

LIVING ROUGH:
HUNTER GATHERERS OF TIAMOANA

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ABSTRACT

This article is based on a qualitative study of modest scope that set out to gain a sense of the daily life of homeless people in a New Zealand regional city. We present our data in the form of an ‘impressionistic tale’ (van Maanen 2011) to convey a day in the life of a homeless person living rough on the streets. Our findings confirm what is already known; that homeless people occupy the crevices of urban spaces. Their daily work is driven by imperatives of finding food, clothing and shelter as well as alcohol and other substances, and keeping out of the way of the public and the police. Despite the hardship, some homeless people enjoy the freedom of being feral. We propose that re-housing homeless people requires addressing structural barriers that compound the harsh realities of homelessness such as anomalies in government and social agencies and the social stigma accrued from criminal records. It also requires overcoming the negative capital accumulated from adverse lifecourses, and improved government support for the social and health services that care for the most marginalised people in society.

Keywords: homelessness; stigma; deviance; healthcare; lifecourse

INTRODUCTION

This article is about the lived experience of being homeless in a large New Zealand North Island town we refer to as Tiamoana. The inspiration for this research arose from the principal author’s experience of working as a general practitioner in a free of charge inner city general practice. The clinic serves many patients with no or very low incomes who have complex healthcare needs, including mental health issues, substance dependency, and includes a number of patients who have no fixed abode and are living rough on the streets of Tiamoana (colloquially known as Streeties). These patients frequent-

ly had backgrounds of family violence, criminal convictions and prison terms, and experienced great difficulty in finding and keeping jobs.

Although homelessness is not a new social issue in New Zealand (Bellamy 2014), the issue of homelessness hit the New Zealand media headlines during 2016 (including Auckland City Mission 2016; Eaquib 2016; Green Party 2016; Price 2016a) with media coverage provoking a range of responses, including outrage and sympathy. This stimulated both social and political debate about the causes of homelessness, the obligations that the State has towards resolving this problem, and the practicalities associated with resolving homelessness (Price 2016b).

Homelessness is defined by Statistics New Zealand (2014, 5) as 'a living situation where people with no other options to acquire safe and secure housing are: without shelter, in temporary accommodation, sharing accommodation with a household, or living in uninhabitable housing'. A recent government report acknowledges that estimating the number of homeless people in New Zealand is difficult (Bellamy 2014, 4) but uses available data to estimate that at least 290 people were living rough in New Zealand major urban centres in the period from 2012–2014, with many more homeless according to the above definition, who were staying with friends, or using night shelters (Bellamy 2014, 5). Based on available patient data in his practice, the principal author estimates that the homeless (living rough on the streets) of Tiamoana number between 60 and 70 people, predominantly males. This does not include those in temporary accommodation, described as incipient homelessness by Kearns, Smith and Abbott (1991).

A variety of factors explaining the causes of homelessness have been proposed. Cronley (2010, 320) noted the tendency of politicians and bureaucrats to blame homeless people for their plight and their poor utilisation of available services. Others have identified structural issues within society such as high rates of unemployment, lack of affordable housing, and lack of federal and municipal assistance for poorer people (Cronley 2010; Doherty *et al.* 2002; Hopper 2003; Koegel 1992; Lyon-Callo 2000; Murphy 2009; Thorns 1989). According to Bellamy (2014), the causes of homelessness in New Zealand include the lack of affordable accommodation, mental health issues, poverty and unemployment, gambling and substance dependency, traumatic events resulting in the breakdown of relationships and families, also natural disasters, discrimination by some landlords, convictions and lack of support following release from prison (Bellamy 2014, 6). Homelessness is associated with low educational attainment, and homeless people are more likely to be men (both Māori and Pākehā) over

the age of 30 (Bellamy 2014, 7).

Homelessness has also been partially explained by Hirshi's (1969) social bonding and social control theories, and Bowlby's (1969) attachment theory which posit that individuals with an extremely adverse childhood history are more likely to engage in antisocial behaviours and defy social conventions because of their lack of affinity with conventional social institutions and concomitant obligations to conform (Hartwell 2003, 477). It is well documented that early neglect, abandonment, abuse, and otherwise severely dysfunctional and traumatic family backgrounds are predictors of homelessness in adolescents (Adlam and Scanlon 2005; Anderson and Rayens 2004; Gwadz *et al.* 2009; Hartwell 2003; Reilly 1993; Stein *et al.* 2009; Tavecchio and Thomeer 1999). Such backgrounds fail to equip individuals with the skills and forms of capital necessary to develop effective interpersonal relationships, social networks and to cope in a positive way with the challenges of living in a complex social world (Reilly 1993, 317). Hartwell (2003, 483) observed that while 'home' had never been either stable or safe for the homeless participants in her United States study, the coping and self-preservation behaviours learned from their family backgrounds included transience, violence and substance abuse.

New Zealand and international sources show that homeless people suffer much poorer health than the general population (Bellamy 2014; Scott 1993; Stolte and Hodgetts 2015; Wright 2006). They have very poor dental and foot health, and higher rates of sexually transmitted diseases, as well as illnesses associated with poor nutrition, parasitic diseases and food poisoning (Bellamy 2014, 7; Glasser and Bridgman 2004, 174; Stolte and Hodgetts 2015, 147.). They also have much higher mortality rates at all ages than do the general population. Homeless people tend to die an average of 40 years earlier than housed people (Stuckler and Basu 2013, 127) and the average life expectancy of a homeless man is 45 years (Stuckler and Basu 2013, 133). It is well documented that rates of mental illness are far higher among the homeless than the general population (Bellamy 2014, 8; Cohen 2001, 280; Glasser and Bridgman 2004, 175). Glasser and Bridgman (2004) suggest that the de-institutionalisation of the mentally ill from the 1980s is also a contributing factor to the high rates, while being homeless is known to cause, or at least exacerbate, anxiety, depression and mental illness (Hodgetts, Stolte and Groot 2014; Stolte and Hodgetts 2015).

In many ways, homeless people exemplify social deviance (Goffman 1986) through their unemployment, ferality, histories of incarceration, and high rates of mental illness. For a variety of reasons, they have failed to play out the social scripts associated with the normalising technologies of biopower exerted on all

citizens (Foucault 1988); instead representing spoiled identities and subjectivities shaped through a history of interactions with the disciplinary blocks of judiciary and penal system and psychiatry (Cronley 2010; Goffman 1986). The neoliberal rhetoric of choice means that citizens can be blamed for the poor choices they make and the consequences of these, irrespective of the structural exclusions that limit what choices are available (Oak 2015). The danger for homeless people is that they internalise these technologies of social deviance and see themselves as society's losers, in the process contributing to the construction of the 'truth' about homelessness.

Recent work from the United States and Europe focuses on several key problematics in homelessness. The primary one is the issue of mental health (Cohen 2001; Cronley 2010; Doherty *et al.* 2002; Hopper 2003; Koegel 1992; Lyon-Callo 2000; Murphy 2009; Rossi 1991). Homeless people have a high prevalence of schizophrenia, 'disaffiliation, violence, boredom and extreme poverty... sadness, despair and disability' (Cohen 2001, 279). Treatment is problematic because homeless patients are difficult to contact, do not know how to get medical help, cannot afford consultations or medications, and follow-up is virtually impossible (Stolte and Hodgetts 2015). Substance dependency is another common issue that makes it difficult for those who are homeless to find accommodation other than 'single room occupancy' arrangements. The supply of this form of accommodation has decreased because of neoliberal policies that have replaced very low cost housing with more profitable and expensive accommodation (Murphy 2009). These policies have also reclaimed what were common urban spaces such as streets, parks and squares, quasi-public spaces such as shopping malls, sports grounds and transport facilities such as railway, bus and airline terminals. The use of more intensive policing and CCTV monitoring have made many of these spaces unavailable to the homeless (Doherty *et al.* 2002; Murphy 2009).

New Zealand research has shown that homeless people often have daily routines that incorporate stops where they can attend to personal hygiene and laundry, find warmth and food, as well as companionship. These places include public toilets, public libraries, soup kitchens, and public squares and parks (Bukowski and Buetow 2011; Stolte and Hodgetts 2015; Wilkinson 1983). Hodgetts, Stolte and Groot (2014) and Bukowski and Buetow (2011) have noted that homeless people expend considerable effort engaging in basic health maintenance behaviours, in the process confounding private/public space sensibilities for personal hygiene practices. The construction of homelessness as predominantly male space has been noted by Bukowski and Buetow (2011, 739) and they have drawn attention to the ways in which homeless women

create community among themselves and negotiate and navigate safe spaces in Auckland's inner cityscape.

The aim of the research we report here was to gain a sense of the daily lives of homeless people in Tiamoana. This article offers some insight into what it is like to be homeless and how homeless people survive from day to day in an urban environment that is hostile to vagrancy. It also draws attention to the traumatic childhoods and dysfunctional family backgrounds in the life trajectory of many homeless people, and offers insights for professionals who interact with homeless people in social and health support settings.

METHODOLOGY

Previous research into homelessness has utilised a variety of qualitative methodologies including ethnography and participant observation (Anderson 1923; Cohen 2001; Hoolachan 2016; Glasser and Bridgman 1999; Keogel 1992; Wilkinson 1983), photovoice, interviews and life history (Hartwell 2003; Hodgetts *et al.* 2014; Keogel 1992; Lloyd and McGovern 2007; Marsh 2006; Stolte and Hodgetts 2015). The current research was conducted using a qualitative design informed by an interpretive theoretical standpoint (Geertz 1973, 3–30). The principal author conducted interviews with six participants and spent time with them, learning the daily routines and spaces associated with being homeless. Interview and observational data were supported by informal data based on numerous conversations with homeless patients in the context of consultations over several years prior to and during the course of the research. Several participants were also patients of the principal author, and we suspect that this pre-existing relationship of trust made the study possible because homeless individuals often distrust strangers and those who can exercise authority and/or power over them. Participants also referred others to the study.³

Each subject was paid \$20 for their participation in the study. Three participants (all male) were living rough during the period of the study, while the remaining three participants (two male and one female) were in temporary accommodation but had spent time living on the streets. The median age was 36 and all participants had previously served prison sentences. All were on some form of government social welfare benefit, and had been homeless for a period that ranged from 12 months to 20 years. They were all literate and the highest level of education was a technical diploma awarded by a polytechnic. Several had completed high school to the level of School Certificate. Between them they had served over 40 years in prison. Only eight of these years of imprisonment were for a serious criminal offense (such as homicide), the remainder

being for lesser offenses such as burglary, drunkenness and vagrancy. Five of the six reported previous substance dependency and all three still sleeping rough continued to have issues with substance dependency.

Prospective participants were given an information sheet about the study, and signed a consent form. We chose an open and relatively unstructured interviewing technique (Narayan-Parker 2000). In a similar method to that used by Marsh (2006, 89), participants were asked how they came to be in the situation they were in and how they managed to survive. One participant showed the principal author around the city from the perspective of a homeless person.

Interviews were recorded with participants' consent and transcribed. We used Atlas ti software to facilitate coding and analysis of the transcripts which occurred in two stages. In Stage One, three transcripts were completely coded using immersion crystallisation, a technique well suited to anthropological forms of qualitative analysis in that it requires reflective intuitive reading and accounts for subsequent flashes of insight (Borkan 1999). These were the interviews of those who were currently completely without shelter. In Stage Two, the remaining transcripts were consequently coded to the themes developed in Stage One.

In a departure from more traditional thematic presentation of qualitative research results, we have told what van Maanen (2011, 131–136) has referred to as a 'literary' and 'impressionistic' tale (van Maanen 2011, 101–124), drawing upon ethno-drama techniques to tell it (Mienczakowski 2001, 468–476). Mienczakowski (2001, 469) writes about the 'creation of *plausible accounts* of the everyday world.... The outcome of these dialogical engagements is the research report: the ethnodramatic script' (emphasis in original). Here, we have constructed an imaginary dialogue between two Streeties to convey the lived imperatives of a homeless person's daily reality and means of subsistence. The characters playing the major parts in this story are derived from our participants, using excerpts from interview data, and the events described were typical for our participants (Mienczakowski 2001).

A DAY IN THE LIFE OF A STREETIE

Davey woke at dawn on the verandah of the disused car yard. He put on his salvaged shoes, folded his mattress and hid it among the pallets in the shed behind the yard so that nobody else would steal it. He washed his face and hands under the tap on the wall of the alley beside the car lot and walked to the bus depot, entered the free shower and screwed the metal hose of his shower

rose onto the wall fitting. They'd removed the shower rose long ago because it had been stolen so many times, but he'd found a hose that fitted the spigot in the bin behind the Salvation Army opportunity shop. He'd climbed a small tree and jumped into the yard one night to get it. His mattress, all his clothing, shoes, and six pairs of brand-new underwear still in their plastic wrappers came from this bin, even his backpack. Davey showered in the warm water and then washed his underwear in the hand basin of the public toilets outside the bus terminal.

He felt hungry so he walked down to the large rubbish bin behind the petrol station. Staff put all unsold sandwiches and cakes at the end of the evening in this bin. It wasn't locked and the food was all wrapped in cling film plastic so stayed in good condition. He ate what he scavenged behind the petrol station gratefully. After breakfast he wanted a cigarette and went to a car park that had ashtrays sheltered from the weather. He found some butts, peeled them, rolled a cigarette and lit it. Another homeless man unknown to Davey asked, 'can you give me a fag?' Davey replied, nodding in the direction of the footpath, 'there's the gutter, you'll find some butts there'.

'Well, what about something to eat?'

Davey pointed, 'there's a bin.' The man was new to the street and wouldn't last long on it, he reckoned. These dumb suckers never lasted long. They disappeared pretty quickly, he didn't know where, jail probably.

The Public Library would open soon. He hung his wet underwear on a bush out of public sight beside the library. When it opened, he sat at a computer and opened Google. Last night he'd found a brand-new Android phone worth \$800 on a seat by the Monument and needed the instructions for how to work it. All the homeless met up at Town Square or the Monument. One thing Davey liked about the Monument was the public toilet next to it, which was always clean because it automatically washed itself every hour or so.

He found the instruction manual for the phone on Google and returned it to its factory defaults. Now it was just like a new one. He'd paid eight dollars at the phone shop for the right charger. He inserted his sim card in the phone and it was all his. Davey had some fun playing games on the phone. He'd sell it for cash as soon as he could, because cash or lack of it, was one of the worst problems of living on the street, in addition to the challenges of keeping warm, dry, fed, and washing himself and his clothes.

When he saw the doctor at the free clinic for his medical certificate he had to tell him he was depressed and anxious, and he was. For one thing, he was depressed from chronic lack of sleep. On the street it is often cold at night: you're scared of the police or security men coming and moving you on; scared of getting beaten up or being arrested; and you always have to get up early to avoid workers seeing you and complaining to the town council or to the police. He had a sense of deep unhappiness because of the situation he found himself in, but another part of him rejoiced in the freedom of being a Streetie and not having to worry about bosses and rent, and people telling him what to do. He told the doctor, 'my life is pretty much ruined because they put me in jail, because I can't get a job anymore'.

It was alcohol that got him into trouble, and it was the only time he'd ever been in jail. All he'd done was stroke his 13-year-old niece's hair and kiss her on the cheek. His other niece was in the room, and the only reason anyone complained was because he was drunk at the time. If he was sober, no one would have worried at all. For this he got eight months in jail and 18 months' probation. The worst thing was he now felt like a marked man. The one thing in life that really cut him was the way people looked at him when he had to admit his crime. It was very hard for him to be proud of himself when he knew what other people were thinking about him. Every time he applied for a job he had to tell the employer. If he didn't, the employer looked him up on Google sooner or later and found he'd lied about this. It embarrassed him so much that he just couldn't face another job interview. If he had a medical certificate he was spared the ordeal of having to look for work.

Still, he'd begun to think differently about life and death recently. He told the doctor his new philosophy.

'I can't lose my life, you live forever,
I believe that bro, forever and there is no death.
Yeah, you just keep going on and on, consciousness is growth,
It is like a flower, it grows, like a tree,
It keeps going, and building new branches,
And makes mistakes, but it learns from those mistakes.
And it becomes stronger by learning from those mistakes,
It suffers, but it learns from suffering. It becomes stronger,
And keeps going, you know. It doesn't stop.
There is no death bro, there is no hell.
The only hell is the one you make, you make hell, bro.
You can make hell on earth; you can make hell when you die,

All depends, but there is no death bro, there is no death. I'm telling you. You've always been alive but you reckon you just appeared in 2012 by accident?

You reckon you just appeared here by accident? There is a reason for it, bro.

There is a reason you are here. Life is a continuum, a multiplex.

There are multiple universes, there is not one.

There is no such thing as time. No, we made it up bro'.

(verbatim excerpt from an interview)

Before going to jail he'd always worked. He never drank much alcohol and didn't smoke marijuana or use glue or pills. He'd worked as a technician in the army, in a picture theatre performing all the roles from projectionist to ice cream seller, in his parents' shop, at MacDonald's for four years and had made meat products. His last job was working in a frozen food factory. In the end he walked out of all of these jobs because he got sick of them, sick of the bosses using him. He used to think, 'I'm going, get someone else to kick around'. Realistically, he knew it was very unlikely that he'd get the type of job he really wanted.

He'd told the doctor, 'now I wouldn't do just any job now. I wouldn't be no slave or anything, no. Give me some respect you bloody know. I want to be a recording artist. Yeah I want to be a sound technician, I've done it, I taught myself how to do it. I made my own songs and everything bro. I bought my own studios and everything, and I had them in my house. I went to jail and they all got taken away. Man, you should have seen my albums, man, I had them. Yeah, even my own album. I was really depressed back then. I tried to hang myself. I was texting my friend and she rang the cops, they came around, just before I was going to do it and I had the rope right up on the ceiling, all ready to go, and I was testing it, then knock, knock, on the door, so I answered it and oh, shit. And I had my suicide note all sorted on the wall, and on my computer'.

They put him in the local psychiatric unit but he escaped and left town. He explained to the doctor why he tried to kill himself. 'I was lonely, missing my children. I'd split up with my ex for a little while, but I was still, still feeling bad, hey. She found someone else and went, and I saw them walking down the road one day when I was in my car, them holding hands. And he was this guy I used to work with. I wanted to kill him. I didn't, I ran over, stopped my car, ran over there and punched in his face. And I hopped back in my car and then rode down the road, thinking I want to smash this car into the fucking wall'.

Another reason why it was hard to get work was that he had no address, never had enough cash to pay the bus fare to work and had no references. He told the doctor, ‘going to jail means well, nobody will give me a job. I can work. I don’t work because no one will give me a job. That is what I say to the social welfare, “give me a job, you don’t know if I’m a good worker unless she gives me a job”, and they won’t give me a job. You know, that’s insane. Hey, give me a job I’ll show you how good I am.’

His friend, Johnny, had worked as a laborer at an employment agency that employed workers part time. In the past they’d collect the workers and take them to work. They didn’t do this anymore and Johnny had used a bicycle to get to work. His bike got stolen because he had nowhere to store it. He had to give up work because of this. Anyway, these days, employers require regular drug tests and Johnny and Davey would never pass these.

Davey sat on the bank of the river, staring at the water and reflected on his life, ‘I like having fun. That’s why I drink, because I like to have fun, to lift myself up and, put some music on, and just sit down and relax. You know, I don’t like getting upset; I don’t want to punch people in the head, go out there with a baseball bat, go and rape someone. I just want to sit here, have a Kronic or a beer, and have some bros here talking to me and I love it, I love company, I love people. I meet people everywhere. The first time you meet them they don’t really know who you are, but sooner or later you get to know each other. I’ve got like a family out there. I can go out there now and meet all these people who are living on the streets hard. I mean hard. They’re harder than me. They’ve been there for years. That bro, Mark, he’ll sleep on the concrete, anywhere, he would rather sleep on concrete than on a mattress. You give him a mattress, he’ll chuck it away and he’ll be sleeping on the floor. These bros are fit, yeah fit. Mark, he drinks pure ethanol. He just got out of jail, he got put in jail, him and Johnny, they were up in the hospital doing something, trying to get some Kronic, and they had a fight with a nurse or something, trying to stop them from getting the ethanol or something like that.’

Davey plugged his earphones into his new phone, punched a few holes in the top of a dented Coke can and lit up a roach of Kronic that he had found in his pocket. He took deep breaths of the thick smoke through the hole in the can. He thought about the stuff he was smoking. ‘it’s legal, they are allowed to sell it and they do sell it. They just took all the cannabinoids out of it, and they put something else in it, something better. That’s why they made it illegal. From up at the monument this little man, he sells it. And down at the ***shop. All the shops just about, up the road. They all buy it, they all sell it. It costs \$20 for

two grams; you can get about six joints out of it. If you buy marijuana for \$20 you'll be lucky to get two joints out of it. It's cheaper, better and you get more. It makes you feel good. Now I can sit here in public smoking the stuff and the cops can't do a thing about it'.

Davey was hungry again and checked what the time was on his new phone. It was nearly lunchtime and the Salvation Army put on a meal for the homeless at the church. He finished his roach and set off to get lunch. He saw some of his old Streetie friends in the hall. One had a split lip and bruises all over her face, and could barely walk. She told them she had been beaten up the night before by a couple of drunken arseholes two blocks back from the square. He wondered if she'd been raped too. He knew without asking that she wouldn't go to the police about it. The police didn't give a shit about homeless people being beat up.

After lunch, Davey returned to the riverbank, laid back and spent the rest of his afternoon daydreaming. He woke at 4.50 p.m. and made his way to the Mission Hall for dinner. These church people put on a really good meal with dessert on a Friday evening. There was quite a crowd there already when he arrived. The menu was sausages, tomato sauce, mashed potato and peas. The dessert was a really delicious apple crumble. He had two helpings of this with ice cream. He hadn't tasted anything so nice in quite a while. Johnny was there, but arrived late and there was no sausages and mashed potato left. He had two helpings of apple crumble and ice cream instead. Davey chatted to Johnny while he enjoyed his meal. 'What have you been doing today,' he asked. Johnny replied between mouthfuls, 'reading, crosswords, I came up to the library to read the paper and look on the computer. I went walking. I like to walk. I walk all over the place'.

Davey said, 'these ones, these Christians aren't so bad. My old man became a Christian. He was pretty abusive. He hit me hard, and my mother, broke her bones. Well, all of us kids were in the shower, hiding. But when he became Christianised then he got worse. Man, he starts judging and shit. You can't do this, you can't do that, you've got to be like this and you've got to be in a cage. And he would whip us. Dad drank beer. Dad was the first one who gave me my beer, when I was a little boy, when I was like, four years old. He broke mum's arm, her elbow, I think, I can't remember. I didn't get on well with mum, because she was always in a bad mood. That was because of her old man, he was abusing her. The first thing I remember about my dad abusing me was being sent to the shop and coming home with the wrong thing, and him getting a stick and beating me up with it. I was a little boy then. All the while he is go-

ing, “you fucking idiot, you are nothing, you are worthless, you are not worth anything”. That was one of my first thoughts’.

Johnny cocked his head to one side and replied, ‘I was physically abused by my mother. Yeah, my father wasn’t in the picture, he left when I was five years old. The hidings that I used to get from Mum were really severe so when I turned like 13 I ended up getting taken out of her custody and put into what was called then, not CYFS, social welfare and then just started hanging round with the wrong crowd, got into the glue and the cigarettes and I’ve just been in and out ever since. I reckon a lot of my trouble was because I had ADD, I was diagnosed as ADD, I was real naughty as a child and Mum couldn’t handle me so that’s why the beatings were pretty severe. I wasn’t actually put on medication I was just diagnosed with it, went to school and went into like not special classes but problem classes, problem students and that... Yeah, I was actually one of the best spellers and one of the best readers. Well, I have been told that I am quite intelligent, but I have just wasted that over the years. I just haven’t really followed up what I wanted to do, get a good job. I’ve lived on the streets off and on for the last 25 years. I’m 38 years old last week, I turned 38 last week and I just don’t know what’s wrong with me sometimes... Well I got what I call so called friends, fellows that just want stuff out of you. They go, “well, have you got any, drink or anything like that?” and I said, “no”, and if I’m walking around with some food they will be the first to be like, “oh what have you got?, can I have this?” It’s just not on really, you know. You’ve got to kind of look after yourself’.

‘I’m too proud to beg’, said Davey. ‘What I do, bro, I just walk along, go into the bin, look for something, I’ve got heaps of food out of the bin, bro. Good food, brand-new, like brand-new subways. People just chuck them away, bro. Burgers, chips, McDonald’s, everywhere, bro. Dumb guys don’t last very long on the Street. We’ve had a few dumb motherfuckers on the Streets, hey. And they can’t live, and they are always asking for shit’. Davey broke off and savoured another spoonful of Apple crumble. After a wee while he asked, ‘how do you get by, Johnny?’

‘I go to the meals Monday to Friday, lunch, dinners at the various churches. But apart from that I usually go into the Kentucky Fried Chicken bin. If you go in a bit later, you know they can’t really keep chicken and they just chuck it out. There’s a big bin like it’s usually got covering in it, and then it’s still warm eh. Usually, it’s mainly chicken, the odd bread roll in here and there. There’s plenty to eat: pretty much every time. And Work and Income, I can get money through them so long as I get the medical certificate filled in.’

Davey nodded thoughtfully, 'and where are you sleeping, bro?'

'Mostly under the Old Church at the moment.' Johnny replied. 'It's pretty good. You just jump the fence and you go underneath and there's this covered bit. One of the guys knows I stay there and he just said, "oh keep it tidy and you know". I am the only one there. It's good. You get your own little 'hang arounds', like you got your own groups. I hang around by myself because I know what they're all like.'

'Have you ever stayed at the night shelter?' Davey enquired.

'I was in and out of the Night Shelter. I'm allowed back now apparently to the new one, but I don't like the people that live there. We don't get on at all so we've got to sort of stay away from each other or we feel like fighting. Idiots in there think they can stand over people, tell them what to do. No, I'm not into that. I could tell the manager, but like if you go and tell the staff then you are called a nark. I just left,' Johnny replied.

Davey snorted derisively. 'I've slept on the streets for years, bro. They kicked me out of the night shelter a year ago and they won't let me back in for another year. I was drinking back then. Anyway, I know how to sleep on the streets, and I know heaps of places right now. I can show even you some wicked places and you will be like, "oh, eh? Do you really sleep there?" I didn't want people to sleep with me, I don't want to look after these idiots. I had to put up with them, I would be asleep, and they would come and fucking party. I am trying to hide because if we don't, then the cops are going to come and kick us out.'

'I know what you mean,' said Jonny. 'You know those clothing bins for like donating clothes, those ones. You can actually jump inside some of them. It's a bit hard getting out. I have actually slept in a few. Warm too. And I have slept down by the river bank there, on the last seat down where you go, there is a seat down there, I have slept there, have slept under the bridge, yeah, just wherever I rest my head is where I sleep. As long as I have got a blanket, well, I've had a few blankets from the Salvation Army bin over the years.' They sat in companionable silence for a while.

'Let's go out on the town tonight,' suggested Davey.

'Okay,' Johnny grinned at him.

They headed for the Civic Centre when they finished eating and searched

among the bushes in the park beside the Centre and sure enough, found a box of a dozen stubbies. Johnny asked, 'why do we always find beer in these bushes?'

'People come to town, so they hide it. If we find it, we grab it, grab the whole lot. Everything', Davey said.

Johnny and Davey carried the box down to the bank by the Gardens and opened a couple of beers, cold and beaded with condensation. They sat together under the stars drinking beer and enjoying the evening.

'I've always found that whenever I go for a job, I have to tell about the thing I went to jail for. You've been in jail a few times, do you find that it stops you getting the job?' asked Davey.

'No, I don't really find that', replied Johnny. 'I always just tell them I've been in jail. Actually I've been in and out of prison. Just bloody fighting, theft, just all minor stuff, theft out of the supermarket and stuff. By the time I got out last week I'd done 30 days for theft of food from the supermarket. Yeah, unfortunately someone saw me actually putting a bag of biscuits down me pants. Shouldn't have done it I suppose, but I was just hungry at the time. Yeah, I got 30 days in Waikeria Prison that time. It's kind of routine in there, you know, like every morning sweep out, have breakfast, go to the yard all day, play whatever in the yard, touch or some other game. I wouldn't say prison's fun but it's kind of like a break as well. You know, a warm enough bed, regular food, warm showers every day and clean clothes. Some of the people in there are pretty awful though. Stand over people. If you walk in there with nice shoes, it's like, "hey give me those shoes". I tell them when I apply for a job that my prison time was a long time ago. It's never seemed to stop me getting a job. They were prepared to give me a trial because I was honest about it. And they were going, 'oh we'll give you a two week trial,' and they've kept me on. It was alright'.

'You're lucky', said Davey. 'I suppose it's the sort of crime you've been jailed for. A bro I met in prison told me that he was there for murder and his brother was in for rape. The brother lost his job as a drug counsellor. The murderer reckoned he could get a job as a drug counsellor. He said, "murder's a much better crime than a sex crime. It doesn't seem to stop people employing me".'

Johnny and Davey chuckled.

When they finished drinking and talking they headed to their respective sleeping places. Tonight, Davey used a cubbyhole on the side of one of those mod-

ern buildings which was completely hidden from sight. It was sheltered from above and had a concrete base. He would never sleep on bare ground because of all the insects that crawled out and bit him. He dragged his mattress from behind the bushes where he'd hidden it in the morning and settled down for the night. It was a warm night and he slept soundly. Johnny headed back to the Old Church for his piece of thick cardboard.

DISCUSSION

The narrative above shows that our participants were articulate, insightful and resilient individuals who reflected thoughtfully on their predicament of being homeless and unmoored from the familial relationships and emotional tethers that surround other people. They demonstrated considerable 'street capital' (Gwadz *et al.* 2009, 373) in their thorough instructions on how to get by on the Street including how and where to obtain food, shelter, clothes, recreation and most importantly, alcohol, glue, marijuana and legal highs. They lived hand to mouth and day to day: their primary assets were their physical health, intelligence and resourcefulness. As the tale above suggests, and consistent with previous research (Anderson and Rayens 2004; Hartwell 2003; Reilly 1993), most told us of a childhood and adolescence characterised by family violence, abuse and lack of care and/or attachment, a lack of educational attainment in school and juvenile delinquency which was frequently followed by periods of incarceration. Following release from prison, they lacked the support of family members and could never accumulate the necessary monies to pay bond and rent in advance. Like the homeless described by Koegel (1996) and Cohen (2001), for our participants, the night shelters were associated with authority figures who insisted they abided by rules and because of this, they refused to stay in them. This led them to rely upon their own resources to furtively scavenge the necessities of life in the cracks and crevices of the urban environment. These spaces included public amenities, the leftovers of others, and shelters that afforded safety from both the good and bad denizens of the town.

One criticism of the reconstructed narrative told above is that it is from a male perspective. Where are the voices of homeless women? The ability to not draw attention to oneself is a critical skill for homeless people as a survival strategy (Cohen 2001). The most visible homeless people in Tiamoana are male, as is estimated to be the case for the majority of homeless people in New Zealand (Bellamy 2014; Bukowski and Buetow 2011), and the gender composition of our participants reflected this. Urban spaces (streets, squares, parks) during night-time can be dangerous places for any citizen and this is especially true for homeless women who, in the principal author's clinical experience, are

particularly prone to physical and sexual assault. Given the distrust homeless people have for the authorities, it is likely that many if not most of these assaults remain unreported to the police.

Doherty *et al.* (2008) have drawn attention to the trend in European cities to restrict and surveil public space in the interests of public safety, a process which results in the homeless becoming even more marginalised as they are excluded from public spaces such as parks and squares. Murphy (2009) links this to processes of neoliberalism within contemporary cities; arguing that New York and San Francisco have initiated 'war on the homeless' as part of the neoliberal dismantling of the welfare state (Murphy 2009, 306). Homeless people are one of the most monitored and surveilled groups in the contemporary city (Doherty *et al.* 2008, 307). In North American cities, processes of gentrification in poor neighbourhoods have pushed homeless people further away from the urban centres and the services located within them (Murphy 2009, 311). Doherty *et al.* (2008) suggest that this is illustrative of the process detailed by Foucault (1977) where public space in Europe has become increasingly monitored and controlled, initially as a strategy to contain plague outbreaks. In response to surveillance, homeless people reduce their own visibility (Doherty *et al.* 2008, 300). Like the homeless participants of Bukowski and Buetow's (2011) and Stolte and Hodgetts (2015) studies, participants in the present research were careful to not attract the attention of the public or police by loitering in the town squares or bus station in an obvious manner. The provision of emergency housing is one way in which the homeless are disciplined by municipalities. If choice is the prerogative of the neoliberal citizen, the reluctance of homeless people, in Tiamoana as elsewhere, to use these can be interpreted as resistance to such disciplinary technologies (Doherty *et al.* 2008, 306), and subsequent labelling of non-compliant, service resistant and deviant (Murphy 2009, 321).

Participants in the present study all had criminal convictions that rendered them potential risks for employers and landlords. Their estrangement from families meant that they had no social safety net in the form of temporary accommodation while they rebuilt their lives following release from prison. They felt powerless to fight their way out of this predicament. But many told us that despite the perils of homelessness, the lifestyle itself afforded great freedom, something also observed by Hoolachan (2016) in her ethnography of homeless young people in Scotland, and Hodgetts, Stolte and Groot (2014) in New Zealand. It was clear that our participants were part of a homeless community constantly in flux as newly homeless adapted to life on the streets of Tiamoana, and the long term homeless moved in and out of prison and temporary ac-

commodation. Most participants had formed friendships and alliances with other homeless people, but their suspicion of the newly homeless was obvious. In many ways, homeless people fit the Merriam-Webster definition of ferality, in that they have been exiled from domestication as Wilson (1991) describes it, and the comforts and normalising disciplines thereof. Cohen (1991) observed that substance use was one means by which homeless people could fend off anomie. While none of our participants had serious mental health issues at the time of study, they enjoyed the euphoria of drugs and alcohol, perhaps a temporary respite from the realities of homelessness.

Murphy (2009, 321) suggests that the homeless can become categorised by social services and agencies as either deserving or undeserving. The deserving homeless are compliant and willing to be rehabilitated by social agencies into treatment regimes, housing and employment; the undeserving comprise those described above as resistant. These rehabilitation-resistant homeless are frequently viewed as a kind of willfully feral individual who is responsible for their own deviance (Murphy 2009, 321; Cronley 2010, 324). Furthermore, the structural elements associated with homelessness need not be addressed when the subject of disciplinary technologies designed to rehabilitate the homeless into the mainstream population can be classified as resistant and therefore undeserving (Cronley 2010, 322).

The structural hostility to homeless people is illustrated by their difficulties in accessing healthcare, although Wilkinson (1983, 23) noted that healthcare represents a regular point of contact for participants in his study of homeless alcoholics in Christchurch. Participants in the present study were able to attend Tiamoana's free clinic, but free clinics are not available in every urban centre that has a homeless population. There are fewer than 20 such clinics in New Zealand, mostly in the North Island meeting the health needs of the 'worst off of the worst off' (Loh *et al.* 2015b, 46). Such services are attractive to low income, vulnerable, and stigmatised groups because they offer a walk in service that is cheap or free and in some cases, available after hours.

Patients using free services often have complex and challenging healthcare needs including physical, psychiatric and dependency related comorbidities (Loh *et al.* 2015a; Loh *et al.* 2015b). The poor articulation of services can be a barrier to resolution of complex cases involving health and social services. Although health professionals working for this low cost service liaise with local agencies and services, transport issues and the imperatives of daily survival can result in missed appointments (Bellamy 2014, 7). The principal author's clinical experience is that homeless people with psychiatric disorders often

decline appropriate treatment for themselves because of the stigma associated with mental illness. Participants in the present study were embarrassed about their histories of incarceration and mental illness. In this situation, it might be beneficial to have government agencies (Work and Income, and Housing), as well as counselling, addiction, dental and mental health services on the same premises with the medical centre. The addition of budget advice services would create a 'one stop shop' with integrated services. Management of their limited income, particularly meeting rent and electricity payments is often problematic for low income patients with substance dependency issues, and one reason for the failure of re-housing initiatives.

CONCLUSION

In this article we have modestly attempted to convey a sense of the lived experience of being homeless using the artifice of a composite narrative based on ethnographic study as well as long term observation of, and conversations with homeless people in Tiamoana in the context of providing healthcare. Our findings affirm what is known about the causes of homelessness, structural, lifecourse and personal factors. The question remains unanswered: what is to be done about homelessness? Resolving homelessness in New Zealand is far beyond the scope of our small project. However, previous research suggests that tackling homelessness requires more than simply rehousing homeless people. Given the implication of traumatic childhood and family experiences in homelessness (Hartwell 2003; Reilly 1993; Tavecchio and Thomeer 1999), the resulting lack of relationship skills, social connectedness and accrued negative capital (Gwadz *et al.* 2009; Tavecchio and Thomeer 1999) also needs to be addressed in order for homeless people to be successfully re-integrated into society. Bukowski and Buetow (2011) noted that homeless women frequently missed the sense of community and connectedness they had with other homeless people once they had been re-housed.

In addition, life on the streets might be preferable to life in low quality housing, stigmatising or low paid jobs. Hodgetts, Stolte and Groot (2014, 162) suggest that continuity and stability in relationships with mental health professionals are important to homeless people because they create spaces that offer respite from local landscapes of despair. The general practitioner can play a key role as a stable point of continuity in care. Loh and colleagues' (2015a) study at a Dunedin free clinic found that patients valued the interpersonal care they received from health professionals working at the clinic – an integrative, personalised model described by Loh *et al.* (2015a) as horizontally oriented care.

It has been suggested that successful re-domiciling of homeless people requires professional attention be given to unravelling the accumulated unconventional social capital of a lifetime (Hartwell 2003; Loh *et al.* 2015b) and the acquisition of the social skills necessary for successful and productive participation in social and community life (Hartwell 2003, 497). Furthermore, Loh and colleagues (2015b) argue that neoliberal policies such as targeted health funding have not been particularly successful for alleviating the needs of vulnerable patients and the government needs to take responsibility for funding free and low cost clinics, rather than leaving this to philanthropic and volunteer based organisations as is currently the case.

NOTES

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- 3 Ethical approval for this research was granted by the Northern Y Ethics Committee.

REFERENCES

- Adlam, J. and C. Scanlon. 2005. 'Personality Disorder and Homelessness: Membership and "Unhoused Minds" in Forensic Settings.' *Group Analysis* 38 (3): 452–466.
- Auckland City Mission Media Release. 2016. 'Auckland's rough sleeper population reaches record high.' *Scoop*, 7 June. Accessed 10 July from <http://www.scoop.co.nz/stories/AK1606/S00191/aucklands-rough-sleeper-population-reaches-record-high.htm>.

- Anderson, D.G. and M.K. Rayens. 2004. 'Factors Influencing Homelessness in Women'. *Public Health Nursing* 21 (1):12–23.
- Anderson, Nels. 1923. *The Hobo: The Sociology of the Homeless Man*. Chicago: University of Chicago Press.
- Bellamy, Paul. 2014. 'Homelessness in New Zealand'. Parliamentary Library Research Paper 2014/02. Accessed 10 July from <https://www.parliament.nz/en/pb/research-papers/document/00PLEcoRP14021/homelessness-in-new-zealand>.
- Borkan, Jeffrey. 1999. 'Immersion/Crystallisation'. In *Doing Qualitative Research*, 2nd ed, edited by Benjamin Crabtree and William Miller, 179–194. London: Sage.
- Bowlby, J. 1969. *Attachment and Loss* (Vols1-3). London: Hogarth.
- Bukowski, Kate, and Stephen Buetow. 2011. 'Making the Invisible Visible: A Photo-voice Exploration of Homeless Women's Health and Lives in Central Auckland'. *Social Science and Medicine* 72:739–746.
- Cohen, Alex. 2001. 'The Search for Meaning: Eventfulness in the Lives of the Homeless Mentally Ill Persons in the Skid Row District of Los Angeles'. *Culture, Medicine and Psychiatry* 25:277–296.
- Cronley, Courtney. 2010. 'Unraveling the Social Construction of Homelessness'. *Journal of Human Behavior in the Social Environment* 20 (2):319–333.
- Doherty, Joe, Volker Busch-Geetsema, Vita Karpuskiene, Jukka Korhonen, Eoin O'Sullivan, Ingrid Sahlin, Antonio Tosi, Agostino Petrillo and Julia Wygnańska. 2008. 'Homelessness and Exclusion: Regulating Public Space in European Cities'. *Surveillance and Society* 59 (3):290–314.
- Eaqub, Shamubeel. 2016. 'Is NZ facing a crisis of conscience?' *Radio New Zealand*, 25 May. Accessed 10 July 2016 from <http://www.radionz.co.nz/news/on-the-inside/304722/is-nz-facing-a-crisis-of-conscience>.
- Foucault, Michel. 1977. *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books.
- . 1988. 'Technologies of the Self'. In *Technologies of the Self: a seminar with*

Michel Foucault, edited by Luther Martin, Huck Gutman, and Patrick Hutton, 16–49. London: Tavistock.

- Geertz, Clifford. 1973. *The Interpretation of Cultures*, New York: Basic Books.
- Glasser Irene, and Rae Bridgman. 1999. *Braving the Street: The Anthropology of Homelessness*. New York: Berghahn Books.
- . 2004. 'Homelessness'. In *Encyclopedia of Medical Anthropology Volume 1*, edited by Carol Ember and Melvin Ember, 170–177. New York: Springer Books.
- Goffman, Erving. 1986. *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon and Schuster.
- Green Party Press Release. 2016. 'Government should stop joking about homelessness'. *Scoop*, 7 June. Accessed 10 July 2016 from <http://www.scoop.co.nz/stories/PA1606/Soo130/government-should-stop-joking-about-homelessness.htm>.
- Gwadz, M, Gostnell, K, Smolenski, C, Willis, B, Nish, D, Nolan, T, Tharaken, M. and A. Ritchie. 2009. 'The Initiation of Homeless Youth into the Street Economy'. *Journal of Adolescence* 32: 357–377.
- Hartwell, S. 2003. 'Deviance over the Life Course: The Case of Homeless Substance Abusers'. *Substance Use and Misuse* 38 (3–6): 475–502.
- Hirshi, T. 1969. *Causes of Delinquency*. Berkeley: University of California Press.
- Hodgetts, Darrin, Otilie Stolte, and Shiloh Groot. 2014. 'Towards a Relationally and Action-oriented Social Psychology of Homelessness'. *Social and Personality Psychology Compass* 8 (4): 156–164.
- Hoolachan, Jennifer. 2016. 'Ethnography and Homelessness Research'. *International Journal of Housing Policy* 16 (1): 31–49.
- Hopper, Kim. 2003. *Reckoning with Homelessness*. New York: Cornell University Press.
- Kearns, Robin, Christopher Smith, and Max Abbott. 1991. 'Another Day in Paradise? Life on the Margins in Urban New Zealand'. *Social Science and*

Medicine 33 (4): 369–379.

- Koegel, Paul. 1992. 'Through a Different Lens: An Anthropological Perspective on the Homeless Mentally Ill'. *Culture, Medicine and Psychiatry* 16: 1–22.
- Lloyd, M. and B. McGovern. 2007. 'World Famous in Wellington: "Blanket Man" and Contemporary Celebrity'. *Sites: A Journal of Anthropology and Cultural Studies* 4 (2): 137–154.
- Loh, L, C. Jaye, S. Dovey, H. Lloyd, T. Dowell, and J. Rowe. 2015a. 'What is Dunedin's Free Clinic? Moving Beyond Free Care: An Exploration of its Model of Care Using the Case Study Methodology'. *New Zealand Journal of Primary Health Care* 7 (2): 145–152.
- Loh, L, S. Trevallyan, S. Main, L. Revell, V. Patton, and O. Akindele. 2015b. 'The Case for a Systematic Policy Approach to Free Primary Health Care for Vulnerable Groups in New Zealand'. *The New Zealand Medical Journal* 128 (1424). Accessed 20 September from <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vol-128-no-1424-30-october-2015/6711>.
- Lyon-Callo, Vincent. 2000. 'Medicalizing Homelessness: The Production of Self-Blame and Self-Governing within Homeless Shelters'. *Medical Anthropology Quarterly* 14 (3): 328–45.
- Marsh, Kate. 2006. *People Out of Place: Representations and Experiences of Female Homelessness in Christchurch New Zealand (Aotearoa)*. Unpublished Master of Arts Thesis (Anthropology), University of Canterbury.
- Mieczakowski, Jim. 2001. 'Ethnodrama: Performed Research—Limitations and Potential'. In *Handbook of Ethnography*, edited by Paul Atkinson, Amanda Coffey, Sara Delamont, John Lofland, and Lyn Lofland, 468–76. London: Sage.
- Murphy, Stacey. 2009. "'Compassionate" Strategies of Managing Homelessness: Post-Revanchist Geographies in San Francisco'. *Antipode* 41 (2): 305–325.
- Narayan-Parker, Deepa. 2000. *Crying out for Change: Voices of the Poor*. Oxford: Oxford University Press.
- Oak, Eileen. 2015. 'Methodological Individualism for the Twenty-First Century:

The Neoliberal Acculturation and Remoralisation of the Poor in Aotearoa.
Sites: A Journal of Social Anthropology and Cultural Studies 12 (1): 62–82.

Price, Rosanna. 2016a. 'One in 100 Kiwis is homeless, new study shows numbers quickly rising'. *Stuff*, 3 June. Accessed 10 July 2016 from <http://www.stuff.co.nz/national/80719962/one-in-100-kiwis-homeless-new-study-shows-numbers-quickly-rising>.

Price, Rosanna. 2016b 'Homelessness has "been there for a very long time": Prime Minister John Key'. *Stuff*, 16 May. Accessed 10 July 2016 from <http://www.stuff.co.nz/national/politics/80013933/Prime-Minister-John-Key-says-homeless-families-should-contact-Work-and-Income>.

Reilly, Fay. 1993. 'Experience of Family Among Homeless Individuals'. *Issues in Mental Health Nursing* 14 (4): 309–321.

Rossi, Peter H. 1991. *Down and out in America: The Origins of Homelessness*. Chicago: University of Chicago Press.

Scott, Jan. 1993. 'Homelessness and Mental Illness'. *The British Journal of Psychiatry* 162 (3): 314–24.

Statistics New Zealand. 2014. *New Zealand Definition of Homelessness: Update*. Accessed 10 August 2016 from <http://www.stats.govt.nz>.

Stein, J, N. Milburn, J. Zane, and M. J. Rotheram-Borus. 2009. 'Paternal and Maternal Influences on Problem Behaviors Among Homeless and Runaway Youth'. *American Journal of Orthopsychiatry* 79 (1): 39–50.

Stolte, Otilie, and Darrin Hodgetts. 2015. 'Being Healthy in Unhealthy places: Health Tactics in a Homeless Lifeworld'. *Journal of Health Psychology* 20 (2): 144–153.

Stuckler, David, and Sanjay Basu. *The Body Economic: Why Austerity Kills*. Basic Books, 2013.

Tavecchio, L.W.C, and M.A.E. Thomeer. 1999. 'Attachment, Social Network and Homelessness in Young People'. *Social Behavior and Personality* 27 (3): 247–262.

- Thorns, David. 1989. 'The Production of Homelessness: From Individual Failure to System Inadequacies'. *Housing Studies* 4 (4): 253–266.
- Van Maanen, John. 2011. *Tales of the Field: On Writing Ethnography*, 2nd ed. Chicago: University of Chicago Press.
- Wilkinson, Alistair. 1983. 'On the Skids: The Management of Respectability on Skid Row'. In *Shades of Deviance: A New Zealand Collection*, edited by Michael Hill, Sharon Mast, Richard Bowman and Charlotte Carr-Gregg, 14–25. Palmerston North: Dunmore Press.
- Wilson Peter. 1991 *The Domestication of the Human Species*. New Haven: Yale University Press.
- Wright, Nat, and Charlotte Tompkins. 2006. 'How Can Health Services Effectively Meet the Health Needs of Homeless People?' *British Journal of General Practice* 56 (525): 286–93.