
Understanding the Homeless Experience in Hungary through a Narrative Approach

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› **Abstract_** *In Hungary, there have been regular data collections based on people living in hostel- and shelter type accommodation, as well as on rough sleepers, and this paper will briefly introduce readers to this knowledge and the methods used to obtain it. However, there is still much that remains unknown. The main question behind the research introduced in this paper is why some people remain homeless for a long period of time, while others manage to exit homelessness. The author has decided to use expertise in the field of trauma survival to investigate whether chronic homelessness can be viewed as a form of post-traumatic stress disorder. The main question, however, is not how best to understand the experience and narrative of individuals, but how to take this knowledge a step further: what can field workers and policy makers do to help their users move forward and leave the past behind?*

› **Key Words_** *Chronic homelessness; post-traumatic stress disorder; narrative approach.*

Introduction

Hungary may be unique among Central and Eastern European countries in having conducted annual research on homeless people since the 1990s. Although much information is available about certain groups of homeless people, it tends to come from quantitative forms of research. In the first section, the paper will outline the definition of homelessness used in Hungary and the existing base of knowledge. The question the paper poses is why some people remain homeless for a long

period of time while others manage to exit homelessness and move on with their lives. The hypothesis is that the symptoms shown by many homeless people are identical to those found in survivors of traumatic experiences: survivors of war, torture, criminal attacks and domestic abuse; and refugees. This paper takes a qualitative approach – the narrative analysis of interviews with homeless individuals – to explore these issues.

Research on Homeless People in Hungary

In order to understand existing research in Hungary, it is vital to outline the definition of homelessness that is used. In the Social Act of 1993 there are two definitions. The first states that a person with no registered abode, or with the address of a hostel/shelter, is to be regarded as homeless. This is the definition applied when deciding on eligibility for certain benefits, for example, but it is rarely used outside the area of public administration. The second definition states that a person is homeless if they sleep in public areas or in premises not built for residential purposes. The latter seems to cover certain situations within the ETHOS frame of reference: people living in public spaces (1.1), night shelters (2.1), homeless hostels (3.1), temporary accommodation (3.2), transitional supported accommodation (3.3), women's shelters (4.1), residential care for older homeless people (7.1), mobile homes (11.1), non-conventional buildings (11.2), temporary structures (11.3) and occupied dwellings unfit for habitation (12.1).

Among support workers and researchers in Hungary, another frame of reference is widely used with regard to homelessness (see Table 1). Most broadly this is literal homelessness – people without a home, which basically incorporates the whole range of ETHOS categories. A smaller subset of this group consists of people without a flat; this was the official definition in Hungary before 1945. However, when discussing research on homeless people, we really mean people who are effectively homeless (which is closest to the second legal definition) and rough sleepers, an even smaller subgroup.

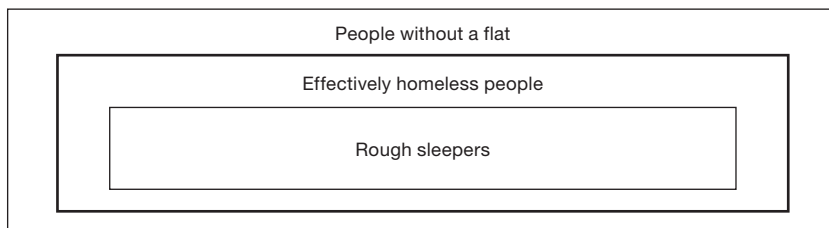


Table 1. Possible levels of homelessness

It is beyond the scope of this paper to provide details on the political and economic history of homelessness in Hungary. Suffice it to say that the problem of homelessness and housing was largely concealed during the socialist era, where official discourse denied that poverty existed in the country. There were no services for the homeless *per se*, and there were no people sleeping rough, as it would have been illegal to do so. There were homeless people and people without a flat, but no-one was seen as effectively homeless. The problem of homelessness appeared after 1989; services were set up and researchers started to collect data in order to understand the problem better.

Since 1999 and on the same day every year (February 3rd), a survey is carried out where researchers ask homeless people a set of questions. During the first number of years, researchers made contact only with homeless people sleeping in shelters and hostels in Budapest, the capital of Hungary, but service providers in other towns later decided to participate, and since 2005 rough sleepers have also been targeted. The research is carried out annually as a civic initiative, originating from experts working in organizations that provide services for homeless people. The survey does not reach everyone sleeping rough or in homeless shelters and hostels, as participation by hostels, shelters and outreach teams is voluntary. The data therefore does not cover every homeless person in the country, but it nonetheless provides a good overall picture of the homeless population. While in 1999, 2539 homeless people were included (among them 67 rough sleepers), in 2010 the survey reached 8075 individuals (including 3090 rough sleepers), covering 17 towns.

The survey is anonymous, but the initials of respondents are recorded along with their date of birth. This allows for longitudinal comparison not only between years, but also within the lifespan of an individual, assuming that they are homeless on the 3rd of February over several years. The survey contains the same set of basic questions every year, as well as blocks of differing themes. The basic questions include information about the length of homelessness, the reason for becoming homeless, income and expenditure during the previous month, where they spent the previous night, and where they slept on February 3rd the year before. The changing set of questions has covered such topics as health issues (2002), substance abuse (2007), finances and employment (2009–2010), and the use of and opinion of services (2005).

Between 2007 and 2008, researchers conducted a more in-depth study on the lives of rough sleepers based on 165 interviews with people living in Budapest and Debrecen, the second largest city in Hungary. This research was named 'People of the Streets'. The interviews, conducted by outreach workers, were structured

around 6 themes: a description of where interviewees sleep; the story of their becoming homeless; the time before they became homeless; childhood; personal experiences; and opinions on services for homeless people.

From the resulting data, researchers concluded that many of those interviewed had grown up in families with high levels of poverty, and where parents were often uneducated, had serious health conditions and were addicted to alcohol. A high proportion of respondents had spent time in foster care, or had lost one or both parents at an early age. It was found that many people were attached to the place where they slept, not only because they did not have any other place to go or to store belongings, but also because of having developed a network and a degree of social prestige there that they were not willing to give up.

Even though there is a wide base of knowledge about homeless people in Hungary as a result of the efforts described, there are some questions that remain unanswered. The main question posed in this paper is why some people remain in homelessness for a long period of time while others manage to get out. As Liebow (1995) puts it: homeless people are homeless because they do not have homes. Yet, although the unjust structures of society affect everyone, not all of those with the above mentioned vulnerabilities become homeless, and not every homeless person remains homeless for a long period of time. Could there be a connection between individual life stories and the individual interpretation of what is experienced before and after the start of homelessness?

Trauma and Post-traumatic Stress Disorder

It has been observed that survivors of various extreme life situations behave in similar ways throughout space and time. The French doctor, Charcot, treated *hysterical* female patients in the Salpêtrière hospital in Paris in the late 19th century. He noted that their symptoms included, among others, a state of nervous agitation, loss of appetite, incontinence, loss of sexual drive, sleeping disorders, fainting, general weakness and suicidal thoughts. He also discovered that male patients – survivors of railroad accidents – sometimes exhibited similar symptoms. The American psychoanalyst, Abram Kardiner, in 1947 observed that veterans of the two world wars complained of similar problems, and he called their condition ‘war neurosis’ or ‘war stress’. Refugees, victims of domestic abuse, and survivors of acts of crime have been described as acting in similar ways (Herman, 1997), and it has been noted that many people finding themselves in such situations turn to alcohol or drugs to help them through (see for example, Pennebaker, 2005).

These symptoms have become widely known as post-traumatic stress disorder, and they are characterized as follows, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM):

- Re-experiencing – the mind and/or the body replays events connected to the trauma. Symptoms might include flashbacks, nightmares, hallucinations, dissociation or distress.
- Avoidance – the mind tries to keep painful memories away. Symptoms could include a narrowing in the field of interest, detachment, lack of interest, lack of response, closing in of the self or, in extreme cases, dissociation.
- Hyperarousal – the body keeps itself in a state of continuous alert. Symptoms might include sudden bursts of anger, irritability, aggressive behaviour, problems sleeping or nightmares.

Herman (1997) distinguishes between trauma and chronic trauma, suggesting that chronic trauma is a state in which the danger does not pass and the traumatic event is present for a long or repeated time. She uses the examples of hostages, political prisoners, and victims of domestic abuse, human trafficking and child abuse, and notes that when people find themselves in a situation of chronic trauma, avoidance may be their best survival strategy: not making long-term plans and trying to focus on immediate survival. She calls for a new, independent diagnosis to be added to the DSM – that of ‘complex post-traumatic stress disorder’.

Trauma, loss and homelessness

La Capra (1999) notes that there is a difference between the effect of loss and an absence of something, submitting that the loss of a thing, person or status can be experienced as traumatic, while the absence of something that the person has never had can lead to psychic tension. According to the February 3rd annual research, as well as the People of the Streets (see above), homeless people have all lost things that were dear to them. Even though many come from underprivileged households and had difficult childhoods, the loss of family, friends and neighbours; health and beauty; toes, or even whole feet or limbs; jobs, skills and income; homes, daily routines and social status or a place in society can all be traumatic experiences in and of themselves. It has been noted that some homeless people behave ‘irrationally’, in that some neglect personal hygiene, display involuntary movements or sudden outbursts of anger, are depressed and withdrawn, complain of bad thoughts or flashbacks, have difficulties making plans or concentrating, and so on. While such symptoms are most visibly obvious in rough sleepers, they are certainly not confined to this group. Is it possible, then, that traumatisation due to the loss of significant people, things or positions in a homeless person’s life can lead to the display of (complex) post-traumatic stress disorder symptoms?

The following are some quotes from interviews with homeless people that illustrate the above.

A 50-year-old homeless woman's account of what it was like to sleep rough after she fled with her children from a rented room as the landlord wanted to rape her 15-year-old daughter:

I did not sleep much [on the street]; I could hear the people passing by. This experience completely ruined me. I got asthma, all kinds of health problems, psychiatric ones as well. My mental state has got worse, especially after the children were taken – I did not want to let them go, it was the police who took them. They came at night, shone a flashlight on us. They asked for my papers... then they sat the children in the police car. My daughter was screaming: "Mother, mother!" Then I was arrested as well, and was imprisoned for three days.

A 45-year-old homeless man lost his housing when he could not pay rent, being unable to work after an accident:

Then I had my accident. For a long time afterwards I was feeling very unwell, not only physically, but I also had emotional problems as well... I had what they call suicidal thoughts, and all kinds of stuff, but thank God now they are gone.... If I start to think, they come back, because I still don't feel well, even though it happened four years ago. But I am still not well, if I start to think. When I don't think, but just let myself be, than all is well. Especially if I drink a bit; it really calms me down.

A 58-year-old homeless man tells the confusing story of the death of his sister, and his reaction to it:

I really loved my sister, as any man can love his sister. But my father, he was drastic and hated women. He even hated his own daughter and used to beat her up really bad. My mother too.... Then my sister died. She was thrown in a well. My father realized... Let's leave it. Let's not talk about this. I wish she was still alive. I blame my father for all this. He hated women. I know he murdered her... I should have shot him when I had a gun, then my sister would still be alive.... I have been drinking since, and look where I've ended up. I left our house, which is still there, abandoned. I don't want it. I would not want to go back there. If I went back, I might end up becoming even more crazy than I already am.

Robinson (2005) investigated how the social exclusion of homeless people was influenced by personal factors. Using a biographical method, she found that whenever homeless people lost their housing, which often happened on several occasions during their lives, other traumatizing events also occurred: the breakdown of a relationship, substance abuse, sexual or physical abuse, mental problems,

hospitalization or imprisonment. Together, these triggered a tragic chain reaction that resulted in the loss of housing. Even when the housing problem was solved, in that the person managed to secure some sort of housing – whether independently or in an institutionalized setting, vulnerability in terms of the crisis remained, posing a risk to the sustainability of what had been acquired. According to Robinson, it is not homelessness that is constant and ‘chronic’, but traumatic experiences. She thinks that this state of constant traumatising is the reason that some individuals are excluded from mainstream society and keep finding themselves at the risk of, or actually homeless again and again.

The Narrative Paradigm

Bruner (1987) explains that the main difference between modern (positivist) and postmodern thinking is that while the first aims to find out the one and only truth about things, the second holds that meaning lies in interpretation. He claims that this also marks a shift in how we think of psychology; positivist understanding (paradigmatic thinking) meant that for centuries it was believed that people developed in a linear way and that psychological problems could be described, categorized and cured like any other disease. The postmodern shift holds that there are no universal truths, and while some people might develop in a linear way, others do so spirally or skip certain ‘stages’. By this way of thinking, psychological problems cannot be understood and treated in a uniform fashion – all depends on interpretation: the interpretation of the patient and that of the listener. Bruner calls the latter narrative thinking. In narrative thinking, there are two ‘landscapes’: the landscape of action (the story itself; its actors, events, situations, tools) and that of consciousness (what the actors think and feel; how they interpret events). Using these together, truth is formulated – not the one and only truth, but the one that seems most plausible at a given time and in a given situation.

Identity

The narrative paradigm holds that there is no such thing as a static, permanent identity (as opposed to the perspective, for example, of Rogers (1961) on stages of psychosocial development) – rather, people can learn to understand themselves in different ways and communicate these truths about themselves to others more accurately (Gergen, 1991). Postmodern thinkers criticize Erikson’s stages of psychosocial development as they ignore the social context of the individual. According to the narrative paradigm, the social context is an active influence on how individuals understand themselves and their role in society. Foucault (1995) draws our attention to the way that power and knowledge are connected through language; the one who has the power can use language to label, shame or judge others, influencing how

people think about those who have been labelled, shamed or judged. Our identity is thus shaped by the language available to us. To illustrate this point, Simblett (1997) explains how the DSM can be interpreted as a tool of oppression rather than an objective and universal manual of psychological illnesses and their symptoms. If a doctor thinks of the DSM as a universal manual, they are likely to ask questions that try to highlight certain symptoms, and to try and find a pattern that will help in making the diagnosis – while neglecting the real experience and problems of the person concerned, and leaving certain complaints unnoticed! Psychiatrists of a biological persuasion might ask their patients detailed questions about their family history, while others would put more emphasis on (early) childhood experiences or medication, ignoring the fact that the patient and his history is constantly changing.

The language we speak shapes our thinking about ourselves and the world around us; it influences how we think about concepts, what we have names for and what we leave unnoticed. When creating their life stories, people sort through their memories and chose to include certain stories that fit the script they have created. This means that stories that do not fit this script are excluded, and maybe even forgotten. Social concepts and discourse become internalized, and through the spoken or written story they are transmitted to people around us. Our identity or our life story is not constant but changes through time. It is shaped by our understanding of the past and our present situation, but also by our view of the future. Those whose script is rather more negative tend to have a more negative outlook on the future, while those with a brighter vision of their past and present tend to be more optimistic (Shanahan and McMillan, 2008).

Narrative research

Kvale (1996) illustrates the difference between positivist/modern and narrative research by two metaphors: the miner and the traveller. The miner gradually digs his way down to unearth the hidden treasure that already exists independently from him. The traveller, on the other hand, travels around the world talking to locals everywhere he goes and gathering bits of knowledge; his experiences and the information gathered are shaped (and reshaped) in the stories told – just as the traveller himself changes over time. Lieblich *et al.* (1998) explain how the expectations of quantitative research (which they call traditional or old school research) – reliability, objectivity, replicability and validity – do not and cannot apply when conducting narrative research, as they are opposed by their very nature. The basis of the narrative paradigm is that there is no one, single truth, and there are many angles to any issue; contradictory findings do not mean, therefore, that the research has failed. While it is true that most narrative studies are conducted with a small group of individuals, the text that is interpreted is usually very large and full of

information, and it can be analyzed on various levels. Narrative research emphasizes interpretation, meaning and exploration, so the process can never be absolutely finished, and there are no final solutions or interpretations.

The biographic narrative interpretive method

In the process of an interview, the knowledge of the two parties involved is united, and the dialogue can bring added value to both participants (Kvale, 1996). This, however, can also mean that the respondent is influenced by the questions asked, or that certain things remain unsaid as the dialogue is driven in a particular direction. The narrative interview consists of three sub-sessions. In the first one the interviewer poses a single, carefully constructed, introductory, narrative question and then remains silent for a long period of time. In this question the interviewer orients the interviewee by telling them what the focus of the interview is. The initial question could be something like: "Please tell me the story of your life... how you have become homeless?" The interviewee is given complete freedom in their response, and in remembering and constructing the story that they feel best responds to the question. The interviewer is fully present, but does not influence the story-telling by asking questions. If the interviewee needs help or does not know how to continue, the interviewer can ask them to expand on the last event ("Do you remember anything else about this?"), or simply help them to move on by asking: "And what happened after that?" When the story is finished (usually marked by a closing sentence such as "This was the story of my life"), the interviewer might ask the interviewee to speak more about certain events that have been mentioned and then wait for the story to be developed without asking further questions. This sub-session is called the narrative follow-up. Questions in this sub-session remain strictly narrative in nature (see examples above). The third sub-session is optional. If the interviewer feels that more, non-narrative material is needed, they can conduct a second interview – this time a semi-structured, in-depth interview. This could be the case, for example, if the research requires the birth date of the respondent or more information about their family, or even if the interviewee has not spoken about certain areas of their lives that could be important, such as their childhood.

In conducting a narrative interview, there are usually no prior hypotheses to be tested, although Lieblich *et al.* (1998) do allow for these in certain cases. The interviewee is thus free to construct their life story, and the interviewer is there only to help this process while actively listening. The interview is then transcribed and the second, analytical phase can begin. There are two levels of analysis: that of the lived life and that of the story told. When talking about the lived life, researchers try to find a pattern in the choices that led to the objective life events of the subject. Objective life events are those events that can be objectively verified and placed in a timeline, such as birth, school attendance, employment, marriage, birth of

children and so on. At the second level of analysis, the researcher tries to understand why the story is told in a certain way: what the interviewee might have meant, what they were trying to convey by talking about events in the way that they did, and what they want the moral of the story to be – or not to be.

In the first part of the analysis, the researcher identifies each objective life event and places them in chronological order. The researcher (or a research panel) is presented with one item at a time and, pretending to be future-blind, they suggest hypotheses of how this event could influence the future of the respondent. After they run out of possibilities, a new item is presented – some hypotheses are strengthened, some can be crossed out. In this way the researcher(s) slowly work their way through each item. In the second part of the analysis, the transcript is broken down into segments. A segment ends when a new topic, or a different speaker or manner is introduced. Segments are presented one at a time, and the researcher or panel tries to imagine how the event described might have been experienced when it happened, as well as at the time of the interview. Hypotheses are formulated that will either gain strength or be abandoned further in the process.

Traumatic experiences and the narrative

Traumatic memories differ from other memories because of their unprocessed nature; they disturb the individual's peace of mind, while processed memories are part of their conscious self-image. Traumatic memories are characterised by the following (according to Békés, forthcoming):

1. Emotional and sensual memories are dominant; there are strong emotions present, and there is an emphasis on sensual memories – pictures, smells, tastes, physical sensations.
2. Incoherence of traumatic memories: they can be simultaneously intrusive, vivid and strong on the one hand, and fragmented, vague and dizzy on the other. This can be a sign of the dissociative aspect of traumatic (and especially chronic traumatic) experiences. Memories of traumas are more difficult to make sense of and are less structured than other memories.
3. Fragmentation of time: the perception of time can change within a memory or between other memories; this is why it is so difficult to integrate traumatic memories into the timeline of other memories.
4. Lack of self-referentiality: the self is either completely absent in the trauma memory, or if present, plays the role of victim – either of fate or of bad people.

As traumatic memories are difficult to verbalize, they are often concealed in silence. Rosenthal (2009) describes her work with survivors of traumatic events using narrative interviews. She warns that while an interview conducted in a research setting can

help process traumatic memories and bring about healing, there is also the danger of re-traumatization, especially when the crisis has not passed and there continues to be danger in the present, or even future, situation of the interviewee. Her advice is not to refrain from talking, however, but to make sure the interviewee does not feel under pressure to talk about events in their life that they would rather not share, and to offer them help if painful memories do arise. This, however, should be done in the form of (narrative) counselling or therapy, and not as part of the research interview.

Narrative Analysis of Interviews with Homeless People

The narrative approach was chosen to find out more about the lives (both lived lives and storied lives) of homeless people, with a view to answering the question of why certain people remain homeless for a longer period of time than others. Even though most narrative researchers stop at an initial research question and do not formulate any hypothesis, a hypothesis was formulated in this instance as the author believed that an additional angle would bring added value to the analysis. In addition to the two levels of analysis involving the lived life and the storied life, a third level was introduced: the presence or absence of traumatic memories in the stories.

Three interviews were chosen for analysis from two rounds of research; the first round was carried out in the autumn of 2007, and the second in the spring of 2008. Interviewees were all homeless at the time of the interview, some living in hostel or shelter type of accommodation and some sleeping rough. The theme of the interviews was homelessness; interviewees were asked to tell their story of “how they became homeless”.

The interviews were selected to represent the differing life stories of a heterogeneous group of people; they do not purport to be representative of the population as a whole, but they are, rather, random or ‘average’ stories that, at first glance, do not seem to be any more or less traumatic than the life stories practitioners hear on a daily basis. There is no room in this paper to give a full account of these life stories, so readers will first be introduced briefly to the three homeless people interviewed, after which a short summary of the uncovered traumatic experiences will be given.

Margaret (all names have been changed) is a woman of 32. She was born in Budapest, but after the divorce of her parents moved to a small village in the northeast of Hungary with her mother and two siblings. She is of Roma ethnic background. She finished school at the age of 16 and started to work in a chicken factory. She had a brief lesbian love affair when she was in Budapest for a summer holiday as a teenager. She married a Roma man from the next village at the age of 18 and had several children with him. He was an abusive husband, and Margaret often ran to her mother’s house with the children for short periods of time. There,

she and her children lived in a separate bedroom at first, eventually moving to a small building that had been a pigsty. Some time later she left her mother's house unannounced, leaving her children behind, and went to Budapest where she slept rough in a park. She was starving and often cold, and she tried to earn money through prostitution. Several times she attempted suicide. She later moved into a shelter for homeless women where she fell in love with another homeless woman, and they now live together in a private room in a hostel. Margaret has had several jobs since moving to Budapest. Her children are in foster care, and she speaks with them regularly on the phone.

The first signs of trauma appear at the break-up of her first (lesbian) love affair. She tells the story in a fragmented way, mostly using short sentences consisting only of a noun and a verb. She offers no thoughts, emotions or reflection of her own.

The next traumatic memories relate to her family – mostly her mother. She gives various accounts involving shame: her mother wants to have her hospitalized after her break-up; she and her children are housed in a former pigsty when she runs away from her husband; her mother calls her dirty and disinfects the cups she had used when on a home visit from Budapest, etc. These stories are also told in a fragmented way; Margaret pauses frequently and sighs loudly. When talking about the removal of her children by child protective services after she had left for Budapest, she jumps back and forth in time, changing tenses while referring to the same events. The story is told in an incoherent way, and it is difficult to understand what happened.

She talks about her suicide attempts in the same way, jumping back and forth in time, depicting herself as a victim, and speaking almost from a third person's point of view.

Joseph is a 47-year-old man. He was born in a big town in the northeast of Hungary, the oldest child in a family of six. They lived at the edge of the city, next to the poorest area of town. His family had a plot of land where he used to help after school. He was trained as a mechanic for agricultural machines, but at the age of 18 decided to move to Budapest and work in highway construction. He later inherited his grandparents' house close to his hometown, which he renovated and moved into with his wife. They soon had a son. Joseph took a mining job in the Soviet Union and worked there in a Hungarian colony for three years. He earned a lot of money. When he moved back to Hungary he found that his wife had left him and sold his house. He started drinking and lived with his parents. He then sought treatment, became sober and found a well-paying job in Germany. When he moved back to Hungary, he bought an apartment in Budapest and found a job as a crane driver. He met a woman and, after two years of courtship, sold his apartment and moved in with her; she lived with her parents and her two teenage sons. He spent

the price of an apartment renovating the house of his new family. He had conflicts with his step-sons as well as with his in-laws. Eventually his girlfriend asked him to move out, packing his clothes in a suitcase. He has been sleeping rough ever since, and has now moved in with a group of men who sleep in an uninhabited ruin; they share their income and food.

The first time Joseph lost his family seems to have had a traumatic effect on him; although he describes his arrival home from the Soviet Union in great detail, he speaks in a very emotional way, as if his emotions were still raw. He frequently slides between the past and the present tenses, talking about his past experiences as if they were happening at the time of the interview. When he describes his state of abandon and the heavy drinking that followed, he speaks with a complete lack of self-referentiality.

When Joseph tells the story of his becoming homeless, the researcher (and probably even the interviewee himself) is at a loss to understand exactly what happened, and how. Could this be a sign of dissociation? Joseph talks about his life as a crane driver and head of a family, describing his then daily routine in the present tense. He breaks down crying at several points, and he pauses for long moments. He not only shifts back and forth in time, but also mixes up spatial references, talking about here and now when referring to events of the past. The most striking sign of being lost in time is that at two points in the interview he mixes up his age – he says twice that he is 45, and once that he is 47. According to his date of birth, he is 47. It is possible that these indicate being unable to process the last two years of his life.

Lajos is a 27-year-old man of Roma background. He was born in a small town about 30 kilometres north of Budapest. His family (he is unsure of the number of siblings) lived in extreme poverty; his mother collected iron, his father was often imprisoned, and they were homeless, living in a 'bus' with no windows. The police removed him and his siblings from his mother in a raid at the age of two. He never saw his mother again. He grew up in various residential homes. At the age of 10 he was placed with a foster family, but after the death of the father of the family, he was rapidly sent back to the residential home. He did well in school, was talented in music and biology, and passed his A-levels. His father first visited him in the group home when he was 16, but was drunk and did not get permission to take his son home on a visit. The next time Lajos was allowed to stay with his family for the weekend, his father got drunk and chased him out of the house with an axe. At the age of 17 and a half he met a woman who was 20 years older than him, and moved into her house as a step-son, taking his coming of age state support with him. Within six months he had to leave; this led to a dispute and he claimed he was beaten up by the police. He moved to Budapest where he slept rough in the staircases of high-rise buildings

and prostituted himself in gay bars. Eventually he found a job as a shop assistant and he moved into and lived in various hostels, sometimes renting rooms in the apartments of people he knew. He worked in Rome for two years as an assistant to a tour guide at the Coliseum where he learnt English and Italian. He tried to find work in England, but with no success. He cannot find employment in Budapest.

There are traces of trauma when Lajos speaks about his early childhood memories, and of the police raid in particular. The retold events lack structure, and there are many holes and uncertainties. Images dominate the account, as if we were watching a silent film, and there is a complete lack of self-referentiality. Even though all of this happened when he was two, memories could have developed into a more coherent narrative in the time since then. Instead, they seem to have remained unchanged.

The second chaotic part of the narrative – that is otherwise very articulate and very straightforward – comes when he speaks about his next meeting with the police when he is evicted by force. Lajos jumps back and forth in time and it is very difficult to follow the story line. Other events that stood out as being possibly traumatic after the objective life event analysis are retold in a sketchy, detached way; these include the death of his foster-father and having to go back to the group home, and his meeting with his real father. They seem to be mentioned only to illustrate something and not as major life events. These may represent holes, though their traumatic nature does not seem as evident as in the above two cases.

Conclusion

Ever since the discovery of how trauma affects people's lives, various professionals (doctors, psychologists, social workers) have been constructing different methods to try and relieve people of their symptoms. There are two schools of thought on how best to talk with people when trying to help them cope with traumatic memories. If identity and the self develop and are portrayed through the use of language then, as Pennebaker (2004) points out, post-traumatic stress disorder can be seen as a problem of language; the patient cannot express his experiences and memories, which hinders their being processed. The goal of helping professionals, then, can be to help people talk about their traumatic memories and thus transform them to fit in with the other, simpler memories of one's life. For example, some research has shown that social support is a key factor in the ability of people who are re-housed to sustain their independent living (see for example, Dane, 1998; Tsemberis et al., 2006).

Nonetheless, in many Central and Eastern European countries, and certainly in Hungary, cuts are currently being made to all areas of social expenditure, and the social housing stock is already so insignificant as to be almost nonexistent. Social support is clearly not all that is needed to solve the problems of homeless people. Adequate structures, such as affordable housing and access to this housing, financial support, health services, and training and employment, must also be in place to provide the support with which professionals can help homeless people to live the lives they dream about.

This paper has introduced readers to a new understanding of chronic homelessness using a narrative approach. We have shown that even though a considerable amount is known about homeless people in Hungary, most of it comes from quantitative forms of research. The question of why some people remain homeless for a long period of time while others manage to exit homelessness and move on with their lives has not been answered. The hypothesis behind the research discussed in the paper was that homeless people have unprocessed traumatic experiences in their life stories that manifest themselves in symptoms similar to those of post-traumatic stress disorder. We have chosen a qualitative approach to test this, using the narrative analysis of interviews with homeless individuals. By analysing three interviews, several traces of traumatic experiences were found both in their lived lives and in their life stories.

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