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EXPERT KNOWLEDGE, COGNITIVE POLYPHASIA AND HEALTH: A STUDY ON SOCIAL REPRESENTATIONS OF HOMELESSNESS AMONG PROFESSIONALS WORKING IN THE VOLUNTARY SECTOR IN LONDON

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ABSTRACT

This article develops a social representational approach to understanding expert knowledge and its relation to health. Research with homelessness professionals (HPs) working in the UK voluntary sector shows that expert definitions of homelessness can either undermine or enhance the health of the homeless. Guided by the concepts of social representations and cognitive polyphasia, the analysis reveals a contradictory field of knowledge, which reflects the struggle of professionals to sustain a humanizing approach and resist the pressures of statutory agendas. We conclude pointing to the need of recognising the impact of professional's knowledge on the health and care policies for the homeless.

INTRODUCTION

Homelessness continues to be a major social problem in the UK. Despite the great deal of attention it received since the mid-1990s from policy makers, researchers and service providers, there remains much controversy about the extent of the problem, its underlying causes, and the most effective ways to combat it. These controversies stem partly from the fact that in the UK there is widespread disagreement on the definition of homelessness. Whereas the homeless have been unanimously identified as a socially excluded group and various policies, such as the Homelessness Directorate and the Rough Sleepers Unit, have been implemented to address the issue (Pleace & Quilgars, 2003), support and care structures are diversified across two clashing and co-existing sectors: the voluntary and the statutory sectors, each holding different definitions and approaches to the problem of the homeless.

This general lack of agreement between sectors on defining homelessness creates a number of problems ranging from difficulties in estimating precisely the number of homeless people in the UK to consequences at the level of service delivery, models of intervention and policy design. While governmental estimations reflect a decline in numbers (see ODPM, 2006), sources from the voluntary sector show that there is a vast number of homeless people that are not included in these statistics (Crisis, 2006) because they are not officially considered homeless. The contested nature of definitions about homelessness makes it difficult to achieve consensual estimations (Hutson & Liddiard, 1994) and impacts negatively on the health and needs of those who do not fit within statutory definitions and are thus not officially regarded as homeless (e.g. Crane & Warnes, 2001).

Whereas it is clear that, as with most social problems, homelessness is constructed through networks of unstable and contested meanings, tackling the problem effectively requires a clear understanding of how the issue is framed by different stakeholders and social actors. Care-related

practices, the interventions deemed appropriate to prevent and resolve homelessness, and how the homeless are treated are all based on meanings and definitions of homelessness. As Pleace and Quilgars (2003) concluded in their examination of British homeless research, there is an urgent need for academics of the social sciences to explore the socially constructed nature of homelessness in the UK .

In this paper we seek to contribute in this direction by examining social psychological dimensions involved in the constitution of homelessness and the role they play in the living conditions and thus health of the homeless. We focus on the links between expert knowledge and health, and in particular on how professionals working with homeless people in the voluntary sector produce knowledge about homelessness. As key social actors positioned at the interface between the homeless, the statutory sector, policy makers and society as a whole, homelessness professionals working in the voluntary sector (from now on HP) offer a privileged entry point for understanding processes of social construction of homelessness and the health of the homeless person. We define HPs as experts in context: mediators, translators and integrators of beliefs, meanings and images of homelessness circulating in the UK.

Drawing on the theory of social representations (Jodelet, 1989/1991; Moscovici, 2000) and the concept of cognitive polyphasia (Jovchelovitch, 2002, 2007; Moscovici, 1961/1976), we argue that HPs' knowledge production is a plural affair shaped by the definitional clashes and competing approaches that characterize the context of service provision. Moving between the streets, hostels and official meetings with statutory agencies, listening to the tales and witnessing the practices of those who are out in the streets, adjusting their experience-based knowledge to the definitions and models of intervention of statutory programmes, HPs are a living site of negotiations and resolutions about homelessness. Understanding how they make sense of the problem and develop practices to deal with it can produce fresh insights on the complexities involved in defining

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homelessness in the UK and contribute to improve the care and services needed by homeless people. As we shall argue, constructions about what homelessness is also encompass constructions about who is the homeless person and how she should be treated. They also shed light on how the clashes between different forms of knowing in contemporary public spheres impact on the definition and resolution of social problems such as health.

HOMELESSNESS AND HEALTH

It is now widely accepted that health is a relational construct dependent on the larger material, social and symbolic living conditions in which social actors find themselves (W.H.O. & UNICEF, 1978). Rather than being the absence of disease, health involves physical, psychological and social well being. An expanded understanding of health makes visible its connections with social and cultural contexts showing that poverty and inequality have a direct impact on the health of individuals and communities. In addition, relationships with others and the discourses held by others about one's self or social group impact directly on the self-esteem, autonomy and capacity of actors to engage in health behaviours and seek social and material support that will improve health. In the case of the homeless this is particularly true. Research in the UK has continuously shown that homeless people are more likely to suffer from mental, physical and social health problems than other sectors of the population (Aldridge, 1997; CESI, 2005; Crisis, 2005). Stress, stigma, abandonment, neglect, low self-esteem, substance abuse all emerge through the relational processes between the homeless and the social world.

Hodgetts and colleagues (this issue) have shown that stigma and a loss of sense of self are associated with substance misuse and escapist strategies typically used by homeless people. They convincingly argue that otherizing processes that construct deviance and separation from mainstream domiciled society are materialised in the body of the homeless producing ill-health and

a diminished sense of worth and self-esteem. This is corroborated by studies on the importance granted to meaningful personal relationships by the homeless. Tosi (2005) found that homeless people consider the relational dimension an essential resource for their material and emotional support, for reintegration and for re-establishing equilibrium in their lives.

These dimensions make clear that homelessness and the social and symbolic constructions it projects onto the identity and experience of the homeless can undermine the health of the homeless and place this population in a situation of increased risk. The research we report below corroborates these findings by exposing the processes whereby the knowledge of experts working in the voluntary sector defines the experience of homeless and the self-understanding of the homeless person.

WHAT IS HOMELESSNESS?

Clear consensus about the importance of a comprehensive approach to homelessness has not dissipated widespread disagreements about what homelessness means, who belongs to this group, and what are the best solutions to resolve this social problem. Central to these disagreements is the very context of support structures for the homeless in the UK, which rests on both statutory (public sector, state controlled) and non-statutory (voluntary sector) agencies. Clashes between these two sectors are common and framed by different definitions of homelessness, diverging understandings of its causes and disagreements in relation to the intentionality behind homelessness. Indeed defining to which extent the homeless person is intentionally causing the situation of homelessness sharply demarcates the approaches between statutory and voluntary agencies. Underlying these differences are deeper social psychological and political issues related to the role of the individual and the social in the construction of homelessness.

The standard approach of the statutory sector is based on access to accommodation and the intentionality of the individual person in constructing the situation of homelessness. Homeless people are defined in terms of unintentionally lacking secure or permanent accommodation (Warnes, Crane, Whitehead, & Fu, 2003). Once evaluated and considered to fit within criteria of eligibility and basic categories of priority need, people are channeled into the procedures for the allocation of housing and referred to services of the welfare system, such as social services and the NHS. Lack of comprehensive joined-up strategies between housing and other specialist areas (CESI, 2005), and the absence of a more comprehensive approach, which attends to the emotional and social needs of the target population have consistently led to the recurrence of episodes of homelessness. As various commentators have pointed out (Jacobs, Kemeny, & Manzi, 1999; Warnes et al., 2003), in adopting very restricted eligibility criteria to establish the boundaries of its target population, the statutory sector covers very limited dimensions of homelessness, reducing the phenomena to a problem of 'lack of roof over one's head' caused by factors outside an individual's control. Mainstream policies have constructed two different groups of people: those who are unintentionally homeless and are therefore considered statutory and those who are intentionally homeless. This in turn has generated two groups of people: the deserving and the undeserving; those who are unintentionally homeless and therefore deserve services and support structures, and those who are homeless through conditions of their own making and therefore do not deserve the attention of statutory services (Clapham, 2003). The latter group is not officially regarded as homeless and has no legal rights to housing or support services. They are thus left to seek help from the voluntary sector.

The central marker of the voluntary sector's definition of homelessness is that it does not include the criterion of intentionality. The sector defines homelessness in broader terms and understands it as a multi-faceted phenomena; an experience that affects all aspects of one's live. They acknowledge that beyond 'roofless-ness' there are multiple forms of homelessness, and take into

account the heterogeneity of the homeless population as well as the complexity of support needs that exist alongside the lack of housing. Thus their responses are not only focused on alleviating a specific situation or crisis (i.e. through outreach work, food and health care), but also on prevention, aiding continuity along their pathway of services towards independence (i.e. advice and tenancy support services, training and employment projects). The aim of voluntary services is to deal comprehensively with the diverse and intertwined dimensions of homelessness and enable clients to rebuild their lives. This is sought through an individualised and responsive approach.

The wide gap in the conceptualization and framing of homelessness by the statutory and voluntary sectors is thus at the core of the difficulties confronted by those working with the homeless. Dualism between the individual and social dimensions has framed the debate and underlies disagreements about what are the best practices for the improvement of the living conditions and health of homeless people. Theorists have defined the discussion in terms of minimalist or maximalist constructions (Jacobs et al., 1999) of the issue. Minimalist definitions locate the causes of homelessness on the individual, have led to the dichotomy between deserving and undeserving homeless and produced interventions designed to deal only with individual factors. Maximalist definitions see homelessness as the outcome of social-economic shortcomings and put an emphasis on policy as the key solution to end homelessness. These two definitions stress the importance of either social structures or psychological and personal factors, but neglect the connections between them showing a problematic disconnection between individual and structural elements (Clapham, 2003). Both provide the backdrop against which responses to homelessness take place.

Operating in such a contested and contradictory context, voluntary HPs face the challenges of holding on to their approach and conceptualization while at the same time engaging and dealing with the pressures and demands coming from the statutory sector. The result, as we discuss later in this paper, is a multifaceted and contradictory representational field, made of a patchwork of

different knowledges, values and practices that configure how homelessness is constructed and dealt with in the public sphere.

UNDERSTANDING HOMELESSNESS PROFESSIONALS' KNOWLEDGE: COGNITIVE POLYPHASIA IN REPRESENTATIONAL FIELDS

It is against the background outlined above that professionals working in the voluntary sector construct knowledge and practices related to homelessness. Understanding the social position of these professionals and the network of inter-relations that frames their everyday experience is central to explain the nature of the knowledge they construct and the practices they develop towards the homeless person. We approach this processes through the theoretical lenses of social representations theory and in particular through the concept of cognitive polyphasia.

Representations are defined as a system of knowledge collectively constructed through communicative interaction in order to make sense of the social world (Moscovici, 1984). As a form of social knowledge, social representations are symbolic resources through which people give meaning to social structures, experiences and material circumstances. They inform and permeate social practices influencing the life of individuals and groups. Either as symbolic resources that mediate our understanding of the world and guide our actions, or as socio-communicative processes of meaning making, social representations are central to the constitution of the social life of groups. Because they are the social action of individuals in relation to other individuals they can only be understood against the background of one's positioning within communities and cultural contexts. And it is because they are grounded in different socio-cultural contexts that social representations emerge as plural and heterogeneous fields.

The concept of cognitive polyphasia (Jovchelovitch, 2002, 2007; Moscovici, 1961/1976), has been buried for a long time within the theoretical corpus of social representations. Presented for the first time in Moscovici's study of psychoanalysis in France, cognitive polyphasia expresses precisely the plurality of representational fields, where differing, and at times conflicting, styles of thinking, meanings and practices co-exist in the same individual, institution, group or community. Current research in the field of social representations has retrieved and expanded the concept to theorise proliferating empirical evidence on the co-existence of plural and contradictory ways of thinking used in different ways by individuals and communities to make sense of their everyday lives and important social issues (e.g. Jovchelovitch & Gervais, 1999; Wagner, Duveen, Verma, & Themel, 2000; Wagner, Duveen, Themel, & Verma, 1999).

The concept helps us to understand the multiplicity of voices that speak through individual speakers and within social fields. It is a concept linked to the inter-subjective, and therefore communicative, nature of all knowledge systems, and to the heterogeneity and diversity of the social fabric. It links cognition and knowledge to their social context of production and provides the means to theorise how different representations, meanings and styles of thinking co-exist in public spheres. As societies become more open to contestation and dissent the concept also sheds light on the increasing representational clashes that emerge from the new regime of encounters between knowledge systems in the contemporary world (Jovchelovitch, 2007). Globalised societies, shaped by new and multiple forms of communication, offer greater opportunities for encounters between different types of knowledge and different views of the world. As a consequence of these encounters, the nature of knowledge changes towards more hybrid systems characterized by the co-presence of multiple contents and modalities of thinking (Jovchelovitch, 2002, 2007).

Polyphasic representational fields operate as assets for individuals and communities, offering a multiplicity of co-existing knowledge resources from which they draw the tools, concepts, practices

and meanings that enable them to cope with the everyday and make sense of what is going on. Rather than being monological in content, cognitive polyphasia in representational fields expresses the dialogical nature of all knowledge systems and the constant networks of inter-relations that form the experience of life each day. Within this plurality, individuals accommodate different social positions, mediate the eclectic, dilemmatic and contradictory contents and modes of thinking at their disposal and put to use their social representations. Both the content and the dynamics of social representations express the inter-relations between the diversity of meanings circulating in society and how in appropriating, reproducing or challenging them, individual subjects take up and negotiate particular positions within representational fields. In cognitive polyphasia we find thus a fertile concept to apprehend macro social psychological processes at the level of de-traditionalised societies and micro social psychological processes at the level of everyday encounters between individuals, groups and communities holding different traditions, levels of expertise and positionings in social fields.

These issues play a central role with respect to homelessness and health. The contested nature of definitions about homelessness, the conflicting views about service provision and the duality of the understandings about the problem express the multiplicity of the fields of knowledge at once used, constructed and re-constructed by voluntary HPs as they negotiate, translate and mediate the issue of homelessness in the public sphere. From the inner reality of homelessness, to policy and the government, across the media and the public, HPs are positioned at a variety of interfaces that makes them a fascinating case for the study of processes of construction of polyphasic knowledge. At the same time, it shows that integral to the constitution of homelessness are the dynamics of socio-psychological processes, where representations and discourses about homelessness frame services, influence treatments, and ultimately affect the way the homeless person constructs her life, her reaction to provision and her personal decisions about accessing support structures (Clapham, 2003).

METHOD

In order to explore the representations held by HPs about homelessness we favoured a qualitative approach based on in-depth individual interviews. These offer scope for interviewees to construct and express their knowledge in an open and relatively unconstrained way. A total of thirty-six narrative interviews with HPs working in voluntary organizations of inner London were conducted. Of these, twenty-four were with front-line professionals, comprising outreach workers, training and development workers, mental health/drug misuse workers and project workers. These professionals work in direct contact with the homeless and are for most of the time in the field. Twelve interviewees were conducted with rear-line professionals, comprising policy officers, media officers, campaign officers, fundraisers and directors of programs. Participants were recruited through letters, emails and by personal contact. The first author worked as a volunteer in a London based NGO for the homeless for nine months, which provided first-hand contact with the everyday reality of homelessness professionals and ethnographic data (not reported in this paper). This allowed in particular for the segmentation criterion of front-line and rear-line professionals, whose specificities where better understood in the process of direct observation. Interviews lasted between 60 and 90 minutes, were tape-recorded and transcribed verbatim for the analysis. The field work took place between September 2003 and March 2005.

Topics addressed in the interviews were divided into three main themes covering (1) general definitions and experiences of homelessness and provision of services; (2) issues surrounding professional identity, including how HPs saw themselves and how they saw the views of others about themselves as professionals in the voluntary sector and (3) issues related to the clashes between the statutory and the voluntary sector, including representations held about the views of statutory professionals on homelessness and on how differences between statutory and voluntary sectors influenced practice and quality of response to homelessness. After transcription, the data

were analysed with a focus on both the content of knowledge and on the internal dialogues that were expressed by each interviewee. The analysis of internal dialogues was guided by Bakhtin's view that what people convey in conversation comes from the polyphony (1984a) of voices of multiple others that percolate the self of the interlocutor, i.e. institutions, other groups etc. In the case of HPs it soon became clear that each one of the voices interviewed spoke through internal dialogues with multiple others representing the statutory sector, mainstream society, the homeless themselves, and an "ideal self" that embodied the ethical commitment with the cause and ontological rights of the homeless person.
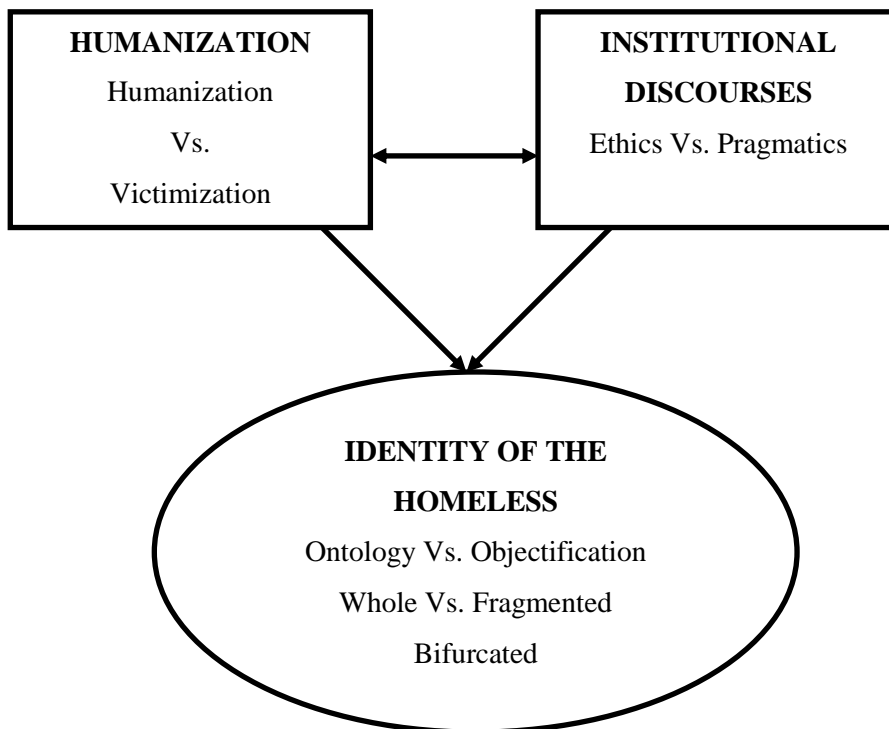
HPs' REPRESENTATIONS OF HOMELESSNESS: HUMANIZATION, INSTITUTIONAL DISCOURSES AND IDENTITY

The contested background against which HPs work and the conflicting nature of the internal and external dialogues HPs establish in their everyday work shapes the representations they hold about homelessness. Our research found that the dynamics of knowledge production in the community of HPs is bound to, and at the same time expresses, the contradictions and clashes of the context where it is produced and enacted. Through this dynamics emerges a representational field characterised by the co-existence of polyphasic themes, i.e, themes that are constituted through contradiction and plurality in ways of thinking and acting towards homelessness. This applies both to the dynamics within each one of the major themes as well as to the dynamics between the themes. The clashes between the co-existing voluntary and statutory sectors and the dilemmas of sustaining the responsive, comprehensive and individualised approach of the voluntary sector, when funded by or working in partnership with the government, frame the representations we found.

The representational field about homelessness held by HPs is organised around three co-existing and inter-related themes, each containing its own internal dynamics and contradictory content: (1) discourses of humanization; (2) institutional discourses and (3) discourses of identity (see Figure 1). Humanizing and institutional discourses compete to produce a view of what homelessness is, and it is out of this struggling relation that discourses of identity containing representations about the identity of the homeless person emerge. Discourses of humanization, which seek to preserve the homeless person as a holistic human being appeared associated with HPs' role as communicators and educators of the public, politicians and the media. Their campaigning battle against the otherization of the homeless claims an idealist ethical encounter with the other through practices of understanding and healing as the first step in a moral commitment to them. In constructing discourses of humanization HPs enter a conflicting dialogue with the rhetoric of victimization, which is anchored in images of deficiency and incompleteness of the homeless and is expressed in practices of judging and curing. Institutional discourses reflect the dilemmas lived by HPs in their everyday work. These refer to the struggle to free themselves from the pressures to conform to the discourse of funding bodies, predominantly the government, and their efforts to sustain the humanizing ethos of the voluntary sector. They express claims of independence and self-agency to put into practice their ethical mission against the pragmatic needs of the job and the wish for the development of the voluntary sector as a professional industry.

The clashes between discourses of humanization and institutional discourses and their respective internal contradictions are played out in an ultimate representation of who the homeless person is. This comes out as competing representations of the identity of the homeless, who emerges simultaneously as someone torn between being objectified and victimised or ontologically recognised as a whole human being.

Figure 1. Co-existence of polyphasic themes.

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┌─────────────────────┐        ┌─────────────────────┐
│   HUMANIZATION      │        │   INSTITUTIONAL     │
│   Humanization      │◄──────►│   DISCOURSES        │
│       Vs.           │        │  Ethics Vs. Pragmatics │
│   Victimization     │        │                     │
└─────────────────────┘        └─────────────────────┘
            \                    /
             \                  /
              ▼                ▼
         ╭──────────────────────────╮
        ╱    IDENTITY OF THE         ╲
       │       HOMELESS               │
       │  Ontology Vs. Objectification │
       │   Whole Vs. Fragmented       │
        ╲      Bifurcated            ╱
         ╰──────────────────────────╯
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The dynamics of HPs' knowledge is characterized by dialogue between these three contradictory and co-existing themes. Hence, their representation is constructed against a background of constant contradiction and dilemmas between: (a) the approach of the voluntary sector grounded in a view of the homeless as a whole person, (b) the statutory sector's tendency to victimize and objectify the homeless through labelling the homeless and pushing them into official categories (c) wanting to sustain the ethical approach of the voluntary sector, and (d) the pragmatics of everyday work in the industry, which implies having to adjust to the definitions and approaches of others (public funders, the government and statutory professionals). Below we present in more detail the internal dynamics of each one of the discourses found.

Humanization and Victimization

The contradiction between humanization and victimization is central to HPs' representations of homelessness. On the one hand, there is a rhetoric of moral commitment to the homeless that, in asserting their human dignity and wholeness, seeks to undermine violent representations that reduce them to problems such as drug addiction and mental illness. On the other hand, there is a co-existing rhetoric of victimization in which the homeless are otherized, pitied and represented as voiceless and disempowered. This opposition stems from the clash between different notions of homelessness sustained by different systems of knowledge and sectors of society (common sense, policy, the media, the voluntary sector and the inner reality of homelessness), and experienced first hand at the various interfaces in which HPs are located. It is within this location, in communicative interaction with these groups through work practices, press releases, public awareness campaigns, responses to policy and partnerships with the statutory sector that HPs' social representations emerge and change.

The conflict between humanization and victimization is also played out at the level of practices, which appear as the conflict between understanding on the one hand, and judging on the other. Healing is the HPs' ideal approach to deal with the problem of homelessness and it is based on empowerment, companionship, and a holistic personalized approach that attempts to deal with the whole person, rather than only with physical conditions. In such a practice HPs function as a footbridge for the homeless towards self-actualization and rebuilding their trusting relationship with society. As one HP stated:

'…building people's self-esteem, building their social confidence, giving them things to do but giving them opportunities to grow and to develop skills or rediscover skills they'd forgotten they had… Trying to bring people back into mainstream society and give them a place there. Pulling them away from the margins in which they existed because of all these problems, dealing with the

problems but also trying to give them a boost, give them a push back in, being positive about it and looking about what achieve, helping them to achieve it rather than looking at what their problems are and just addressing those problems.' (Front-line 4)

However, there is an opposing judging rhetoric that represents homelessness as a life downwards, a vicious circle of problems related to drugs and mental health, from which one needs to be cured. Curing reflects the pragmatics of everyday work, of the industry and ultimately, of institutional discourses. (Dis)empowerment, (in)action, (in)capability, (sub)ordination: these notions of the person are evoked when the rhetoric of victimization claims the need of curing. The example below shows how HPs also fall into judging practices that otherize the homeless:

'Now it means someone who doesn't have the opportunities that I've had to make the most of themselves and to live what we would call a 'normal' life. You know. To study, to get qualifications, to get a job, to make friends, all these things that are very difficult if you have a, a background that involves homelessness or living in care or, you're involved with the criminal justice system.' (Rear-line 1)

The co-existence of the conflicting themes of humanization and victimization becomes further clear as HPs speak of themselves as 'idealistic' and 'fellow human beings of the homeless brother', towards the 'cruel and ignorant' public and statutory 'experts' (doctors, psychiatric nurses, policy officers), while at the same time re-positioning themselves as 'knowledgeable professionals' who are 'representatives of the homeless', as victims in need of compassion from the outside world. This polyphasic strategy allows on the one hand, to reassert the truthfulness of the humanization rhetoric and the defence of the homeless person as a being who has the right to be given a voice and, on the other hand, to sustain practices such as fundraising and campaigning for the homeless. Cognitive

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polyphasia here becomes a resource that allows shifting discourses of humanization and victimization to respond to different needs and demands to deal with the problem.

Institutional Discourses: Ethics and Pragmatics.

This discourse shows HPs' dynamic conflict between putting into practice the ethics of the voluntary sector, and the simultaneous need to adjust to the representations and practices defined by government and private funding bodies. Institutional discourses are constituted by the daily struggle of the HP, which is rooted in the dilemma between the nature of the voluntary sector as an industry that demands professionalism and productivity and its ethical mission. This paradox is unfolded through an opposing dyad of representations of the homeless as both 'clients / social cause' and 'products' of the voluntary sector. The co-existence of this contradiction is another example of cognitive polyphasia, and expresses the dynamics of HPs' work, where practicing the ethos of the voluntary sector is appropriate under certain circumstances, and adjusting to the approaches of the statutory sector and following governmental measures of progress in terms of 'hard indicators' are justified as adequate in the context of the industry. In both cases, adjusting to the statutory framework is an exigency of the pragmatics of their job. As noted by one HP:

'Emotional blackmail, you know…(laughs) I think for the funding, we had to do a lot of work on showing what we call soft indicators. So, if an indication of success for somebody was getting a job at one end (laughs), we've had to really look at, at the end, somebody gaining self-esteem, you know, attending group for the first time, attending a class or some work for the first time, somebody turning up for a session and not drinking for an entire day and then not drinking for two days, so it is kind of showing up in all of those first steps in order to get this last step. We've been documenting, you know, and showing funders that our clients need to go through those five steps or we've got to think about those. … yes, we will aim for so many percent of people to be high

achieving, to go into training or jobs, but we also want to be able to cater within that bid for those soft outcomes as well. …' (Front-line 3)

Despite non-conformism HPs also declare the need to be submissive to the statutory client and its agenda. Within this context the homeless is marketed and traded, sold and campaigned for with the aim of being funded. Here victimization of the homeless co-exists in polyphasic contradiction with the ethos of the voluntary sector. It is used as a rhetorical device in playing 'the system' (i.e. private and governmental funding bodies). It is appropriate and justified as an essentially surviving strategy within the context of state funding since this is the only way of responding to the needs of the victim. Consequently constructions of homelessness in terms of statutory legal definitions and hard outcomes co-exist along with those of the ethos of the voluntary sector, i.e. achieving 'soft outcomes' such as self-esteem and self-worth. The following example shows how adjusting to institutional discourses jeopardizes the humanization of the homeless.

'I think that it's possible even that homeless professionals who don't work with street homeless people, I think that they might even have a, a double picture in their mind, you know. Homeless is that person sleeping on the street outside the tube station and then homeless is, you know, this person, you know, my client who has, you know, just come out of hospital or something. I'm referring to this project and I need to call him homeless. And I think they actually can mean two different things when I say that because I think that just like anyone they, they just slot the label on if it's useful and doesn't actually necessarily mean that they see their clients as homeless. ' (Front-line 5)

By positioning themselves as 'defiant nonconformist grass roots' members of the voluntary sector and as 'idealistic HPs', interviewees claim the homeless client as their ultimate aim, and invoke an emancipating and liberating counter-agenda. Here the significant others that are responded to are

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both the 'bureaucratized and careless government', and the 'socially irresponsible public'. This is often put to practice through public awareness campaigns and critical responses to policy consultations.

Another important aspect that emerges in the oppositions found in institutional discourses is the claim HPs make of their own expertise vis-à-vis the expertise of the professionals of the statutory sector. The rhetorical aim is to contest statutory experts' views of the voluntary sector as amateur and present themselves as highly professional. This is yet another battle that HPs have to fight in their daily practice when working in partnership with statutory experts from the NHS, housing and benefit departments, since there is low recognition of their work from the main statutory welfare agencies (Warnes et al., 2003). Despite HPs position as 'members of the voluntary homeless sector' attempting to put into practice their ethos, they also dilemmatically re-position themselves as 'professional experts of the homeless industry (contractors)'. In shuffling between positions they accomplish a discursive practice of sacrifice of their ethos and their subordination to institutional practices.

Identity

The conflicting dialogue between discourses of humanization and institutional discourses in HPs' representation of homelessness, is played out in a set of co-existing representations and images of the identity of the homeless person. These are organized in terms of contradictions: ontology vs. objectification, whole vs. fragmented, resulting in a bifurcated identity.

There is across all participants a rhetoric of disclaiming the objectification of the homeless label since it acts as a forced identity perpetuating the experience of homelessness. Freeing the homeless

from the taken-for-granted meanings attached to the label is seen as an essential element of the process of resolving homelessness. Using the label implies an external and internal process of social exclusion: external through prejudice, stigma and stereotyping sustained by the outside, and internal though self-identification and internalisation of the homeless label. This forced identity perpetuates the homeless as an outsider, socially and psychologically. As stated by a participant:

'It just, it is like a tag that seems to automatically come with a homeless person and you just think like well …. I think that there are some assumptions of 'yeah, he wouldn't possibly fit in. They are all like crazy hair, big beards, alcoholics'. You know. Often from people you think should really know better, you know, rather than something you know.' (Front-line 1)

Objectification occurs through judgement and lack of understanding shaped by representations of the homeless as a deviant other. It is equally sustained by statutory practices of tagging people with an official homeless category (i.e. unintentional homeless) required by mainstream welfare services. In being labelled, the person is cut off from his/her past history and present experience experiencing loss of a sense of self and feelings of exclusion. Statutory definitions are criticised for ideologically instituting the meaning of the homeless experience whilst neglecting the person's ontological experience. Despite being highly disclaimed, this process of objectification is also dilemmatically disclosed in the interviewees' utterances. Thus, at points they represent the person as fragmented into her problems (addictions, mental health), visual images, physicality (roofless-ness), and the psychological (self-esteem, mental health).

'And because I think the phrase 'homelessness' has the capacity to… I can't think of any other word but dehumanize, has the capacity to dehumanize, those who are labelled with it to just, to mean that they're just a problem and not a person. And I think if you're working with homeless people day to day, you can see through that. Yeah' (Rear-line 4)

These representations show that paradoxically HPs' are both holders and contesters of representations that fragment the homelessness. They are themselves in conflict with this fragmentation since it is based on the approach of the statutory sector and undermines their multi-dimensional and holistic approach. Here we can clearly see the contradictory nature of the representational field and the manifold voices speaking through the voice of the HP.

'And it's hard because different, different professionals have responsibilities for different parts of people's lives then people's lives kind of tend to get broken up into chunks and given to different people which is ridiculous because the poor person is in the middle and to them everything is all part of one thing, you know, but, you know, different people are responsible for different things.' (Front-line 5)

The key dialogue constructing these representations is with the statutory sector. Statutory services are regarded as producing a 'pathological' <u>bifurcated</u> identity that creates an impasse in the self. Once inside the hostel/accommodation system the person is separated from her own peer-group or 'sub-society', which is source of social identity, support and sense of community. She is removed from a source of identification and simultaneously put through an experience where she is tagged as 'homeless' and in need of a 'cure' to be 'normal'. It is impossible to escape from the otherising process: in offering the service there is an invitation to be normal, yet by the same token there is the imposition of the label.

'And when you think of, people moving into like rough sleeper flats …. They don't build them with the idea that people are going to change from the status of homelessness into being a couple, having a family. When they want to make an exchange, they can't, it's difficult for people to move. They have to move to another rough sleeper flat. They can't say, 'but that's not me anymore'. (Front-line 1)

HPs' REPRESENTATIONS OF HOMELESSNESS, IDENTITY AND HEALTH

HPs working in the voluntary sector contribute decisively to the social construction of 'homelessness' and in consequence to the self-understanding of homeless people. They are positioned at the interface of the homeless and the outside world and as professional practitioners act as 'vectors' between various social spheres, being important carriers and shapers of social knowledge and public images of their clients (Morant, 1997, p.82). They implement both policy and expert theoretical knowledge, integrate it into their practices, inform the public, raise funds and offer feedback to policymakers. They perform a pivotal task in communicating and explaining the issue of 'homelessness' to the public, politicians and the media (Hutson & Liddiard, 1994). In proposing their versions of 'homelessness', HPs negotiate, challenge and/or contest the meaning of 'homelessness' held by other interest groups with whom they intersect. They have been advocating for change within policy and campaigning for raising awareness of the limitations of statutory services. HPs have the potential to question and contest reified forms of knowledge and are able to adopt a more comprehensive and individualised relationship with their client. Theirs is an expertise that comes from the day-to-day experience with homelessness. All these features define HPs as experts in context and make the representations they hold key indicators in the process of understanding homelessness and its consequences in the living conditions and health of the homeless person.

The contradictions and polyphasic themes found in the representational field we uncovered show that constructions about homelessness have a direct impact on the construction of practices towards the homeless, the definition of provision and the design of policies, and the identity of the homeless person. All these issues are present as professionals working with homeless people struggle to define the problem and provide support and care to this population. Recognising that issues of

health and homelessness are grounded in the way homelessness is constructed helps to understand why it is important to integrate HPs' knowledge into the design of policy, decisions about healthcare systems and services aiming at tackling homelessness. Our data shows that representations about homelessness held by HPs express the multiple networks of interaction and struggle that construct homelessness and the homeless person. They reveal the dilemmas and contradictions of the field and the impasses related to the identity and life conditions of this vulnerable group. Through the contestation of notions and practices they contain, we can apprehend the challenges that confront policy makers and the obstacles to the realization of partnerships between the statutory and the voluntary sectors.

The most essential feature of HPs' way of thinking is the co-existence of internal dilemmas and contradiction, which speak about the complexity of the phenomena of homelessness and point to the need to take into account the intricacy of this issue when designing policy. Representations of homelessness held by HPs are not just about rooflessness, otherness and the need to cure and provide material structures. They are at one and the same time about being otherized, judged and reduced to problems and being understood as a whole human, about being labeled and deserving a personalized approach, about being fragmented through reductionistic and unconnected services and being comprehensively treated, about being cured and being accompanied along the healing process towards self-actualization and re-development of potentialities, about being a social cause of the voluntary sector and being a product of the industry. Clear in these oppositional is the intrinsic connection between the social representations of homelessness, the practices and policies towards the homeless, the identity and health of the homeless. A proper understanding of the contradictions involved in these constructions, and the alternative pathways they suggest, can help those involved in working with homelessness elements for reflection and for moving further the state of the debate.

CONCLUSIONS

In this article we sought to contribute to debates between homelessness and health by examining social psychological dimensions involved in the constitution of homelessness and the role they play in the identity, living conditions and health of the homeless. We focused on the construction of social representations of homelessness by HPs working in the voluntary sector and highlighted the importance and value of HPs' knowledge of homelessness in framing understanding of homelessness and consequent policies of care and service provision. We have shown that HPs work in a context of definitional clashes and conflicting approaches between the statutory and voluntary sectors, which sharply shapes the process of knowledge construction and the state of cognitive polyphasia expressed in the representations they hold. The context of service provision, HPs particular location at the intersection between different spheres of knowledge and social sectors, and their movements from the front-line of homelessness to the spheres of policy making and the public, provide resources for these professionals to make sense of homelessness and construct the multiple contents and dialogues that form the knowledge they hold.

We have shown HPs' knowledge of homelessness to be polyphasic and contain co-existing and conflicting themes. These oppositional themes, rather than being mutually exclusive, live side by side and operate as an asset from which HPs can draw the resources to deal with the contradictions and challenges of the contested context in which they work. As a community of professionals, HPs seek to defend and put into practice their professional ethos and ideals of good practice, whilst having to adapt to the pragmatics and institutional requirements of their job. Their representations point to the troubling consequences that interventions framed by job pragmatics and the institutional discourses of others have for the identity, well-being and health of the homeless.

Despite government attempts to establish an 'objective' legal definition that could guide statutory welfare and care delivery, we are convinced that without understanding how notions of homelessness are constructed in conditions of everyday life health interventions and policy will remain partial and disconnected with what really happens on the ground. In the UK, where homeless people are still exposed to high levels of health inequalities (Gorton, 2003), this issue remains an essential, if challenging, task. Given the wealth of information they contain and the direct connection with the reality of homelessness they express, sensitivity to the knowledge of HPs is a key strategy to resolve the challenges facing policy makers and experts working for the care of the homeless today.

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