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POETRY, PROSE, AND PERSONHOOD: THE ART OF STORYTELLING WITH THE HOMELESS

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Abstract

In 2016, 235,000 Canadians experienced homelessness, and on any given night, there are 35,000 Canadians who are homeless. Many have significant mental-health needs. This article describes a series of storytelling workshops offered at a shelter and medical clinic to provide a space for homeless people to reflect, share their voices, gain communication skills, and connect within a peer group. Fourteen self-selected homeless men participated. The staff and participant experiences shared in this paper point to how narratives and storytelling provide a rich ground for better understanding and empowering people experiencing homelessness.

Résumé

En 2016, 235 000 personnes canadiennes ont vécu l'itinérance et, chaque nuit, environ 35 000 personnes au pays sont sans abri. Plusieurs de ces personnes ont des besoins importants en santé mentale. Cet article décrit une série d'ateliers de conte offerte dans un refuge et une clinique médicale pour fournir un espace où les personnes sans abri peuvent réfléchir, partager leurs voix, acquérir des compétences de communication et établir des liens avec un groupe de pairs. Quatorze hommes auto-sélectionnés ont participé à l'étude. Les expériences du personnel et des personnes participantes partagées dans le présent article suggèrent que les récits et les contes créent un terrain fertile pour favoriser une meilleure compréhension et pour redonner le pouvoir aux personnes vivant l'itinérance.

Background

In the fall of 2014, Paige Zhang was a medical student and a participant in a series of writing workshops. Roula Kteily-Hawa had used storytelling with vulnerable populations and had a strong belief in how storytelling can address stigma and discrimination and raise awareness about collective empowerment. We were approached by a client of the clinic who

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was having difficulty writing his own story. He wondered if there could be more literary discussions, and we wondered if the process could be formalized and expanded for other homeless participants. Thus, the idea for the storytelling workshops was born.

Homelessness and Mental Health

In Canada, homelessness is defined as "the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it" (Canadian Observatory on Homelessness, 2012, p. 1). Historically, individuals experiencing homelessness in Canada were older, single men. Today, the profile is much more diverse, with more women, families, and youth experiencing homelessness than in the past (Gaetz, Dej, Richter, & Redman, 2016). Most people do not choose to be homeless, and the state of homelessness is often associated with societal barriers, financial contingencies, housing accessibility or affordability, and behavioural, cognitive, and mental-health challenges (Canadian Observatory on Homelessness, 2012). In addition, the experience of marginalization is known to erode one's sense of personhood and ability to value one's identity (Boydell, Goering, & Morrell-Bellai, 2000; Vandemark, 2007). Homeless persons provide valuable first-hand experiences and reflections to guide policy makers and others who work to provide services for this community.

Mental health is deemed to be closely linked with homelessness (Bassuk, Rubin, & Lauriatt, 1984; Gaetz, Gulliver, & Richter, 2014). In an American study, the vast majority of homeless persons staying at an emergency shelter were found to have severe psychological illnesses that largely remained untreated (Bassuk et al., 1984). In Toronto, 67% of shelter users in the Pathways into Homelessness Project reported a lifetime diagnosis of mental illness (Goering, Tomiczenko, Sheldon, Boydell, & Wasylenki, 2002). About 15% of people with mental illness are estimated to be homeless, a number that may be increasing (Folsom et al., 2005; Hwang, 2005). While people can become homeless through evictions, precarious housing, and financial losses, mental health can exacerbate these effects. As described in the qualitative narrative research by Piat et al. (2014), mental illness is a risk factor for homelessness, and the experience of homelessness is a risk factor for developing a serious mental illness. Individuals with severe and persistent mental illness are likely to experience repeated and longer periods of homelessness than other groups experiencing homelessness (Goering et al., 2011). In this chicken-and-egg scenario, it is important that society and health-care systems strive to end the cycle and destructive impact homelessness can have on people's lives.

Someone who is experiencing mental illness, as well as a psycho-social issue such as homelessness, is less likely to engage in treatment and therapy (Fenton, Blyler, & Heinssen, 1997). Similarly, someone with mental illness is less likely to be able to maintain stable housing unless able to access safe and affordable options (Gabbard, 2014). In terms of recovery for the mentally unwell homeless, social interventions such as assertive community treatment teams (Lehman, Dixon, Kernan, DeForge, & Postrado, 1997) and housing-first programs (Padgett, Gulcur, & Tsemberis, 2006) have been successful, and there is growing interest in exploring other social interventions.

Mental health is a challenging concept to define, but it is generally accepted that if one is mentally healthy, one experiences personal effectiveness, success, and life satisfaction (Keyes, 2005). Keyes (2002) explained that mental health presents as "a syndrome of

symptoms of positive feelings and positive functioning in life" (p. 208). When people are well psychologically, "they like most parts of themselves, have warm and trusting relationships, see themselves developing into better people, have a direction in life, are able to shape their environments to satisfy their needs, and have a degree of self-determination" (Keyes, 2002, pp. 208–209). When they are functioning well socially, they feel like they belong and are accepted, see society as meaningful and understandable, and see themselves as contributing to society (Keyes, 2002). The Canadian Mental Health Association (2018) described the three most significant determinants of mental health as social inclusion, freedom from discrimination and violence, and access to economic resources.

"Health has been alleged to be a complete state consisting of not merely the absence of illness but the presence of something positive" (Keyes, 2005, p. 539). However, from a clinical perspective, mental health still means the "absence of mental illness," despite resistance to this label (Keyes, 2002). In the absence of mental health, people experience such issues as depression, suicidal tendencies, eating disorders, anxieties, anti-social behaviour, panic disorder, addictions, and moderate to severe mental disorders (i.e., schizophrenia and bipolar) (Keyes, 2005). "Whereas the presence of mental health is described as flourishing, the absence of mental health is characterized as languishing in life" (Keyes, 2002, p. 208). Languishing is associated with significant psycho-social impairment and diminished mental health.

Crucial to both mental health and a sense of belonging is this concept of personhood, an important part of people's identity-making process and a critical element of how people identify with the world around them. From a philosophical lens, mental illnesses are regarded as disorders of personhood (Wakefield, 2009). Just as a fractured personhood can negatively impact a person's well-being, repairing this injury is therapeutic. Gabbard (2014) described this as the amalgamation of the internal self with how one is perceived. It is also important to note that people's experiences with homelessness and mental health are unique and diverse.

Storytelling

We were interested in the connections between homelessness, mental health, and storytelling. Storytelling is a fluid term that encompasses creative approaches to meaning making. It can be through description, freewriting, poetry, spoken word, or various other outlets. By allowing people to creatively explore their stories, however they choose to symbolize them, storytelling creates the condition for personhood (Christman, 2004). Storytelling challenges the ideas of personhood and opens opportunities for connections and relationships. The act of sharing one's voice can empower people. For homeless persons, finding a stronger sense of self (insight), finding connection (therapeutic alliance), and using judgment to exercise agency (Sosa, 2015) are all aligned with mental well-being (Toolis & Hammack, 2015). The case for narrative approaches to therapy has been growing. In her seminal work, Charon (2001) wrote that narrative medicine allows for a more empathetic connection between patients and care providers. More recently, Koven (2016) emphasized the clinical importance of empathy and listening, despite the growing limitations of time and energy in medical practice. While shelter users are not medical patients, bringing a narrative therapy model from within psychiatry to a public, social setting could be a positive health intervention.

Storytelling can complement medical care for the homeless who are mentally unwell. There is growing research in the medical humanities (which explores the social, historical, and cultural dimensions of medicine) and a push for narrative approaches to psychiatric care (Roberts, 2000). It is an exciting time in modern psychiatry, as these storytelling tools continue to shape the dynamic role of the profession (Lewis, 2014). For the homeless who are mentally unwell, the act of storytelling wields power and merits careful consideration of several key questions: Who tells the story? How are stories told? Whose voice is being acknowledged? How are we to respond?

Workshop Design

The storytelling workshops were drop-in events organized for clients of the medical clinic and local men's shelter. They provided homeless persons with a space to reflect, share their voices, gain communication skills, and connect within a creative community. Over five months in 2014, members of the Inner City Family Health Team in Toronto and a local shelter (Seaton House), including social workers, nurses, and physicians, were involved in planning the storytelling workshops. Program designers had no formal writing background (beyond entry-level university coursework); the organizers had diverse experiences in working with the homeless population and with therapy, and had interests in creative writing. Persons who had lived experiences of homelessness were consulted so that workshops were as accessible as possible. Local writers were also consulted. The final curriculum included five themes (introduction to storytelling, characters, setting, poetry, and editing).

The curriculum included six sessions (ultimately only five occurred due to scheduling issues). The workshops occurred in the spring of 2015. Funding was obtained through the Family Health Team to provide participants with notebooks, pens, snacks, and transportation tokens. Recruitment involved presenting the workshop design to the Toronto Family Health Team staff, who reached out to clients who might be interested. Posters (see Figure 1) were put up throughout the clinic and at shelters, and the workshops were open to drop-ins.

The 45-minute workshops were held in different locations each week. Fourteen self-selected homeless men participated, averaging four to five men per workshop. As the local shelter (Seaton House) was male-only, only men were recruited from the shelter. While women attended the clinic and were exposed to advertising for the workshops, none participated, possibly due to concerns with workshops being held in a male-only shelter. Women are a smaller proportion (estimated 23.7%) of the homeless population (Gaetz et al., 2016).

The weekly format consisted of 10 minutes to introduce each other and discuss rules about confidentiality and respect, 15 minutes for facilitated readings of selected literature and discussion, and 20 minutes to practise writing and communication skills, with the opportunity for feedback from the group. Details about each workshop component are explored below.

A formal ethics board review was not pursued, although participants were aware that their feedback would be shared with the organizers to improve further workshops. We did not receive consent from participants in relation to this publication; therefore, no direct quotes are included. Instead, we describe the workshop design and our own perspectives of participants' responses and activities.

Figure 1. The advertising posters for the storytelling workshops for homeless persons. Photographs by Paige Zhang.

Setting the Room

The workshops were held at the shelter and health clinic—spaces with which participants were familiar. Before each session, we would also go to the common spaces of the building, share brief details of the session, and invite anyone to drop in. Usually one or two additional people would decide to join in for a session, leading to groups of four to seven during the series. Rooms had large windows allowing natural light; seats were arranged in a circle. Some chairs were placed away from the group for those participants who preferred to stand or sit away from the group.

Each participant received a notebook, pen, snacks, and transit token, and they were all invited to stay as long as they were comfortable and to leave at any point (only one person left early during the workshop series). A lead facilitator was present as well as another staff member to support participants individually as needed. For example, one person needed a break and went on a brief walk with a staff member before returning. We hoped the setting and arrangements would allow participants to feel as free as possible and to engage on their own terms.

The Storytelling Workshops

In the first 10 minutes of each session, participants settled in and were thanked for attending, and introductions were made. Participants were also asked what they hoped to gain from each session (people could opt out of answering if they chose). Some indicated they did not know, others said they were looking for outlets for their creative talents, and a few wondered if a storytelling approach would help them deal with difficult experiences.

At the beginning of every meeting, these suggestions were posted:

1. You can listen to what I'm talking about.
2. You can write something.
3. You can share it with the group at the end if you decide to.
4. If you want to get feedback on your piece in a more private way outside of the group, you can submit your writing to me after the class and I will return it with written feedback.

One participant who attended the first storytelling workshop sat away from the group and indicated he just wanted to see what was happening. Other participants had a similar cautious approach, questioning the utility of storytelling as they were preoccupied with concerns such as finding stable housing and nutritious food.

The following rules were posted and reviewed in advance of participants' sharing:

1. Stories will not be shared outside of this workshop. Please respect the privacy of stories you hear here by not sharing them without permission.
2. Everyone has the opportunity to participate, but there is no pressure to do so.
3. Treat others the way you want to be treated and listen respectfully when others are speaking. Don't move around or read while people are sharing their stories.

The workshops were not intended to be rigorous or academic, nor were they to be formalized therapy. Rather, they were designed to respond to participants' desires. The lead facilitator's first response was always positive with minimal suggestions for improvement in order to indicate to participants that their stories were valued. This is not a common experience in a world that is far too often dismissive of the experiences and hopes of homeless persons. Copies of the weekly reading were available for people to choose. Readings with basic vocabulary were selected given our assumption about participants' limited educational levels (see Table 1). The facilitator read them out loud so the piece was accessible to persons of all literacy levels. Questions were chosen for different levels of critical thinking to involve all participants.

Participants sometimes shared what they had written or what they had in mind. As noted, the lead facilitator always expressed gratitude for participants' courage in sharing and gave positive reinforcement to highlight participants' strengths. Other participants were then invited to respond. If there was time, another piece of a participant's writing or idea was shared. Each session ended with expressed appreciation for everyone's contributions and reminders of the next workshop. Participants could also stay behind to further discuss their work privately or ask questions of the facilitator.

After the last workshop of the series, participants were invited to provide feedback and were told that their feedback would be reported to the Toronto Family Health Team to inform future workshops. Individual interviews also took place, and participants were invited to fill out an evaluation form with the facilitator, which asked about what participants enjoyed, what they didn't like, what they would add to the experience, and any other feedback they had. Comments were diverse, but all participants had a generally positive response, highlighting the role of the facilitator and how supported they felt, as well as the opportunities for group or individual reflection. Many reported personal growth and gaining an introspective understanding of their suffering as well as recognition of their resilience. Many enjoyed the insightful nature of their fellow participants. Through learning from others, they built connections within a reflective community. There was a greater understanding for the cycle that exists between mental illness and homelessness.

Table 1: Themes, Weekly Readings, Discussion Topics, and Activities of the Storytelling Workshops

Week	Title	Reading	Discussion topics	Activity
1	Introduction to Storytelling	Novella (excerpt) *The Old Man and the Sea* (description of the struggle with the sharks trying to steal the marlin), Ernest Hemingway	What did you like or not like about this piece? What emotions did you get from this piece? What do you think the author was trying to say?	Freewrite: learning to write creatively and freely. I will provide a prompt ("perseverance") and time to write.
2	POV and Characterization	Fiction (excerpt) *The Wars* (characterization of Robert Ross and Marian Turner), Timothy Findley	What impressions of Robert Ross do you get? How is Marian Turner characterized differently than Robert? Briefly discuss indirect versus direct characterization.	Create a character and describe them using either direct or indirect characterization.
3	Poetry	Poems	Which poem did you prefer? Why? How did the poems make you feel? Brief discussion of poetic devices used in the poems (rhyme, alliteration, metaphor, etc.).	Write a poem, experiment with form and style.
4	Setting	Novel (excerpt) *Bloodletting & Miraculous Cures* (description of Bloor Street, Toronto), Vincent Lam Non-fiction (excerpt) *Stroll* (description of Dundas Street, right outside Seaton House), Shawn Micallef	How does the author capture the streets of Toronto? These authors describe Bloor and Dundas Streets. How would you describe these streets from your experience?	Describe a place as a setting. Use both direct and indirect descriptions.
5	Editing and Wrap-up	Non-fiction (excerpt) "Words of Wisdom" from *My Grandfather's Blessings,* Rachel Naomi Remen	Why do you write? What are the uses of writing? How is writing hard for you? Brief discussion of how to edit one's work and to encourage participants to continue writing.	Freewrite. Prompt: "hope"

For example, some participants identified how their personal experiences of the stresses of homelessness impacted their mental well-being. Other participants shared that they felt their mental-health issues compounded the difficulties they experienced from being homeless, such as accessing services. Participants felt it was important to learn about storytelling as a therapeutic tool. Through different techniques, they were able to find ways to express themselves and understand their experiences. One participant particularly enjoyed the poetry session and the abstract nature of poetry, which resonated with him and his thinking process. It was a way to draw connections in ways that were not obvious, but rang true. Another participant described how, as a homeless person, he often felt that he had nothing, but through writing and storytelling, he was given something powerful: a stronger sense of personhood and healing.

These responses were compiled into a report that included transition planning for potential future workshops; it was shared with the Family Health Team programming staff and presented at a staff meeting.

Reflections

Over the course of the workshops, the benefits of a narrative approach to care became obvious. Beyond building empathy, storytelling also provides valuable avenues to pursue other goals of care, such as the production of advance care directives, in which individuals specify the level of medical intervention they wish to receive in the event they are unable to make decisions due to progressive illness or medical emergency (Turton-Lane & Clarke, 2014). Storytelling is also a political act, and the sharing of and listening to stories, poetry, and testimony can bring attention to important issues and compel change. For example, we are aware of at least one participant who went on to perform at an open-mic night and two others who continued to meet to share each other's writings.

Particularly for those with limited voices (such as marginalized populations), the act of storytelling can be an act of agency or advocating for one's personhood and rights. During the discussion of each other's stories, participants were frequently encouraged by their peers to find strength in their stories. While the storytelling workshops were not designed as *formal* therapeutic intervention, we found that participants returned for future sessions because they found the narrative approaches therapeutic in valuing their stories and helpful in understanding their experiences.

We are beginning to understand the connectedness of narrative approaches and care for the homeless. It is important to consider social and functional dimensions in recovery from homelessness beyond just provision of living space (Vandemark, 2007). The concept of personhood is informed by one's sense of self, how one is viewed by others, and the congruence or conflict between the two. Boydell et al. (2000) found that homeless persons in Toronto struggled with displaced notions of personhood and identity. Storytelling is an important process in which people can share their dynamic personhood and explore the disavowed or hidden sides of themselves. As Gabbard (2014) said, it is often these parts of ourselves that can be the most troubling, and exploring these through storytelling can be therapeutic.

It is important to note that all of our participants were male; women will have different experiences of homelessness and mental health.

We are very grateful to the participants who taught us during the storytelling workshops by enhancing our understanding of homelessness and expanding our appreciation for the unique considerations and diversity of this group. Our assumptions that participants would have only low levels of education and limited critical thinking skills were challenged; participants often provided genuine encouragement and helpful suggestions to each other. We recommend that others read stories written by homeless persons; they can be found in Canadian publications like *Megaphone, Shelter Stories,* and other street newspapers and anthologies. Unfortunately, these voices are not heard nor expressed enough in academia.

Future Directions

Future workshops were planned but never occurred due to staff's scheduling difficulties. In the future, we recommend a longer series with an increased diversity of topics and genres. Some participants suggested graphic novels, plays, comics, and spoken word. We would also incorporate more movement for participants who have difficulty with sustained attention, such as acting out plays or taking a walking tour with brief readings about visited locations. Providing a certificate or other acknowledgement of attendance would also add value and credit participants for developing their communication skills. Storytelling workshops of this type could be an important addition to vocational skills training programs.

Participants wanted their work further valued and shared through publication. While it was not planned, publishing their stories and creative expressions would be empowering and amplify their important voices. This would require careful attention to issues like obtaining consent for publication, choosing what to include, and ensuring that such a publication would not be exploitative of already marginalized voices. Consulting on these matters with those involved in similar publications would be useful.

Homelessness is a collective issue of our time that requires sustainable policy interventions in housing, education, and mental health. The success of these workshops affirmed the potential of storytelling to explore struggles with identity-making. Narrative identity-making is an effective approach to understanding the experience of homelessness and its impacts on mental health and well-being. It can enable those who are homeless to strengthen their voices; there remains much to be done to create a wider audience for stories of the homeless and for policies and structures to be transformed.

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