioeconomic status (Schiavo, 2014). The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2021). Shared cultural characteristics and cooperative exchanges (communications) may also aid in developing (among culturally similar communities) shared health beliefs. As research grounded in ethnographic methodologies, this project aims to study the health beliefs of a marginalized population within the immersive context they inhabit. Hart (2021) encourages researchers to utilize the
ethnography of communication framework as a careful, systematic approach to cultural studies. She cautions,

[Researchers] must be prepared to unpack their values, which implicitly shaped every aspect of their work, from the research questions, that they posed to their choice of communities to work with, their immersion in field sites, their emphasis on privileging participants’ voices, and so on. (Hart, 2021, p. 6)

I am prepared to practice reflexive and ethical data collection as part of an ethnographic framework that obligates suspension of a critical voice or judgment (Carbaugh, 1989) and refrains from interfering in participants’ realities regardless of data outcomes (Carbaugh, 1989; Hart, 2021). The overarching goal of this analysis post-data collection is to understand what the examined metacommunication signifies to the participants as members of the Manna House community and as members of communities independent of the shelter and what complications these implications pose to their health.

Coding in Grounded Theory for Thematic Analysis

As an area grossly understudied and vastly underrepresented theoretically, a project on health beliefs and homelessness rises to the promises of theory generation that grounded theory offers. Coding in the grounded theory methodology takes place in phases to formulate conceptualizations from abstractions. The coding process might resemble a repetitive cycle like the one presented in Figure 1.
Note: A grounded theory process.

Coding methods vary from an open (comparative) style to more focused, selective, or thematically driven approaches. Charmaz (2006) offers grounded theory as a flexible means to develop theoretical meaning from analytical codes that are thematically and analytically unified. This flexibility affords accommodations in coding and analysis to be made inter-process, as ideas and conceptualizations are thematically formed.

Data for projects, such as this participatory-based venture, that are composed of collections of ethnographies, visual imagery, interviews, observations, and biographies, Charmaz (2006) offers “line-by-line coding” as a tedious but productive first step to (1) discovering vivid meaning, (2) identifying implicit concerns, (3) generating general thematic ideas, and (4) identify areas of concern such as gaps in the data (p. 50). With a commitment to authentic representation, I see line-by-line coding as an essential precursor to incident-to-incident coding that records observed patterns of behavior that may not be the discovery itself but rather the path to it. I see my role as a researcher to be a co-constructed partnership founded on good faith and, as such, recognize the problematic potential of hasty comparative coding. This research endeavors to establish trusting relationships and collect interview data from persons belonging to a diverse, vulnerable population group. Under the framework of a paradigm that seeks to study social
structures and relationships, this study enters the field to learn participants’ vaccine (health) beliefs and understand how they formulate and communicate such beliefs. Thus, the data will assume processes of analysis that commence sequentially but may undergo waves of retroactive evaluation should the data yield conflicting or nuanced perspective. In other words, as data is extracted and interpretive observations (words) indicated, as per the reflective process of grounded theory coding, “saturation” of codes, concepts, categories, and themes may require nonlinear phasing in an otherwise linear progression (Qureshi & Ünlü, 2020).

This ethnographic project design is modeled after the reflexive arm of grounded theory analysis as laid out by Charmaz (2006) and Qureshi and Unlu (Qureshi & Ünlü, 2020) to (1) systematically collect and capture lived experiences, (2) undergo coding or decoding of verbal and non-verbal communications, (3) analyzed to determine the meaning and identify concerns thematically, (4) comparatively accessed with carefully with attention to and aims to contribute nuanced understanding to the extant literature that may affect policy or procedural change.

The Field Site

**Manna House Memphis and The Catholic Worker Movement**

The study site is The Manna House Memphis, a shelter that provides services to homeless, impoverished, and housing insecure individuals in the downtown Memphis area. Branching out of twentieth-century socialist and communist movements, the mission of communal social equity continues. The Catholic Worker Movement was born out of a chapter in America’s history where race relations, poverty and homelessness, and the market crash of 1929 created sociopolitical upheaval and stirred many among the working class into political engagement (Coy, 2001). Co-founded by Dorothy Day and Peter Maurin, The Catholic Worker Movement ascribes to an “anti-capitalist utopian ideology” as a nonviolent community response
to combat systemic oppression outside of normal political channels (Betten, 1971; Coy, 2001).

The cofounders crafted the idea of independent communes as an exercise of social reconstruction and activism after being involved with Communist and Socialist parties in the 1920s and early 1930s.

The communes eventually failed to gain popularity, but the idea of houses providing hospitality, food, and shelter to the urban poor and became a daily function of the project (Betten, 1971; Coy, 2001). Despite Day’s aversion to the oppressive institutions of religion, her personal spiritual and social practice laid the groundwork for The Catholic Worker movement and newspaper, which served as their nonviolent propaganda machine (Cook, 2018). By 1938 more than 20 houses had opened their doors to offer hospitality in the transcendence of racial and classist divisions (Cook, 2018). As Day continued to develop in her religiosity, she helped shape the collective “ethic of poverty” as a significant aspect of the “worker” community (Coy, 2001). Today, the Catholic Worker Movement continues to serve as a leftist spiritual influence for grassroots radical activism, and Day is equally admired by religious and secular figures alike (Cook, 2018).

Manna House Memphis is a volunteer-run shelter based on The Catholic Worker tradition that offers hospitality to the poor and homeless. Located east of Downtown Memphis and the medical district, Manna House is a two-minute walk to the Sacred Heart Catholic Church, 9 minutes to the nearest Kroger (major grocer), 9 minutes from the Dorothy Day House, and 30 plus minute walk to the Memphis Mission Union. Walking distance is noted here because most of the shelter’s guests do not have established motor transportation means. Bus systems may only offer limited access and present challenges, including significant time commitments, safety
concerns, and walking obligations (to and from bus stops) (Henning-Smith, 2020; Rittner & Kirk, 1995).

Guests frequenting the Manna House often walk, bike, ride a bus, or receive a ride from a friend or neighbor from their sleeping location, which may be sheltered (e.g., apartment, shelter, or other indoor lodgings) or unsheltered (on the street or other outdoor locations). Other nearby services include the Friends for Life organization which provides no-cost services to HIV/AIDS afflicted community members such as transportation, housing, treatments or medications, food and nutrition, and counseling free of judgment. Many of the Manna House guests will start their day with fresh coffee, a hot shower, and a change of clothes before going out to acquire the other services they may need.

Setting the Manna House apart from its neighbors is its commitment to providing visitors with a communal space for companionship, conversation, and dignified care. Unlike other shelters that may specify gender or family/relational status as a condition before service, the Manna house welcomes male, female, and queer guests regardless of their racial, health, or family status. Guests are not required to state their name or proof of need. A “no questions asked” policy is instituted, and health and other personal statuses are considered private, only to be disclosed as per the guest’s choosing. Manna House's services include “socks and soap,” which on all open days includes toiletries like deodorant, razors, tissues, shampoo, lotions, and toothbrushes/toothpaste. In the winter months, hats, scarves, blankets, and hand warmers may also be provided. As donations come in, the guests are offered reusable water bottles, backpacks, and other food items (as available). A volunteer barber is onsite to provide haircuts under the covered back porch, protected from the elements every Thursday morning. Guests mingle in a safely fenced yard and throughout the small interior of the home. They sip their coffee and
engage in various conversational topics ranging from politics to sports, and laughter can be heard from across the property. Rowdy or noncompliant guests, those refusing to cover their mouths and noses, or those engaging in belligerent behavior are warned before being asked to leave for the day. Guests may also be suspended from returning for an extended period to allow time to amend behavior(s) before permitting their reentry onto the property.

Getting into the Setting

In January of 2021, I joined the PRO-FY2017-386 study titled: Understanding Health Literacy through the Lens of Photovoice under primary investigator Dr. Goldsmith. The study received institutional IRB approval, from the University of Memphis, on December 15, 2020. In addition, the study obtained the necessary approval from Pete Gathje of the Memphis Theological Seminary and the director of operations at the Manna House Memphis, as the site of fieldwork. All study participants also completed the required CITI (Collaborative Institutional Training Initiative at the University of Miami) training as per human-subject research protocols.

Participants

This community-based participatory research requires the willing participation of subjects committed to providing multiple contributions of personal data. Participants for this data collection will be voluntarily selected from a pool of guests frequenting the Manna House shelter. Due to the volatile nature of homelessness and housing insecurity, only regular guests will be asked to participate in the photovoice portion of the project, as they are more likely to return the camera and return for a sit-down interview once the film has been developed. In addition, as part of an ongoing phase project, I have found that some participants are better versed in the technical aspects of photography, more likely to take the requested number of photos and return the camera and be both willing and available to record an audio interview.
Younger guests, for instance, were less likely to return a camera (for processing and completion of participation protocols), as were guests who did not have a regular place to sleep, even if they slept unsheltered.

Hence, participant selection for the second phase of data collection will be more targeted toward guests that regularly visit the shelter and have a designated sleeping space (even if it is outdoors). Working with a somewhat outdated form of manual photography, guests should also either have experience with or show an aptitude for successful use upon receiving camera instruction (how to take photos on a disposable camera). The Manna House guests are overwhelmingly male, and the first phase of returned cameras was all from men. The second phase aims to recruit more female-identifying participants to establish a more exhaustive, more thorough, and inclusive sample for the narrative inquiry.

Procedures

In the first phase, pre-data collection, the task is simple; go into the shelter and meet people. By becoming a volunteer team member, shelter guests will become more comfortable with my presence and trust that the research is being conducted in good faith, even if they choose not to participate. As co-participants in the ethnographic research, it is essential to feel like an integral part of the shelter. After months of writing my name on masking tape and placing it on my person, I was finally inaugurated with an official nametag, complete with a laminated finish and a lanyard. I serve as an active volunteer serving coffee, handing out toiletries, replenishing the sugar dispensers, and conversing with guests. The shelter’s mission is not to provide skills training or medical treatments but to offer hospitality and companionship. Thus, volunteers are encouraged to chat with guests and enjoy one another’s company. I continue to make regular visits to the shelter and maintain relationships with the guests while taking copious notes of
conversations, journaling the day’s events, and recording my observations of behaviors, mannerisms, and language use as a provision of studying the relationships between participant views as they are expressed and their corresponding performances (Treadwell, 2014). I follow up with guests that have been away for a while, and they ask about me when I miss a week or so, letting me know the relationships are grounded in mutual respect and caring.

All participants voluntarily agreeing to participate will be compensated 30 dollars for their time. Compensation consists of a 10-dollar Kroger gift card for returning the camera with the requested number of photos taken and a second 20-dollar gift card post completion of an audio-recorded interview. Next, the film is processed at a local printer, to digitize and print hard copies of the photos for interview use. Interviews will be conducted on a one-on-one basis and scheduled in the order that the cameras come in and as per participant presence on site. Shelter volunteers and staff coordinators will also be recruited as participants in the research. Their role will be to provide foundational and supplemental data on their experiences in the service of this community. The supplementary interviews will be conducted offsite and outside working hours to maintain confidentiality and protect shelter guests. Interviews will be conducted in an unstructured manner that allows participants to explain the context of the photo they’ve taken and its significance. This approach provides a platform for the participant to relay any associated information and may present the researcher with new insights and opportunities for semi-structured follow-up questions (Treadwell, 2014). Questions will be open-ended to foster participant-driven responses to personal narratives.

Additionally, data collection will adhere to the following structure:

- All cameras are labeled with a number and assigned to a participant for identification and interview purposes.
• Camera and participant data (demographics and interview) will be logged and tracked throughout the study.

• The sample size comprises 25 cameras distributed to volunteer participants recruited at the Manna House shelter. Participants are asked to take between 10-15 pictures. The expected number of photos is approximated to total 100-130.
Chapter 4 Analysis

Introduction

In the first three chapters, I introduced this study by outlining the ethnomethodological approach used to examine the barriers and possible resolutions as identified by participants in this qualitative research endeavor. I identified the problems faced by persons experiencing homelessness in general and narrowed the focus to a specific population group in the midtown area of Memphis, TN. All the participants in this study were selected from the Manna House Memphis, which was the fieldwork site. Data collection began in January 2021 and continued through February 2022. Over the fourteen-month period, data were collected first in fieldnotes as I, a participant observer, was able to collect data by immersing myself to some extent in the lives of shelter guests who may or may not have been formally interviewed. Such observations adhere to the pedagogical approach of praxis that commands researchers to question fundamental assumptions and preexisting theories about our subject of inquiry. Shah (2017) offers a second aspect that makes participant observations revolutionary, calling the “inherently democratic…two-way process of exchange” (p. 47) a revolutionary practice because

[B]y taking seriously the lives of others, participant observation enables us to understand the relationship between history, ideology, and action in ways that we could not have foreseen, and is therefore crucial to understanding both why things remain the same and in thinking about how dominant powers and authority can be challenged, that is crucial to revolutionary social change. (Shah, 2017, p. 47)

Thus, my personal participation is a fundamental part of the data collection and analysis process. Moreover, my fieldnotes on occurrences and musings during interviews and events after each visit both compliment and fill in the gaps in the data, forming a more nuanced and
altogether novel understanding of the people observed and the findings of this study. In chapter two, I discuss narrative and the narrative paradigm in my literature review; however, for the remainder of this text, I will use the words *narrative* and *story*, or *storytelling*, as informal references to the tales told and recorded that provide the data for this research. The stories may be narratives or snippets of the participants' lives as they have been collected for this ethnographic manuscript but are not meant to be complete biographical texts, nor have I attempted to fact-check or authenticate the veracity of the stories.

In this chapter, I turn to my research findings to address the overarching question of how health beliefs are communicated and complicated by the socioenvironmental barriers uniquely experienced by persons experiencing homelessness in the urban city of Memphis. Using an interpretive philosophy and a constructivist paradigm, I center on *truths* that are constructed in a natural setting and obtained by interpretative, qualitative means (Williamson, 2006). I adhere to the pedagogical model of grounded theory as defined by Charmaz (Charmaz, 2003; 2006; K. Charmaz & J. A. Smith, 2003) that sees emergent codes as the ascribed meaning of data that has been carefully interacted with and scrutinized. Following this paradigm involves ongoing active reflexiveness with the material that delays definitive conclusions or theory production until after comparative engagement with current literature and existent theories (Charmaz, 1995). The process of post-data collection is outlined in Table 1.
Table 1

Data Collection and Analytical Techniques

<table>
<thead>
<tr>
<th>METHOD</th>
<th>DESCRIPTION</th>
<th>NO.</th>
<th>NATURE OF DATA</th>
<th>ANALYTICAL TECHNIQUE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FORMAL RECORDED INTERVIEWS</strong></td>
<td>Transcribed audio recordings of formal interviews.</td>
<td>N=14</td>
<td>Recordings of interviews with consented photovoice participants</td>
<td>Develop codes based on a systemic process of thematic analysis. Initial codes provide the foundation for supporting the data-driven relationships and findings</td>
</tr>
<tr>
<td><strong>INFORMAL DISCUSSIONS</strong></td>
<td>Non-transcribed, unstructured conversations with shelter guests</td>
<td>N/A</td>
<td>Notations of conversations with participants who participated in full or partial capacity. Data from this portion is not part of the recorded oral interview.</td>
<td>Coded in an addendum to recorded interviews to bolster findings and enrich participant profiles</td>
</tr>
<tr>
<td><strong>PHOTO CONTRIBUTIONS</strong></td>
<td>Digital or hardcopy printed photos</td>
<td>N=12</td>
<td>All this data was collected from the return of disposable cameras provided in the study. No external photography was used.</td>
<td>Analyzed in conjunction with recorded interviews as part of photovoice data contributions</td>
</tr>
<tr>
<td><strong>OBSERVATION SESSIONS</strong></td>
<td>Notations of shelter visits</td>
<td>N/A</td>
<td>Notes on people, events, and happenings at the shelter. Includes observations of non-participant guests</td>
<td>Ethnographic observations as part of the data and enrich the analysis.</td>
</tr>
<tr>
<td><strong>FIELD NOTES</strong></td>
<td>My journal entries.</td>
<td>N=100 + pages</td>
<td>Handwritten notes in a journal I kept during the entire data collection process. Includes notes of incidences and conversations that transpired (both formal and informal), my thoughts and feelings during interviews, and my readings of people and events.</td>
<td>Ethnographic observations as part of the data and enrich the analysis were also used to fill in gaps in the audio data.</td>
</tr>
</tbody>
</table>
Hence, this chapter is organized into the following sections:

- I begin with a reflection on the importance of the *story* or the storytelling. As an ethnographic piece, *stories* are the core of the data, and ultimately the *truth* of Mid-town Memphis’ homeless world as delineated by the participants of this study.
- I then move into an introduction to the field site and the participants.
- Next, I outline the challenges of participant selection due in part to complicating socioenvironmental factors and the advent of a global pandemic.
- Additionally, I explore the emergent codes and rely on interview excerpts from verbatim material (transcribed interviews) to provide the foundation for the emergent theoretical concepts.
- Finally, I present an analysis of homelessness, revisited post-data collection, that includes a contemplation of the local scale of the issue.

**The Significance of a Story**

Perhaps the most humbling aspect of the ethnographic process is self-realization, the moment I, as a researcher, learn that I know less, months into the project than what I thought I knew upon embarking on the journey. Like the preparations undertaken before traveling to a new or foreign destination, a traveler may have researched the weather, the local culture, and even points of interest to best plan for the unexpected. The belief is that one is prepared for the unknown and even in the face of surprises, one will not be left helplessly blown off their feet. So too are the ethnographic researcher's preparations steeped in the groundwork of the published literature; we enter the field with the understanding that we are there to fill in the knowledge gaps we've already amassed from books. However, once in the field, the complexity of the human subjects stacked atop socio and environmental complicators, the realities of individual
truth often defy the parameters of collective classification. Even as I write this, I am troubled by my need to create groups or pairings indicative of systemic analysis. While similarities exist, the nuances of individual experience reveal rich stories of historied pasts and the inner workings of minds painstakingly cultivated through the passage of time and experience. At best, spending extended periods immersed in the participants’ lives may only increase insightful projections of an individual’s wants or needs; it cannot produce answers to satisfy a collective that outsiders (those not sharing in the lived experience) would label, community.

What I know today, twelve, fifteen, or even eighteen months into the ethnographic work, is perhaps more an expression of a person’s “self” on a particular day than an actual representation of the realities of life on the streets. Goffman (1959) describes this limited, setting-based insight as taking place in a region, which he defines as “a place that is bounded to some degree by barriers to perception” (p. 106). My collection of stories and experiences stems from my time in a controlled setting, in a shelter recognizing the mutual humanity in its offering of hospitality to its guests. My immersion at the shelter was physically limited to the confines of the shelter and the surrounding area. I did not, for instance, sleep on the cold concrete floor of a parking structure or have to hide my belongings in a thicket of bushes, nor did I experience the worry over where my next meal would come from and if my legs could carry me to that location. I did, however, listen to and look into the eyes of those who have. My analysis is thus my attempts of sense-making from the expressions of self, a term I use henceforth to refer to the state of the narrator and their narration as it was relayed to me on a particular day or days as bits and pieces of experience may have been revealed. As shelter guests and volunteers came to know and trust me, their “expressions of self” became less about what they thought I wanted to hear and more about their present moment in time. In other words, it took time to develop trust; more
Building Field Site Rapport with the Manna House Guests

Arrival: The Early Days

I first entered the grounds of the Manna House in January of 2021. My chair had previously offered me the opportunity to join a study she had been working on with HIV-diagnosed patients; however, that project had entered a realm heavily trenched in quantitative analysis. She instead suggested I join a new study. This new study had undergone IRB approval and would begin the data collection phase in January 2021. My advisor explained the project as one that utilized the photovoice methodology of participatory research, and data collection would start after the first of the year. At the time, all university classes had moved to the online format, and I was beyond thrilled to have the opportunity to collaborate on a project in person. Still, more importantly, the work involved a population group with which I had some experience in my personal life and as part of an independent study project. The Coronavirus pandemic was in full fighting mode, and I had just recovered from an early bout with the virus that had infected me and my entire household. I was ready to get back to the real world and learn about the experiences and challenges others were facing as they navigated this new terrain.

I was to meet my advisor early on a cold Monday morning in January; I got lost, of course, but had worked in enough time to settle my nervous jitters as I awaited her arrival. As she pulled up, I felt relief at the fact that she parked in the same lot I was in and that I had done my part not to make her wait on her late graduate student. As she exited her car, we exchanged greetings and quick quips about difficulty finding the place, needing a restroom, and other wisecracks about our preparedness for the day. She explained the plan to meet the guests and
build rapport, and we crossed the street with our goal of action settled. The wooden front door, protected by a steel security door with reinforced glass, was opened upon our knocking by Peter Gathje, the shelter’s founder, and co-director. Although he's affectionately known as "Pete" by guests and volunteers alike, he's a professor and Memphis Theological Seminary, faculty member. He has written prolifically on topics ranging from faith to homelessness and race. His work with homeless communities stems from his time in Atlanta, GA, where he completed his doctoral studies. And despite his illustrious writing and teaching career, he humbly greets everyone at the door in worn jeans and a smile covered by his covid-mask, "I'm Pete," he states as he welcomes us inside the tiny three-roomed house with busy walls and worn orange-brown wood floors.

As seasoned volunteers busy themselves with prepping the space, coffee percolates in the large dispenser. Pete begins by assigning volunteers their tasks for the day and opens with a lighthearted prayer, usually embalmed with humor, highlighting a life or lesson from saints of old. His stories are short and often tied to current events and meant to segue into a prayer, asking God to protect the guests and volunteers. The front doors then open, and volunteers step out onto the porch where guests have assembled, awaiting the unlocking of the gates to enter the backyard space and for the serving of the hot coffee to commence. Those on the shower list await the calling of their name so that they have their temperature checked, choose a clean pair of clothes, and select the toiletries of their choice. For those not receiving showers, "socks and soap" or travel-sized toiletries and other essentials are provided for guests as per their day's request. The sizes are meant to be small so that guests can have their needs met for the day without worrying about storing or transporting these items as they go about their day. Shelter volunteers are instructed to allow only one of each item per guest. Special treatment is also discouraged, such as
offering rides to guests and other well-intentioned behaviors new volunteers may believe to be helpful.

My advisor and I set out to mingle on this first day—we introduced ourselves by our first names printed in black marker on yellow masking tape fixed on our torsos somewhere below the shoulder. I had chosen to remove the "h" and "w" from my name and wrote "Tara" on my nametag, a move that threw my poor advisor for a loop but having experience with a weird foreign-sounding name I knew I would encounter questions like "Tharwa, that's a strange name, what does it mean?" or "Where does that name come from…where are you from?" These are questions I am asked regularly, and I did not want the conversations focused on me or my name. It's bad enough I had a work colleague call me "Tawana" (and yes, some of the letters are in my real name) despite having my name in print in front of them every day; I did not want the guests to struggle with pronouncing or remembering the unique name. So instead, Tara became my Manna House and barista name. Coincidentally, I have found that I am not the only person at the Manna House who uses an alias; one guest, who goes by the nickname of Sweetness, assigns names to those in her social circles such as Popcorn, Biscuit, and Candy-yam that end up becoming terms of endearment and many of the volunteers (including myself) request a name from her. She took on the challenge of finding me one and toyed with a few names, but there wasn’t one that really stuck. Those who are lucky enough to get one wear it like a badge of honor.

Our first day was met with mixed reactions; some guests were quite trepidatious and weary of our presence, while others were more willing to speak to the newcomers and indulge our questions. We'd set out just to talk to and meet people, and we continued to do that for days as we introduced the idea of photovoice, well before ever handing out a camera. Before leaving
on that first day, I had an overwhelming feeling of nervousness at the prospect of the work. Could we make a difference in these people’s lives, I wondered? Would I be able to persuade participants that their storied journeys are worth telling? I wanted to help them share those narratives not only for the sake of storytelling but for storytelling that seeks their direction as a driver of incremental change and greater equity. I felt the simultaneous pull towards the joy of being in a space that was immediately humbling and gratifying, a space full of realities so far removed from my own.

**The Rules: Learning the Do’s and Don’ts**

I learned that the shelter's rules exist to protect the guests and volunteers despite the best intentions. Any special treatment in the form of rides, special gifts, or extras not on the official docket of dispensed items is highly discouraged. As a cisgender woman, I found myself particularly sensitive to the requests of female guests (who number the minority) and recall a time I inadvertently broke the rules to execute a “special request.” I took leave of my post to run down to the drug store around the corner to buy a tweezer for a female guest who had requested one. Mouthwash, I was told at an earlier visit, was not an approved toiletry to avoid the temptation some guests suffering from addiction may have to ingest the liquid for its alcohol content. I had mistakenly thought the tweezer dilemma could be harmlessly and inexpensively remedied. I asked my fellow volunteers to man my station so that I could fulfill the request; hearing no objection, I patted myself on the back for my quick problem-resolution skills and felt great over my good deed. The female guest was ecstatic at the "gift," and I was sitting pretty until I overheard the coordinator, Kathleen, coming down the hall asking someone, "Have you talked to Tara?" I knew something was amiss and anxiously awaited her arrival at the shower room, where I stood behind the supply booth. Upon seeing me standing there, she explained why
my actions were wrong, considered an act of "giving special treatment," and how that could threaten the order among the guests. As much as possible, the Manna House seeks to run operations under a vision of fairness, justice, and equity. Nevertheless, my transgression was an act that carried the potential to disrupt spatial harmony. I was told in no uncertain terms that I was never to repeat the offense and returned to my post with eyes newly open to the structure of an organization of obscured hierarchy contingent upon collective adherence to rules and policies.

**Advancing the Work: Selecting Participants**

As the weeks progressed, the guests started to know our names and faces; they'd ask about us when we weren't there. Personal stories were exchanged, guests learned bits about our lives outside of the shelter, and they were introduced to the study we had set out to undergo. We talked about photovoice and the concept of participant-taken photos that accompany the oral story of their current journey through life, navigating the streets during a pandemic. The story was theirs to tell and could be a snapshot of "a day in the life" or serve as an oral history that spans decades. The choice did not need to be made intentionally beforehand; instead, it happened organically as rapport was built. The stories told were more detailed, revealing a depth that may be akin to words said to a confidant. Guests would ask about us, researchers who became known simply as the volunteers "with the cameras," when we came back or out of curiosity when they saw their peers sitting down to chat with us formally with a recorder and other props.

**Incentivizing Participation**

Interest by non-participants would peak when a gift card, with a minimal amount of nominal compensation, was awarded for participation. Observers often wanted to know how they could get a piece of the pie. However, we also started to learn who the regular guests were and which ones seemed most likely to return the cameras after completing the requested tasks. There
needed to be more than a willingness to participate; participants had to possess not only the mental acumen to perform the tasks with purpose. Some guests cannot keep the camera safe from loss or theft. Others reported having trouble using the camera; they had difficulties taking photos despite repeated instruction and returned the camera without capturing any images. One female participant (Tracy) thought she'd taken over a dozen photos, but the camera read the original 27 number marker indicating no pictures had been taken. The manual windup was just not making sense to her, and after several tries, she returned the camera expressing no desire to try again; she had given up.

Complicators to Full Participation

**Mental Health.** Complicators to acquiring first-person narrative as data in the shelter setting included trust-building, the reliability of the stories told, and the willingness and capacity to fulfill the required tasks. Mental health proved to be another inhibitor to completing the multifactorial tasks; the right headspace was essential to completing the phased study. One guest (Jim) eventually asked for a camera after seeing others participate without any foreseeable repercussions; he took over a dozen beautiful photos but refused to sit down for the audio interview. He expressed his trepidation early on to me and told me that he would not sit down for the interview. I assigned him a camera, aware of the risk but hoped that he might change his mind or that the data he produced would benefit the study. Upon returning the camera, he anxiously awaited his ten-dollar compensation for its return. I checked the camera to make sure enough photos had indeed been taken, and as I handed him the Kroger gift card, he reminded me that he had fulfilled his end of the bargain and would do no more.

I continued to probe Jim as time went on, but he seemed to grow more introspective and aloof as time went on. He spoke less to me and others; he kept to himself and would arrive late
or go weeks without a visit. In our early conversations, he expressed grievances and monies owed to his past employer, the university. As a representative of the University of Memphis, he figured that I could go back to them and take up his list of complaints with them. I am unclear what he claimed his position there to be once, but he insisted that he worked for the law school and was seeking legal action for monies owed. Naturally, I listened and tried to validate his feelings and criticisms. I wanted to assure him that were it in my authority to help, I would, but my position as a student did not afford me sit-ins with the president or personnel in departments outside my own. His agitation was not subdued despite explanations of my limited power, and he began to retreat from conversations at length with me. He did manage to critique my nail polish one morning when I was serving coffee. As I handed him a cup, he noticed my black lacquered nails and said, "Don't wear that again." Baffled and fishing for more, I playfully flashed my fingernails and asked, "what, you don't like them?" His retort was quick and stern, "no!"

I often go back to Jim's photos to see if they told the story of his trepidations or fears, but all I can find are well-taken photos of mid-town Memphis. His pictures included images of train tracks, a couple of selfies, storefronts of restaurants, and even a medical cannabis shop. The collection shows the distances he travels, seemingly on foot, and perhaps places of refuge, but grievances outside of loneliness are missing. I've mentioned to Jim the beauty of his photos, attempting to nudge him into a dialogue, but he simply nods and says thank you in his taciturn fashion. I continued to inquire about how he's been and his health, but he remained a man of few words after our initial discussions about the university. I avoid rehashing that conversation, and he, too, steers clear of the awkward subject. He carries a journal and writes copiously as though notetaking, but I once managed a glance and noticed that it was more a patterned repletion of letters, symbols, and lines drawn than any actual sentences or paragraphs. I realized that despite
his seemingly calm demeanor, he was suspicious and skeptical, guarded and paranoid. No matter my attempts to entice him into speaking to me, he was not in the headspace to trust someone who presumably stood in the way of what he deemed to be the pathway to resolving a major life struggle for him. I cannot know for sure, as the details of his mental state are not available to me, but it’s clear that the insidiousness of some mental health conditions complicates our understanding of the things we think we know. I may never fully understand why Jim chose to opt out of the study's second phase. Still, I accept that I was mistaken to think I could eventually finagle my way to convincing him to tell his story in the manner I had set out to obtain it.

**Personal Safety.** Paranoia whether stemming from a mental health illness or from a fear of one’s safety from living life unsheltered or in a sheltered situation that involves stipulations of compliance and existence in a group atmosphere translate into hesitant participants. One guest, Danny, who initially agreed to join the study changed his mind on grounds of fear and returned the unused camera a week later. In January 2021, when we first arrived at the shelter, Danny was a frequent visitor at Manna House, who enjoyed transitionary living accommodations while he awaited a more permanent abode. The indoor sleeping arrangement is a shared space where persons experiencing homelessness are temporarily placed in group homes as they await the assignment of a subsidized home.

Obtaining sustainable housing is a lengthy one and may take months or even years before an unsheltered person is awarded housing. Persons filing for public housing must file the paperwork, await their turn, and maintain a clean slate of health. The Memphis Housing Authority, for instance provides emergency housing vouchers to persons being evicted from their homes and under the threat of becoming homeless, persons already homeless, and to those feeling domestic abuse or human trafficking (Memphis Housing Authority, 2019). However, as
many of the shelter guests inform me, priority is given to families or persons in the care of children, leaving single men waiting longer periods before obtaining housing benefits. Like Danny most of the Manna House guest population are single men. Therefore, the group quarters force individuals to live or temporarily sleep near strangers who may not be trustworthy, suffer from mental health illnesses, or struggle with addiction. People like Danny reported feeling leery of joining a project that could threaten the tentative relationships he has forged in his transitionary phase. Danny returned the camera, saying he was afraid he might “lose friends” because of his participation. The camera and thus picture evidence could potentially cause trouble and threaten ties; Danny feared the loss of friends and for his safety.

The Study Participants

Full Participants

The participants I define as full participants are those who completed the tasks assigned in the photovoice portion of the project. Full participants are characterized using the following criteria: 1) they were regulars at the shelter (meaning I saw and spoke to them on numerous days before handing them a camera and asking them to join the study), 2) they were able to hold a conversation and express complete thoughts, 3) they were physically capable of taking photos independently, 4) they returned the camera having taken a sufficient number of photos, and 5) they agreed to a sit-down audio recorded conversation.

Those considered full participants fall into two categories, a) shelter guests (those seeking services at the Manna House, or b) volunteer participants (volunteers who manage the daily operations at the Manna House). Table 2 lists each participant based on their gender as per their expressed choice of gender identification or an assumed, unstated gender based on cultural understandings of male and female gender performances; they are as follows:
Table 2

*Full participants as per gender identification*

<table>
<thead>
<tr>
<th>Male Participant</th>
<th>Female Participant</th>
<th>Male Volunteer</th>
<th>Female Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bobby Clark</td>
<td>Angela Sweetness</td>
<td>Pete</td>
<td>Ashley</td>
</tr>
<tr>
<td>Frankie Gerald</td>
<td>Tracy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaiah Leon</td>
<td>Marcus Ronald</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biscuit Vincent</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Partial Participants*

Some participants seemed both willing and able to fulfill the assigned task but failed to complete all five stipulations for full participant status. However, these persons provided significant data through several sessions of long conversations or through their photographic contributions. Often, these persons may have shared personal stories of their life trials and tribulations. Our chats often felt like bonding sessions with a friend who might share or confide in me, and in Tracy’s case, she detailed her background and told me her life story. I was sad when she returned the camera, frustrated at the challenge of taking photos as she journeyed to and from her daily activities. I have her story of domestic abuse, prison, and loss in my head and my notes, but I am missing the recording of her voice telling the rich tale. Tracy and a few others who contributed a similar level of incomplete data are considered partial participants.
Participant Profiles

There was a total of n=15 persons formally interviewed for this study—a breakdown of 10 males, three females, and two shelter admins/volunteers. Participant demographic characteristics are included in Table 2, Table 3, Table 4, and Table 5. Countless others were observed as part of the ethnographic data collection; however, many either declined to participate in the study, were ineligible because they presented as hostile persons due to emotional demeanor (anger, extreme shyness, social isolation), or were currently under the influence of drugs or alcohol, were suspicious (or fearful) of the research/researcher, or a person who was not known to be a regular. The participants are not necessarily representative of the local homeless population, nor were they asked to speak to problems facing the greater homeless community. Participants were recruited from a pool of regulars at the Manna House, and many of them (n=8) are sheltered in an apartment or another form of rented rooming. The participants were given disposable one-time-use cameras and asked to take photos that provided images to accompany the narratives they would later tell. Some participants remained guarded and disciplined, sharing bits of themselves as they related to the photos and follow-up questions. In contrast, others freely shared their past and intimate details of their struggles. Table 3 and Table 4 provide the demographic characteristics of the male (Table 3) and female (Table 4) identified participants, including their race, age, un/sheltered sleeping status, disclosed or alluded to medical conditions, vaccination status, and relationship status.
### Table 3

*Male Participant Demographic Characteristics*

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Race / Age</th>
<th>Sheltered/ UN</th>
<th>Medical Access/Condition</th>
<th>Vaccine</th>
<th>Relationship Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bobby</td>
<td>B 48</td>
<td>UN</td>
<td>HIV (unconfirmed)</td>
<td>Yes</td>
<td>Partnered</td>
</tr>
<tr>
<td>Clark</td>
<td>W 54</td>
<td>UN</td>
<td>Disability/ Mental Health</td>
<td>Yes</td>
<td>Single</td>
</tr>
<tr>
<td>Frankie</td>
<td>B 30-40</td>
<td>UN</td>
<td>Wreck/ Mental Health</td>
<td>Yes (JJ)</td>
<td>Partnered</td>
</tr>
<tr>
<td>Gerald</td>
<td>B 50</td>
<td>Apt</td>
<td>HIV+</td>
<td>Yes</td>
<td>Single</td>
</tr>
<tr>
<td>Isaiah</td>
<td>B 43</td>
<td>UN</td>
<td>N/A</td>
<td>Yes</td>
<td>Single</td>
</tr>
<tr>
<td>Leon</td>
<td>B 45-54</td>
<td>Apt</td>
<td>N/A</td>
<td>Yes</td>
<td>Single</td>
</tr>
<tr>
<td>Marcus</td>
<td>B 35-44</td>
<td>Apt</td>
<td>N/A</td>
<td>N/A</td>
<td>Single</td>
</tr>
<tr>
<td>Ronald</td>
<td>W 62</td>
<td>UN</td>
<td>Drug/Alcohol Addiction</td>
<td>No</td>
<td>Single</td>
</tr>
<tr>
<td>Biscuit</td>
<td>B 43</td>
<td>Apt</td>
<td>Disability/Gun Shots, Hearing Loss</td>
<td>Yes</td>
<td>Partnered</td>
</tr>
<tr>
<td>Vincent</td>
<td>M 66</td>
<td>House</td>
<td>Glasses/ Gun Shot</td>
<td>Yes</td>
<td>Single / Dog</td>
</tr>
</tbody>
</table>

Besides the photovoice contributions, I felt it was equally important to record conversations in my fieldnotes, which I often scribbled in the car before leaving, with those who, for various reasons, were not eligible candidates. Persons who are not regular guests at the shelter, for example, were not considered reliable with a camera that needed to be returned. To extract the data and conduct the follow-up interview, the candidate had to exhibit some level of
stability, even if they were considered an unsheltered homeless person. Guests who arrived barefoot, partially clothed or with debris from apparent sleeping on ground or grass, or in a highly agitated or inebriated state were also not considered for participation. However, if I was able to observe from a distance or interact with these persons, I made sure to take note of their demeanor verbal and nonverbal communications.

One such person arrived one morning in a state I can only describe as antisocial. He showed no interest in speaking to anyone and was agitated at our offering of a mask. Begrudgingly he placed the mask on his face while I served him a cup of coffee. He declined the vitamin we also offered and did not respond to my not-so-subtle greeting of “good morning, how are you today?” or “enjoy your coffee.” He turned and left without acknowledging my presence (or any of the other volunteers) much at all. As he approached the coffee station a second time for a refill, I reminded him that he had to have his mask over his mouth and nose. My recitation of the rule had angered him that he stepped past my outreached hand and refilled his cup, a strictly prohibited move to avoid contamination and ensure safe social distancing. The man, whose name was never shared with me, seemed to have slept little and in the grass if he had at all due to his worn sweatpants sprinkled with long pieces of coarse dry hay grass. He wore torn socks and flip-flops, and it was evident to me and others that his reproached manner towards others was not personal. I mentioned a twig clinging to the back of his pantleg and articulated that I was reaching down to remove it as a form of obtaining consent. Again, he said nothing, completely ignoring my efforts to assist. My perception of offering assistance or service may have been received as interference. I tried to smile large enough that he might see it in my eyes since my mouth was covered. I do not believe it would have mattered to him either way, and I
am certain he had other social determinants related to the environment that was of more pressing importance than my silly, seemingly pandering cracks at being hospitable.

**Table 4**

*Female Participant Demographic Characteristics*

<table>
<thead>
<tr>
<th>No.</th>
<th>Participant/Gender</th>
<th>Race / Age</th>
<th>Sheltered/UN</th>
<th>Medical Access/Condition</th>
<th>Vaccine</th>
<th>Relationship Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Angela, W, 45-54</td>
<td>Rent Room</td>
<td>Wheelchair, Brain Injury (Medicaid)</td>
<td>Yes</td>
<td>Non-Live-in Boyfriend</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Sweetness, B, 45-54</td>
<td>Rent Apt</td>
<td>Diabetes, Hypertension (Medicaid)</td>
<td>Yes</td>
<td>Cohabitate Partner</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Tracy, B, 55-64</td>
<td>Rent Apt</td>
<td>Various ailments (Medicaid)</td>
<td>Yes</td>
<td>Single</td>
<td></td>
</tr>
</tbody>
</table>

I saw the nameless man one more time, but about a week or so later, on a day that I was not at the shelter, I was told of a disturbance that led to the early closing of the shelter. That day, Ashley, a coordinating staff volunteer, had to repeatedly ask a gentleman to put on his mask. Refusing, the man became belligerent, and other volunteers and guests tried to intervene to help subdue the inconsolable individual. Frustrated and having lost her sense of safety, Ashley made the hasteful decision to close Manna House for the day after only about forty-five operational minutes. I cannot be sure it was the same ejected man who remains nameless to the volunteers; however, he was not the only individual to resent or outright refuse to abide by the new Covid-friendly rules. Some guests mumble grumblings of frustration over repeated reminders to “pull your mask over your mouth and nose,” while others more openly protest at the warrantless measure. Most guests willingly comply with the masking protocol, but some continue to find it a
nuisance they would rather do without. It never struck me as a political statement, just as somewhat of an added inconvenience to an already challenged state of existence. Persons presenting such a disposition, where their struggle with the socioenvironmental world is on full display, were not considered *good* study participants, yet in their presence were contributions that helped shape my broader understanding of the precarity and volatility of homeless experiences.

The final two study participants consist of the shelter administrators (or volunteers, see Table 5). They did not participate in the photovoice portion nor speak to the contributions of other guests. However, they were instrumental in providing foreground and supplemental data that helped contextualize other participant data. Both Pete and Ashley sat down for interviews after hours and spoke about their past experiences that brought them to Manna House.

**Table 5**

*Shelter Volunteer Demographics*

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Race</th>
<th>Age</th>
<th>Gender</th>
<th>Vaccine</th>
<th>Relationship Status</th>
<th>Shelter Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ashley</td>
<td>W</td>
<td>43</td>
<td>Transgender Female</td>
<td>Yes</td>
<td>Single</td>
<td>Volunteer + Bookkeeper</td>
</tr>
<tr>
<td>2</td>
<td>Pete</td>
<td>W</td>
<td>64</td>
<td>Male</td>
<td>Yes</td>
<td>Married</td>
<td>Director</td>
</tr>
</tbody>
</table>

I met Pete on a non-Manna House operational day at his office at the Memphis seminary. Pete was generous with his time and talked with me for over an hour. He answered every question with careful thought and honesty. Ashley was equally generous with her time, and we
decided to meet at the shelter after the guests had left. Ashley texted me after everyone had left for the day, and we sat in the entry room at the wooden picnic table pushed off to the corner near the window. Ashley details her youth, struggles with addiction, and journey from homelessness to home ownership. Ashley, now an administrative shelter volunteer, is aware of the power of her testimony as someone who was on “both sides,” and she offered a raw, emotional telling of the traumatic events, including leaving an abusive relationship, that forced her onto the streets. Ashley’s story is unique in its intertwining themes of being an outsider, gender identity, sexual orientation, addiction, sex work, and the hospitality and love that taught her self-worth. Her transformative journey is inspirational and horrific in its ability to lift the veil on human neglect and cruelty.

Meet the Participants

The participants’ names, and any shelter guests included in this work, have been changed to protect their identity. The only persons who are not assigned alias’ are the shelter administrators who have given explicit consent to the use and publication of their real identities. Shelter administrators Peter, Kathleen, and Ashley are not profiled in this section and are interwoven into the body of the analysis.

The participant profiles vary in length and description due to the nature of the relationship between the participant and me as participant-observer. Thus, the profiles are description of what I know or presume to know about each person. Some participants are more forthcoming and willing to share personal information about themselves. Some participants are more talkative and extroverted, and I was able to observe them in multiple interactions, including those with others. Conversely, some participants visited the shelter less frequently, were more introverted or taciturn, and more guarded when engaged in conversations, making it harder for
me to gain a deeper personal relationship. In such instances, the data and hence, the profile will be shorter. Biodata, such as existing health conditions, may not be available for all participants and thus explains why it would be missing in a profile. Moreover, while every participant was asked to take 10-15 (or more) photos, some produced less and gave shorter interviews where discussions did not expand much beyond the content of the photos or concise answers to interviewer questions.

I profile the participants in alphabetical order except in cases of couple pairings. I begin with Bobby and Frankie, who cohabitate but partake in separate interviews. Biscuit and Sweetness have been moved farther down the list because they too cohabitate and are in a relationship, but they were interviewed together. The male participants appear first, followed by the three female shelter guests. In total, thirteen shelter guests are profiled in the following section. These participants have provided most of the data used in the analysis section. A few additional participants not profiled in this section are included in the general analysis and serve as characters that did not qualify for full participation.

**Bobby**

Bobby is a thin Black man who’s missing several teeth. He’s lean and stands about 5’8 or 5’9. His clothes often hang off him and are baggy. The shelter offers clothing as per the donation stock, and as such, sizing may pose challenges, especially for guests who are very slim or in the “big and tall” category. The thinner guests often size up, particularly in the winter months, so that they may layer for added warmth. Bobby often flashes his toothy smile and is quite chipper. He’s talkative, but not overly, and may be coy and intentionally evasive at times. Bobby reveals bits about himself over time and shows a docile side at the shelter. His photo contributions and interview stayed on point, and he talked a lot about blight and the economic and social effects of
the pandemic on the local poor and homeless population. He didn’t speak much of his family or relationships, nor does he speak of past arrests or experiences living on the street; his backstory, his journey to where he is today remains a mystery to me. However, I know that he has children and recently lost his father, who lived his last days in a retirement facility.

Almost a year after we first met and months after our official recorded interview, he began to reveal stories about his past. Bobby had been a prostitute but said he “don’t do that no more.” He explained how he would cross-dress and wear wigs in his interchangeable wardrobe. He told me about the potential dangers of the work and how he was attacked with a screwdriver by a man posing as a client. When he told me the story, his demeanor changed; his aura darkened, and he had a seriousness about him as he acted out the attack. Bobby lunged at me, mimicking his attacker, poking me in my left rib with a force I wouldn’t call painful but with enough pressure to jolt me to attention and leave a lingering tingle. Bobby always seemed guarded when he talked to me. Still, I would overhear conversations between him and other guests where it was clear that he is no pushover and chooses a presentation of himself that is nonthreatening and compliant. In observing him with others and in his stories about family or with others in his social network, I am sure Bobby has the wit, charm, and chameleon-like ability to reinvent himself as per the moment’s demands.

Bobby seems to be the alpha in the somewhat undeclared relationship he has with “friend” Frankie. Frankie is also a participant and became one at the behest of Bobby, who insisted I interview Frankie so that he, too, could benefit from the modest gift card we give as a humble token of our gratitude for participation. Even though Frankie accepted a camera and then reported it was lost, stolen, and burned in a fire, Bobby repeatedly asked me to interview Frankie. He was pushy, but I agreed to use Bobby’s photos when interviewing Frankie. Bobby
made sure to be present at the shelter for the next two weeks to remind me “to bring your laptop so that you can do the interview.” Eventually, that day came, and I invited Bobby to sit in on the interview, but being the busy body that he is, Bobby declined. However, I continued to feel his presence as he hoovered now and then, even wiping away (mid-interview) some mucus that had settled in the corner of his partner’s eye. Finally, when the interview was over, I gave Frankie his gift card; it was immediately handed over to Bobby, who wrote, using a black marker, the amount onto the back of the card and tucked it away into his pocket.

I do not know of any current drug or alcohol addiction that Bobby may have, but I do know that he and Frankie sleep in a rundown, abandoned home without running water, electricity, or heat. At the time of his interview, Bobby had a job at McDonald’s but had lost the job months later when I interviewed Frankie, and I suspect the two were in desperate need of funds. Bobby saw the interview as an opportunity to make easy money with little risk of harm. Again, I saw a man in need and control.

Frankie

Frankie is young, skittish, very thin, and walks with a limp. He wears his hair in twists that rest atop his shoulders. Frankie suffers from mental health illnesses that seem to be mismanaged, untreated, and neglected by the medical and legal systems. He disclosed a diagnosis of criminal insanity and said the prescribed medications never worked and only made him sleepy. He says he’s not eligible for medical assistance and once had TennCare (Tennessee’s Medicaid program for the uninsured), “but they took it away.” I cannot be sure of his ineligibility claims. Still, I sense that he has either fallen through the cracks because of a neglectful system or that he has chosen (perhaps as a result of his mental health instability) willingly to avoid a system that he sees as having failed him. He says the only thing he’s eligible for is being placed
in a “straight jacket” and institutionalized in a locked room for the rest of his days because “they” have given up on him.

Frankie oscillates between being a self-described antisocial loner to an independent renegade, making longwinded social commentary. He says he’s alone, but I know he cohabitates with Bobby. Bobby first introduced Frankie to me as “my friend,” but soon, it was ostensibly plain to see that there was more to their relationship than mere friendship. The two are a couple of sorts, and when pressed to speak of one another, they each, in their way, voice a more intimate connection. I was in the room once when Bobby sized up a winter jacket with the shelter’s co-director, Kathleen. The two have a longstanding relationship as Bobby has been a guest of the Manna House for years. They seem close, and Kathleen is a person Bobby trusts to be himself around. Bobby mentioned having gained some weight and I, standing within earshot, said, “well, that’s good!” Kathleen agreed, adding, “I’m glad you need to!” Bobby then complained about his relationship, stating it was difficult for him to get Frankie to talk, even though he’s very talkative with strangers. After deciding on a jacket, Bobby sighed and said, “well, I’m off to marriage counseling,” making light of his relationship woes.

Bobby’s comment was perhaps a dig at Frankie’s willingness to talk to me for extended periods, including the almost thirty-minute interview we had just completed. The interview may have lasted longer were it not for Bobby’s hovering—leading to a pressure I felt to wrap up quickly. The pressure to end quicker did help me keep Frankie focused on the topic as he tended to stray into philosophical and ethereal realms. Frankie extensively decried corruption, greed, and capitalist ills; he also had a penchant for sprinkling in God and the spiritual or supernatural. I am not sure how close Frankie and Bobby truly are, but Frankie emotes a detachment to the affair where he could take or leave the relationship. I suspect he stays because he benefits from
someone providing in some part and fussing over him. Frankie has a history of failed relationships, including the one with his child’s mother, from whom he is now estranged. That short union resulted in the birth of a child he does not see and a stabbing attack by his ex’s sister. He could not provide the precise details or cause for the attack, but in any story of conflict, Frankie deflects the blame onto others and proclaims his innocence.

**Clark**

Clark is a large man, and his size is the first thing you notice. He is a tall White man who towers over me at a commanding height of 6ft 6inches. He calls himself a “big guy” and knows his size. He carries a bit of extra weight, mainly in the belly, but not one I would call “fat” by any means. Clark is in his mid to late 50s and experienced enough in life to know that his size can cause animosity in others despite their gender and is thus a gentle, unassuming man. He smiles a lot and tries to avoid conflict. He told me about being teased and challenged in his youth by smaller guys seeking to prove themselves by defeating the towering Goliath.

Clark calls himself a “peace-loving man,” and my perception of him is that he probably is. He, too, however, can anger, and his temper, I suspect, might be flared by those seeking to control or take advantage of him. He is stern when speaking of his mother, who infantilizes him, and the employees of the overnight shelter, who describes as “thieves.” He is also not a fan of some of the other guests at the Manna House or the Union Mission and tells me that he avoids hanging out with certain types, especially those who “do drugs and are aggressive.” He too became serious as he told me this, adding a firm “okay,” and I understood he would stand his ground if needed. Instead, he listed off the names of a few shelter guests that he considers “friends,” all interestingly enough are also White, and I felt undertones of that preference, although never explicitly stated.
Clark prefers sleeping on the streets until he qualifies for housing over the other sheltered options available to him due to his distrust of those people or systems. He explains, in moderate frustration,

Rooming houses are the worst places in the world. The meanest people in the world live there, extortion, prostitutes, uh, crack heads, bad alcoholics, uh, uh, the landlords try to cheat people out of their…out of their rent. And, uh, they, they try to, they, they try to, um, one landlord at a, at a, I got a, a boarding house on north Wallet by court street by the cash saver by Madison. And, um, uh, the landlord didn't even want to write me a receipt, and I insisted on a receipt. And then he wrote down the wrong, um, price that we agreed on just to cheat me out of a few dollars.

I left the verbal fillers in the quotation to give the reader a feel for his state of mental health and frustration. Clark was diagnosed in his youth with “paranoid schizophrenia,” which makes him ineligible for military service and has prevented him from full-time pay that would take away his disability benefits. Instead, Clark says he periodically does menial jobs for extra income to treat himself at McDonald’s or another inexpensive restaurant he enjoys. Whenever Clark spoke of joys or treats in life, they often revolved around food or food with friends and his dream to return to J. Alexander’s, a steakhouse where he was once taken by an employer and dreams of returning one day to have a steak dinner.

**Gerald**

Gerald is a tall, lanky man in his early fifties. I didn’t know his exact age until he came in one day and announced it was his birthday and he was turning 49. In some ways he looks younger than his age, walking with a spring in his step and with the vigor of youth. Gerald is a Cowboys fan, and football is a topic that excites him. He and many other guests often huddle
around talking about the last night’s game, exchanging predictions, and arguing about the best
plays or players. Gerald is upbeat and social, he visits the Manna House to grab a cup of coffee
and mingle mainly, but he will get on the supply list to get some extra socks or a new t-shirt. His
health is good now that he is in remission from HIV after receiving treatment from the Friends
for Life organization that provides a complete list of services for uninsured persons living with
an HIV+ diagnosis. Gerald is grateful to the organization and credits them with his healthful
“undetected” status and for providing a non-judgmental space to talk (seek counseling) and
access technological devices (e.g., computers and internet use) free of charge and securing a
small apartment for him. Gerald was homeless before getting on his medication and meeting the
“friends” at Friends for Life. He now is an unofficial ambassador, sending friends of his who
also have HIV to the organization. He is a very positive person and says his spirit has been lifted
thanks to all the help he has received along his journey out of homelessness and into recovery.

Gerald is Black and talks about race in terms of feeling gratitude for the help he’s
received where he did not feel his skin color was a disadvantaging factor. Many of the pictures
he provided show his neighborhood and local area to show that it’s “not dangerous.” He seemed
to be trying to tell me that he wanted to show a side of the mid-town district that defied the ugly
racial stereotypes.

I took a picture down the street, that street down there. You know, let you know what, the
neighborhood, how it look, you see? It ain't no stragglers or nothing like that. Cause
people say Midtown is a bad neighborhood or whatever, but you see, I took [that] picture.
You don't see nobody on the sidewalk, you know, so. It ain't all about people, places, or
things. It's what's in your heart, you know? So, ain't no excuses really, ain’t no excuses.
In other conversations, Gerald told me about having done some jail time for drug possession but that he’s “not doing that anymore.” Having been homeless and in and out of prison, Gerald is happy now to live a quiet life and enjoy his health. He became emotional at the end of our interview when I asked him if there was anything else he wanted me to know or share; teary-eyed and with a cracked voice, he said,

Yeah, there is one thing, one more thing I'd like to say, you know, it's people like y'all give me inspiration. You know, to let me know that there is hope and help out there for others because y'all show up. Y'all show it. And it's touching. Sometimes I get sentimental with it, you know, but [laughing a big toothy smile behind his mask] it's, you know, but, um, I get choked up.

Moved to tears myself, I added, “I thank you. I thank you for your words and thank you for your time, and for your struggle. You are appreciated and loved. Thank you.” His humble reply was, “You’re welcome.” I turned off the recorder, thanked him again, and, feeling moved by the moment, asked for a hug, which he consented to. Gratefulness is the essence of this man’s spirit; it’s the word I would use to describe this man. He’s ever so appreciative of everyone and everything, and I have yet to hear him complain about anything.

Isaiah

Isaiah, like Gerald, is a grateful man but a lot more somber and dedicates his life to his religious beliefs. Isaiah sees himself as a man of God, and his mission in life is to be in the service of the Lord. He carries a bible with him everywhere he goes, which he often reads from when there’s no one to talk to or to fill idle time. Isaiah is always at the property early in the morning; he’s usually waiting for the doors to open even before the volunteers arrive at 7:30 am. He’s often the first to arrive and the last to leave. He’s almost always present, even as others
come and go. I don’t know the location of his sleeping quarters, but Isaiah lives unsheltered and carries all his belongings on him. His heavy winter coat and multiple layers hide his relatively lean frame, which is revealed in the summer months when the overcoat is finally removed. Isaiah is 43, a middle-aged Black man with some college education. He studied engineering and worked for a while in architectural design until his job loss made it impossible for him to maintain a residence.

Isaiah is perhaps the quintessential “homeless by choice” person. He’s in no hurry to get off the streets, prefers this life of contentment over the stress of the rat race, and finds purpose in helping others find their way to “God.” The Manna House has defined service hours, and guests often come and go to get a cup of coffee, toiletries, or a shower. They may leave to take advantage of other services while waiting their turn for a shower, but Isaiah is almost without fail always there. He’s friendly with all the guests and is there should anyone ever need him. I witnessed him hold prayer for people, even placing his hand on a woman’s head once to pray for her and her health. I am not privy to the precise nature of her concerns, but it was evident she was struggling with something, and Isaiah offered to help her reach the Lord’s ear with prayer.

Isaiah was a source I turned to if I had a question about a guest who I hadn’t seen for some time or if I had general questions about homelessness, social, or health-related beliefs. He was always there to offer his thoughts, philosophizing about life and even about the pandemic. He was a sounding board and a litmus I would bounce ideas off before broaching specific topics or people. Isaiah is open yet careful and guarded. He often pretends to be busy with something, but I noticed he, too, was in observation of others. At times he would be listening in on conversations between other guests or even between myself and guests or other volunteers. He would often chuckle at something funny or add his two cents if the matter was open to him. He
never talked much about his family or friends, and despite his social shrewdness, he seemed to be very independent, solitary, and content. As we got to know each other, I began to pry deeper and ask Isaiah more personal questions. He never refused a question, but he is a master of deflection. He would often answer in abstractions and about families in a general sense, never dwelling much on the particularities of his family. I tried to share stories with him about my own family. I’d show him pictures of my children and speak openly about happenings in our lives, hoping to reveal my person outside the shelter so that I might be seen as more trustworthy and not just as a researcher collecting data. I also hoped my openness might entice him to share more about himself and his family. But Isaiah is a private person, willing to share stories of others he’s heard but divulges little about his proverbial aches or pains. Isaiah is a guide, a medium to connect and help others navigate the volatile life on the streets of Memphis.

Leon

Leon is a talker. His booming voice often reveals his presence before he is noticed. He is gregarious and friendly but not overly pushy. His large smile reveals a couple missing teeth. Leon, like Gerald, loves to speak of sports and is often in debate with others over the best players, stats, and movies he’s seen. Laney walks a lot throughout his day and holds a low-wage job. He’s a frequent guest of the shelter but is often in a hurry, sometimes arrives late, or runs off early. His interview was short and was not overly revealing; instead, he stuck to descriptions of his photos of various shops and street corners he frequented throughout his day. He is vaccinated and did not offer much thought on the politics, the pandemic, or sociocultural problems. Instead, Leon is rather laidback and cruises through life with a laissez-faire attitude.
Marcus

Marcus tells me he was not a very good student and never graduated from high school, dropping out when he got the chance. Marcus did not mention a learning disability or mental health issues, but he seemed capable and coherent. I wonder if he may have dyslexia or another undiagnosed learning disability that made school so challenging for him because I am confident it had nothing to do with his level of intelligence. Marcus says his mother was tough on him and that he eventually left home and got into taking and selling drugs on the streets. He was ultimately caught and served some time in jail. Once out, Marcus found himself homeless, having no formal education or work experience.

Now in a small apartment, Marcus learned the keeping to himself was the best way to stay out of trouble. He lives alone with minimal belongings and only rarely has a friend or two over to enjoy the occasional smoke. Marcus is also grateful to have a roof over his head without fear of being unable to pay the rent on time. His apartment allowed him to spend the lock-down months in safety without fear of eviction. He says he used to frequent the Manna House more in the per-pandemic days but now only ventures out to shelter when he requires services. An average-sized man, Marcus is neither tall nor short, large nor small, and of healthy body weight. He does not cook or own a car, but Marcus is slightly plumper, unlike some of the other guests who walk all day from one service place to the next. His healthy physique is likely attributed to the mental stability of knowing food and shelter is available.

Ronald

Ronald is a fascinating individual who was willing to share intimate details about his life, starting from the first moment we met. He is, like Marcus, an average-sized man, but Ronald has a significant beer belly. As a man who admittingly “loves beer,” he is a drinker who claims to be
able to handle his drink better than most. He openly criticizes others for their adverse drunk personalities saying that so-and-so is “a mean drunk.” Conversely, he describes himself as a “nice” drunk, where on the “rare” occasions that he does drink too much, he says, “I get really generous and give away all my stuff.”

Ronald has delusions of grandeur, calls himself “the rocker,” and describes himself as a writer, musician, and artist. “I’m the lead in a rock band,” he reminded me several times. He played the harmonica for me and sang me a lovely song once, a stunt he pulls with tourists and bar hoppers in the evenings for tips. After playing me the jingle, which I received permission to record, he informed me that his instrument had been stolen the next time we met. He blamed the incident on his exceptionally friendly behavior, which was taken advantage of when playing pool one night. I am a little more skeptical about his “nice” drinker persona since he admits to spending time in jail for driving under the influence. He also spent time in jail overseas for a “street fight,” and he was later deported after forcibly trying to enter a restricted residential facility. The incident involving the authorities also transpired after he’d “been drinking.”

Ronald has never admitted drunkenness, to me at least, only that he had “been drinking.” I find him to be in denial about his behaviors and is incapable of accepting blame or responsibility for any of the unsavory things that have happened in his life. During our first meeting, he described how his first love, an immigrant girl from a European country he met in high school, was taken away from him by her father, who moved her back to her native land just to separate them. No real reason was ever given, and he is always the victim of distastefully unprovoked actions by others. I do not think Ronald is a bad guy, but I think he has problems that he is either unaware of (such as excessive drinking) or unwilling to deal with (blaming others for conflicts). Ronald’s upbringing may have unfavorably contributed to his emotional
Ronald is now 62 and waiting out his days in Memphis until he is eligible for early retirement. He is a middle-aged White man with a strong sense of entitlement and an air of superiority or arrogance (I cannot decide which) that manifests itself in racially and sexually charged comments. He is the only person I interviewed who felt the need to utter the words, “I’m not racist, but…” before telling me a story centered on racial identities. I won’t pass judgment myself, but Manna House director, Pete, was not shy about calling him a racist. “Oh yeah, he’s a White supremacist,” Pete told me after an incident where Ronald was asked to leave for the day due to racially and “sexually charged comments” he made to a non-White student missionary volunteer.

Ronald wants to make a good impression, and he craves attention and adoration. He interrupted several conversations I was having with others because he wanted me to turn my attention to him. His subtly petulant need for praise or approval was evident upon our first meeting when Ronald went into great detail about a book, he had written on dream control. He explained how he could create vivid images that transcended physical dimensions. Ronald described what I understood to be teleportation or virtual reality where he could move through solid objects like walls and glass. He was often inappropriate and sexist at best, describing how he could create the perfect woman and what physical features she might have. One morning when I was chatting with Vincent, who describes himself like Isaiah as “a man of God,” Ronald walked over to us. Realizing he wanted a chance to interject, I introduced Vincent, saying, “Ronald, have you met Vincent? He is one of my favorite persons here!” Ronald wasn’t
interested in Vincent, stated how much he liked talking to me, and made a lewd comment about my physical appearance. Vincent was taken aback and retorted, “I don’t notice things like that. I am a man of God. I wouldn’t know.” Ronald’s comments were crude, but Vincent’s reaction made them all the more embarrassing. I decided to let Vincent’s admonishment be the last words on the subject and took it all down in my notes.

Vincent

As I described earlier, Vincent remains one of my favorite personalities that I have met at the shelter. He is humble, positive, and so full of faith he seems undeterred by any hardship. After moving from a small Mid-western town to an even smaller town in western Tennessee in the 1960’s Vincent struggled with growing up in the very racially charged era of Jim Crow. His stories of racism, including attempts on his life for being a Black youth befriending the “White kids down the street” and working the cotton fields are something out of antebellum books and film. His life story enthralled me, and I was moved to tears on multiple occasions, both for the tragedy of the tales and his resilience despite them. He has remained positive, faithful, and hopeful about his future.

Vincent now lives in a house rent-free on the agreement that he cares for and rehabilitates the abode. Now in his late sixties or early seventies, he still works every day, based on what he has told me. Covid-19 has not slowed him down because, in his line of yard and carpentry work, he says he is used to masking, and it doesn’t bother him at all. He was open to taking the vaccine even before he was eligible. He is always grateful for the medical care and any other services he receives. His stories are hard to believe, yet he is genuine and believable. His vastly different experiences from my own, are manifest in the complementary scars of the stories he tells. Vincent photographed his head injury and gunshot wounds, refurbished furniture, and the new
growth of plants around his yard. There aren’t any before and after photos, but he explained how he collected thrown-out items left curbside and rebirthed them into the pieces he now proudly shows off in his pictures.

**Biscuit and Sweetness**

Biscuit and Sweetness are a couple who live together. Sometimes they are Biscuit and Sweetness and sometimes they are Sweetness and Biscuit depending on who’s more talkative that day, it is usually Sweetness. I do not know how long they have been together or how they met, but for as long as I have been a volunteer at the shelter, I have seen them together. Originally from the Chicago area, they both moved to Memphis for a “change, I guess,” is the reason Sweetness gave. She shrugs her shoulders a lot, unsure of her answers, and I can’t tell if it’s because she really has not thought about the answers to the questions I asked or if she’s just trying to give me the answer she thinks I want to hear.

Sweetness is perhaps 5’6 or 5’7, has long slender legs, and carries most of her extra weight in her torso. She is missing all four of her front teeth and smiles broadly in an expressive manner. Drawing attention to the tooth loss is the cheeky positioning of her tongue that often brushes along her front gumline and appears with her genuine smile. She is talkative and seeks me out when I am there. She is social, sits at the picnic table nearest to the coffee dispenser, and although she does not drink the coffee, is often chatting with the volunteers and other guests like Angela, who also prefers that first table. Sweetness asks a lot of questions, sometimes personal ones and sometimes about the research, like, “what are you going to do with the pictures?” even though I’ve explained the project to her repeatedly. She’ll remark about my clothes or appearance, “you like leggings, don’t you?” or “he was checking out your [backside], but he probably don’t know who you are.” Her latter comment, a seemingly protective one aimed at
showing respect for the position she sees me as holding, perhaps because she sees me not as simply a volunteer but as someone conducting official business and awarding money. The monetary gift card and other small compensatory items like gloves are the only “special” items our research team was permitted to distribute in an official capacity without first funneling through the shelter’s administrators.

Sweetness’s partner, Biscuit, is more reserved. He accompanies Sweetness and drinks the coffee but appears to be there more for her rather than for himself. Biscuit suffers from many health ailments that resulted from a near-fatal shooting at the young age of 15. Now in his forties, Biscuit is deaf in one ear and suffers from seizures and strokes resultant from the brain damage he incurred from multiple gunshot wounds to his body and head. Biscuit was the victim of a rival gang’s drive-by shooting, perpetration of an initiation practice. The rival gang identified Biscuit and his companions, who were walking along the city streets by the color of the jackets they wore, revealing their loyalties. All four of Biscuit’s companions perished from their injuries that day, and despite being placed on life support and being told he would not survive, Biscuit pulled through. Refusing to shut off the machines, Biscuit’s mother resisted the pressure from his father, who argued that he would rather see his “son die than live as a vegetable.” Biscuit’s miraculous recovery means that he qualifies for medical disability and has been unable to work. Biscuit, however, considers himself both lucky and healthy. He complains little, and despite his physical challenges, which include a slower gait, he remains positive and always hopeful. His most pressing concerns were finding affordable housing after the roof of their rundown apartment fell in on him and renewing a long-expired out-of-state ID that has left him officially nameless in Tennessee. Biscuit never seemed bothered by my questions and his answers to my questions always felt thorough, but I always had the sense that he had somewhere
else to be. I felt like he was preoccupied, and something was always on his mind, even in his unspoken mannerisms.

_Angela_

Angela is probably on the taller side, but I don’t know her exact height due to her physical disability that has left her wheelchair bound. Angela would probably have had a healthy physical presence before the car accident that left her with small, atrophied leg muscles. I’ve seen her adjust her legs with her hands, and although I haven’t asked, she seems to have only limited movement of them. She smiles more than anyone I’ve ever seen and throws in gleeful cheers and hoots of “yay’s,” almost as if she were constantly cheering on her favorite sporting team. She’s also suffered a traumatic brain injury after her horrific car wreck years ago and finds concentration and activities requiring sustained thought processes challenging. She is easy to understand and capable of coherent thought, but expressions of those thoughts are at times splintered or unfinished. She’ll often stop mid-sentence ending the discussion of a topic by saying things like, “well anyway,” or “but I’m good,” and “yay!”

Angela is a mother and grandmother, but she lives in a boarding house. She uses her monthly disability check to pay her rent because she fears a life as “a woman and a white woman at that, in Memphis,” where she could be unsheltered and on the streets. She lost her kids to the state post-accident, and her relationships with them have been on the mend since being strained. The emotional side of Angela’s ailments, including dealing with the loss of her children, the end of her partnership, and losing her ability to hold employment, have weighed on her, causing her to experience guilt and anxiety. She is grateful that she can see her daughters and grandchildren and sees them on the weekends when they can “come and get me.” Angela is a positive person challenged by relationships, admitting to having a current boyfriend who is her opposite. She
characterizes her relationship as a good one, but the conditions in which they became partnered remain a little troubling to me. For instance, she met her boyfriend at the shelter; she says he was a volunteer and cook. She also says he, her boyfriend, is the one who set her up in her current “room” after leaving the “Memphis Towers,” which she pronounces as “a wreck.” According to her telling, the boyfriend had lost his chef’s job after the start of the coronavirus and came to the shelter to “help cook.” I’ve not confirmed this information with the shelter administrators, but I have never heard of him outside her descriptions. Ashley always cooks and prepares the Monday night soup dinners and other good Samaritans who drive up some mornings to serve homemade chili and cornbread. I’ve never seen Angela’s boyfriend. She also says they argue a lot due to their oppositional personalities, a hiccup that has led to their living separately, although she allows him to cook for her. If this boyfriend exists, I suspect he comes around when on the days she has a balance from her check. She says she’s not stupid, referring to her fear of her safety and being taken advantage of, but her suspicions are of people (men) outside of her race. Her boyfriend is not one she seems particularly keen about protecting herself from.

Tracy

Tracy is considered a full participant, despite missing essential parts of the data submission. I include her in this segment because of the significant time she spent with me talking about her life and how she came to be a guest at the Manna House. She participated in hours of conversations where she was honest and open regardless of the personalness or depth of the questions asked. Unfortunately, these lengthy talks were not audio recorded; however, I copiously noted them in my journal afterward. I had expected to get her in an official sit-down interview to repeat some of the stories once returning the camera, but she was left frustrated after I informed her that she had not captured a single picture. I walked her through the procedural
steps to taking a manual photo, but the exercise was futile, and she eventually returned the
camera exasperated. Although you wouldn’t guess it from seeing her, Tracy is in her sixties. She
is about 5’3, curvy, and light on her feet. Tracy keeps her hair short and dresses it in a wig or
covered under a hat. She’s proud of her recent weight loss and showed me a picture of her ID
where she was twenty pounds heavier. “Wow, that’s quite a success story,” I exclaim, lauding
her accomplishments. She beams as she quips about her running errands on foot mostly or by
taking the bus and healthier food choices that have made her endeavor possible.

I would describe Tracy as a happy person with an unforgettable cackle. Her laughter can
be heard from across the grounds and likely beyond. However, Tracy’s life has been difficult;
she’s suffered from abuse and domestic violence. She left home at a young age, running off with
a boyfriend she later tried to kill after years of domestic violence and abuse. She explains that
she served jail time for the attempted murder, which was an act of self-defense. The court system
eventually agreed, but not until after years of harsh treatment, victim shaming and blaming, and
time behind bars. I understand that she was released after serving some time and after an appeal.
She has one daughter that lives and works in the central part of the state. Their relationship is
amicable, but like Angela, their ties have been troubled due to feelings of the child’s
abandonment after the mothers’ troubles led to familial separations. Tracy receives medical and
social assistance, and she is constantly busy informing me of what days she may or may not be
present due to medical and other appointments she must make. Tracy is a busybody always on
the go. Like Biscuit, I often got the sense that she had somewhere else to be and although she
tried multiple times to take the photos (for the photovoice portion), her full participation would
involve a time commitment she just wasn’t able, or perhaps willing, to give up. She currently
lives alone in an apartment she obtained through assistance benefits and seems content with her independence.

**Data-Derived Themes**

This following sections discuss the ethnomethodological process of using grounded theory to make sense of the data, generate theory, and ultimately find meaning from the work. The original hypothesis behind the codes was an attempt to establish correlations between health beliefs and social networks. In other words, I was searching for how people came to believe what they believe about their health, vaccines, for instance, and what factors, including persons, places, and institutions, contribute to those beliefs. Health belief models and community mobilization studies look at the social processes that activate robust behavioral modification efforts in public health and health communication efforts (Schiavo, 2014). The success of mobilization efforts involves the interaction of community leaders with their communities to encourage participation, which may be disease-specific and extend beyond behavioral modification to include the expansion of access to services, products and address other socioenvironmental complicators. Among the list of components successful social mobilization campaigns incorporate, Schiavo (2014) stipulates the following, 1) an understanding of conflicting community priorities, 2) an analysis of social factors including social determinants, 3) information that is evidence-based, 4) recommendations are behavior-centered, 5) include key stakeholders in the planning, implementation, and evaluation, 6) facilitators and health professionals provide quality assistance and training, and 7) programs are reinforced by community-based communication efforts that encourage ownership, sustainability, and adherence to the practice of change (pp. 183-184).
The following section will identify emergent themes and home on those relating to the Covid-19 pandemic, vaccines, built environment, and health. In addition, the discussion will include analyses of complications to the transmission and formulation of health beliefs. The settled codes, derived from the grounded theory methodology, were born from the ethnographic data. They were expressly recorded and studied during the collection and analysis phases as discussed in the methods and approach section (chapter 3) of this text.

**The Result, Thematic Codes**

The core concepts of grounded theory stipulate that analytic categories or codes would be developed through a reflective data review process that suspends preconceived hypotheses (K. Charmaz & J. Smith, 2003). Codes were developed as part of the analysis that moved that study away from abstraction and into an elucidation of the happenings of the empirical domain. One aim of this research is to develop theory that emphasized the participants’ perspectives and that the results are representative of their experiences. Vollstedt and Rezat (2019) use the term “personal meaning” to describe the use of “axial” or open theory coding to reflect meaning that is identified as “personal” by the participants (p. 94). However, simply spitting out quotations from participants runs the risk of misusing grounded theory or neglecting altogether the methodology during the analytical process (Suddaby, 2006). Therefore, I used the “relational framework of personal meaning,” as outlined by Vollstedt and Rezat (2019) in Figure 2, as a model framework throughout the post-data-collection phase.
After reviewing hours of taped and transcribed audio interviews, written field notes, and comparing the data collections, conceptual codes were devised and revised as part of the iterative process. Thirteen primary codes (referred to as PC) and six subcodes were eventually settled on and used to code all transcribed interview data (see Appendix A). The primary codes (in alphabetical order) are: (PC1) addiction, (PC2) Covid pandemic/vaccines, (PC3) daily services, (PC4) employment/income/economy, (PC5) family/pets, (PC6) health/insurance, (PC7) home/homeless/(un)sheltered, (PC8) identification, (PC9) prison/police, (PC10) safety, (PC11) social network, (PC12) transportation/location, and (PC13) weather. The six subcodes under their corresponding primary code include 1) misinformation/conspiracy (subcode of Covid PC2), 2) blight (subcode of economy PC4), 3) mental health (subcode of health PC6), 4) faith/God
(subcode of safety PC10), 5) race (subcode of safety PC10), and 6) ostracism (subcode of social network PC11). Findings for each thematic code will be discussed separately in the following subsections.

*Addiction PCI*

Addiction was coded anytime persons mentioned drinking, drugs, alcoholism, drunkenness, DUIs, Alcoholics Anonymous (AA) (or other addiction-type meetings), getting high, beer, or any other words or behaviors that involved substance use or abuse. Treatment and *redemption* from addiction were not significant topics of concern and although Catholic Charities is a major service provider (see Figure 3), it was not referenced by participants in the context of actively seeking addiction support. Contrary to the stereotype that equates addiction and homelessness, this code was referenced only 15 times by four different participants. Only the code *identification* was referenced less. Two of the four participants referencing addiction claim they are currently sober and do not drink or do drugs. I have not independently verified the stories of addiction or claims of treatment and sober status. I did however, code any mention of either reference and any discussion of alcohol or drug use pertaining to the interviewee themselves or when speaking about others. Sometimes AA meeting were mentioned positively as a space where social connections are formed and coding was thus in conjunction with social network.
Marcus blamed a time as a youth when problems at home and school led to an involvement in substance abuse and eventual homelessness.

Then I just went to the streets and started selling dope, smoking, weed, drinking. Then, that led to me doing drugs. I did drugs about two years back, cocaine, [and] marijuana. So, I didn't do that long. So that's, that's one of the reasons why I came up here, got up out on the streets.

A third participant, a female (Angela), brings substance abuse up as anecdotal evidence of improved decision making,

I'm not gonna sit on the streets and drink my beer or do my drugs or do whatever they do. No, I want a roof over me. I want food in my belly. I want to be able to sleep good. I don't want any negativity.

Only Ronald admits to drinking, doing jail time for a DUI, and other legal troubles for getting into fights and poor decision-making after engaging in heavy drinking. He claims that he can
control his drinking and can tolerate above-average amounts of beer, while others are quick to get drunk. His claims of being a happy and “generous” drunk have been refuted by a former friend of his, with whom he had a falling out shortly after our recorded interview, and volunteers at the shelter familiar with his inappropriate behaviors when arriving at Manna House in a drunken or hung-over state. On a day I was not present, Ronald was asked to leave and stay away for a few days after making inappropriate racially and “sexually charged” comments to a female student volunteer. His apparent denial of a continued struggle with alcoholism is a performance of self that serves only to fool himself and those new to making his acquaintance. Ronald referenced the code nine times; that’s five times more than former alcoholic Clark.

Covid Pandemic, Vaccines, and Misinformation/Conspiracy PC2

The global pandemic has reignited debates on health inequity and medical practices thought to be controversial. Public health recommendations like mask mandates and vaccinations for children and adults alike have become salient topics of discussion among media outlets and within various social groups. Vaccine hesitancy in pre-pandemic days has been well documented in the medical and social-scientific literature (see) (Grant et al., 2015; Jacobson et al., 2015; Lawrence, 2020). The more fringe antivaccine movement has also been studied to try to understand the rejection and distrust of established medical practices (Goozner, 2015; Jacobson et al., 2007; Reich, 2014) and why the movement continues to attract newcomers (Grant et al., 2015; Moran et al., 2016). Early denials and politicization of the pandemic and its subsequent vaccines have seen a rise in the numbers of antivaccine espousing individuals and groups, specifically among politically ideologic persons (Dror et al., 2020; Malik et al., 2020). In the rapid-paced global information age, these ideas once thought to be geographical and ideologically contained (Reich, 2016), have been quickly and easily exported worldwide.
(Sallam, 2021). The exchange and popularity of vaccine hesitancy are often found in conjunction with misinformation and conspiracy theories that are instantaneously spread and shared across mass media and social media outlets (Allington et al., 2021). Conspiracy theories have been cited as barriers to stopping the spread of Covid-19 (Romer & Jamieson, 2020) and continue to challenge vaccine-promotion efforts (Martin, 2021; SteelFisher et al., 2021).

Moreover, labeling vaccine hesitancy as a matter of ideological concern would dismiss the historical disenfranchisement of many communities of color and the persistent gap in health equity. News stories highlighting the disproportionately higher rates of hospitalizations and deaths among people of color, particularly those of African descent, have been bolstered by studies documenting health inequities among minority and socioeconomically disadvantaged groups (Ferdinand, 2021; Karmakar et al., 2021). More nuanced assessments of vaccine hesitancy among U.S. Black and Latinx communities speak to the need for cultural humility and sensitivity to the mental health of systemically racialized and traumatized population groups (Fortuna et al., 2020; Liu & Modir, 2020).

The pandemic code thus tries to account for any mention of the pandemic as it is discussed in participants’ social circles and how they encounter barriers related to Covid-19. In the obvious sense, I coded any mention of masking, social distancing, the virus itself, vaccines (approval or non), and Covid-related blight or business closings and economic collapse. I also coded any mention of life changes, including reduced services and service hours, more frequent need for medical attention (see Figure 4), and modifications to daily routines, whether forced or freely taken out of fear (or precaution) for health and safety.
Sweetness, Biscuit, Leon, and Bobby spoke much more than others about the economic impact of Covid, from the closure of businesses to the rapid increase of blight in their neighborhoods. Many of the images Bobby captured were of the local economic decline of the mid-town area. Reflecting on one image, he contemplates the opening and closing of businesses, “It used to be an All-Star Wings, they closed. They just recently reopened because they shut down. I guess they lost business and stuff like that.” Leon also tells of no longer operational businesses and places that once served as hangout spots saying, “All the time we [used to] go there, it's always closed because of Covid, but you can stand and look in.”

Many of the Covid-19 experiences shared by participants are familiar, such as the masking, social distancing, and reduced hours of operation at various essential businesses. However, the data does not present many of the fears commonly reported by average middle-class citizens, like school closings, comorbidities, and travel restrictions. Very few shelter guests
expressed deep fears of contracting the illness or worried about losing their life to it. Coordinator Pete explains,

The guests that I've talked with haven't really feared COVID so much, in part because they're outside. So, they have avoided, like [staying] at the union mission. A lot of them have now gotten vaccinated, but you know, they have so many other, more immediate causes of death facing them that COVID was not and has not been a kind of a deal-breaker for them to come to Manna House or to be around each other. They're much more concerned about being attacked, whether on the streets, or in the winter freezing to death, or in the summer having heat stroke or something like that. So, their fears are those physical fears and also the fear of—that they're unwanted and they're unworthy as human beings.

This code sheds light on the immediate effects on the lives and daily routines of the Manna House guests, but it also illustrates the immensity of the gap between persons experiencing homelessness and those of us so far removed from their reality. Where my health beliefs may be driven by peer-reviewed data, trusted news outlets, and experts in epidemiology and medicine, many participants followed the lead of the organizers of the institutions or service places they frequented. If masking is a requirement for service at the Manna House or Catholic Charities, masks were worn. Most participants, despite early hesitation over the Covid-19 vaccines in early January 2021, agreed to be vaccinated by the end of the year. Even those expressing vaccine-averse or antivaccine sentiments, like Ronald, said he would be open to the single-dose vaccine if it was a requirement for work. Ronald engaged in conspiratorial tales over the vaccine and was not vaccinated at the time of our interview; however, he showed some willingness to change his position if it meant gaining financial opportunities. A requirement at one organization stipulates
at least one vaccine, so Ronald figures, “I might do today [get vaccinated] because I can't, they
won't let me work at the Hub [without one].

Health beliefs were also coded in conjunction with social networks because it was
essential to the discovery of links between beliefs about vaccines and practices or behaviors like
vaccinating and the information sources that led to those beliefs and behaviors. Ronald, for
instance, cites family and friends within his social network as sources of misinformation and
conspiratorial stories that make him distrustful of the Covid-19 vaccines. He says,

At first, I didn't want to do it at all because of that reason, because they just rushed it
along so quickly. I'm sure they know what they're doing. I would imagine they know
what they're doing. They're not going to [make something] that's going to make
everybody sick. But I heard of a girl that took the two shots, and a couple of weeks later,
she got the D-strain and died from it.

When I asked if he’d heard that here in Memphis and from whom, his reply was,

I don't know who it was now. We were talking about the vaccine, his sister's friend or
someone was only like 21 years old, and she took the two shots and caught the D-strain
anyway, like two or three weeks later, and died from it. So does it really work?

I continued to press for more, who was it that shared the story, and why was it more believable
than what the public health officials were reporting? He was a little flustered, saying, “It was just
someone I ran into. I can't remember. It didn't seem like he was lying about it. He seemed like a
pretty, you know, decent fellow, I guess you could say. Someone who's a friend, I asked,

No, I just kind of, I meet people all the time. I'm very outgoing, so I need people
everywhere I go. Yeah. I just, I'm a, I'm a Gemini. I'm a communicator. I'm a very good
communicator. Maybe I talk too much.
And then, abruptly changing the subject, he asks, “So what else do you want to know about?”

Ronald was not alone in sharing conspiratorial health beliefs; Frankie also told a tale that shocked me to my core until I realized that his mental health challenges likely clouded his beliefs. Frankie’s engagement in conspiracy theories and misinformation was spurned by a lack of trust in systems and people. His social network is frayed, and people seem to be temporally moving in and out of his life. Thus, his mentions of God and church members are particularly notable to his vaccine beliefs in the following exchange between him (F) and myself (T),

T: “Are you gonna take the booster shot?”

F: “Mm, I don't know. Like the preacher told me, it ain't so much the medicine that heals. It ain't so much. I keep telling it all comes back to him.” (god) (points to the metal cross he carries with him, he taps it with his index finger).

T: “So the preacher was telling you not to worry about the vaccine?”

F: “Yeah.”

T: “So he told you not to take it?”

F: “Nah, he ain't say take it, but he said it don't matter [if] you take the vaccine or not. You still can get sick. If God wants you dead, you gone die.

T: “So do you think it's important to listen to the scientists maybe or the doctor? If they say it's important to take it, would you take the booster?

F: Not really. Cause I don't trust any kind. You don't…the shot could be giving you the could be giving you the flu for all I know.”

T: Why don't you trust the medical system?
F: “Because from why they got it, that booster shot, it got the chip in it. And you, you know, they talk about it in the Bible. They, gonna start chipping for putting [a] chip in you, where you can just start chipping people.”

T: “It says they're going to chip people in the Bible?”

F: “Yeah. Oh, it started chipping people too!”

T: “I hadn't read that part.”

F: “Due to uh...no, it's, it's the mark. The mark of the beast. It's the mark 66.”

T: “I did get the booster. I got both Pfizer shots and the booster.”

F: “And that nah. Plus, the COVID ain't nothing but another strain of the flu. That's all. Yeah. And like, I hear a lot of old folks say you can get all the shots you want, it ain't the shots that gone help you. Take care of the body, and the body will take care of you. And I try my best to take care of my body. I don't know; I try to eat right, even veggies, straight clean water.”

T: “Yeah. That's Good. That's good. It's good to eat healthy and take care of your body. So, who, where else did you get your information from about the vaccine? Because it seems like you, um, you have some ideas of the chipping and what it'll do to you and the ‘another strain of the flu,” where did you hear that from?”

F: “Did a lot of research.”

T: “What kind of research?”

F: “Um, people for all the stuff. I just wanted to know what the heck truth is. I just wanna know what's all behind this stuff.”

T: “Is it the news, or do you talk to people?”

F: “It's through philanthropists and, uh, prophecies and prophets.”
T: “You talk to prophets about medicine and health?”

F: “Yeah. I talk to a lot of prophets.”

T: “Where do you meet these Prophets?”

F: “They, I don't, people just don't know. I guess it’s my aura; people just automatically come to me. Okay. I'm being serious; people just automatically attracted to me. People automatically attracted to me.”

T: “You seem like a very nice human being.”

F: “It might be God, but I don't know. People just automatically attracted to me. Yeah. I could be sitting so over all by myself. I ain't asking nobody for nothing. Ain't bother nobody, sitting there [and] poof, ‘How you doing now? Where you come from? Who are you?’ Yeah.”

This long exchange between us was evidence of and coded for a psyche that engaged in thoughts and beliefs as molded by a belief in a deity who play an active hand in the happenings of the world, a series of superficial acquaintances that comprise a scattered social network, and self-reliant health behaviors. The preceding conversation resulted in the following coding combination, PC2 with the misinformation/conspiracy subcode, PC6 with the mental health subcode, PC10 with the faith/God subcode, and PC11 with the ostracism subcode.

Sweetness also struggles with trusting her medical care providers while allowing outside influences to cloud her judgment on the Covid-19 disease and its vaccines. She sees her doctor, who she views are rigid and unaccommodating to her life situation. However, Sweetness took her doctor’s advice and got the Covid-19 vaccine. She opted to take the two-shot vaccine over the one-dose option provided by Johnson and Johnson because she had heard about complications from the one-dose. “People die from that, isn’t it?” she states and then questions
the rumor she heard on the news, she thinks. She also told me about a neighbor and family member who died from the virus, so she was more afraid of contracting Covid-19 than she was of the vaccine.

**Daily Services PC3**

Regardless of one’s life stage, most people engage in daily routines. Whether commuting to the office, running around after kids, or sitting in meeting after meeting, most people adhere to somewhat of a rigidly structured day that allows them to meet their daily and weekly needs. Guests of the Manna House also have routines that revolve around the various services they utilize to fulfill their daily and weekly demands. Services may address personal needs such as receiving or exchanging clothing, sitting down for a hot meal, or taking a sack lunch to go. Fulfilling a basic need such as hunger often precedes social services such as applying for financial or medical aid. Timing one’s routine around the most immediate needs may not be new to those living under the precarity of homelessness or housing insecurity, but the conspicuousness of the situation and limitations in timeframe has become a peculiarity driven by the pandemic.

Those coming to Manna House for a weekly shower often arrive before doors open to ensure they can get their shower before the end of the operational day. In the least, guests arrive in person to get their names on the list for the next available slot, which may be later that week or depending on the demand the wait list may be a full week out. Manna House guests in the pre-pandemic days had more flexibility juggling their various services as operational hours were shortened. Hours have also been shortened at other service providers including those offering meals (e.g., a local food pantry, see Figure 5), further heightening the urgency felt by many to
prioritize certain services above others. Thus, early arrival may be necessary to ensure a need is met on a specific day.

Figure 5

Note: Local food pantry. Local food pantry frequented by a Manna House guest.

Additionally, the number of showers has been reduced to accommodate Covid safety measures. Manna House directors explain,

You know, we used to shower twenty to twenty-five people a day. We would have three to four people in that shower room. But now, with the CDC guidelines, and we have to social distance, we're down to showering five or six people a day because we can only do one person in there at a time to maintain the safety and social distance.

Shortened hours are not the only changes at the shelter; apart from showers, all operations have moved outdoors regardless of the weather.

The hospitality service is a major component of the Manna House mission to offer guests a space to start their day much like many housed persons do, with a warm cup of coffee and a hot
shower. However, outside the hospitality of respecting guests for no other reason than their shared humanity, the services provided at the shelter include provisions of supplies to withstand extremes in weather, such as coats and gloves (see Figure 6). The supply offerings help prepare guests put their best foot forward as they go about their days procuring other services. Other services include visits to local charities for food and clothing, medical care, and financial aid for disability or housing purposes. In addition, the steering of their (persons experiencing homelessness) days may begin with a fresh change of clothing in preparation for a day spent on hours of walking, waiting, riding buses, and hopping from one organization to another to accomplish tasks before the end of the day.

Figure 6

Note: Gloves and coat. Participant shares how he stays warm by photographing his gloves and large overcoat.

Persons experiencing homelessness are very well versed in the services available to them and the hours of operation. In interviews, guests told how they came to know where to go to get things like hot meals, sack lunches, or apply for government assistance. One guest, Ronald, who
had been homeless off and on since his teen years and again after losing a manufacturing job in
the Detroit area, came to Memphis for its lower cost of living. His sister, who has been giving
him bits of assistance, bought him a bus ticket to Memphis to wait out the cold winter in a milder
climate while he awaits his retirement,

    I was trying to find an inexpensive place to live because I knew I'd be on the streets
    maybe for a month or two. And it's been two months now. So, I was staying at my sister's
    [in a Midwestern city\(^1\)], and she looked up the cheapest place to live in America. The cost
    of living in Memphis was 20.6% lower than the rest of the country. That's the reason why
    I came here. It had nothing to do with the music at the beginning. I was just trying to find
    an apartment that I could afford because I'm 62 now. And I'm taking my early retirement.

Ronald fancies himself a musician, “Ronald, The Rocker,” he calls himself, and he plays a
decent harmonica on the streets for “extra money” or preferably drinks that admirers of his work
will purchase for him. “I like to drink,” he says, “it just helps the day go by a little bit.”

    People on the streets are often quick to find others like them. A social network is
    essential to successfully navigate the lifestyle while acquiring services and maintaining safety.
As part of Ronald’s photovoice contribution, he shares photos of a friend and the places they
frequent on most days. Ronald shows the direct correlation between social networks in this
environment and social or survival services. The people, those experienced in the unsheltered
life, share their knowledge with newcomers and teach them where to go and who to know.

    So, my first picture here is I ended up running into a guy from Memphis. I call him
    Memphis, James he's homeless. And he knew all the ropes everywhere to get food about

\(^1\) Name of Midwestern city omitted to prevent identification of participant.
the Manna House and other places to get food and how to get help and everything. So, he helped me a lot. I met him at this high school. The first picture is the front of the high school and one of our buddies, who's a homeless guy, a disabled veteran actually. He's sleeping in the front. You can see him right there. So that's the front of the high school.

Another guest Clark, who suffers from diagnosed mental health illness, receives a disability check and chooses to live unsheltered. He prefers this choice over living under the same roof as his ailing mother, who he describes as “controlling and mean-spirited” and “treats me like I’m in third grade and I can’t take that.” Instead, Clark will occasionally take the bus to visit his mother, preferring to sleep outdoors on church grounds. He lists off the days he goes to Catholic charities for meals and clothing, and the mornings he comes to Manna House for coffee and toiletries. Additionally, he shares photos of his doctor’s office, the pharmacy, and the social security building, where he makes regular visits to fill prescriptions and maintain his medical benefits. Clark also takes me on an average day’s journey through the pictorial images of park benches and McDonald’s hangouts that he shares with his social network.

That’s a little park behind McDonald's. Me and a lot of my friends rest there and eat our meals there. I don't drink, but they, but my friends, drink there. And, uh, as long as I am sober now, I don't. I don't drink any alcohol. I don't do any drugs. My thing is coffee.

Participants in the photovoice study were asked to share a “day in the life” they were given the opportunity to bring to tell their story as they saw, heard, and experienced it. Hence, many of these stories center the sites of services and the people attached to them. Both Ronald and Clark share the names and images of persons they associate with the places they visit. They mention Pete and Kathleen (co-directors at the Manna House) and other critical persons at organizations like Catholic Charities, where volunteers and workers become friends, “[that’s
where] my friend [name redacted] works…he passes out sack lunches.” I have even made it in photos, although participants were specifically asked not to take photos of persons' faces or any other identifiers for their (and others’) safety. Some study participants, knowing of the small monetary compensation and perhaps out of a willingness to please, will engage in a performance of light flattery “Manna House is where I met Tara, who I’m sitting with now.” I’ve even been serenaded with a song written specifically for me. Pete has also made it in photos accompanied with words of praise for his treatment of guests; words like “fairness” and “kindness” are often used to show gratitude to the persons behind the services they are so grateful to receive.

**Employment/Income/Economy and Blight PC4**

This code was created to supplement the *home* code and offer a more thorough analysis of homelessness and housing insecurity stories. The code often served as a conjoining factor in the “how I came to be homeless” story. Participants relayed tales of job loss as it precipitated economic and financial disaster upon individuals who once held a job. I also coded the inability to work or hold a job due to physical or mental disability. Moreover, this code tracks the complexity of compounded underlying economic and social problems associated with homelessness. A combination of these social and economic factors, in varying degrees, contribute to the extent, incidences, and category of homelessness one might experience (Mago et al., 2013).

I further coded any discussion of economic collapse in general, including blight, abandoned homes and neighborhoods, gentrification, descriptions of systemic failures and corporate greed, and government recklessness. Economic and housing loss descriptions, or blight (see Figure 7), were often joined with discussions of a post-pandemic recession that hit hardest those of already low socioeconomic status. Bobby’s photo and interview contributions centered
around losses amidst a global pandemic, including the closing of businesses and the subsequent loss of community. He points out a street corner saying, “normally it [would] be busy around that time because it's lunchtime and you can feel the absence of the people and in the cars. But normally, there would be people standing, drinking, panhandling, and stuff like that.”

Figure 7

![Image of an abandoned, blighted home](image)

*Note: Abandoned home. Image of an abandoned, blighted home where one participant resides.*

**Family/Pets PC5**

Family and pets were coded as a separate theme from social networks. It became clear that participants either lived alone or with a pet, and even when partnered, only one couple, Biscuit and Sweetness, admitted openly to cohabitating. Interviewed separately, and according to the relationship timeline the two offered, Bobby and Frankie were not together at Bobby’s interview. In our early conversations, Bobby explained that he lived alone with several pets in what he described as abandoned, worn-down home. When Frankie first came to Manna House, he was accompanied by Bobby, who introduced him as a “friend.” Their relationship status
remained unclear to me for some time, but I began to ask more prying and direct questions as there was more between them than just friendship. Again, friendship performances may have been a ploy for safety, privacy, or simply a detail withheld from those not entrusted to know.

Through the iterative process of thematic coding, it became evident that family members were often discussed in the past tense. Very few participants had ongoing relationships with family members. Those who did described the limited interactions as short visits to see their children, grandchildren, or parents. None of the participants listed parents as financial or housing providers or beneficiaries; any parents referenced were either estranged, living independently, or deceased.

Conversely, the code for social networks was coded in the daily interactions with people such as friends sharing a similar lived experience or those friendly faces providing spiritual and social services. Indeed, family members were often coded in conjunction with social ostracism, as many participants have been forcibly cut off or have chosen to sever ties with family members. Some guests and participants spoke of a family that was once a positive and integral part of their lives. Still, life circumstances such as unmanaged mental health conditions, substance abuse, financial collapse, or debilitating car wrecks have made it impossible to sustain familial ties. Instead, many of the Manna House guests come to the shelter seeking to fill the void left behind from the loss of family, friends, and other social ties. Both Pete and Ashley talk about the power of the relationships formed at the shelter. For Ashley, a friend introduced her to Manna House just as she was released from jail.

I'd gotten outta jail and I started coming here. She brought me up here and introduced me to this place. And that was kind of around the time that I decided that I was really kind of just sick and tired of my life. I was tired of where I was.
The community Ashley found at Manna House (Figure 8) helped her turn her life around.

Figure 8

*Note: Manna House. Many of the Manna House guests are estranged from family and friends; they come seeking camaraderie and community.*

Many of the cisgender and transgender women at the shelter expressed leaving abusive relationships. Some have even had to give their children up to relatives, friends, or the foster system out of a failure to meet financial, emotional, and/or physical needs. After a car wreck that left Angela with a traumatic brain injury and wheelchair-bound, she says she lost her mind, becoming like a child herself and making a series of terrible decisions that destroyed her social and familial relationships.

There were years that [name redacted] wouldn't talk to me, and I didn't talk to her, but we're, now we're close. You know, I love my daughter. I love both my daughters and, you know, so that was kind of a little shaky, but it got better. [Name redacted] had her things
to go through. And I had mine, and I just could not help her, which really upset me, cuz I
could not help my own child, but I couldn't help myself, more or less help her.

Another woman who spent time in prison for the attempted murder of her physically
abusive partner, Tracy, also found herself alone and leaving someone else in the care of her
child. “Yeah, I see her, but she lives in Nashville now.” For someone dependent on social
services and public transportation, Miss Tracy sees her now-adult daughter only occasionally
when she is able to travel for a visit.

*Health/Insurance and Mental Health PC6*

This code was used any time participants mentioned their state of physical or mental
health, the presence of or lack of health insurance (Medicaid or disability payments spent
towards medical care), any mention of doctors, medical treatments or conditions, and any
disregard for medical compliance or institutions. This code also incorporated aspects of health
literacy such as mentions of specific ailments and their recommended treatments, following
doctors’ orders, and non-access-related matters with prescription medications. If participants
expressed pain or hardships due to an injury or other chronic condition, this code was used to
account for those declarations of health status. This code was also used to distinguish between
health issues unrelated to Covid-19. However, at times the discussion of health overlapped with
dialogues on Covid-19, in which case, both codes were noted together. Interestingly, the female
participants ranked on the top of the list for health codes, but this was not the case for the
pandemic code. Thus, the dimension of the health code was limited to health status, reports of
pain, and other health-related challenges. Conversely, the pandemic code was often also coded in
conjunction with codes relating to economic, service, and housing hardships (PC3, PC4, and
PC7).
I also coded for mental health (Figure 9) if the participant expressed bizarre notions that I could only explain as some sort of psychosis.

**Figure 9**

*Note: Hoarding. Many unsheltered participants that living homeless or unsheltered triggered the mental health disorder known as “hoarding.”*

For instance, Frankie told me about his mental health when I asked him if he had any health insurance or was eligible for health service aid. “I’m eligible to be committed to the mental institution and be condemned there for the rest of my life.” When I asked him if he had a diagnosis, he replied, “criminally insane.” At my pressing to know more, he added that “they said” he had “psychotic thoughts with an intent to act on.”

Frankie continued sharing; he told me about the time of brief institutionalization. He says he was placed in a “straight jacket,” and medications only made him sleepy. This admission, shocking as it was, served as an explicit mental health diagnosis and was coded as such. However, Frankie also tended to digress into longwinded diatribes about the state of our nation, the price of gasoline, and a vindictive co-worker who alleged he sexually assaulted her. The
accusation led to his termination from his job. Freddy also indulged in excessive social commentary that often pointed to his inability to effectively deal with the stresses associated with social and familial relationships. In his denials of any wrongdoing, his inability to express accountability may illustrate an ongoing mental health crisis. When I asked why someone would make up sexual assault allegations, he replied, “She just did it out of pettiness. You see how my life been going now? Yeah. I'm the misfit; I'm a bad guy. I gotta be the bad guy.” Listening to the audio and reading the transcripts multiple times, my sense of his mental state was often as central to the coding of our conversations as the content or words themselves.

**Home/Homeless/(Un)Sheltered PC7**

Perhaps the most blatantly obvious code, the *home* code, was established to encompass homelessness and housing insecurity's situational and often physical manifestations. As a place, the word “home” arbitrarily conjures images of a single-family domicile with a roof and imaginably a white picket fence of sorts. At least to the American mindset, conditioned to a collective buy-in of the American dream where such a home defines success in the “pursuit of happiness,” the building itself defines our condition and status in life. If not for the home, how else might one characterize their status? Removal of home from the equation, a downward gradation of status commences until we come to the unsheltered. Thus, this code was noted for each occurrence or a description of the word, including manifestations such as apartment, room, address/location of an overnight stay, and place of sleep.

According to the Tennessee Secretary of State’s website, Tennessee state law determines residency based on “the place where the person’s habitation is fixed and is where, during periods of absence, the person definitely intends to return.” The operable words here for persons experiencing homelessness are “[intent] to return,” meaning even those sleeping unsheltered may
be considered residents of the state and entitled to rights and state-granted services, including the voting rights, provided there is an intent to return to a said street corner or sleeping location (Figure 10).

**Figure 10**

![](image)

*Note: Sleeping unsheltered. This image is of a man the photographer identifies as "a friend." The man is sleeping outside a building; the door’s framing provides him limited safety and protection from the elements.*

For this code, an *address* was coded when participants indicated a chosen space or place for a return overnight stay, but not in the context of a service organization (e.g., Catholic Charities) that allows persons to list as a place of mail delivery/reception. Instead, I coded *home* as a conceptualization of a space where one currently resides, has resided in the past, or wishes to reside in the future. The code also included references to sleep, place of sleep, and condition of that sleep, such as “I got a roof at the church.” Other coordinating words or descriptions included “blanket(s),” “eviction,” “homeless,” “on the street(s),”
The *home* conversation was often accompanied by descriptions of weather, economic challenges, and loss of residence due to the breakup of social or familial relationships. Ashley and Ronald engage in lengthy descriptions of terminated relationships as direct precipitators of homelessness.

I got laid off; my career was over. So, my wife decides to leave me. So, I couldn't stay in my own house. I got two chocolate Labradors I'm supposed to take care of. I can't even live in my own house that I paid for. She didn't pay for that house. She never paid for anything. So anyway, I became homeless. She took everything.

Ronald’s palpable resentment towards his ex-wife taking “everything” is typical of his sentiments towards those he believes have withheld or confiscated monies and other belongings he believes are owed to him. This lack of owning responsibility is fluidly intertwined within this code. In a description of his future *home* plans, Ronald exasperatedly recalls,

This idiot in [name of European country omitted²] has got all my art belongings and all my brushes and all my paintings and everything. And he won't give them back to me. So, I got, I’m wrestling with that right now, which is really killing me because I got hundreds of dollars’ worth of brushes and everything. So, I paint, I might do that. I'll probably have a hobby once I get my place.

Ronald seems to defer, at least in some part, the blame unsheltered living conditions onto others. In the years after his first divorce, it is his wife who “took everything” away from him. His deportation after years of living abroad was due to a “street fight” while drinking under a bridge.

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² Name of European country omitted to prevent identification and for the protection of the participant.
with some “junkies.” The junkies, he says, caused the legal troubles that got him deported, “you can be friends with them,” he warned me, “but you can’t trust them.”

The outlook expressed by the unsheltered or persons experiencing homelessness ranged from acceptance of personal failure to deference of blame on others or systems. Shelter director Pete explained that here race was often indicative of their degree of acceptance and had potentially staggering effects on mental health.

The African American guests who come have a better sense of there [being] systemic things contributing to their homelessness. The White guests have internalized much more that this is [an] individual failure, and it's even worse because they're White, and they really shouldn't be failing in this society.

When self-blame and an “entitled sense of failure” are coupled, substance abuse among many of these individuals, Pete suggests, is found in the practice of escapism. Thus, coding for home code was multifactorial and combined with other codes.

**Identification PC8**

Although identification ranked least in the number of codes, I felt it was necessary to include and code for its massive impact on daily life. The facilitation of life and services expressed by participants is often contingent upon the availability of current identification. Reception of services and the fulfillment of rights, such as voting and prescription-filling, depends on one’s ability to establish and prove they are who they claim to be. Biscuit, for instance, is considered by the state of Tennessee as a “John Doe” due to an expired Illinois id. When I asked him what difficulties this expired id presented him with, his answer struck me,

I can’t do a lot of things. I can't buy cigarettes. I can't buy beer. Now, if I want to open a bank account, I need [an] ID to open a bank account. I'm trying to open a savings account
[to] put money into that and withdraw interest. I can't do that because I don't have an ID. It does affect me a lot. My medication, like if I get pain pills, and [I] have a lot of pain, and for some of them, narcotic[s], you gotta have ID. I don't have an ID, so she [his partner] had to show her ID to get it for me. I'm like, well, it’s my medication; why does another person have to show ID to get my medication? Especially with me and the pharmacist [we] have a relationship. They know who I am. I know who they are. I figure they shouldn’t need ID.

Unfortunately for Biscuit, getting a Tennessee ID requires a trip out of state to first request an official reissuance of his birth certificate because he of his foreign birth on a military base abroad. Once the birth certificate is renewed, he can renew his out-of-state ID before returning to Tennessee to bring his documentation to the county then DMV’s office to repeat the entire process.

Social and environmental complicators include time investments, filing costs, travel expenses, and government distrust (fear of “deportation”). The pandemic has delayed Biscuit’s ability to travel due to reduced travel options and other Covid-19-related restrictions. Biscuit supports himself and his partner Sweetness, using the “SSI” or disability check he’s been entitled to since recovering from his multiple gunshot wounds. He has been eligible for and has received social security benefits since his injuries have made it impossible for him to work. Biscuit is not alone in seeking financial aid services due to a medical condition (see social security building, Figure 11); however, the circumstances of his case are particularly harrowing.
The drive-by, gang-related, violent attack instantaneously killed all three of his companions, but Biscuit spent weeks in a coma before recovering with permanent and life-altering injuries. The monthly check he now receives barely covers the rent on his furniture-free apartment. Due to poor unlivable conditions, he and Sweetness were evicted from their last apartment, where rent was $525. Sweetness shows me the photo of the abandoned apartment complex where “the old apartment with a roof fell in it. [Biscuit] This is where this is our apartment right here. Where the roof, the ceiling fell in on me. [Sweetness] I showed you the pictures then.” At their new apartment, they now pay $650, a difference of 125 dollars that may have otherwise been used to pay for other necessities like food, a vehicle, or ID costs. Instead, Biscuit continues to face the difficult choice of prioritizing the essentials in his life.

For Ronald, his ID is what must be presented at encounters with police questioning his whereabouts. In one incident where the alarms went off at the school where he sleeps, the police
were called to investigate the cause. Ronald and his friend, who introduced him to the spot, presented their IDs to the police, who informed him of his disturbing status.

They took our IDs. Well, they took them, and they look you up to see if he have any warrants or anything. I was a missing person because I lost my phone a week before that and my family was so worried. They thought I was dead. So, my sister actually put me on the missing persons’ list. So, I found out it was a missing person, and the cops are like, you're a missing person. Obviously, I'm not missing.

The police found them innocent of any wrongdoing and let them carry on, but without the ability to produce a valid ID, the situation could have been less amicable and fear-triggering. It’s worth noting that Ronald and his then friend are middle-aged White males. Ronald explains that after viewing the security footage, proving no attempted break-in, the police were “very polite” afterward, and there’s no way of assessing how race may or may not have been factored in.

**Prison/Police PC9**

The presence of police officers and their cars making their rounds is a common occurrence. Many participants spoke of run-ins with the law and spent some varying periods in jail or prison. Some participants like Gerald, Ronald, and Biscuit have spent short periods on drug or alcohol-related offenses. Vincent, however, incarcerated for a violent offense, served over thirty years in a state penitentiary. This code accounts for instances of jail time, but it also accounts for fear or mistrust of policing and interrelated institutions.

This code is another that can be strongly tied to ostracism (a subcode of social network) and family, as many participants tell of prison sentences that led to further tension among broken familial ties. Like Miss Tracy, Vincent spent significant time in prison for a violent crime that led to multiple severed relationships. Serving a long thirty-year sentence, Vincent asked his wife
not to wait for him; they divorced, and she moved away, taking their young daughter with her. I asked Vincent if his family visited him while he was locked up, and his answer shocked me, “No.” he said, “Thirty years, nobody come.” He says he was a “black sheep” growing up among his many siblings. “I didn't fit in the family. I got seven brothers and six sisters, but I never fit in the family with none of ‘em. Yeah, I’ve always been on my own.” Despite being up for parole, Vincent chose to complete his entire term so that once he was out, he’d never have to look over his shoulder or answer to anyone again. Vincent is distrustful of the parole system, calling it a “trick” to put people back in the system, and he didn’t have to keep looking over his shoulder in worry over when he might be caught violating the terms. Instead, he refused the option and served his entire term. Once out, he was reunited with his daughter and introduced to his grandchildren, who brought a large smile to his face as he recalled them saying, “grandad, we love you!”

Vincent’s trouble with the law goes back to the Jim Crow era of his youth, when his parents moved to the small county town of Somerville, TN. He describes living in an era I have only read about in history books. He says he worked some “man’s land” picking cotton, “haul[ing] hay, pick[ing] hay and chop[ping] cotton” without ever getting paid. Vincent was eleven at the time, and now in his seventies, he says he has no regrets. Despite being shot, beaten with a brick, and chased out of town as a young Black teen accused of “rape,” Vincent says he’s in the “service of God” and has no regrets. “When I was 11 years old, out in the cotton field, I prayed to God for one child and a white house. And he blessed me, [with] one child and a white house.” The police don’t really worry Vincent anymore, now that he has served his prison sentence. He says that when he was in the penitentiary the corrections officers were perplexed by
his attitude and good behavior, often asking him how such a helpful person wound up in prison. Lamenting on his time in prison, Vincent says,

I don't have no complaint about the time I did. Most police and things, they stop me, they want me to come talk to children. So when I did them 30 years, I didn't get used to that no kind of way. I ain't, I don't like being locked up. So I like freedom. So when I come back out here I had to set an example [because] I got a daughter.

Vincent is not the only participant who has spent time in prison; Bobby, Gerald, Ashley, and Biscuit have all done time on drug or solicitation charges. For many persons experiencing homelessness, their encounters with law enforcement personnel are common, and they vary between degrees of hostility and helpfulness. For Biscuit, whose gunshot injuries left him with some brain damage and completely deaf in one ear, prison signaled the end of life as he knew it. Incarceration (in another state) meant an inability to pay rent, which led to the confiscation and probable destruction of his belongings upon eviction. The loss of both his birth certificate and identification means that Biscuit is now a “John Doe” in the state of Tennessee. Besides the cost of travel back to the Midwest to file for issuance of his documents, Biscuit was afraid of deportation under the past administration because of his birth on a military base overseas. Biscuit remains wary of the legal system in general but refrains from making any specific mention of the local police. He says,

While Trump was in office, I was scared to get a birth certificate. I was scared he was going to try to deport me back to somewhere. I don't even know why. I ain't never been there; I don't know nothing about it, okay. I moved from there when I was three.

Despite a change in administration, Biscuit still holds some reservations about government policies. He is also concerned about travel during Covid and the mounting cost of it all.
Despite collecting a disability check for financial aid, Biscuit quips, it’s barely enough to “cover rent.”

However, not all police encounters are hostile, and many include routine security checks to make sure the unsheltered are abiding by a tacitly understood code of ethics and ascribed behaviors. Law enforcement and sometimes business owners will turn a blind eye to homeless persons outside their business or in public spaces (like parks, Figure 12) so long as they refrain from drunkenness, clean up after themselves, and leave other patrons be. Ronald and Clark have such encounters with the police. Their run-ins with the law these days are primarily about their choice of sleeping grounds.

Figure 12

Note: A place to rest. Participant photograph shows the park where he comes to “rest and meditate.” He says police and business owners allow him and his friends to stay if they refrain from drinking and tidy up after themselves.³

³“I go there [the park] pretty often, not every day, but, I go there to rest, cause I'll walk everywhere. I go there to rest. They got shade, trees, and the people are real friendly and people bring [their] animals. They let me pet them. Those are two tree stumps in the shade [that] they allow me to sit on and behind the fence is residential properties. They don't mind if I sit there and meditate and get shade and rest. Those stumps make perfect seats.”
The officers, they say, “leave you alone,” allowing them to sleep on the property overnight, as long as they keep the area clean and are “gone during the day.” For the church-run school, the police and administration are adamant about their homeless, night-time guests leaving the property when students are on the premises.

**Safety and Faith/God and Race PC10**

The safety code was devised to cover the dangers of sleeping and living life on the streets. However, it soon became apparent a subcode was necessary to account for all references participants made to their feelings of fear or safety as they related to their faith in a higher power, “God,” or animosity towards persons of another race or gender. The primary code of safety was used to code words or descriptions of violence or the fear of violence (Figure 13).

**Figure 13**

*Note: Neighborhood. The participant wants others to see that his neighborhood is not “bad,” it’s not a scary place filled with “stragglers” or other nefarious types.*
The subcodes were often an addendum to the same story as complementing clause. The iteration of which was noted in numerous tales of violent interactions that could have ended in a far worse outcome but for the grace of God. Thus, it became clear that relationships between two seemingly misaligned codes have apparent and deep correlations as they pertain to context realities and lived experiences).

**Race and safety.** Narratives of violence, such as those told by gunshot or stabbing victims, are not odd and safety is a major concern for unsheltered persons. It is even a concern for those who take refuge in an overnight shelter such as the Union Mission (which multiple shelter guests have shared negative experiences with). Some of the animosity towards the Union Mission include having to pay a fee for the night’s stay, a forced religious service, the presence of drug addicts and alcoholics, and the lack of privacy and proximity to strangers. Speaking of the Union Mission, Ronald says, “I would never stay at a billion years because I don't want to be around all those crazy people.” When asked why, part of his grievances included,

All the junky, crazy people. And they make him sit there from seven o'clock until, you know, I'm not going to sit there. And all them people—street people from seven o'clock at night, all night long. I mean, unless you're freezing to death, I've been in those situations in [the Midwest]. I don't like homeless centers like that.

Ronald later reveals the racial animus helped shape the code into one where safety includes clauses for faith and race/racism. He says,

I'm not racist or anything, but most of those situations are Black people, and they're street people, and they're lazy people. The people that they're homeless because they want to be, they don't want to work. You know what I mean? They just, I don't know. They just take advantage of the system. And when you get stuck in that, it can be rough. I was in a
warming center in [Midwestern city] there you can drink, but those people got way too wasted. So, you don't want to be around them either. And if the problem is, you're just sleeping on the floor right next to people, you know? So, people that are sick and people keep getting sick all the time.

Despite admitting to arrests for disorderly conduct and drunk driving, behaviors associated with alcoholism, Ronald fails to see any similarities with the people he describes at the shelters and himself. However, Ronald is not alone in voicing safety concerns that may be based racially biased. Clark echoed similar racial sentiments, but his consternations were less explicit. He told me about his middle-class upbringing and his not fitting in at the Union Mission, partly because he disliked the staff but also because of the “violent people” who stayed there. He described himself as a “peace-loving person,” and when listing off his group of friends, only mentioned other White guests, which included Ronald.

Despite the racial fear expressed by the White participants, when pressed for a personal story of an attack or incident where they were victimized by a person of color, neither was able to produce one. Angela repeatedly mentioned her race and gender as the reason for her fear of being on the streets or in shelters, but the fear had no basis in occurrence. I stressed to her the importance of safety for a woman, and her push back was rather stunning, “No, a White woman on top of that, you know, I'm sorry, but it is kinda a lot to do with color around here in Memphis.” Again, I asked for an example, but she had none to offer,

I've gotten really lucky that no [I have not been victim of an attack by a person of color], that’s the reason why is because I know where to be and where not to be in what time to get my ass inside and you know, not to I'm 50 years old, but I'm not dumb.
Ronald’s lack of incident was similar; his fear was more theoretical. I asked, “Were those people getting ‘wasted’ as you said, are they—were they dangerous or violent? Is that what you're afraid of?” His response was baffling,

No, not all. Sometimes, of course, they got crazy like that, but they're just weird to be around because they're junkies, you know, they're, if they're drinkers, they're like drunk. And just stuff that you, people that are too busy getting up, then having a place to live, basically. You know what I mean? I mean, not everybody in that situation like me, for instance, is that far gone, you know. I was sitting in that warning center writing my book.

Pete, in his leadership position, speaks to the racial dynamics at Manna House. Acutely aware of his perspective as a White person, he tries to run the shelter with racial equity at the forefront of the social justice endeavor. He had this to say about the racial dynamics,

It's sort of like the, like the lunchroom. So yeah, White guests, I guess I would say tend to congregate with White guests and African American guests [with other African Americans], but there's a lot of [intermingling] because it’s a small place it's tough to have too much separation. And so, what really happens—I think of plenty of instances where there's just free interaction. Um, I think on the streets, there's probably less of those racial dynamics because everybody's kind of in the same boat trying to survive. So, they need each other more clearly. Most of our White guests are not overtly racist. We've had a few who have been, and they are asked to leave. And we've had like I said, the White guests who have sometimes thought they should be treated better. And we just disabuse them of that notion.
Social Network and Ostracism PC11

Social networks may be the heart of this study. It is the code I use at every mention of one’s family, friends, acquaintances, companions, and persons of influence or sway in one’s life, either past or present. This included estranged family members, tales of bereaved loved ones, and exes. When Ronald spoke of his wife, I coded for family and social networks. When Vincent said of his granddaughter expressing her love for him and the joy he felt in remembering that moment, I coded for the social network. I also coded social networks at mentions of a friend or fellow person experiencing homelessness who helped guide another to services such as the Manna House or Catholic Charities. A positive social interaction within one’s network also includes the shopkeeper that Clark stops by to see and make small talk with on his daily on-foot journeys. However, not all social interactions are positive, and I coded negative or estranged relationships within one’s network under the subcode ostracism. Angela’s car wreck is an example of a traumatic life experience that adversely affected her social networks and precipitated familial ostracization (Figure 14).

Figure 14

Note: Profound upheaval. Angela’s wreck had profound effects; physical and cognitive health issues precipitated failures in her personal, familial, and professional relationships.
Clark’s story of preferring to live and sleep on the street than with his controlling mother was also coded for ostracism (social network), family (mother), and home (choice to be homeless rather than depend on an abusive relationship). Frankie and others also spoke of family members they have but are not part of their daily lives. Out-of-state family members were also coded under ostracism as many have severed ties or only speak occasionally. Vincent’s telling of a lonely prison sentence void of visits from family members was also thus coded.

While Vincent’s family neglected to visit him while imprisoned, his time in the penitentiary was not all bad, and he told of being well-liked by guards and other inmates. When I asked him if it was rough on the inside, his reply struck me as odd and contradictory to anything I had read about prison.

It wasn't rough for me cause see for me, like I said, every night, I would pray. I prayed, and I run by myself the whole thirty years. They had all the gangs in there, but they knew not to mess with me. I [had] one gang, and that was Jesus Christ. All of them other gangs, Bloods, Crips, [I] never joined that stuff. Everybody else joined, but I never joined. Thirty years, I walked alone by myself through prison and got along with all the police and got along [with] all the inmates.

Vincent seems to fly under the radar. His visits at Manna House are often short, he will get a cup of coffee and sometimes a shirt or toiletries, and he leaves. He does not linger or talk much, but he speaks of God and rushes off to work. His description of his time in prison was one that spoke to a strong social network where he may have been somewhat of a loner who was liked by all. As an example of overlapping codes, the above except was coded thrice for social network, God/faith, and prison.
Transportation/Location PC 12

Homeless shelters have limited capacity and are not able to provide refuge for everyone experiencing homelessness. Modes of transportation include public transit systems like buses and bikes, but most participants reported walking as their primary mode of transportation. Some participants said they walk several miles every day. When asked to take pictures of her daily routine, Sweetness captured an image of her flipflops to show how she gets around (Figure 15). Transit stations, vehicles, and bus stops have become places of shelter as well as a means of transportation for seeking services at locations too far to reach on foot homeless individuals and in transit vehicles (Ding et al., 2022). Moreover, transportation is essential to helping persons experiencing homelessness (and severely poor) break the cycle of poverty and joblessness (Hui & Habib, 2016).

Figure 15

Note: I get around. “You said to take a picture of how I get around; this is how I get around.”
The study participants, and many of the guests observed during the data collection process, offered the specific locations of the various places they frequent. They often spoke of services by using street names or landmarks to identify locations. Sometimes these references would be to indicate to me that it was near Manna House and within walking distance. Other times, locations were used to depict a hardship characterized by the time and effort it would take to reach said location. Bus fare or bus passes were often sighted as a barrier in addition to the time commitment accompanying the travel. Angela, for instance, likes to think of herself as self-sufficient and is hesitant to accept rides from others despite her physical disability.

Transportation for her is a combination of family or friend pickups or riding the bus, “I do both. Okay. I drive, or I do the bus. I'd rather not do the bus. I'd really rather not. I'd rather go myself.”

By myself, here means riding in a car with a family member as opposed to using public transportation with multiple others. For Angela, a woman and a “White woman” at that, safety is a concern for her. Travel and transportation can pose potentially dangerous threats for her. As she sees it, her low positionality as a seated person in a wheelchair and her race put her in harm's way. She doesn’t feel safe traveling on the streets because “people don’t watch what they’re doing.” Angela’s travel on her own is limited to daylight hours as she explains,

I stay at home ever when it gets dark up. I, I don't feel safe when it's dark. I just, I don't.

First of all, because I'm a White woman, second of all, I'm a handicapped White woman. Third of all, in Midtown, it’s mostly, I'm sorry, [it’s] sad, but it's mostly Black… and pretty much Black and Mexican people. And it's just unsafe for any female to be out that late at night. Yeah. So, so I, I stayed home, okay.

For Angela, transportation is a matter of safety, a restriction hindered by her gender, racialized attitude and outlook, and her physical limitations. I was able to code this portion of our
conversation with the corresponding codes. PC10 was coded for safety and race (code and subcode, respectively), PC12 the transportation code, and the PC11 subcode of ostracism as her feelings of alienation from the surrounding community were evident.

**Weather PC13**

Through iterations of coding, the relationship between environment and weather emerged as a theme. Extreme weather such as freezing temperatures or excessive heat has been noted as challenges to life unsheltered. Indeed, the regional climate is a contributor to the migratory patterns of persons experiencing homelessness and is evident in the numbers. For instance, Southern California’s temperate climate provides protection to those unsheltered individuals living out in the open air. 47% of the U.S. unsheltered population resides in California (Ding et al., 2022). Moreover, people seeking refuge from the elements are challenged with the decreasing availability of public spaces, through privatization of business districts, and the criminalization of behaviors associated with severe poverty, such as public urination and sleeping in one’s vehicle (Glyman & Rankin, 2016).

The shrinking of public spaces means many homeless individuals look for hidden spaces where they can escape removal from police or private security agencies. Here, transportation and weather barriers create an overlap. Images of bus stops appeared in the photos of multiple participants who noted the benches as places of rest. The covered bus stop is particularly special as it was cited as a refuge to protect oneself from the elements, providing shade on hot sunny days, a shield on windy days, and overhead cover on wet rainy days (Figure 16). Clark shares, “I’ve used bus stops to stay out of the rain.” For those unsheltered weather is more than an inconvenience or prohibitor of daily routine, it can pose a danger to life.
Ronald’s experience with homelessness in the Midwest made him appreciative of the Memphis winters, “This is much easier because of the weather. It’s hot, but you don't have to worry about freezing to death.” He goes on to elaborate on his time homeless in the frigid north,

One of the times I was out there in the wintertime [in the Midwest], and I was out for a couple of weeks I got trench foot and frostbite. I was freezing to death. If I didn't call the ambulance to pick me up and take me to [the hospital], they almost amputated my left foot. That's how close it was.

Extreme weather patterns often send unsheltered persons in search of cover indoors. These temporary places of refuge might be publicly or privately run and become spaces of social gathering, presenting opportunities for usually solitary and isolated persons to meet others in a similar situation. How Frankie and Bobby came to meet is escaping harsh weather such as snow or ice storms that periodically hit the area.
They were doing the warming center, so we [had] hot water and stuff when it got real cold that day, yeah, I was in that storm. Yeah [that’s where I met him. Well, really, he ain't want [to] be friends, but I'm consistent [persistent].

In this interaction, the warming center, a service provided to persons experiencing homelessness on severely cold days/nights, created a space to formulate a social network and bring together two disparate people.

The same storm sent Clark home to his mother’s house, where he retreated for a few nights to escape the cold. Despite the animosity between the two, the desperation brought about by the deathly cold forced Clark to swallow his pride and accept refuge with his estranged mother. Once again, I coded PC13 in combination with PC5 and PC11 for social networks and the ostracism subcode. Clark’s decision to wait out the storm in his mother’s house instead of a public shelter is multifactorial. Clark and many others report feeling unsafe, racial hostility, forced proselytizing, and rampant drug/alcohol use as reasons to avoid area shelters such as the Union Mission. Ashley, who identifies as female, relates another side of the religious-based organization's ulterior motives that exclude members of the LGBTQ+ community. She says,

For gays that identify as female and were born male, um, I can speak specifically about this because at one point I was asked by the pastor of the union mission to never come back-- because I was too feminine and I might entice the men. So, I wasn't even allowed in the shelter because I was an openly gay man. Well, I'm not technically female, so I can't get into the female sides of anything.

At the time of our interview Frankie and Bobby were staying in a partially collapsed home, which Frankie describes as a “slum-board.” He says they had running water and perhaps other utilities at some point, but “someone” had robbed and vandalized the already derelict property
leaving them without access to either. It remains unclear how much of Frankie’s description of
the home and series of unfortunate events they have undergone in the year I have known them is
ture and how much of his narrative is a figment of his imagination, a testament to his paranoid
suspicious and distrust of people, and example of the depth of the decline in his mental health.

Theft of property and other belongings is a reality many persons experiencing
homelessness must confront daily, and many participants expressed this challenge. However,
among this population group, combinations of social determinants such as personal safety,
untreated mental illnesses, and environmental conditions often bleed into one another,
exasperatingly creating a breeding ground for multiple barriers. What may seem like a simple
problem like staying dry on a cold or wet night is magnified ten-fold by numerous complicating
factors. Thus, in coding a transcript where I ask questions relating to the weather (or other
barriers) resulting in a series of bizarre stories, I may code three to four codes that often include
mental health and social ostracism.

**Conceptualizing Homelessness in Memphis**

Coding the transcribed data is essential in identifying patterns and crafting theories.
However, the information is only as meaningful as it can be when analyzed within context.
Therefore, to work towards understanding the data and findings of this piece, the larger context
of homelessness, particularly in Memphis, needs to be considered. In 2009 the McKinney-Vento
Homeless Assistance Act was amended to The Homeless Emergency Assistance and Rapid
Transition to Housing (HEARTH) Act and enacted into law on May 20, 2009. According to the
U.S. Department of Housing and Urban Development (HUD), these new amendments
consolidate three separate HUD-run homeless assistance programs under the McKinney-Vento
Homeless Assistance Act into a single grant program. The new act sought to expand on the
definition of homelessness to widen the reach of government services and assistance. In addition to including persons staying at locations unintended for human habitation (for up to 90 days instead of 30), the new definition of homelessness was broadened to include individuals or families facing eviction within 14 days, persons fleeing from violence or domestic abuse, and those in the care of minors (or unaccompanied minors) without stable housing (National Alliance to End Homelessness, 2012). The previous definition did not include housing instability as a parameter of homelessness and thus excluded many families or unaccompanied minors from receiving government aid. Instability included transient individuals or families (having moved more than twice in the past 60 days) or have not been on a lease or in ownership of interest for the same 60-day period.

This expansion of inclusion is essential to collecting the most accurate numbers, considering the challenges of such a task. The Point in Time Count (PIT Count) seeks to do just that. The program, administered by the HUDs Community Planning and Development sector, PIT Count, works in conjunction with Continuums of Care (CoCs) to assist state and local governments in identifying and including qualifying persons into current counts. However, Manna House director Peter Gathje explains any government count will be inaccurate and too low. He does not believe the actual number can ever be known but estimates the local homeless population in Memphis to be anywhere between six to eight thousand individuals. Gathje’s "guess" is based on his analysis of the various homeless "neighborhoods" comprise the midtown area where Manna House is located. His tally also incorporates the wider community, including downtown, Frasier, South Memphis, and Summer Avenue homeless, which he describes as "groups that don't interact," each keeping to their respective zones. Gathje also considers the
Shelby County School system's database that accounts for students experiencing homelessness but stops short of including the parents or adults in their lives. He offers this bleak assessment,

This is a thing that's so funny about the Point in Time Count… first of all, it's done in one night, once a year. So, it's not catching everybody, and homeless people are good at blending in; they don't want to be counted in the sense of like, they don't want people to know where their cat holes are, where they're living, that they're in abandoned buildings and all that, you know? And that often the police have been with doing the Point in Time Count. If you're living in a building that's abandoned, you don't wanna be counted by the cops. You don't want them to know that you're in that building. So, Point in Time Count is a gross undercounting of people on the streets.

**Homelessness: A Community, Group, or Social Institution?**

Homelessness has been described as a "social institution," which may conceptualize the issue as a problem with clearly delineated borders, one is either homeless, or they are not. However, this categorization may grossly misrepresent the lived experiences of those identifying as homeless. An institution is defined as a society or organization founded for a religious, educational, social, or similar purpose or established law, practice, or custom. As homelessness and housing unstable individuals, and families, are as diverse as they are difficult to quantify, it would be improbable to find any two individuals espousing identical purposes in their circumstantial stories. Indeed, none of the individuals (either interviewed or observed in the ethnographic collection of data) defined their current situation, identified barriers or pathways, or wished for the same outcome or perfect ending. Instead, some participants expressed gratitude for and satisfaction with their current living situation. For example, one interviewee, Gerald, had done time in prison and has lived unsheltered on the streets. He now enjoys modest housing
thanks to a local charity organization called Friends for Life, which provides free treatment and other services to persons diagnosed with HIV/AIDS. Gerald says:

That whole apartment building, you know, it's for people like me. I tell people all the time; I don't get no check. They pay my rent, pay my light bill. You know, it can be a cardboard box, as long as it's got heat, got a toilet, running water. No, it ain't much, but it's mine.

Another interviewee, Marcus, took numerous pictures of his modest one-bedroom apartment. Listing off various items in the photographs, he points out scissors, lotion, his wallet, glasses, and a food stamp card, "just necessity type things," he explains. Marcus gives the impression he's a minimalist with sparse belongings. His only décor appears to be magazine clippings of beautiful women; he laughs jovially, insisting that it's only women and not men that he plasters all over his walls. He states, "I got ladies all through my house…the kitchen, the bedroom, the bathroom, everywhere." When asked if he likes his apartment and where he lives, his response was one of gratitude just to be off the streets, but he's hopeful of the potential for improvement, "I can't complain, you know…when they give you a place to stay for free or whatever. Hopefully, one day, if I keep doing good…." Marcus acknowledges and accepts the responsibilities that come with the aid as he further explains that some people would waste the money they're given but that he (Marcus) "wouldn't do that."

The idea that the term *homelessness* has come to signify a group or community is also troubling in its oversimplification that these persons share a common goal. Perhaps they share attributes that are the same such as not having a stable address; however, such as broad stroke paints the picture that all these people are in a situation outside of their choice and wish an end to their current condition. It is an assumption that is problematic as it is a form of eraser of
individuals, their personal stories, and their purpose. One such individual named Isaiah talks about the hardships of homelessness, including the time it takes to get off the streets for those who desire to. He elaborates on how the pandemic has made the process even slower,

It's difficult to meet with people like Catholic charities, the most famous group that gets people into homes, but it's then you got to wait 60 days to meet with the counselor, and when you finally get with the counselor, they give you something else. You fill out the form, then you got to wait another 60 days. It's like a year at least before you get your home.

Isaiah does not himself appear to want to move into a "home," as it were, and carries all his belongings with him everywhere he goes. He is often dressed in many layers and carries a large rucksack on his back and a few smaller bags with food and miscellaneous items in his hands. Isaiah spoke of his education, completing some engineering schooling and working in architectural design. He became homeless after losing his job and has been on the streets for many years, even traveling the country, all but the "east coast," and found LA's infamous skid row to be the worst, "it's like a third-world country!" Director Pete describes Isaiah as a bit of an outlier and not as one who represents a mainstream attitude towards homelessness,

I think a [Isaiah], for example, he's, I mean, if you talk with him, he'll say he's here by choice and he's living this life because he wants to live simply and he wants to live, close to Jesus. He's a rarity, though. Um, I'd say most of the people on the would be very happy to conform [to societal standards] in the sense of be[ing] able to have a place to live and live a normal life. They would love that.

While Isaiah may not confirm the layperson's thoughts of the homeless person's psyche, his words of acceptance and his mission of being in the service of God is a gift to this research that
declines the invitation to package a generic analysis in clean wrapping. Instead, Isaiah confirms the emergent theme of individuality and stands in defiance of precision labeling.

**Correlations Between Health and Homelessness**

One of this research’s aims is to identify how the socio-cultural, and environmental context that homeless and housing insecure persons inhabit contributes to the formulation and transmission of their health beliefs. Amidst the backdrop of a global pandemic, I sought to discover the factors that complicated health and housing for persons experiencing homelessness while also navigating a world shut down due to health concerns. Upon asking shelter volunteer, Ashley what she identifies as the main barriers (and thus pathways) afflicting persons experiencing homelessness, she emphatically and unequivocally stresses housing and healthcare as essential needs.

Ashley is a participant who, like Peter Gathje, sat down for a lengthy interview with me to help supplement the research data with insight that can only be given by the persons running the facility. Ashley’s contribution, however, is unique because prior to her leadership role as a coordinating volunteer, she was a shelter guest. Ashley had been homeless and suffered from addiction for a little more than a decade before getting clean and securing sustainable housing. Her story is a success story and is inspirational to many of the guests, some of whom she knows from her time being homeless. Ashley was instrumental in answering my questions about the correlations between health and housing and providing firsthand evidence of the numerous barriers and social determinants of health that persons experiencing homelessness and extreme poverty face. The following section will primarily focus on reporting the findings of correlations between health and homelessness as data provided by Ashley.
Ashley’s experience with homelessness should not be viewed as a “typical” story or used to draw anecdotal causational conclusions; however, many aspects of her experience share similarities with other participant narratives, particularly those grappling with mental health illness or identifying as members of the LGBTQ+ community. Ashley’s journey into and out of homelessness started with a move out of the Midwest with a partner. The couple left their hometown intent on seeking a fresh start out west. Along their journey, in search of a more welcoming environment, their beat-up old vehicle broke down somewhere in a small town in Arkansas. Ashley describes the scene as something out of a Hollywood film where the sheriff who runs the town promptly expels the intruders. Ashley and her partner’s openly gay interracial relationship was not only foreign but certainly not welcome, and they soon found themselves on a bus with a one-way ticket out, the destination, Memphis, TN.

Ashley began her story by telling me about how Memphis became the site of not only her homelessness but at the center of her troubles and addiction after leaving the relationship when it turned abusive.

So, we came over here, to Memphis, and our relationship got real bad, and I ended up leaving him, and I ended up homeless here, and it wasn't really my first time homeless because I was kind of homeless before, but I was always had places to stay, but it was my first time actually being on the street with nowhere to go. So, you know, trying to navigate life, you know, around that point, and I didn't know anything about homeless because there is no homeless where I came from.

Much like the stories of others, Ashley told me about the social network of friends (and acquaintances sharing in the homeless experience) who helped show her the ropes. Part of one’s induction, as it were, into the life includes education of the places where one may store
belongings, find a covered spot to shield from the elements, obtain hot meals, and find relative safety from theft and those who might be harmful. Learning what and whom to avoid are also imperative lessons early on. Just like Ronald’s first days in Memphis, Ashley found others willing to share their tips.

While friendships may sour, as was the case with Ronald and his friend, who he called “Memphis Jack,” they are an important part of the social network that is an integral part of the solitary existence. Ashley explains that despite these relationships, a person is very much alone in their homelessness, saying,

Most people don't [partner up with others] because there's not just not enough resources around, you know? If you're walking around cold and you ain't got a blanket, what are you gonna do? Well, [if] you happen to see somebody's stuff stashed over there and you see there's a blanket there, well, I'm gonna go steal it cuz I really need a blanket. You know, so a lot of theft happens. When you have your little spot where you stay at, you don't tell—you can't tell anybody where it is. You can't let anybody see you go to that spot because then your stuff is probably gonna get stolen, which is why you see a lot of people will carry all the stuff with them because they don't want it to get stolen. But that also creates a, you know, another mental health problem.

One of the mental health problems Ashley says she still struggles with, outside her long-term depression, is hoarding. She finds it very difficult to let go of things even now, years after she moved into her own home.

**Health Services and Barriers to Local Access**

Ashley’s discussion of mental health is inseparable from her time homeless. As a youth, she struggled with her sexual identity, a rocky relationship with her father, and severe depression
that resulted in multiple suicide attempts. Without access to affordable medical treatments, the low self-esteem and beliefs of personal failings led Ashley down a path of addiction, which she funded by prostituting herself on the streets. Ashley struggles with depression and other health ailments like Type 2 diabetes (which she at times needs insulin for), COPD, and asthma which is worsened by seasonal allergies. She is on a list of medications that are covered mostly by the disability benefits she is now entitled to after multiple suicide attempts proved she could not sustain a job due to her untreated mental health illness. Ashley spoke at length about her health struggles and saw housing and health as the two biggest obstacles faced by persons experiencing homelessness.

Like many of the Manna House guests, Ashley suffered for years from an untreated mental health illness. Like Frankie and Clark, the diagnoses are there, but the treatments and medications are simply not available unless one can qualify for disability benefits. Instead, the emergency room is where the uninsured, impoverished, and experiencing homelessness turn for any medical care. Ashley explains a short-term strategy for treatment and shelter, implemented when severe weather or health issues arise.

Once in a while, a group of us would do what we call ‘go on vacation,’ and that’s [where] we would go to the emergency room and tell 'em we're suicidal, even if we weren't, because if we did that, we know for the next 7 to 10 days, we’d have somewhere to live and wouldn't have to worry about, you know, what we're going to eat. You know, they would fill you up with psychiatric meds and [other] medications. But when they discharge you from the hospital, well ‘here's seven days’ worth of medication for you, good luck!’ You know, there's no kind of follow-up care that was available, not unless you were able to somehow magically qualify for Medicaid or any kind of insurance. And

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usually, if you did, it was all only temporary. Yeah. You know, so for your basic medical needs, it's always the emergency room.

While Ashley’s narrative is considered a success story today, as she is a highly functioning independent individual who contributes to her community, people like Frankie continue to feel abandoned and ostracized from society. Frankie’s descriptions are darker, his experiences less productive and often conjoined with criminal punishments. His medical treatments and prognoses, for wounds from stabbings and mental health treatments, are portrayed in terms of system failures,

[The meds] didn't work. Don't nothing. They tried every medicine. It made me sleep, and I shake it off. So, the only thing they say left for you was [a] straight jacket and padded room. They diagnosed me with psychopathic thoughts with intent to act on. Yeah. Like you know, always want to kill so hurt somebody, yeah. Cause when I went there, and they did their evaluation [and] I won't say nothing. They said, ‘you're not speaking, Mr.’ you know the picture and stuff that show you with the black ink mark and stuff—they look like a photo of blood. It look[s] like a body hanging from a tree. Oh, they look like a saw cutting something in the heart. They say, ‘so something’s wrong with you.’ [And then his response to the doctors/evaluators] Yeah. Y'all, what's wrong with me! Hell, stupid ass!

Eventually, the medical system came through for Ashley; however, Frankie tells of a health system that has given up on him, preferring to commit and confine him to a small room, never to be seen or heard from again.

For participants like Gerald and Vincent, who do not have a mental health diagnosis, medical care is within reach. Gerald, who was once HIV+, has been on treatments and is now in
remission in an undetected state. Vincent can receive social security benefits now that he is out of prison and over the age of 65. He enjoys medical treatment that partially covers vision, although he has come to the shelter seeking a new pair of reading glasses after damaging his prescription lenses. Angela and Biscuit also qualify for medical benefits resultant from their severe medical injuries post wreck and shooting, respectively. However, their benefits barely cover their low-cost rent and medications. Without the ability to work, neither Angela nor Biscuit can earn a supplemental income to provide additional funds to support family members and other essential needs such as furniture or transport. Sweetness, Biscuit’s partner describes the bare apartment they occupy where they cannot host family due to a lack of beds, seating, and extra food. Listing off their sparse belongings, sweetness tells me they sit on chairs and “the chairs be hurting my back. We got a bed; we got a TV. We put our TV on top of the chair. We don't have no TV stand. We got a table, just don't got no couch.” Marcus, Gerald, Vincent, and Angela all shared similar stories and corroborating images of sparse belongings and simply (or barely) furnished homes.

**Mitigating Barriers and Identifying Pathways to Community Health**

With the exception of Vincent’s racially defiant crime, jail time by participants was short-term and associated with mental health infractions, drug possession, public drunkenness or driving under the influence, and sex work. The sex work eventually landed Ashley in jail, where she says she hit rock bottom, until one day a visitor, from the Manna House came by to visit, “Kathleen, came to visit me in jail and we sat and talked and you know, it made me pretty emotional that, you know, I'm just a homeless prostitute junkie. Nobody cares about me. I'm nothing; I'm a nobody.” The visit changed things for Ashley, who started to believe she was loved by someone and had a life worth living.
A significant barrier to Ashley’s recovery was finding a support system to allow her the space and time to heal and connect her with persons and services for help. At Manna House, the provisional hygiene is a major pathway to recovery as Ashley explains the restoration of “dignity” when one can look and smell clean, especially after being thrown out of fast-food restaurants and public places for the use of the bathrooms to wash and clean themselves. Ashley astutely identifies healthcare as a barrier and makes the cyclical connection between lack of housing and treatment for medical ailments.

The hygiene is definitely a huge help for a lot of people. When you're homeless and you [have] an addiction, generally, your mental status is not gonna be in the right place because you're doing drugs, which means you're really not taking any kind of psychiatric medications. But it's so hard to get healthcare when you're poor because, in order to get any kind of benefits, you have to have a place to live. You have to have an address. Again, she speaks to the emergency room as a refuge for the homeless.

We would flood emergency rooms because we need somewhere safe to sleep for the night. [Where it] maybe warm or dry in there for us. With my asthma, if I needed a new inhaler, it's not like I could call a doctor, you know? And so, it's like, you would have to go to the emergency room, and then you'd have to sit there and struggle trying to find social workers, someone that'll help you pay for the medication. When you're down like that, there's no access to any kind of medical care at all, and it’s why a lot of people end up self-medicating.

Thus, shelters like the Manna House help fill in a lot of the gaps in medical care that includes mental health care. Pete talks about the connection between the missions of hospitality and social justice; hospitality suspends judgment of the guests or the systems that may have led
them there. He also laments about the pre-pandemic days when thirty-plus people would congregate in the small house to have coffee and conversations, argue over sports and politics, or just share some laughs. He describes it like a “family reunion,” energy that is now lost with the mounting barriers Covid-19 has brought about. Emoting faces are now covered, and many people have stayed away out of fear of the virus. Those who do come by often disperse sooner in search of warmth indoors. Speaking about the effects of the Manna House visits and the role the volunteers played in her recovery Ashley, fighting back the tears, says,

It's a little emotional knowing that I went from not feeling loved at all to feeling love. It's kind of hard to describe the emotions you go through with it. But that's why I became a volunteer because I knew I wanted to give back. If it weren't for Manna House, I wouldn't be where I am. It was a long road, but ten years from sleeping under a bridge to buying my first house. And knowing that I've helped so many people along the way and I still to this day, I'll, sometimes a guest who will come here and just something will touch me about that person. I'll reach out, and I start talking to 'em. And people will come back and thank me for the advice, for the help I gave them when they needed it. It helped a lot with my addiction and in my depression issues a lot. I mean, I still suffer with mental illness, but now I know that I need to stay on medication.

Ashley echoes Pete’s frustrations with some of the Covid-precipitated restrictions adding that the lack of touch, such as a compassionate hug or a welcoming smile, adds to the list of “barriers” for an already overwhelmed population group. She recites a list of burdens like ensuring masking, handwashing, and social distancing that can be off-putting to people, many of whom already suffer the mental health effects of ostracism and neglect. Getting a hug and being
told “I am worthy” is what Ashley says saved her, and it is now a barrier that Covid has created and a pathway that has been taken away.

Ashley identifies the two most significant barriers faced by persons experiencing homelessness as housing and healthcare that, includes mental health, dental, and vision healthcare coverage. She stresses the importance of housing close to services, identifying a flaw in the housing services that relocate people to less central areas of town that require motor transportation for daily necessities. The new barriers created by the housing, meant to be a resolution, include the cost of travel to and from services, shopping and grocery stores, soup kitchens, and medical services. The apartment, even if paid for like Gerald’s, does not remove the impendent of other social determinants. As Ashley puts it,

They're moving them so far away from Midtown and downtown that it's too far to walk to get services. There's no buses over in that area. There's no grocery stores in that area. So really, what help are you actually giving that person? You've put them in a situation where they have more barriers than they had before. You know, and it's like you’re housing people great, but [they] are not giving any care that they need. You're not making sure they're getting into a doctor. You're not making sure that they're seeing someone for their depression or their—the voices that they hear. That ‘beggars can't be choosy’ philosophy, that's a barrier that needs to be broken down too.

The cost of and access to healthcare remains a major barrier, even when subsidized housing is available, as is the case for shelter guests like sweetness, who slept under a leaky fallen roof but has put off seeking gynecological medical care because her new doctor refuses to prescribe her medication without an in-person visit. Sweetness and Biscuit go to the same clinic, “somewhere off Getwell,” she tells me, which is a significant distance from their new apartment,
requiring many stops and a lengthy bus ride. Sweetness is frustrated and explains why she
neither likes nor trusts her young, new doctor.

I called and told her I had a urinary tract infection. And then when I get on the buses, it
start [the painful symptoms]. And she still want[s] me to come, and I have no
transportation, and I don't want to get on the bus because it start itching down there. And
she won’t send no medicine in for it.

Her previous clinician was more accommodating, and Sweetness recalls trusting her medical
advice more than this “new one,” despite accepting her doctor’s advice to get the Covid-19
vaccine.

Moreover, Ashley identifies another barrier in the Covid-19 healthcare that may go
unnoticed by those unfamiliar with the complications of homelessness. She says that despite
government efforts to make the vaccine readily available to anyone who wants it, access for the
homeless remains a barrier many are blind to. She points out that most early vaccine sites were
drive-throughs and not walkup windows. And even at drugstore locations, a person needs a
phone or a computer to set up appointments and transportation to get to that location, “and that's
not access people have.” And despite the successful efforts of the Manna House to advocate for
the health and safety measures outlined by the CDC, many guests of the shelter have to make
decisions of a more pressing concern than when to take the vaccine. When I asked Ashley about
this, she said,

You know, that's a very good point to bring up. Sometimes you come into these situations
where you have to sacrifice one thing for another. Sometimes I would have to sacrifice,
‘do I wanna go over here where I can probably get some shoes and stuff, or do I go over
here and get some food? And I think that's still a struggle today for people. You know, [if
there’s] the possibility of somebody hiring me, well, I'm not gonna go over there because they said, they're gonna give me a job today. And I need the money more than I need to go get a vaccine shot. You know, is the vaccine gonna make me not hungry?

For the most part, vaccine beliefs were positive after initial hesitation during the early roll-out. Most of the guests hold a positive view about the vaccine, and very few remain against the shot; however, as one guest who was not interviewed on tape told me, “I just don’t know where to get it.” This guest, who I’ll call Kennedy, is physically handicapped due to a car accident that left him permanently crippled and without the use of one side of his body. Kennedy walks slowly, and with the aid of a cane, he is slow physically and perhaps hard of hearing. I have never asked him about the effects of the accident on his mental capacity. However, some things seem difficult for him to comprehend, and I found myself often repeating things to him multiple times. For someone like Kennedy, there may be daily decisions that have to be made before he’ll worry about a vaccine.

Kennedy was moved to tears one day when I offered to help him put it on after choosing a hat. Stepping away from the porch where the toiletries were offered, I worked to adjust the hat over his head, taking care not to disturb the fashion of his hair. As Ashley and Pete had described in their testimonies, the careful touch of my hands on his head and along his ears was an act that Kennedy found to be beyond compassionate hospitality. He brought his shaky hand to the crown of his head and said, “thank you, thank you.” I mentioned to Kennedy that Kathleen and Ashley would take him to get vaccinated on a Thursday after closing if he wanted, and weeks later, he came over to me to tell me that he had got his first shot. “That’s wonderful,” I exclaimed, elated that he had some protection but also grateful that he cared enough to tell me because it indicated mutual affection between us. Might I have played a role in helping to mitigate a health barrier in
one life, I asked myself. The answer may just be in that shared moment where he thanked me for helping him with his hat where I, too, teared at his show of gratitude. I can only assume that his sharing of his changed vaccine status was an effort to return the favor, and indeed, I was grateful.
Chapter 5 Discussion and Conclusion

Introduction

Communication scholars have long debated distinctions in the study of the discipline; the American tradition favored quantitative approaches, while in Europe and the East, a more wholistic slant was taken (Littlejohn & Foss, 2008). Early scholars of the American tradition were interested in developing the field and defining communication in the social science and empirical tradition that considers "truth" or "reality" as fixed and sees communication as dominated by individualism. Conversely, the Eastern and European traditions employ more critical/cultural and integrative methodologies, emphasizing the wholeness and unity of communication in greater social and interpersonal contexts (Littlejohn & Foss, 2008). The Western and American traditions have made epistemological shifts after a collective acknowledgment that the broadness of communication, in general, cannot be epitomized or delimited within a solo paradigm (Littlejohn & Foss, 2008). The vastness of communication (as a field and in application) thus invites a myriad of vigorous debate and interpretation that remains unsettled or contained by scholars.

The undertaking of this dissertation has thus, allowed me to explore and bridge the rich traditions and methodologies offered by communication studies. As an evolving field, with the advent of technology, social media, and language translation software, the fluidness of communication continues to demand the evolvement of theoretical frameworks to adjust to our rapidly changing world. Scholars from multiple disciplines have tried to rationalize human behavior and explain social order through standpoint (theories) frameworks. But humans are complicated, universality may not be possible, and while modernity may challenge notions, the movement may also seed institutional or structural tensions (Littlejohn & Foss, 2008).
Jan Zwicky (2017b) writes of a lost way of thinking called "gestalt" that, resembling an ecosystem, embraces events, images, music, and communications as part of a vast whole. She describes productive thinking, where an experience of "meaning" is produced, begins with recognition, develops into insight, and ends in "truth" (Zwicky, 2017a, p. 89). However, the techno-analytical structure of modernity that champions definitive interpretations of "reality" (much like communication scholarship) may derive meaning that is not always "true." In this concluding analysis of an ethnographical project employing methodological practices of social transformation, I reflect on Zwicky's (2017a) work warning against the belief in absolute truths. She cautions "not all gestalts are veridical" and that conclusiveness or determinative meaning is not always derived from “grasped” truths (p. 91). As such, interpretations of data collected from a community outside of one's own should not be made in haste and must emanate from slowed-down contemplative thoughtfulness. Reflexive approaches (to examine the vastness of life or the lives of others) suggest integrating communicative dialectics such as receptivity, rationality, resonance, and relational openness (Latz, 2017).

Thus, a critical contemplative approach to transformative social justice, such as participatory-based research (narrative and photovoice) as a theoretical framework, may require observing systems, structures, and the people who exist within them as a "whole." A wholistic or "gestalt" approach may involve conditions of relationality and resonance to allow time and space to develop trusting relationships and experiences that resonate within the researcher and the work. The following sections explore the lessons learned through the explorative and contemplative processes offered by the ethnographic and narrative paradigms that helped enrich this final consideration and conclusion of this text which humbly contributes to the deficient communication scholarship on the housing insecure population cohort.
**Grasping at Gestalts in Participatory-Based Research**

Ethnography and other theoretical critical or cultural frameworks, including narrative, photovoice, and feminist methodologies, approach research intending to afford agency and representation to their subjects (Latz, 2017). A vital component of these frameworks is the acknowledgment of existent institutional powers. Such powers exist in the hegemonic systems that create social and health inequity, often referred to as the social determinants of health (Braveman & Gottlieb, 2014). Moreover, the discrimination and marginalization of various groups are usually based on racial, ethnic, socioeconomic status, gender or sexual identity, religious affiliation, or intersectional identity (Barr, 2019). Critical theories are, thus, often movements of resistance against hegemonic powers, and participatory research, such as outlined in the narrative paradigm, offers agency in *storytelling* that can be empowering (Fisher, 1985; Griffin et al., 2019). Is allowing someone to tell their story enough? Does that person have the capacity to act independently? And what do the stories collected for this ethnographic piece tell us about the lives, health, and beliefs of the humans that shared them?

Proponents of narrative work as participatory-based research offer a culturally competent methodology and give participants the agency to define themselves, their needs, and their stories (Clandinin & Connelly, 2000; Schiavo, 2014). Yet, what of photovoice or narrative as lending snapshots into a person's life? Can we definitively *know* their "*truths*" or justly comprehend their experiences? This may be challenging despite a project’s efforts, whether collaborative, raw or expressive, and void of researcher interference. Moreover, the question remains, does this project attempt to reach a gestalt understanding of the life situation or interpersonal feelings (of the person experiencing homelessness)? Conceivably Zwicky’s warning is of hasty notions trying to confirm absolutes—definitive meaning from events, images, or communications. Instead, this
research project's themes, theories, and conclusions may only serve to offer nuanced thoughts. Such limitations in scope, rather than hinder the value of the discoveries, present prospects to highlight that which is vividly hidden in plain sight.

Our minds see abstract images or scenes and work to find familiarity that then facilitates knowledge (Zwicky, 2017b). Our perceptions of images, events, or even the changes of seasons are computations of wholes despite their pixelated fragmented compositions. Reductionists, Zwicky (2019) finds, may see the writings of a foreign language and argue the tangibility of their existence because they can be "seen" by all. However, speakers of that language may claim to have found conclusive meaning in forming known symbols or letters. Zwicky questions sense-making claims asking consumers of her work to do the same. She wonders how much meaning is effectually obtained and missed despite fluency or literacy levels. Imaginably, gestalt comprehension of knowledge and communication is like a sieve that catches parts that contribute to a whole—to an understanding but can never encompass the vastness of that whole. To expand on the sieve analogy, if one were to strain rice soaking in water, might not some of the more delicate pieces separate and be lost with the liquid? Does the water not also strip the rice of its texture? Indeed, each singular grain has been changed, and we can distinguish between the single parts, yet our understanding of the food item is as a dish of rice to be served and consumed as a whole. So too, might collections of narratives provide us with tidbits of a person's life that researchers may attribute to a 'whole,' a knowing or understanding of that person. This, however, may be a significant flaw in ethnographic work that presumes to have grasped a whole from a snapshot. Zwicky (2019) articulates that we are changed by what we perceive; by whatever part of that captured whole, we have created a label.
Researchers are hastily grasping at gestalts—results, like readers of words on a page, who, without stopping to contemplate and think about the data in pieces, may only find meaning in fragmented wholes. Can words or data be broken into parts to deepen understanding, or is data only to be interpreted once a total has been established? Zwicky (2019) points to faults in criticisms of gestalt theory that claim its central tenant is representative of "the whole is greater than the sum of its parts" (p. 5). She instead draws questions of mind-dependence to our perceptions of the world and gestalts, stating,

> If we also reject the skeptical position—which assures us of certainty, since nothing else exists but our own momentary experience—we are left with something like the following: Since we and other beings demonstrate the capacity for accurate gestalt perception in a wide variety of situations, evolutionary theory suggests that such a capacity must be adaptive; if the capacity is adaptive, what it registers is real; ergo, gestalts must be mind-independent. (Zwicky, 2019, p. 184)

Photovoice and participatory-based research as ethnomethodological approaches may, thus, be grasping at gestalts. The experiences researchers collect may present a picture we consider whole and give us a gestalt understanding, but without the parts, we may be limiting our perception. Zwicky's work may forewarn well-meaning researchers (those entering foreign communities) to refrain from presuming they've captured the vastness of reality outside their own. Despite interviews, photos, and narratives, this data may only present snapshots of experiences that cannot delineate a life or participants’ lives. We may understand pieces, but not the vastness of that whole.

I delve deeper into the discussion of Zwicky's work and the findings of the "whole" and the concluding remarks of this research in the upcoming sections. However, I pause now to make
a case for why this type of ethnographic work, the documenting of these narratives, is a unique amalgamation of the qualitative techniques of narrative inquiry that precipitates representative work that is action-based, person-based, and potentially transformative. Moreover, I make the case that representation, as in first-hand narratives as told by research participants, is the central ingredient in the findings of the truth and nuanced understanding this project aims to describe. The following is a brief history of the documentary form and an articulation of how adopting the form’s methods adds to the girth of data and insights gained in this study.

**Documentary and Narrative Form: Providing the Foundations for Truth**

While not a feature documentary film, this ethnographic work is directed by a documentary storytelling approach that appreciates the ethical concerns assigned to the form. Nichols (2001) describes the documentary form as two types, either as "wish-fulfillment" or as a form of "social representation" (p. 1). The former approach represents truth as it can be, as a reality to hope for and perhaps work toward creating; it is often described as fiction or a representation of life that should be emulated or as a warning to avoid (Nichols, 2001). The latter, social representation, is often referred to as non-fiction, depicts the world we already inhabit and share with others, though their realities may not be our own (Nichols, 2001). Despite the possibility of social representation appearing utterly foreign to some viewers, this documentary style possesses the tools to create a visible, audible, and tangible reality for even the most ill-informed audiences (Nichols, 2001). Such power of influence on individuals and societal or population groups alike may have the aptitude to affect societal and civic change. Throughout the storytelling process, concerns over misrepresentation then spark ethical considerations regarding the interviewer/interviewee relationship.
Documentary and filmmaking in either of the two forms tell stories; they are narratives that present ethical challenges and offer audiences opportunities to "explore and contemplate," to discuss and reflect, to adopt or reject, or simply to "revel" in wonder (Nichols, 2001). Despite the filmmaker's intent, these narratives are representations of others who are the central figures in stories meant in varying degrees to persuade or influence (Nichols, 2001). Even the most well-meaning filmmakers bear the burden of representing others and the ethical considerations that such responsibility entails. In addition, researchers or documentarians must consider their roles as social observers and writers. They must acknowledge the polarity between art and reality, reflection and reportage, and the demands of objectivity versus subjectivity (Coles, 1997, p. 27). Such tensions or dualities further complicate the ethical responsibilities a filmmaker has in the "three-way relationship" between themselves, their subject, and the audience to which the film "speaks" (Nichols, 2001).

The researcher's purpose or "agenda," as Coles (1997) observes, is a preconception that serves to provide meaning to the work or its subject. Is the film meant to inform or expose, sway audiences to change something about themselves, or incite external movement—civic or social? The polarities again become evident regarding the concessions that have to be made in artistry versus dramatization and editing the film or piece for the audience (Nichols, 2001). Researcher preconceptions may come in a storyline or script that may influence or prompt subjects to speak or behave in a coerced manner, and belong to "an institutional discourse or framework" (Nichols, 2001). The "you" and "them" dichotomy sets up a separation that activates audiences to compare or contrast the rhetorical stories and lives with their own experiences (Nichols, 2001).

Sarkar and Walker (2010) discuss the problematics of presenting "truth" and signal a shift toward discursively complex constructs performed within theoretical and historical frameworks.
Testimony and "situated testimony," given at the site of catastrophe and often in real-time, offer "immersive" experiences for audiences to see, feel, and empathize with the storyteller (Sarkar & Walker, 2010). Frameworks utilizing situated testimonies provide filmmakers with ethical means to offer subjects the agency to tell their own stories and become partners in the narratives, particularly for persons outside the hegemonic ruling class. Consequently, documentarians descend from their positions of power (and often outsiders) to become engaged partners in a participatory-based project¹ (Nichols, 2001). This pedagogical form of cooperative narration produces audiences that are "secondary witnesses" to the struggles of social groups that they may or may not belong to and lend to the possibilities of activism and healing (Sarkar & Walker, 2010). However, despite the power of testimony to positively affect social and political justice, Sarkar and Walker (2010) warn of the neoliberal hegemonic inclination to use multiculturalism more as "an instrument of managing difference than [as] a means of promoting a radically pluralist society" (p. 23).

**Documentary as Participatory Activism and Social Reform: An Exploration of Historical Contributions**

As a medium of mass communication, documentary activist films challenge notions of reality as they contest hegemonic narratives of reality through aptly timed and contextually appropriate discourses of participatory artistry (Aguayo, 2019). As activist filmmakers, many early documentarians, including Grierson, Seltzer, and Stoney,² were also journalists or political

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¹ In the participatory mode, the filmmaker becomes a social actor, “someone who actively engages with, rather than unobtrusively observes, poetically reconfigures, or argumentatively assembles that world” Nichols, B. (2001). *Introduction to documentary*. Indiana University Press.

activists. Grierson believed that the form and popular media could challenge hegemonic institutions such as churches and schools, which have historically helped shape established ideologies and offer alternative reasoning or solutions (Aguayo, 2019). Discussing Stoney's work, Aguayo (2019) describes the filmmaker's intent as encouraging critical public engagement; through his investments in media networks and infrastructure, his socially conscious films sought to bridge the gaps between institutions and historically disenfranchised communities (Aguayo, 2019).

Many of the social problems early documentarians and social activists worked to resolve, including racial discrimination, workers' rights, and income disparities, remain pressing issues needing policy reform today. The activist film genre forcibly evolved beyond newsreels, and expose-style pieces. The dismantling of public sector filmmaking reduced the form from a radical and evocative social agitator to a "marginalized practice" (Aguayo, 2019, p. 50). Thus, the third wave of activist films brought in filmmakers like Michael Moore and Morgan Spurlock. They helped the form become mainstream and commercially profitable, even as they pushed back against capitalism (and wealthy corporations) in favor of a more equitable society. One issue that remains of concern ties back to the problems of ethical representation. Questions of who is telling the story and about whom arise when documentarians from outside the troubled communities come in with their degrees, cameras, and invasive queries. As such, building trusting relationships is an essential part of the pre-taping process, as evidenced in the collaborative work of the journalist/photographer duo of Agee and Evans in Let Us Now Praise Famous Men. To avoid any "unforeseen effects" and the exploitation of one's subject in the documentary process, careful consideration must be made about the relationship between the documentarian and the documented (Nichols, 2001, p. 9). These relationships will have
consequences for the viewers and the subject well after the cameras have been shut off and crews have gone home. The filmmakers or storytellers must silence their voices or opinions to avoid misrepresentations or engaging in propaganda enterprise (Nichols, 2001).

Despite a documentarian's intent, be it social activism designed to incite or "agitate" or represent events under the guise of neutrality, audience reception will vary based on cultural background and biases. As Nichols (2001) explains, Propaganda films may coach audiences on a specific interpretation that filters out personal experiences or connections to the story. Leni Riefenstahl's commanding use of artistic footage in *Triumph of the Will* is an example of propaganda footage designed to induce feelings of fear and awe at the grandeur and might of the Nazi party. Despite one's personal feelings towards the party, Riefenstahl's mastery behind the camera created a narrative that proved to be as powerful as provocative. Pushing back against the realist practice of invisible neutrality, a style championed by the tradition known as *cinema-verité*, Errol Morris discusses his obtrusive yet influential style of filmmaking that is personal but does not attempt to *trick or catch* the interviewee in a lie. Instead, Morris' films, such as his evocative film *The Thin Blue Line*, are produced to be entertaining, dramatic, and "outrage" audiences (Kahana, 2016, p. 809).

**Representations of Black Experiences, In Front and Behind the Lens**

Black filmmakers have been influential photographers, journalists, and documentarians who have influenced the public within and outside their communities (Kahana, 2016). Pearl Browser writes about the transformative power of Black photographers in self-representation and renewal, dating back to 1900, as they documented portraits of Black life that included the minuscule (Kahana, 2016). As the film era progressed, Black documentarians have consistently participated in the form, connecting communities to more significant events and engaging in
social activism. Black voices have thus always told their own stories despite little recognition of their contributions from predominantly White institutions. Bowser writes of Black artists, journalists, and writers covering Black perspectives of events that mainstream (White) presses ignored. Stories of sociopolitical issues, including Black regiments at war, may have lacked footage in major outlets, but first-hand narratives were published in Black-run media. Carl Murphy, a Black journalist and publisher, and other influential figures like Du Bois and Booker T. Washington expanded the readership/viewership of Black film and print. They helped disseminate information into Black communities across the U.S., an expansion effort that proved influential in shaping public discourses (Kahana, 2016).

The tradition of Black filmmakers advancing Black experiences, or suffering, in the U.S. continues, as does the practice of making socially active films that highlight and expand Black narratives. For example, famous Black documentarian and filmmaker Spike Lee employs narrative through situated testimonials, a powerful retrospective methodological practice that allows for the simultaneous participation of subject, subject matter, and spectator (Sarkar & Walker, 2010). Testimonials allow filmmakers to yield authoritative control and let narrators (the subjects or interviewees) recall past experiences from the sites, places, or settings from which they occurred. Viewers of testimonial films, like Lee's 2016 film *When the Levees Broke: A Requiem in Four Acts*[^3], are thus sensorily immersed within the story as they are taken to places through images and voices that are transcendent of tangible time and place.

Sarkar and Walker (2010) explore testimonial narratives to empower subjects to voice their narratives and speak their "truth." Although editing of films or stories by filmmakers, and researchers alike, is part of the editorial process, testimonials integrate tenants of cultural humility through their fusion of communal participation and force documentarians to include material regardless of their personal views. Lee's decision not to cut testimonies of conspiracies from the film speaks to his dedication to subject representation. A conspiracy theory involving the intentional "dynamiting" of the levees circulated among some of those who were interviewed for the film. Lee felt duty-bound to air the narratives despite the lack of evidence supporting the claims. They spoke to a wide-ranging mistrust some Black Americans articulate of the U.S. government (Sarkar & Walker, 2010, p. 102). The "truth," then, is the storyteller's truth and for viewers to decide or call for the investigation of their validity. The form calls for the reproduction of injustices that draw awareness civil and social injustices, including labor movements, workers' rights, and civil rights (Aguayo, 2019). Films like *At the River I Stand* (1993) and *Phillip Randolph: For Jobs and Freedom* (1996) elevate the voices of Black laborers during the Civil Rights movement. Social activist films are platforms for representation and solidarity, empower voice through testimonials, and concede power through shared expressions of "truth."

Continuing the tradition of cultural, rational, and situational representation, the data, and analysis provided in this dissertation offer a lens to view and develop a nuanced understanding of the lives, beliefs, and behaviors of persons experiencing homelessness. As mentioned earlier, these findings are not meant to represent the diverse population group but rather a revealing snapshot into the self-expression of individuals that produced a culmination of a whole that is
incomplete and will never be fully known. Instead, in the following sections, I offer narratives or representations of selves as a framework for discovering truth.

Contemplating Representation and Misrepresentation for An Open Framework

What I called Zwicky's warning to researchers is vital to the just representation of subjects or participants. When dealing with marginalized minority groups, such as the guests of the Manna House who are overwhelmingly Black, low-income, housing insecure (or unstable), and are often alone. Sharing the unadulterated stories of these study participants is paramount to exacting "truth." Zwicky (2019) reminds us we are so caught up in our techno-analytic world that our over-assessments have clouded our judgments of truth and understanding. Gestalt understanding or "comprehension" provides "insight into how things hang together" (Zwicky, 2019, p. 5). We may think we know, but "truth" may be elusive and, as mentioned earlier, more than the sum of disjointed parts despite our need to produce results. Today's capitalist society accumulates power and worth from the "vita activa," a Greek term that Han (2017) explains is a way of life or philosophy that espouses gained value from "productivity" (pp. 87-88). This shift from a life that values thoughtful contemplation to one of hyperactive production has created a detachment from the governance of time. Hence, life or living propels persons towards a compulsive strive for salvation. Wealth and, by proxy, power is accumulated by those bound by the craving to procure or capture more. Vita activa, as an institution, thus reduces those considered "non-productive," the extremely poor and or homeless, as useless, ostracized, and pushed to the outskirts of society where they become invisible to nearly all. When they dare ask to “be seen,” they are perceived as bothersome, intrusive, and unwelcome. Many guests made a point of sharing images of their neighborhood streets to show that there is nothing scary or ominous about them. Gerald wants others to know that there aren't "stragglers" or other nefarious
types just “hanging around.” His neighborhood would otherwise resemble those in the suburbs with tree-lined streets and a few cars parked in front of homes. Others insisted that panhandling is a harmless act of labor that may also provide community to many. Policing the *occupation*, through the privatization of public spaces and fears of contracting the coronavirus, has led to the empty lots (void of life and people) captured in the photos that used to be friendly meeting places.

Perhaps those who find themselves in the precarity of homelessness, either by choice or circumstance, have consigned themselves to their status and can live the "vita contemplativa," the contemplative life (Han, 2017, p. 88). Imaginably, the ostracized may be the ones living the contemplative life. At the same time, the rest of us (those living within socially constructed systems) exist as *animal laborers*, chained to a life fabricated to keep us besieged in thoughtless work too busy even to notice. It is conceivably a prognostication from outsiders romanticizing life outside the so-called rat race, rationalizing a perception of a life of *leisure*. If one is unemployed and freed from the demands of working to live, is there still meaning in their existence, their life? Is it a more worthy or envious life, or is it just a superimposed assumption we project on others to justify our continued ignorance and relegation of these people, their stories, and their existence?

**Ethnography and Performances of Truth as Community Based Participatory Research: A Discussion of Goffman's Work**

It is vital to me that my ethnographic theoretical frameworks, including photovoice and narrative, provide a platform of expression and offer empowerment tools for *voiceless* community members, such as socially ostracized persons experiencing homelessness, to facilitate their transformations. Participatory-based research aims to devise solutions based on the
expressed needs of participants, not as defined by government, institution, or researchers. The misrepresentation of participant needs would result in unsatisfactory outcomes, failed programs, and unaffected or flawed comprehension. Thus, their voices and stories become the foundation for the truth, which is the basis of this analysis. However, as Goffman (1959) explains in *The Presentation of Self in Everyday Life*, performances of self, or the fundamental expression of an individual's truth, in social interactions are created in discursive communicatory moments based on context. The performances or presentations of human communication are analogous to stage performances and described in his book dramaturgically.

Goffman observes that persons, in performing actions such as communicating with others, may accentuate some behaviors and suppress others to convince their audience, be it an audience of one or many, of their desired meaning or message. It is a game of adaption, he describes, of adapting behaviors as per the performance setting. For this project, that setting is the Manna House grounds. Shedding light on the setting-performance phenomena, Goffman (1959) explains the “front region” is where performers act in manners adherent to social norms and expectations (p. 107). Correspondingly, the participants in our interviews behaved in ways concurrent with those of people sitting for a formal interview. As we sat across from one another, my recorder capturing their every word and them discussing the photos they had taken, the setting was somewhat formal, and the performances guarded and careful.

Goffman continues the analysis of context complicators by introducing the concept of multi-regional settings; he states,

It is clear that accentuated facts make their appearance in what I have called a front region; it should be just as clear that there may be another region—a “back region” or
“back stage”—where the suppressed facts make an appearance. (Goffman, 1959, pp. 111-112)

As Goffman explains, it is in the *backstage* setting that performances, illusions, or impressions are often knowingly contradicted. I have witnessed this in the interviews I conducted with participants; over time, through subsequent conversations, I discovered some information or details of the stories told to me were intentionally withheld or fabricated. Speaking of the backstage region, Goffman further offers,

> A back region or backstage may be defined as a place, relative to a given performance, where the impression fostered by the performance is knowingly contradicted as a matter of course. There are, of course, many characteristic functions of such places. It is here that the capacity of performance to express something beyond itself may be painstakingly fabricated; it is here that illusions and impressions are openly constructed. (Goffman, 1959, p. 112)

Here, my participation as a researcher and contributing collaborator aid in the contribution not only of meaning but in the truths expressed in the telling and retelling of the narrative data that has taken shape at the Manna House. My impressions, descriptions, and annotations in fieldnote collections helped garner the ultimate findings of this research endeavor. Goffman further posits,

> Underlying all social interaction, there seems to be a fundamental dialectic. When one individual enters the presence of others, he will want to discover the facts of the situation. To uncover, it would be necessary for the individual to know all the relevant social data about others. Full information of this order is rarely available; in its absence, the individual tends to employ substitutes-cues, tests, hints, expressive gestures, status symbols, etc.—as predictive devices. In short, since the reality that the individual is
concerned with the unperceivable moment, appearances must be relied upon in its stead. (Goffman, 1959, p. 249)

My participation in this ethnography may thus preserve an aspect of the truth that might otherwise remain concealed. I think to statements participants have told that I found to be suspect or in the least unsubstantiated self-flattery. Expressions of self like "Ronald the Rocker" and "I'm a happy drunk" come to mind when considering the audience's (those who are receiving and interpreting participants' stories) positional or situational disadvantage in lacking "full information" of the storyteller.

Thus, based on Goffman's conclusions, I present the findings of this research as anecdotal only of the individual persons and events they represent. They are not meant to be musings on homelessness as a whole or representative of homelessness outside of the context, which is the field site of the Manna House. Goffman thus, speaks to the power of narrative expression as a component of social life that affords the receiver or the "audience," those participating in the narrative exchange and passive readers of this text, a source for impressions of truth.

Impression, in turn, has been treated as a source of information about unapparent facts and as a means by which the recipient can guide their response to the information informant without having to wait for the full consequences of the informant's actions to be felt. Expression, then, has been treated in terms of the communicative role it plays during social interaction and not, for example, in terms of consummatory or tension-release function it might have for the expresser. (Goffman, 1959, pp. 248-249)

Whether credible or highly unlikely, I offered in the preceding chapter the participants' narratives as they were expressed to me and my musings on the narrators given the context and their (the participant) willingness to tell the story they chose to tell. Some participants were more
forthcoming, like Isaiah and Vincent. Both see themselves as representatives of a higher power, their messages an extension of their life's purpose in the service of God. Like Bobby and Ronald, others seemed to want to tell the stories they believed I wanted to hear or perhaps present a style of their self they thought I, as an authoritative figure, would be pleased to hear. Downplaying their plight or piecing together tales showed me they had a plan for situational and self-improvement.

Yet, others still, like Frankie and Jim (a partial participant who provided photos only), possible mental health struggles may have contributed to a guarded presentation of their selves that produced stories that screamed of paranoia and distrust of persons they considered to be associated with the capitalist social systems and order. Nonetheless, their truths represent their immediate context (the shelter) and the larger socio-environmental context: housing insecurity and all associated inequity and determinants. These stories reveal truths beyond the spoken words and further shed light on the development of beliefs and the adoption of behaviors (health or otherwise) that reflect the individual participant's present life/living situation. The places visited, the services provided, and the persons who comprise their social circles prove influential in crafting beliefs and mitigating or promoting health behaviors in pressing importance and the immediacy of the need.

Lessons Learned

Shah (2017) makes the case that ethnography is a potentially revolutionary practice because of the methodology’s reflexive design. The fieldwork and participant observations move findings beyond intriguing descriptions or case studies and into the theoretical realm by questioning norms and institutional directives. Instead of confirming or negating theoretical suppositions or hypotheses, my work follows the ethnographic tradition that challenges practices
and policies driven by empirical results. My work produces knowledge of the lives, beliefs, and methods of the participants I observed. Shah (2017) connects ethnologically conceived knowledge to action and theory. He quotes Willis’ who speaking of participant observation, says it has “directed its followers towards a profoundly important methodological possibility—that of being ‘surprised,’ of reaching knowledge not prefigured in one’s starting paradigm” (Willis 1980: 90, cited in Shah, 2017, p. 48). Indeed, I, too, found myself “surprised” every day and throughout the process of observation, data collection, and analysis.

As outlined in chapter 2, this research aimed to identify barriers and pathways to health beliefs and, subsequently, behaviors affecting the health of the guests of the Manna House homeless shelter. Going into the field site, I knew that the socio-environmental context included known social determinants of health, and I wanted to understand how that context might affect the acceptance and adoption of health behaviors amidst the global pandemic. I worked under the supposition social networks included interpersonal relationships with peers, friends, and service providers were likely influencers or informers on beliefs surrounding COVID-19. I also expected that race and media consumption (mainstream news and social media outlets) would be primary sources of misinformation, conspiracy theories, and vaccine (antivaccine) beliefs.

I anticipated the data on this cohort to likely parallel with the general population and follow a similar trajectory of vaccination rates. Results might vary but concur with data suggesting that the degree of one’s media consumption, the fervency of their political affiliations, the cohesiveness of their social relationships (both online and in-person), and racial discrimination (or historical distrust of medical institutions) were predictors of public opinions on pandemic-related health beliefs (Allington et al., 2021; Machingaidze & Wiysonge, 2021; Savoia et al., 2021). I saw these beliefs as plausible indicators of predicting the prevalence of
vaccine hesitancy. Moreover, I woefully expected to find far more vaccine refusal or rejective behaviors attributed to personal choice. Once supplies of the no-cost vaccines exceeded demand, I thought I would find any remaining non-vaccinated persons to remain so out of a personal ideology that had been formed ideologically.

The Twelve Main Lessons

I learned from the ethnographic data that each person has a unique story and that attempting to put into one sentence a comprehensive lesson from this work would be a grave injustice to the people who shared their spaces and stories. So instead, for the remainder of this section, I offer the twelve main lessons. They are as follows:

1. **Generalizations are Weak.** Each participant narrated a unique story. Therefore, the findings of their collective stories cannot be neatly packaged into a singular definitive result. Likewise, interpretations made from this study may not be overlaid or transferred onto the larger local or national homeless populations. Of course, the exception is to state that any story shared by a person experiencing homelessness may contain similar economic or mental health challenges elements but that no two narratives will be identical.

2. **Context Matters.** The results are illustrative of the guests’ mindsets within the parameters of the context or region (the Manna House shelter). Goffman (1959) explains the region's importance in terms of the performance (reported attitudes or expressions of beliefs, which supplied the data for this analysis) one might expect to get. He states, “A region may be defined as any place that is bounded to some degree by barriers to perception” (Goffman, 1959, p. 106).
The Manna House then serves as a “region” requiring adherence to specific social norms, rules, and standards to receive and maintain admittance. This adherence contributed to collecting narratives that observed prevailing notions defining acceptable decorum. In other words, participants spoke about theft, homelessness, and other socially ostracized behaviors in a detached manner as if it was happening to others and not to them. For instance, many participants spoke of being victims of theft or violence but never being perpetrators of it. Others spoke of their disdain for “drug addicts” or “drunkards” but never identified themselves as such. Participants like Bobby were concerned with keeping up the appearance of a person able to function within society. Bobby spoke of the rundown abandoned home he resided in with a level of aggrandizement that might permit one to believe that the flailing structure, with its demolished interior and lack of amenities, was suitable for human habitation. His narrative, however, and those of many others, indicated a desire to abide by social expectations, providing narrative performances of acuity with social standards. I cannot say if this was for my benefit only (to impress the interviewers) or, out of shame, an attempt to hide the extent of his one’s struggles.

3. **The Numbers Tell a Story of Change.** Most participants, and those queried as part of the ethnographic data collected, irrespective of their racial identification, reported receiving at least one vaccine dose by the end of the 18-month data collection period. Attitudes towards the vaccines changed over time, and most of the Manna House regulars reported neutral or positive attitudes towards the vaccine. A month after my first visit in January 2020, a volunteer representing the Catholic Charities organization visited Manna House with news that they would be offering the Johnson and Johnson one-dose vaccine
to anyone who wanted it in the upcoming weeks. He was tasked with tallying the number of interested parties so that they could procure sufficient supplies and staff to administer the shots. That morning, those in attendance were polled, and asked who had already taken the vaccine, and only a hand or two was raised. They were then asked who wanted to take the shot, and several hands were raised, about half of those in attendance. Finally, the question of who does not want the vaccination was asked, and several more hands were raised, this time, less than half, but still others refrained from voting. Over time, however, most of the “regular guests”—and I stress “regular” because information on non-regular guests is unavailable, indeed reported having received at least one shot.

4. **Trust and Social Networks.** Trust and social networks differ based on an individual’s background and current mental health or living status. Trust in persons (like Pete) or organizations (such as Friends for Life) proved to be influential in the beliefs of most of the “regular” guests. The regular guests reported positive or neutral responses to vaccination. Delays in COVID-19 vaccinations were often due to access or attention to more pressing matters and not out of fear or antivaccine sentiments. For example, Kennedy reported a positive attitude towards the vaccine but remained unvaccinated months after the shot was readily available to anyone who wanted it. I informed Kennedy that Kathleen and Ashley (as Manna House administrators) would drive people wanting the vaccine to the site on Thursdays after closing. I tried not to pressure him, and days later, Kennedy happily reported back to me that he had received his first shot.

5. **Fear is a Factor.** Persons experiencing homelessness have many things to fear. Participants of this research reported fears of violence, the police or incarceration, contracting illnesses, theft, and where they will find their next meal. On the other hand,
persons living within the general population might be preoccupied with annual checkups, where their kids will go to college, or traffic making them late for work; these were not apprehensions expressed by the participants interviewed. Instead, their distress or fears revolved around the immediacies of survival, and as Ashley illustrated, one must choose the option that will satisfy the immediate need.

Fulfilling a pressing need is always a priority. A free meal provided from 10 to noon, for instance, takes precedence over a preventative vaccine. Moreover, further complicating our understanding of this cohort’s health beliefs is difficult to pin down because they may vary from one day to the next and depend on the sources providing the health-related information. I will discuss need and niche-fulfillment in more depth in the upcoming “recommendations for future research” section.

6. **Limitations in Data can Only Provide Snapshots of Truth.** The data and analyses provided in this research can only give a glimpse into the life situations of the person interviewed or observed. They are snapshots suspended in time, and the stories and persons will change with each passing day. Within the limited data collection timeframe, I witnessed changes in attitudes or beliefs towards vaccines and the COVID-19 virus, changes in employment status, living situation (sheltered/unsheltered), relationships, or couples’ statuses. What was true in month one of data collection may not be accurate in month ten, twelve, or eighteen, and they certainly may not be truths that will be told by these same people decades from now. Only time will tell what life events or public policies might change to improve or further heighten the struggles these same participants might report.
7. **Transitory Nature.** The vaccine status, health beliefs, and other data collected for this research are only available for *regular* or regularly returning guests at the shelter. The volunteers know these persons as “the regulars.” As mentioned in chapter 4, some shelter guests were not *known* by the administrators and were considered “new” or transitory. I only saw some of these transitory guests once or twice and never again. In these cases, some would engage in conversations while others would not. Very little, thus, is known about their mental health, emotional status, social networks, or legal troubles (which may include addiction or a swinging door relationship with incarceration). Many guests not considered “regulars” appeared preoccupied, agitated, worrisome, and uninterested in speaking to other guests or shelter volunteers. Some would accept a cup of coffee and leave, rejecting the offer for toiletries and other supplies. These persons often arrived without any belongings and left as *light* as they came in.

8. **Missing Information.** The transience and fluidity of the living situation of many persons experiencing homelessness make it difficult for officials and researchers to collect data or obtain general information on the population group(s). As a result, relevant information such as accurate counts, medical health concerns or beliefs, and addresses (where they sleep at night) is often missing or unavailable. Both Ashley and Pete spoke about the desired anonymity many persons experiencing homelessness harbor for safety and various other reasons. The implications of such missing information for policymakers involve tailoring programs and health recommendations that address their unique barriers. However, and perhaps more importantly, Zwicky’s work helps illuminate the cautionary warning this finding may provide communication theorists and social science
researchers, which is the academic barrier of understanding, or interpreting, even data that is participant-observer based.

9. **Conscious Change.** Many of the guests, particularly the “regulars,” were over forty years of age, had discussed past experiences with drug or alcohol addiction, and seemed to have made conscious decisions to seek a more permanent living situation by engaging the various service options. They were proactive in seeking services to improve or alter their housing status. Even those choosing to remain “homeless” were well versed in the services they required to mitigate the challenges of life without permanent housing.

10. **Services.** Services are provided by public and private organizations; each tries to fill a specific provisional need. Private organizations include the Manna House, Friends for Life, and Catholic Charities. Public or government-run institutions include social services, the U.S. Housing Authority (U.S. Housing and Urban Development chapter in Memphis), and the Department of Motor Vehicles (for I.D. purposes). These services operate independently, but persons seeking out their services may patronize multiple offices during their daily or weekly routines. Many persons experiencing homelessness either intuitively know or learn from experience with their precarious circumstances (including social networks and word of mouth) that services are most beneficial when utilized in tandem. Moreover, as independently functioning and disjointed bodies, there is no one-stop-shop to alleviate the needs/ill of the lifestyle. Persons seeking these services must often travel several miles from one service outlet to another, often on foot, because bus fares or wait times can be exorbitant.

11. **Identification.** Obtaining services is often a long-drawn process that may require multiple steps before services can be granted. This is true for both public and private
institutions. For example, to obtain social security or Medicaid benefits, one must prove they qualify. They must often meet criteria that may include age or a documented chronic health condition. Thus, paperwork must be obtained and provided by a medical professional outside of the emergency care sector. Identification must also be present, which may be costly to procure, as learned in the data collected for this project. Biscuit told of the struggles he faces trying to reissue an expired I.D. His story was complicated by the cost and time constraints of out-of-state travel. He also feared government/politically motivated deportation due to birth outside the U.S. (on a naval base) and pandemic-related obstacles such as limited service/operational hours and the fear of contracting the disease.

12. **People are People.** Ultimately, the persons who participated in this research share at least one common denominator with me and everyone else; we are all human. The participants told stories; some seemed plausible, while others were highly imaginative and unlikely. Some narratives were horrific and brought tears to my eyes, while others angered me, shedding light on injustices I have only read about or witnessed on television. However, the stories are all told by people who are imperfect, as am I, and as are you. We all at times lie or distort the truth, we put on performances that we believe will produce the most desired effect based on the context and the audience, and we all depend on a diverse social network to help us shape our values, thoughts, and beliefs on any number of issues. We are all alike, and we are all different.

   People are people, and they deserve to be represented in their chosen manner. How their narratives are received is also a choice that falls on the backs of the receivers. One may then choose to accept the story as it is shared or question the narrative and
challenge the message but regardless, communication and understanding involve a willingness to engage. To see and understand persons experiencing homelessness, people in public and private sectors, professionals and laypeople, must all be willing to listen.

**Recommendations for Future Research**

**The Role of Community Involvement**

As health communication practitioners, we offer community engagement programs to invite individuals and population groups to cooperatively devise solutions to the problems they identify (Schiavo, 2014). The approach often suggests mobilization should come from the "bottom-up" and involves a coalition that relies on the people's power to include the upper "hierarchical levels of society" (Schiavo, 2014, p. 181). Assuming communities are comprised of people sharing similar beliefs, values, and living conditions, community mobilization is an active attempt to obtain culturally competent, evidence-based sustainable interventions. As a modality of health communication, the emphasis on representation and ownership of processes of change involves the development of receptive relationships (via communication) between partners to promote sustainable social (and health) results (Schiavo, 2014).

The mixed methodologies used in this ethnographic endeavor offered tangible strategies for conducting research amidst a community-run operation. Pete’s answer when I asked him about his long-term future goals for the Manna House was

“Long term is that we shut down! Because there would be a just world, [a] just society, and we're not needed. And that's one other reason why we're all volunteers. Our income doesn't depend upon us serving people. So, if Manna House closed tomorrow, it wouldn't hurt us, but it would hurt the people we're serving. Right, so we're hoping that someday Manna House would close because we're not needed. That would be really great.”
Future researchers might look to community-run programs like the Manna House to further study the role community plays in improving individual and population health.

*Niche-Services and Fulfillment*

The Manna House shelter is a grassroots success story. Future researchers might focus on a strategy they employ to fill in the gaps in the locally provided services. I identify and call this strategy “niche-service” or “niche-fulfillment.” Research on niche-fulfillment might study the role such providers play in advancing community involvement and empowerment. Shelters limiting the scope of their services to fulfilling niche-needs, like providing dignified hospitality, showers, and haircuts, might offer the opportunity to gather together persons who might not usually be in the shared space. Such a gathering presents future researchers with the opportunity to study community cultivation as precipitated by need-fulfillment. Future research may test this and other conjectures about niche-services and need-fulfillment. A secondary research focus might examine how niche-services contribute to the individual (or group) empowerment and leadership building. I pose the research question: when basic needs of immediacy are met, how might that open doors for personal growth?

Leadership and transformative change are possible in the lives of persons experiencing homelessness. Niche-services may prove to be attractive features of community-based programs. The *niche* or need-fulfilment may both draw people in and entice their return. As evidenced by this research, return, or “regular guests” are more likely to find stable housing, find community, expand their social networks, and free themselves of addictions and related unlawful behaviors. Community and citizen involvement may be most effective at producing sustainable health and socially transformative results when they can be replicated after external interveners (non-community members or policy advisors) have left. The life and story of Ashley, who was once a
Manna House guest and is now a Manna House director, is suggestive of the potentially transformative ability of niche-fulfillment. She says, “It was a long road, but ten years from sleeping under a bridge to buying my first house.” She went from “just a homeless prostitute junkie [who] no one care about” to a “somebody who is loved.” Ashley remains a part of the Manna House community; she embodies the spirit of transformation and citizen involvement.

**Representation, Culture, and Ethnographic Pedagogy**

Cultural competence and empowerment allow community members to prioritize the problems and solutions that are most urgent or pressing to them, thus, creating paths for relational transformative change. Failed efforts are often those that neglect the methodological concepts of liberation and cultural competence as laid out in Freirean pedagogical adherent models. Unsustainable policies or programs might result from the well-intended labors of public health representatives (scholars, advisors, or officials), who, seeking to institute behavioral changes, enter communities with rules on how things should be done and in what order. Schiavo (2014) cautions once "outsiders leave, communities are left to manage programs and priorities they are not prepared to address" (p. 191). Alternatively, culturally competent programs prioritize the participants. Such models should invite participants to identify the problems, collaborate in the design of solutions, and commit to authentic representation to discover truths.

Ethnographers pursuing study in community health must thus, consider the socio-environmental factors that contribute to the social determinants of health and health inequity. Future work with understudied population groups, like persons experiencing homelessness, might continue to honor the cultural norms and histories of the cohort. This may be accomplished by obeying the rules laid out by scholars of ethnography and grounded theories, imploring social scientists from the fields of communication to anthropology to suspend
judgment, resist the urge to prove or disprove preconceived hypotheses, and allow the data to steer the direction and develop theory. A more holistic or gestalt framework seeking to honor representation and participants’ truths and cultures would involve cooperative relationships. Such partnerships need to offer support, openness, and receptivity so that volunteer participants can share their "insight" and inform resolutions that advance lasting solutions born of introspective transformation.

Concluding Remarks and Final Thoughts

The preceding discussion and data analysis provided in chapter four demonstrated the challenges ethnographers face when approaching this type of qualitative research. The data and the analysis process allowed me to piece together parts that have crafted a whole. The whole then, as Zwicky’s words remind me, is my understanding (of the stories my study’s participants have told) is a culmination of parts. Even when the work (analysis) is completed, it will never be complete. However, the reflective assembly process brings me to my final words of understanding.

I have learned much yet know very little. The following are some personal lessons the treasured participants have taught me. Vincent’s story taught me about a past world, a lived reality I had thought to be long gone, and for the history books. Frankie taught me compassion towards those misunderstood and suffering from untreated mental health ailments. Bobby and Ashley taught me that one’s gender identification or sexual orientation might precipitate or complicate hardships beyond one’s capacity to handle alone. The female-identifying participants taught me about resilience. They suffered the pains of lost family members, broken relationships, abuse, and stolen opportunities, but the women remained resilient. These women taught me about strength. The men taught me about humility and vulnerability. All the participants taught
me about suspending judgment and that what you see is not what you get. Whether it is me, the reader, or policymakers, I ask you to see these participants in the moments they shared and cherish the value in their existence rather than the substance of their stories.
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Appendices

Appendix A: Coding Schemes

Interview Coding Scheme for Primary Codes

<table>
<thead>
<tr>
<th>Primary Code</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC1 Addiction</td>
<td>Text indicating the past or present use of alcohol or other substance abuse</td>
<td>“I’m sober now, I don’t drink anymore.”</td>
</tr>
<tr>
<td>PC2 Covid, pandemic/vaccines</td>
<td>Text indicating any and all references related to the Covid-19 pandemic</td>
<td>“A lot of the businesses shut down because of the COVID-19.”</td>
</tr>
<tr>
<td>PC3 Daily services</td>
<td>Text indicating daily routine or trips to receive public/private services</td>
<td>“I go there Monday through Friday to get food.”</td>
</tr>
<tr>
<td>PC4 Economy/income/employment</td>
<td>Text indicating past or present work, income, or local prosperity</td>
<td>“I would love to go back to work, but the doctors don't let me.”</td>
</tr>
<tr>
<td>PC5 Family/Pets</td>
<td>Text referencing family or pets</td>
<td>“I got family, but they got their own problems.”</td>
</tr>
<tr>
<td>PC6 Health/Insurance</td>
<td>Text referencing personal health, healthcare systems, or coverage</td>
<td>“I had Medicare and I have Medicaid.”</td>
</tr>
<tr>
<td>PC7 Home/Homelessness/(un)sheltered</td>
<td>Text referencing location of sleep, residence, or homelessness</td>
<td>“That is where I camp out at night.”</td>
</tr>
<tr>
<td>PC8 Identification</td>
<td>Text referencing personal identification or the process of obtaining it</td>
<td>“I'm a John Doe. Like when I was shot, I was James Doe, cause I don't have an ID.”</td>
</tr>
<tr>
<td>PC9 Prison/Police</td>
<td>Text that references experiences with police and incarceration</td>
<td>“All of a sudden, late at night, four cop cars rolled down the street all at the same time.”</td>
</tr>
<tr>
<td>Primary Code</td>
<td>Definition</td>
<td>Example</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PC10</td>
<td>Text that references feelings of past or present safety for self or others</td>
<td>“I'm afraid my stuff will get stolen and I'm afraid I might get murdered in my sleep.”</td>
</tr>
<tr>
<td>PC11</td>
<td>Text referencing past or present social relationships</td>
<td>“He's a good friend of mine, I haven't seen him in a long time, but he's a nice guy. And we used to go to alcoholics anonymous together.”</td>
</tr>
<tr>
<td>PC12</td>
<td>Text referencing transport modalities, street names, or locations</td>
<td>“I don’t have no car; I walk everywhere I go.”</td>
</tr>
<tr>
<td>PC13</td>
<td>Text referencing any weather patterns or associated feelings</td>
<td>“I've used those bus stops to stay out of the rain.”</td>
</tr>
</tbody>
</table>

### Interview Coding Scheme for Subcodes

<table>
<thead>
<tr>
<th>Subcode</th>
<th>Corresponding primary code</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misinformation/Conspiracy</td>
<td>PC2</td>
<td>Any text that involves discussion of fringe topics or health-related conspiracy theories</td>
<td>“She told me that evil is alive and well at Methodist central by harvesting organs, murder, writing, you know, buying blood pressure machines that give false readings.”</td>
</tr>
<tr>
<td>Blight</td>
<td>PC4</td>
<td>Any text that discussed blighted building or abandoned buildings</td>
<td>“Blight, they call them blights. Abandoned, its abandoned. It just need rehab. It just need to be redone.”</td>
</tr>
<tr>
<td>Mental Health</td>
<td>PC6</td>
<td>Any text that explicitly mentioned mental illness or was indicative of a mental health emotion/illness</td>
<td>“Criminally insane. They diagnosed me with suicidal thoughts with intent to act on.”</td>
</tr>
<tr>
<td>Subcode</td>
<td>Corresponding primary code</td>
<td>Definition</td>
<td>Example</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Faith / God</td>
<td>PC10</td>
<td>Any text mentioning God or faith</td>
<td>“I took a picture of the Bible, because this is my faith out here. That's what keeps me together. That's my church away from church.”</td>
</tr>
<tr>
<td>Race</td>
<td>PC10</td>
<td>Any text that either explicitly or implicitly centered on race</td>
<td>“I don't feel safe when it's dark. First of all, cause I'm a white woman. Second of all, I'm a handicap white woman. Third of all Midtown is mostly, I'm sorry, sad, but it's mostly Black. And pretty much Black and Mexican people.”</td>
</tr>
<tr>
<td>Ostracism</td>
<td>PC11</td>
<td>Any text that referenced loss or social dysfunction among family, friends, or professional groups</td>
<td>“I was a black sheep. I didn't fit in the family. I got 7 brothers and 6 sisters, but I never fit in the family with none of ‘em. Yeah, I’ve always been on my own.”</td>
</tr>
</tbody>
</table>
Appendix B: Hierarchy Chart of Coded Items

Note: Size and color variance indicate coding frequency.
Appendix C: Selected Participants Charted Coded References

![Diagram showing Angela's coding references]

![Diagram showing Clark's coding references]
Appendix D: IRB Approval Letter

Institutional Review Board
Division of Research and Innovation
Office of Research Compliance
University of Memphis
315 Admin Bldg
Memphis, TN 38152-3370

September 7, 2021

PI Name: Joy Goldsmith
Co-Investigators: Advisor and/or Co-PI:
Submission Type: Modification
Title: Understanding Health Literacy through the Lens of Photovoice
IRB ID: #PRO-FY2017-386
Level of Review: Expedited

Approval: September 7, 2021
Expiration: --*

The University of Memphis Institutional Review Board, FWA00006815, has reviewed your submission in accordance with all applicable statuses and regulations as well as ethical principles.

The modification is approved.

Approval of this project is given with the following obligations:

1. This IRB approval for modification has an expiration date, an approved renewal must be in effect to continue the project prior to that date. If approval is not obtained, the human subjects consent form(s) and recruiting material(s) are no longer valid and any research activities involving human subjects must stop.
2. When the project is finished a completion form must be submitted.
3. No change may be made in the approved protocol without prior board approval.
4. Human subjects training is required every 2 years and is to be kept current at citiprogram.org.
*Modifications do not extend the expiration of the original approval*

Thank you,
James P. Whelan, Ph.D.
Institutional Review Board Chair
The University of Memphis.
Appendix E: Ethics Consent Form for Photovoice Participants

University of Memphis (UM), Department of Communication Photovoice Project
Photovoice Ethics Consent Form

Participant’s Name: ___________________________________________

In this photovoice project, you and other participants will take pictures and share stories about the barriers and pathways to health information and health care (understanding and using health information). This is a chance to teach others about your perspective that is informed by your life experiences.

By signing the ethics consent form, you also agree to follow the ethics of photovoice. Please read the following statements and sign your initials next to each statement to confirm you understand each item.

______ I will be non-intrusive into an individual’s personal space publically or privately.

______ I will not disclose hurtful or demeaning information about individuals.

______ I will not depict people in a false or untrue light with my photos.

______ I will respect the confidentiality of the stories or information that others may share as I work on this project with the research team.

______ I will obtain the signature of all individuals represented in my photographs.

______ I will not capture photos of those under 18 years of age.

By signing this ethics consent form, you have indicated that you have read and understand and respect the privacy concerns involved in this photovoice project. If you fail to follow these principles you will not be able to participate in the project.

_________________________________
Print Your Name

_________________________________
Sign Your Name

_________________________________
Today’s Date
Appendix F: Consent Form for Photovoice Participants

University of Memphis (UM), Department of Communication Photovoice Project

Consent Form (Must be 18 years of age or older)

Participant’s Name: ___________________________________________

In this photovoice project, you and other participants will take pictures and share stories about the barriers and pathways to health information and health care (understanding and using health information). This is a chance to teach others about your perspectives and life experiences.

If you decide to be a part of the project, you will be asked to:

- Take part in a meeting with two researchers and learn about the project and taking photographs.
- Take pictures that capture the barriers and pathways to health information and healthcare.
- Meet with the same two researchers to discuss your photographs. As part of the project, the discussion you share about your photos will be audio recorded.
- Provide feedback on the final presentation of this photovoice project.

If you agree to participate, you will use your own Smartphone for taking project photos. The project researchers will transfer these to a computer, and you are free to keep the photos you captured. By signing this consent form you are agreeing to let the researchers in this project use the photographs and descriptions you produce for study purposes. Your name or identifiers mentioned in the recordings will not be used in any work produced from this data.

At any time, you may ask us not to use any photographs or descriptions. You may also withdraw from the project at any time and there will be no negative consequences. All data will be stored in a locked file cabinet in the Project Investigator’s Office on the UM campus. All photos and recordings and transcripts will be destroyed five years following the completion of the projects.

Length of Project: From beginning to end, your involvement will last between 3-4 weeks.

Benefits and Risks of Participating in This Project: You will have the opportunity to share and communicate your experiences with health information and care to others, as well as reflect on your own experiences. Ultimately, the messages you offer can contribute to change in our community. Risks are not different from those you experience in everyday life. There are no financial incentives as part of your participation.

This project is being conducted on behalf of the University of Memphis (UM) Department of Communication. If you have any questions about this project, you can contact Joy Goldsmith, PhD, Project Investigator (jvgldsmt@memphis.edu) at 706-994-6983.
Remember, your participation is voluntary. Signing this paper means that you have read this and that you want to be in the project. This is your decision. You may decline to participate in the project at any time.

__________________________
Print Your Name

__________________________
Sign Your Name

__________________________
Today’s Date

Thank you for your help!
Appendix G: Directions for Photovoice Reflection Interviews

Each participant will be interviewed by University of Memphis Photovoice Project research team member(s).

1-Remind the participant that they are free to remove any photos from the project.
2-Transfer photos to computer for viewing collectively.
3-The discussion will be facilitated by the following Photovoice questions adapted from Wang and Burris (1997).

- A: What do you see in this photo?
- B: What do you think is really happening here?
- C: How does this relate to our lives?
- D: Why does this barrier/pathway exist??
- E: What can we do to educate others about this?
- F: What can we do about it?

- What photo is most significant to you and why?

Potential alternative framing of these reflection interviews are below:

P: Describe your photo?
H: What is happening in your picture?
O: Why did you take a picture of this?
T: What does this picture tell us about your experience with health information and care?
O: How can this picture provide opportunities for us to improve health information and care?