Emotional Injury and Social Suffering: An Institutional and Phenomenological Exploration at the Margins

By Julian Torelli
Utilizing an empirically qualitative research focus and drawing from both phenomenology and institutional ethnography, this study examines (1) service provider’s perceptions of the shelter system in Montreal and disjuncture’s between ‘homeless’ needs and practices of accountability, administration and governance, (2) the lived experiences of three individuals who had once been or are currently in a state of ‘homelessness’ and (3) the exclusion and erasure of trans bodies from social support networks. Furthermore, empirical investigation was undertaken with 6 frontline workers within the shelter system, 3 individuals who identified as either ‘homeless’ or who are currently ‘sheltered’ but have had direct experience with ‘homelessness’. 6 questionnaires were also filled out in order to delineate the current relationship between those who identify as trans ‘homeless’ and the shelter system. In terms of data instruments, data was acquired through semi-structured, in-depth interviews. Drawing from qualitative data and a body of sociological knowledge, this essay argues that the dearth of trans-inclusive spaces in the Montreal shelter system constitutes a form of structural violence through institutional and informational erasure. Moreover, through a qualitative analysis of the collected data, forms of neoliberal governmentality became apparent technologies of administration and coordination operating within the social organization of the shelter systems explored. Although this research remains an exploratory body of empirical work, this does not diminish the insights hitherto generated.

1. Introduction

Background and Significance

Most North American countries place tremendous emphasis on the values of democracy and equality. However, inequalities continue to prevail in advanced industrial capitalist countries. ‘Homelessness’ remains a persistent problematic in Canadian cities, particularly in Montreal.

According to Santé de Montreal (2015), homelessness is a growing cause for concern in Montreal. According to the last count of ‘homeless’ persons conducted by the Institute de la Statistique du Quebec in 1998, there were 28, 214 persons who had been to a shelter or had received some kind of social service provision. A report by the OBM (Old Mission Brewery) suggests that 30, 000 Canadians experience what is known as ‘homelessness’ on any given night. According to a Montreal ‘homelessness’ count led by Eric Latimer (2015), a researcher at the Douglas Institute, the final homeless count amounted to 3, 016 living in the city.

The heterogeneous nature of those who identify as ‘homeless’ is significant. For not all of those who are living in a current state of ‘homelessness’ (whether residing in a shelter or currently without an apartment) have directly experienced ‘street life’. In examining the literature, there has been extensive research in the area of youth and adult ‘homelessness’ in Canada. However, there is a dearth of literature investigating the phenomenon and experiences of young adult LGBTQ (ages 16 to 26 years of age) who identify as ‘homeless’, who are primarily led to the streets or in shelters for various reasons that are beyond their control (Gaetz, 2004) such as being kicked out of the house due to family conflict (Cull, Platzer & Balloch, 2006). It has been estimated that approximately 25 to 40 % of ‘homeless’ youth identify as LGBTQ, while only 5 to 10 % of the general population identifies as LGBTQ (Josephson & Wright, 2000). Despite this alarming empirical finding, there exists no emergency and crisis shelters for LGBTQ ‘youth’ in Canada.
The large number of LGBTQ youth who are identified as ‘homeless’ tells us that a house is not always a ‘home’ (Josephson & Wright 2000; Cull et al., 2006; Ray, 2006; Abramovich, 2012). Even less research has examined the relationship between transgender/transsexual youth who identify as ‘homeless’ and the shelter system in Montreal. Neither has sufficient research been conducted in order to understand how service providers and shelter staff perceive the LGBTQ and shelter problems in Montreal.

The current study investigates the lived experiences and realities of three individuals who identify as ‘homeless’. In addition, front line workers were interviewed about general shelter problems and about the institutional barriers (predominantly health) and discriminatory practices that their clients routinely experience. Furthermore, 4 front line workers filled out a questionnaire pertaining to LGBTQ issues and the shelter system. The study also sought to examine the work practices of social work interventionist’s and nurses from both Le Mission Bon Accueil and the Old Mission Brewery Patricia Mackenzie in Montreal. The study remains an exploratory body of empirical work. Drawing from qualitative interviews and questionnaires, this study examines (1) service provider views on current problems with the shelter system, (2) specific disjuncture’s between institutional arrangements, experiences and work practices, (3) service providers, view on client problems, (4) service providers, view on LGBTQ and their relation to the shelter system in order to investigate current issues, needs, and challenges facing lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) in Montreal, and (5) a phenomenological analysis of the lived experiences of three individuals who identify or have identified as ‘homeless’. In the discussion, section, drawing from qualitative research data and a body of sociological knowledge, we will argue that the lack of trans-inclusive shelter spaces in Montreal constitutes a form of “structural violence”.

2. Literature Review

Housing, along with good, personal safety and health constitute the basic needs of individuals. They are fundamental necessities that every person should be entitled to. Those who identify as ‘homeless’, however, make up the part of the population who lack secure housing and who are in constant risk of discrimination, violence, health problems and precarious housing (Gaetz, Donaldson, Richter, & Gulliver, 2014: 5). As such, the category of ‘homeless’ constitute an extremely vulnerable demographic who live in constant bouts of precarity (Gaetz, Donaldson, Richter, & Gulliver, 2014; Priat, 2015). Floyd (1995) and Piat (2015) recognize the importance of personal and structural factors as being responsible for ‘homelessness’.

From a social ecological perspective, Piat (2015) found that while some participants stressed the significance of personal factors in contributing to their ‘homelessness’, other participants revealed that structural factors, such as unaffordable housing, income insecurity, stigma and discrimination produced obstacles to existing ‘homelessness’, “leading to a sense of entrenchment” (Piat, 2015: 9), which further “marginalized them from mainstream community life” (Piat, 2015: 10). Furthermore, Passaro underlines how “gender differences help to perpetuate the homelessness of particular groups of people” (Passaro, 1996: 1). According to Watson, Austerberry, Kellet and Moore, a home implies “particular social relations” (Watson & Austerberry, 1986: 8; Kellet & Moore, 2003). The meaning attributed to ‘home’ here involves, but goes beyond mere housing. A home is indicative of fundamental social relations and the connectedness of that these social
relations imply. Moreover, scholars and sociologists have commented to the fact that ‘homeless’ problems are constantly medicalized (Wasserman & Clair, 2014; Lyon-Callo, 2000; Asadi, 2013; Löfstrand, 2012).

LGBTQ youth homelessness is a growing problem and concern in Canada. LGBTQ youth are more susceptible to being thrown out of their homes than are non-LGBTQ, frequently due to parental rejection because of their sexual orientation, gender identity or gender expression (Durso & Gates, 2012; Mallon, 1992; Whitbeck et al., 2004; Abramovich, 2012; Cull et al., 2006). Moreover, service access and safety are often dangerous and complex for transgender youth and may further perpetuate and deepen their state of ‘homelessness’ (Shelton, 2015; Travers et al., 2010; Abramovich, 2012; Gaetz, 2004). More notably, scholars (Dewey, 2008; Sperber et al., 2005; Xavier, Hannold, Bradford, & Simmons, 2007), have examined the social determinants of health. They have concluded that trans people frequently face a multiplicity of problems and challenges to their health and general well-being. Western cultures also render invisible transgender youth through marginalizing social structures that assume a binary classification of gender (Grossman & D’Augelli, 2006; Shelton, 2015; Pyne, 2011; Bauer et al., 2009; Mottet & Ohle, 2006).

These institutional configurations, operating in accordance to cisgender modalities of classification, problematize transgender/sexual ‘homeless’ youth by erasing both informationally and institutionally, their presumed identities (Bauer et al., 2009; Pyne, 2011; Namaste, 1994; Herek, 2000). Bauer, Hammond, Travers, Kaay, Hohenadel and Boyce (2009), for instance, note that cisnormativity or cisgenderism brings attention to the privilege of certain people, otherwise perceived as “normal” (Bauer et al., 2009: 356). In this sense, institutional gender classificatory schemes and arrangements take on a hegemonic form (Gramsci, 1971; Connell, 1998, 2005; Schippers, 2007) which leads to the exclusion of certain individuals or groups. Cisnormative institutional configurations are thus intrinsically exclusionary. In discussing most homeless shelters in the United States, Mottet and Ohle (2006) note that these shelters are predominantly “segregated by sex, with placement based on assumptions about a person’s gender” (Mottett & Ohle, 2006: 78). Mottet and Ohle continue by claiming that “as a result, transgender youth and adults, who identify as or express a gender different from their birth sex, can experience extreme difficulties in obtaining adequate and safe shelter” (Mottet & Ohle, 2006: 78).

Moreover, trans individuals, especially those who are categorized as ‘homeless’, experience disproportionate forms of violence, harassment, discrimination in workplaces and schools (Lombardi, Wilchins, Priesing, & Malouf, 2002; Sperber et al., 2005). Moreover, there exists little rights protections for trans people (Minter & Daley, 2003). Abramovich (2012) and Bauer et al., (2009) have examined the inaccessibility of trans people who identify as ‘homeless’ to the shelter system in Toronto. Cisnormativity, as an institutional, social and ideological arrangement, as proven to be very difficult for proper access to shelters by trans youth who identify or who have been identified as ‘homeless’.

Kelly (2005, 2006) notes that individuals suffering from schizophrenia are overrepresented in the homeless population. In Toronto, Ontario, 6 percent of 300 shelter users reported a psychotic disorder, primarily schizophrenia (Mental Health Policy Research Group, 1997). The prevalence of mental health services remains poorly funded. As a result of poor funding, many of those who identify as ‘homeless’ and who simultaneously suffer from severe forms of mental illness are constrained to live lives “characterized by isolation, under-employment, stigma and denial of rights” (Kelly, 2006: 2118). Poor funding and the lack of sufficient long-term mental health provisions to care for ‘vulnerable’ populations may be characterized as a form of ‘structural
violence’ (Farmer, 1996; Galtung, 1990; Singer, 2006). Insufficient government funding and inadequate health provisions may exacerbate conditions of inequality, instability and ‘ontological insecurity’ (Padjett, 2007), such as the lack of structured daily routines, privacy or having a secure space for identity construction and support.

3. Methods

3.1 Methodology

Following the work of Latour (2005) and his call for a ‘practical metaphysics’, the destabilization of the ‘homeless’ category becomes an important analytical move in order to reveal the everyday heterogeneity and multiplicity of the experience of ‘homelessness’. Governments, researchers, policy-makers, social workers, and mental health professionals tend to view the ‘homeless’ as a homogeneous population to be managed. However, there exists certain discursive presuppositions on how we should conceptualize ‘homelessness’. That is to say, the ‘homeless’ category only exists to the extent that it is produced through the scientific and methodological practices instantiated by researchers, professionals and policy-makers who work with these human subjects living on the streets and who attempt to shape the phenomenon through policy considerations. The ‘homeless’ population are usually characterized as a homogeneous group, which negates the tremendous diversity of situations, behaviours, biographies, and meanings of people who experience severe forms of marginalization. The process of homogenization, namely the construction of ‘homelessness’ as a quantifiable object of analysis, that is, as a single object of measurement, discounts the heterogeneous sets of affairs in their full complexity.

Furthermore, ‘homeless’ individuals have been pathologized. Namely, there is a process of individualization which occurs when measuring ‘homelessness’. One is a reference to medical models, another is to treat ‘homeless’ subjects as amoral or outside the purview of normative coordinates and practices of regimes of truth (Foucault, 1980, 2010). This research combines institutional ethnography (Campbell & Gregor, 2002; Smith, 2006) with a phenomenological and hermeneutic analysis of lived experiences (Staudigl & Berguno, 2014; Spurling, 2013) in order to grasp the lived experiences and realities of those at the margins. The utilization of institutional ethnography as a research strategy seeks to trace and map the objectified and text-based social relations which govern, coordinate and problematize the lived experiences of those living at the margins. With an interpretative phenomenological analysis, I seek to understand the meanings my participants attached to their identities and experiences.

3.2 Data Instruments and Procedures

Participants were recruited from both the OMB (Old Mission Brewery) Patricia Mackenzie and the Welcome Mission Hall, utilizing a purposive sampling technique. The coordinator’s of these organization were contacted by email and phone and participants were selected with both the help of the coordinator’s and frontline workers. Before beginning each interview, consent forms were
signed or consent was given vocally. No compensation was given for participation. In depth, semi-structured interviews were conducted with three residents currently sheltered at the OMB (Old Mission Brewery) and three frontline workers (two social work interventionists and one nurse) were interviewed from the Welcome Mission Hall in order to understand the ways in which the shelter operates and the problems these workers encounter on a daily basis in helping their clients. Furthermore, 3 questionnaires were filled out by two coordinator’s at the OMB Patricia Mackenzie, and two social work interventionists at the WMH. These questionnaires inquired into their views about general LGBTQ issues with the shelter system in Montreal. The semi-structured interview guide for my participants residing at the OMB shelter asked them to describe their life situations and eventual trajectories into the shelter system. The frontline workers at the WMH were asked to describe their everyday work practices and processes, as well as to reflect on the broader operation of the shelter system and the reinsertion program. Interviews for all participants lasted approximately 30-60 minutes. Interviews were audio recorded and transcribed. This study went through an ethics review and was approved by Concordia University.

3.3 Data analysis

Analysis of the data was undertaken through an interpretative phenomenological analysis (IPA) and institutional ethnography (Walby, 2013). This was an important step in data analysis in order to fully understand how my participants perceived and understood their conditions of marginality. Institutional ethnography was an indispensable instrument for early mapping and tracing the broader social relations regulating the operation of the shelter system. Mapping is a form of institutional analysis that encourages researchers to locate and connect actual events and experiences within institutional settings in order to understand how those settings may be problematizing or producing those experiences. Turner (2006), for instance argues that an analysis of texts produces an account of the daily work within institutional arrangements. Mapping in this study helped to highlight the ways that ruling relations mediate, shape and standardize people’s attempts to gain access to shelters and other services in order to meet their needs. Most of these accounts are given by the frontline workers themselves.

Moreover, a narrative analysis was necessary in order to grasp the disjuncture’s (Smith, 2006), as well as the disconnects that frontline workers see as their empowered objectives and the institutional actualities that guide their work processes. Narrative analysis exhibits the diversity of stories encountered in this study. This interpretative method, therefore, seeks to grasp, in first person and in descriptive format, the social and relational lives of research participants. That is to say, it seeks to situate their work practices within larger institutional situations. Participants are perceived as active agents, interpreters and storytellers who construct their reality and their understanding of the world through the process of sharing their stories and life experiences. Now, it is urgent that we recognize the exploratory nature of this study. This recognition will allow us to see that this study provides only ‘fragments’ of its larger objectives of fully tracing and mapping social relations. In this sense, a major limitation of this study is its incomplete nature. Nevertheless, this those not mean that the data collected can not generate important insights and conclusions.
4. Findings

The findings yielded a diverse array of challenges that my participants faced in recalling their life stories and trajectories into the margins. The findings present: (1) current problems with the shelter system as articulated by the frontline workers at the WMH (Welcome Mission Hall) and the story of my participants residing at the OBM Patricia Mackenzie shelter.

4.1 Current problems with the shelter system

According to my interviews with frontline workers (one nurse, one social work interventionist in the emergency shelter, and one social work interventionist working in the reinsertion program), there are a series of challenges that these shelters face in general. All frontline workers agreed that they lacked sufficient resources to accommodate the needs and concerns of their clients. The lack of sufficient nurses from the CLSC (which come once a week and can only take a limited amount of patients) places tremendous strain on the work practices of the shelter. As one frontline worker in the emergency shelter noted:

You are given an opportunity to help but you constantly have to do so much paperwork that could be aided through other organizations. Everything is dumped on us. We are quite alone in this struggle. If governments funded programs and gave more support, things would run much smoother.

Moreover, the urgent need for more psychologists and family doctors, due primarily to long waiting lists (sometimes months to years) is necessary. Because the shelter system lacks adequate funding, which has only three internal psychologists, for instance, coming from Médecins du Monde, NGO’s are filling in a need that is not there, namely that the system is not sufficiently providing. As one frontline worker recalls, “because they [the homeless/clients] are not getting the services they need on a timely basis, they [Médecins du Monde psychologists] are doing the work … they are filling in the work. This is another non-profit kind of filling-in that the institution is not …” (Transcripts, Jocelyn, 11). In speaking about the organization of the mental health system a nurse from the Welcome Mission Hall (Mission bon Accueil) stated that:

I don’t think the reorganization of the mental health system has been particularly helpful. It is just very confusing. It was very hard to get a psychiatrist and the list can be super long. The CSSS – the CLSC that do mental health work in the community – so basically they are your point of access, you have to there, that is where the government is pushing people to go there instead of the tertiary hospital system. Trying to get my clients to these hubs of mental health community access, don’t have a psychiatrist as part of the team. That is, they don’t have a psychiatrist on staff on the mental health team. It’s a super wack job. If my client needs care immediately, because perhaps they are actively psychotic or whatever, why would I send them to you if you don’t have a psychiatrist or physician on sight. So these are pointless references which delay the process of care, frustrating me. Why don’t I send them directly to the hospital?

Two frontline workers reported that the organization of the health care system (reapplication to RAMQ, SIN, etc.), produces a disconnect from the lived actualities of their clients. Frontline workers therefore are constantly filling in this need which both absorbs most of their time and energies, distracts them from fostering real connections and attending drop-ins. Organizational disjuncture’s were also reported. That is to say, the lived actualities of their clients are
problematized by the practices of accountability, management and administration. For instance, one frontline worker recalled the complex situation one of her clients was facing. He suffered from emphysema, social anxiety and a retinal detachment. In order to receive care to reapply for his RAMQ card, he needed his social insurance number (card). Due to his conditions he asked if it could be mailed to him. The agent responded by saying that he did not meet the criteria. The frontlineer explained that he had no vision in his right eye and had a stuttering problem due to anxiety and suffered from emphysema. But the agent responded saying that he did not fit the criteria and that he was going to have to go there physically, Jocelyn recounts this incident “so I will have to accompany him there to get his social insurance number. So these impersonal barriers, which, its seems to me, creates a disconnect between what the heck is going on with him and their criteria. It also puts tremendous strain on me”.

This disconnect, or disjuncture produces a gap between the lived complexities of clients lives and the text-based mediation in order to get access to documents and identifications. The former is an abstracted account which is utterly divorced from the somatic, lived experiences of Jocelyn’s clients. NGO’s are thus filling in, or attempting to reconcile these disconnects which abstracted accounts and practices of accountability and administration fail to address. Two frontline workers also reported that due to their shortage of resources, they could not address the overcapacity of their clientele and that further partnerships and concerted efforts with other NGO’s and government institutions was imperative, but predominantly non-existent. Jocelyn recalled that “in the shelter, we have 185 beds and in the winter they have 245 people. So they literally take mattresses and put them in every little space that they can find. In terms of the shelter they would need funding in actually investing in the space so that more people can stay there and use it and be comfortable as a place where they can actually heal. Rather than a place they are using to survive” (Transcripts, Jocelyn, 14). Dianne, a 71 year old woman who is currently in a transition program at the OMB (Old Mission Brewery) also complained about the lack of nurses in the shelter system. In speaking about the health difficulties people in shelter encountered, Dianne recounted that:

The nurses from the CLSC only come by two hours a week. A lot of us here need a doctor and we don’t have. We have the CLSC here, once a week, from 7 am to noon. They can only take in 16 clients. By the time its 7:30 am and its finished. They say “you go back home because we have everything we need for today”. They just take only 16 people, here on Rue de la Visitation. Some go to the hospital but it is very hard to get a doctor … a lot don’t take their cases seriously …”.

4.2 Arianne and Moumoun’s Lived Experiences: An Institutional and Phenomenological Analysis

Arianne is a transsexual/gender woman. She is currently in transition, taking 1 mg of Finesteride. She was kicked out of her home due to her parent’s strong disapproval of her choice to transition to a woman. Arianne has been living on the streets since August 15, 2015. When we met for an interview, she was staying at the OBM, Patricia Mackenzie. She was recently told to leave due to complications that her identity caused amongst other residents in the shelter. As a transsexual/gender woman, Arianne has experienced overwhelming amounts of discrimination within the shelter system. She has also experienced discrimination in public libraries, with employers and the general public. Within the shelter, threats to her life have been made. As she
recounts, “a person in the shelter has already – because I am a woman and in transition – said that it was Satanism. And that was so inappropriate. And I tried to explain to her my situation and that I was being honest with my identity. There is a lot of discrimination in the shelter system. Yes, yes, there is a lot”. Furthermore, Arianne recalls an instance of direct, physical threat of violence, “a person threatened to attack me with a blade. She said to me that “she had the intention of slashing my male genital organs”. I have already talked to the police about that”. For Arianne, the shelter system in Montreal is “not a trans-inclusive place, even if they let me in, the atmosphere is very hostile to trans. I am just looking for a ‘home’, a safe … trans-inclusive space. A space where I can be myself now without having to wait for years …”. Arianne has experienced tremendous difficulties with both the police and potential employers. She has had to constantly raise awareness and educate both police and employers about her transition. Many continued to address her as male and this, for Arianne, undermined her ability to express her identity and have it properly recognized. When she spoke with some police officers after her incident with violence in the shelter, Arianne had to keep explaining to them that she was a woman, not a man. As she recalls:

They looked at my ID, they saw male and that was it. They continued to address me as a male, even after I told them. I am constantly trying to educate them about trans issues. I would like to raise awareness. They should be more aware. Even though the fact that I explained this to the police officers I was talking too, still, they used masculine to speak to me. I felt like they did it purposely. I can tell by their body language. And then they had me talk to another police officer. They passed me off. I felt like I was being rushed just to finish talking … they weren’t listening. They don’t understand that the threat at the shelter was because of my sexual and gender identity. They weren’t taking me seriously. I constantly had to remind them that “I am a woman with male genital organs” when I said this, its seemed to bother them. They had a dismissive look on their face. They were cold … it is as if my ID was more important than what I was saying. They didn’t understand. It was my identity that was being threatened.

Again, a disjuncture is apparent: text-based identifications are cisnormative which problematizes Arianne’s identity through institutional and informational erasure (Namaste, 1994; Bauer et al., 2009). Due to her constant fear of discrimination and transphobia, Arianne avoids making contact with the police and other service providers. ID’s exercise institutional control and power, which frustrates and misrecognizes Arianne’s expressed identity. As Arianne has noted, phenomenologically, the way in which she overcomes this fear of non-trans-inclusive spaces, discrimination, misrecognition and violence through her philosophy that ‘toute est l’énergie’ [everything is energy!]. When the big bang happened, energy dispersed but the energy continues to interact with itself, so everything remains One. For Arianne, it is strange that there is chaos when everything is so intimately linked. Those who discriminate will eventually understand that all is One and that brings her comfort. Everything is One and everything is energy. For Arianne, this is fundamental, because, “knowing that everything is One, simply, there is no danger there is just fear”.

Understanding that everything is One, for Arianne, is to transcend the duality of our ego’s. To be in peace and harmony with ourselves, to transcend our self-deceptions and contradictory states. This philosophy allows Arianne to embody her lived experiences meaningfully, even in the face of discrimination, harassment and misrecognition. ‘Toute est l’énergie’ is not simply an assertion of ‘identity’, it is also an assertion of ‘social justice’.
Moumoun has had a very difficult life. She has suffered from domestic violence, bullying and a life living on the streets. She was diagnosed with schizophrenia [around 20, but it still remains unclear in the transcripts]. Moumoun has also faced direct physical and sexual violence from the streets. She describes the streets as a lonely and cold place. Rokach (2004) has also examined the reality of loneliness and self-alienation among the ‘homeless’. In order to cope with the loneliness of street life, Moumoun attempted to make contact with the public through starting up conversations about Jesus and religion. However, they never responded. They just wanted her to “go away”. The phrase “go away” recurred often in the transcripts. For Moumoun, since her parents abandoned her, everybody wants her to “go away” – police officers, old friends, family, the public … Religion played an important role in Moumoun’s ability to cope with street life, as she recalls:

*Religion was very important to you while living on the streets?*

**Moumoun**: Yes, very much. I was searching for God. He found me, I found him. Somebody they don’t find him now, they will find him when they are dead.

*And if you didn’t have God, how would it be?*

**Moumoun**: I would die … I would commit suicide. God gave me the strength to survive. I had a lot of crosses on my neck. I put nice perfume [she laughs] … so I wouldn’t have to think about the bad smells of the street …

Despite the fact that Moumoun has suffered a life of severe physical, emotional and psychological abuse, Moumoun continuously sought to make sense of her lived experiences. Many street problems were due to her struggling to find God. Religion played an enormous role and was a way for her to embody these experiences, including her illness of schizophrenia in a meaningful way. Moreover, Moumoun has expressed explicit resentment to the overregulation of psychiatrists, psychologists and social workers ruling her life:

They make me stay here at the shelter. Five or six woman who are nurses, therapists, social workers, psychologist – they are with me all the time. They are helping me stay away from the streets by giving me pills. They don’t ask me about anything else. Just pills, needles and medical check ups. If I go back to the streets they will not give me a thing to be happy. They tell me to do everything. To go eat, to go sleep, to this do that … like a little dog. They think they are more than me. I want freedom. For six years they have givin’ me needles. I used to b pregnant. Now they don’t want me to have kids. They keep giving me needles and pills [for schizophrenia]. I am so not happy about that. I’m not happy that they follow me. I want to search for a lawyer one day to help me. They make me feel like I am not normal. They have jobs, I do not. They have families, I do not. They give me trouble with needles. I don’t want them. My life is too controlled. I want freedom. Free … they came at 2 o clock today. But they don’t understand! They just give me needles. They think I’m ill, but they don’t understand my life … my suffering!

5. Discussion

This study explored the lived experiences of three individuals living at the OMB Patricia Mackenzie shelter in Montreal and examined the general problems with the shelter system.
discussion will provide a sociological analysis of the narrations given by my participants. It will critically and reflexively reflect on Arianne and Moumoun’s stories. Three main themes arose in our analysis: recognition, the importance of ‘inclusive spaces’ and the need for ontological security through meaning-making.

According to Fraser and Hobson (2003), misrecognition entails “institutionalized patterns that constitute certain actors as inferior and invisible” (Fraser & Hobson, 2003: 64). Fraser acknowledges the importance of institutional practices as forms of exclusion and modalities of power. Institutions determine, as a modality of power, who and what gets recognized. Similarly, Fraser and Honneth (2003), developing a Hegelian perspective of recognition, ties the concept of recognition to questions about self-realization and respect. Through the recognition of the other, we seek to fulfill our own identity. To deny someone recognition of their identity, according to both Fraser and Honneth, is to deprive them of the possibility of human self-development and flourishing. The claim to recognition is thus also a claim to justice. According to Honneth (1996), we become ‘individuals’ by being recognized by others and that we owe our personal integrity and self-concept to receiving their approval or recognition. When someone is insulted or degraded, they are denied recognition, a form of injury that leads to stigma, fear, and negation. Beyond being simply insulting, stigmatization can inflict grievous psychological and emotional injury and induce crippling feelings of self-loathing (Taylor, 1997).

Recognition is thus a vital human need. To be recognized implies a status of complete partnership in social interaction. To institutionally and informationally deny someone such recognition, through cisnormative shelter spaces, for instance, is a form of structural violence. When institutionalized patterns of recognition constitute one as comparatively unworthy of respect or ‘value’, then misrecognition perpetuates. Misrecognition arises when institutions structure interactions (which are text-based) in accordance to particular ideological codes and norms that impede on the full participation and recognition of certain groups and individuals (cisnormativity, for instance). Institutionalized misrecognition is thus intrinsically exclusionary. The processes of exclusion are internally linked with the problem of recognition. Honneth (1996) understand exclusion mainly in terms of legal non-recognition, in the sense that certain social groups are denied basic equal rights. But he also deals with more daily, subtle forms of exclusion in the shape of implicit social invisibility. Invisibility can be part of the ‘everyday’, especially for those living at the margins. It acts as if you were physically absent. Moumoun spoke of this when she said that “you are not greeted, or you get the feeling that others look through you, passed you, into the distant”. Moumoun also spoke frequently about people wanting her to “go away”. For instance, when I questioned Moumoun if she was ever kept out of public space she said:

Yes, I used to sleep in parks. The police used to kick me out. For example, I was in a park, sleeping, all small, it was late in the night. The voices were hard … [schizophrenia] the police did not know why. He said “get the fuck out of the park you crazy bitch”, “Go away”. I finally got a little place under the bridge. But still, I had to keep moving, I had to “go away”. I just wanted a place. I had no place. I was hurt.

In speaking about her interaction with the general public, Moumoun said that:

I just had jesus in my life. I had nobody else. I prayed a lot. I asked for money from people in the street … they gave me nothing and said “go away you!”. Everyone said that to me, “go away”. It hurt a lot. It made me feel like I’m nothing, rien, nobody … I hated myself over the years, everybody told me to go away – I learned to dislike ‘me’ … I was a bad kid … it was my fault … I was a bad kid …
Moumoun’s “dislike of ‘me’” and her ‘self-blaming’ is constitutive of what Bourdieu (2000) conceptualized as ‘symbolic violence’, because, as Bourgois’s interpretation of this concept makes clear, “it refers specifically to the mechanisms that lead those who are subordinated to “misrecognize” inequality as the natural order of things and to blame themselves for their location in their society’s hierarchies” (Bourgois & Schonberg, 2009: 17). This internalization conceals the violence that generates it. It manifests itself, therefore, as a form of misrecognition. Moumoun was searching for respect, she was searching for love, for care, for friends. She was always looking because she could not find it.

Arianne experienced analogous forms of misrecognition. The very lack of trans-inclusive spaces in Montreal throws transsexual/gender homeless youth in the face of danger. The term “structural violence” has been used to refer to the detrimental impact of power disparities in health (Farmer, 1999). Structural violence also indicates the “large-scale forces – ranging from gender inequality and racism to poverty – which structure unequal access to goods and services” (Farmer, Conners & Simmons, 1996: 369). These coercive forces generate pain and suffering directly and also create the conditions for physical violence among marginalized groups. Even though pain is experienced personally and individually, this experience of domination has been labelled “social suffering” of a specific social group, which, are explicitly targeted through structural violence (Singer, 2005: 28). Social hatred, which manifests itself as racism or transphobia, can cause persons affiliated with this social groups to internalize this hatred in the form of powerlessness, depression, mental health problems, or self-loathing (Singer, 2005: 29). Moumoun suffered from extensive forms of racism, sexual assault and poverty which has come to generate self-blame and hatred. As the questionnaire’s made clear, there are a lack of trans-inclusive spaces in Montreal’s shelter system. This has put Arianne in the face of danger and violence.

Therefore, cisnormative shelter systems create the conditions for physical violence amongst trans homeless youth. Drawing from Bauer (2009) and Namaste (1994) concepts of erasure, it can be argued that these forms of erasures are equally forms of structural violence – because it leads to the institutional and informational misrecognition of trans identities. As Bauer writes, “institutional erasure occurs through a lack of policies that accommodate trans identities or trans bodies, including the lack of knowledge [informational erasure] that such policies are even necessary” (Bauer et al., 2009: 354). The WMH (Welcome Mission Hall), Auberge Madelane, Y Des Femmes, Rue des Femmes, and Maison de L’Ancre [just to name a few], are some of the important shelters in Montreal that have not received the proper training protocols. Coordinator’s at the OMB also claim that they are the only shelter that has received trans homeless youth. However, through Arianne’s case, her presence in the shelter caused an outcry. Many shelter systems in Montreal function in accordance to cisnormative classification schemes, practices and regulations. These gender binaries govern institutional policies and structures, leading to the marginalization of trans homeless youth, albeit creating conditions of discrimination and violence. Many shelters that Arianne visited rejected her because she did not fit the anatomical cisnormative criteria. One can thus only receive recognition by being in the appropriate place or possessing the correct anatomy, provides you with the service.

Moumoun’s early drug use has been but should not be perceived as a pathology. As her story makes clear, long-term pain and suffering creates the conditions for extensive drug use. ‘Homelessness’ itself has become increasingly situated within medicalized discourses of pathological deviancy so that both self-blame, individualization and victimization come to be the
manifest perceptions of ‘homeless’ as a demographic. For instance, according to Singer (2005), treatment typically focuses on bio-medical regulation and on governing the self. For Lyon-Calло (2008), social service efforts focus on treating the perceived ‘disease’ within individual bodies. The professional practitioners immersed in Mounoun’s life have medically framed her aggression and ‘illness’ (post-traumatic stress and schizophrenia), in purely medical terms. This trivializes the intersecting impact of domestic violence, gender inequality, racism and sexual abuse in a woman’s daily life, especially while living at the margins. This process of medicalization omits the social and existential contexts of lifeworld’s and experiences. Medicalization also fails to address the social and non-medical causes of violence, abuse, neglect, low-self esteem, suicidality, misrecognition and marginalization.

In Madness and Civilization (1988), Foucault demonstrated how the process of Enlightenment rationalization of modernity required the partitioning and confinement of what was perceived as the opposite of Reason, namely madness or Unreason. Madness was discursively constituted and excluded as Unreason, nonsense and unintelligibility. Through the exclusion of society’s ‘worthless’, of vagabonds, the ‘mentally ill’, criminals, idlers, unproductive bodies, they became an object of scientific inquiry and analysis. The question Foucault posed was what sensibility and form of morality united these apparently discrete categories in the classical age. His answer was that the institution was centred predominantly on the condemnation of idleness and the imperative of labour and that it expressed the emerging normative order of modern society. The institutions of confinement, what Foucault dubs the Great Confinement, functioned to display the truth of those who violated the bourgeois ethic of work: they were not human, they lacked reason, they were thus like animals. Now Foucault began to comprehend the strange ritual of displaying the mad, or the ‘insane’ theatrically, for instance, of people paying to watch the insane at Bethlem, for they embodied the connection between idleness, unreason and animality: they embodied a loss of humanity.

What was made evident to all through the exposure of the mad, caged, chained, covered in straw and excrement, was precisely their inhumanity. It was to expose the irrationality which posed a danger to the normative construction of Enlightenment rationality. The spectacle of madness revealed that unreason was controlled, imprisoned, tamed and therefore contained. It was something to ‘watch’, to ‘examine’, but not to mingle with. Contagion was thus associated with the mingling of the Unreason. It was no longer present everywhere as it had been in the Renaissance, mingling with every day experience through the images it awoke or the dangers it posed. Rather, it became an object to be stared at, with no intrinsic relation to the eye of reason that was looking at it except as a spectacle of what lies beneath the eyes of reason if we let our guard down. Foucault’s fundamental aim was to demonstrate the scientific construction of ‘madness’ as an object of analysis, as subjugated to regimes of knowledge. The very exclusion of ‘unreason’ produced the condition of possibility for examining ‘madness and unreason’. This represented a change both in the content of the moral order, from one in which poverty was seen as a blessing and charity as a duty to one in which poverty was a sign of idleness and punishment a duty, and in its form. The identification of the moral regimes with reason was sustained on the basis of excluding unreason. Reason became possible solely through the confinement of its opposite. This active seeing, a dehumanizing gaze, which treats the body as an object of analysis was further developed in Foucault’s The Birth of the Clinic (2003). Here, Foucault notes the historical constitution of what he deems the ‘medical gaze’.

The medical gaze is constitutive of an active medical perception which reduces the experience of the body to a series of identifiable symptoms and signs in order to ‘treat’ the disease.
The central relevance of the medical gaze is that it creates the objects of its inquiry through the process of active examination. For instance, particular symptoms and syndromes are interpreted as forming part of the external expressions of inner illness. Classifications of illnesses depend on the oeuvre of the medical gaze that objectifies and orders them within a framework of sets and subsets. Through the medical gaze, the body experience of the ill is erased, identity is divorced from the experience of the body and is fragmented into reducible corporeal properties for detailed examination. The technological and medical intricacies reduce lived subjectivity and the complexity of human lived experience of sickness to a series of standardized, objectified and simplified medical schemas. Through modalities of classification and the deployment of the medical gaze as an intermediate relation of ordering, medicine has been able to reduce subjective complexity by introducing standardized treatments through medical protocols which seek to render the illness as something effectively manageable. Thus, by studying and producing knowledge about the illness of the body, and classifying them into sets and subsets, makes sickness and illness more readily manageable.

The nosological elements of power/knowledge are exercised through the multiplicity of medical professionals within the medical field. The medical field, as a field of knowledge simultaneously becomes a field of power because it seeks to classify, standardized, and subject the human body to effective treatment and control. The practice of the medical gaze articulated and exercised with medical technologies are utilized to subject the body to a field of examination and therefore control. For instance, the information collected through recurrent and normal check up is often aggregated for statistical uses or for risk calculation. Same devices and practical rationalities are deployed onto wider population screenings to monitor disease prevalence, especially among supposed risk groups, such as the ‘homeless’, as a constructed category. The control of the body counts with the consent and even the aid of the patient. The patient may consent or resist. In recent times, the control of the body has worked through the self-regulation of the subject who desires to improve his or her health through a healthy lifestyle. In the quest of improving the health of the population, “citizens are urged to turn the medical gaze upon themselves” (Lupton, 2001: 56), which is indicative of Foucault’s assertion that power is productive.

Moumoun’s resistance to and ‘unhappiness’ with biomedical approaches have rendered her experience to her body as something ‘abnormal’. The narrow medical gaze may discourage biomedical healthcare providers and practitioners from accounting seriously for the social, cultural and economic dimensions of ‘disease’ and ‘healing’, to not understanding ‘her suffering’. To paraphrase Jocelyn, the shelter can not just be a place for ‘survival’ but a proper place for ‘healing’. Medical technology is maybe effective in treating acute biological pathologies and may seek to alleviate the symptoms of severe ‘mental illnesses’, but it is not structurally contrived to address the social structural problematics that pervade the bodies of those on the margin. The experience of marginality, as Moumoun’s story demonstrates, becomes detached from the biologically reduced ‘disease’ as a pathology of mind. Conrad (1992), Lupton (2000), Illich (1976), Clarke (2011) have all examined the pathologization of illness. Further research needs to be deployed in order to specifically understand the ways in which the ‘homeless’ body is subjected to medical relations of power and the resistances that emerge. Resentment and non-compliance can be expressive of the very resistance to the medical regime of biomedicalization of ‘homelessness’.

Moreover, many service providers spoke of the discourse of responsibilization. ‘Homeless’ individuals are given capacities and resources of self-governance. The choice remains theirs. Organization, despite feeling-in preceding government institutions, have become more neoliberal.
Responsibilization becomes a technology of power. Most community-managed NGO’s embody a technology of neoliberal responsibilization: the development of indirect techniques for leading and controlling individuals without being categorically responsible for them. Shelters, as Jocelyn, remarked, become ‘survival’ spaces and not healing ‘spaces’. This entails subjects becoming responsibilized by making them see the social risks and consequences such as illness and health implications of further actions. One service provider remarked on the ‘philosophy’ of the shelter by claiming that “our mission is to lay out the consequences of their actions while leaving them the choice. We are not totally responsible for them”. Responsibilization is thus contained within the individual: he or she becomes the responsible agent in transforming the indicated issues into a problem of what Lemke (2001) calls self-care. Neoliberal responsibilization becomes a technology of power because it seeks to instill in ‘homeless’ subjects a particular self-regulating capability in order to bring conduct and self-evaluation into accordance with political objectives while insofar as retaining the autonomy of self, but nonetheless, driven by objectives and instruments of modern governing mentalities for the conduct of conduct (Rose, 1996). Technologies of power are technologies “imbued with aspirations for the shaping of conduct in the one of producing certain desired effects and averting certain undesired ones” (Rose, 1999: 52).

More research needs to be conducted in order to map the possibilities of a neoliberal governmentality embodying the social organization of shelter systems in Montreal. Nonetheless, this research has paved some steps forward into understanding the technologies of power imbued in the daily work practices of social shelter work. Doubtless, more research is indispensable.

6. Conclusions and the Limitations of this Research

Intrinsic to a phenomenological research study involving a very small group of participants are certain limitations. Namely, the results reported by participants living in the shelter cannot be generalized to all transsexual/gender people, or to all young transsexual/gender experiencing ‘homelessness’. At its highest, this research provides a perspective into the lives of individuals experiencing forms of marginalization. Continued research is indispensable, especially pertaining to the relationship between LGBTQ youth ‘homeless’ and the shelter system of Montreal. Longitudinal qualitative research can allow us to understand this relationship more precisely.

Moreover, more service providers from different shelters need to be interviewed and surveyed. The data received through this qualitative study provided us with an enriching perspective on some of the major problems currently facing the shelter system and the strains this places on work practices.

More research is necessary. It is important to recognize the limitations of this study, however, this does not diminish the insights generated. Institutional ethnography, as a research strategy, requires us to map and trace the larger ‘ruling relations’ governing and coordinating local lived experiences. Thus, more extensive text-based and policy analysis is indispensable for a more effective mapping of the situation. Again, it is fundamental to mention that this was an exploratory empirical study and is thus by no means the final word. More front liners need to be interviewed and surveyed from various institutional backgrounds. More importantly, policy-makers and government officials should also be subject to research inquiry. This research is thus a timid step into a larger problem that needs fundamental addressing. The ways in which cisnormativity provides a framework for understanding the institutional barriers transsexual/gender homeless
youth within the shelter is a pathway to future research. This research has examined these experiences from the perspective of one participant, which, although insightful, needs to be more expansive.
Citations:


Durso, L. E., & Gates, G. J. (2012). Serving our youth: Findings from a national survey of services providers working with lesbian, gay, bisexual and transgender youth who are homeless or at risk of becoming homeless.


Piat, Myra; Polvere, Lauren; Kirst, Maritt; Voronka, Jijian; Zabkiewicz, Denise; Plante, MarieCarmen; Isaak, Corinne; Nolin, Danielle; Nelson, Geoffrey; Goering, Paula (2015). Pathways into homelessness: Understanding how both individual and structural factors contribute to and sustain homelessness in Canada. Urban studies (Sage Publications, L.t.). Oct, 2005, Vol. 52, issue 13, 2366-2382.


