



Homelessness: A Social issue

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ABSTRACT: The increased prevalence of homelessness in the US is widely thought to have resulted from large social factors: improvements in the institutionalization of the mentally ill, increases in opioid use and alcohol consumption, etc. A systematic test of the alternative theory is stated in this paper that differences in homelessness result from changed factors in the housing market and in the distribution of income. In US urban areas, we basically use all the comprehensive details available on homelessness-census counts, shelter bed counts, transfer payment data, and assessments of administration entities. We use this data to measure the impact on the rate of homelessness of house rates, vacancies, and rent-income ratios. Our findings indicate that basic economic rules regulating housing supply and prices, and the increase in demand for low-quality housing, explain much of the difference in homelessness among US metropolitan housing markets. In comparison, reasonably minor increases in the cost or supply of rental accommodation will greatly reduce the rate of homelessness in the US.

KEYWORDS: Homeless Population, Housing Markets, Freedom Responsibilities, Homelessness.

INTRODUCTION

In the homeless population, a paradox occurs in how emotional illness is framed. Distress is frequently pathologized by "psy" professionals, support providers, and by homeless persons themselves in exchange. The narrative of the disease indicates no possibility of a "cure" and so patients are encouraged, usually with psychotropic medicine, to treat their symptoms. By multiple forms of self-help programming, such as Alcoholics Anonymous/Narcotics Anonymous (AA/NA), conflict management, and group-based cognitive behavioral counseling and recovery facilities, participants are often enigmatically motivated to take responsibility for their situations [1]. To evaluate the degree to which pathologization and transparency exist in the homeless population, this paper draws on Heidi Rimke's critical definition of psych centrism.

Psych centrism refers to the belief that all human concerns are intrinsic pathologies of the mind and/or body of the person, with the individual responsible for health and sickness, success and loss. Psych centrism, influenced by Foucault's work on normalization, explains how human desires and modes of being are merely framed as objects of the bodies and minds of individuals and are thereby robbed of the social, historical, political, fiscal, and cultural background[2]. The focus is on two of the 10 characteristics, determinism and reductionism, that make up psych centrism. Determinism refers to the physiological body as the main (and occasionally sole) way of understanding individual acts and activities. Reductionism applies to the manner in which the



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explanatory void of the medical paradigm understands individual interactions and issues. These variables offer a distinctive contemporary theoretical prism from which the prevailing theories about the relation between depression and homelessness in Canada can be investigated.

Homelessness and Housing Markets

The propensity to minimize the scarcity of accommodation as a reason for US homelessness seems to be explained by the features of the US homeless community. A population suffering overwhelmingly from mental disease, addiction to narcotics and alcohol, and intense social alienation is defined in study. Almost one-third of homeless Americans suffer from mental illness, and one-half are opioid or alcohol addicts[3]. In comparison, homeless point-in-time counts (or 'point-prevalence' estimates) show that homeless individuals form a small percentage of the population (0.1 to 0.3 per cent). With this connotation of personal issues and the comparatively low frequency of homelessness, it is tempting to reject homelessness theories that rely on the state of the housing sector. For many factors, though, this statistical portrait of the homeless may be deceptive.

Point-prevalence forecasts tend to allow for homeless turnover and thus understate the risk of a spell of homelessness being encountered. Term-prevalence rates, which characterize the number of people experiencing homelessness over a given period of time, such as a year, actually outweigh point-in-time estimates considerably. The churn of the homeless shown by the discrepancy between estimates of point-in-time and period-prevalence indicates that the snapshot representations of the 'typical homeless individual' overwhelmingly respond to the features of people suffering from long spells [4][5]. Such characterizations are definitely inaccurate, considering the higher prevalence of homelessness than those indicated by point-in-time counts. The dramatic decline of mental hospital in-patient populations is one widely offered reason for the increase of homelessness. Around 1971 and 1993, the number of in-patients in US psychiatric institutions plummeted by almost 80 percent, from 148 to 30 per 100,000. However, the timing of de-institutionalization indicates that the traditional consensus is wrong about its impact on homelessness. Although homelessness grew dramatically during the 1980s, since the mid-1950s, in-patient hospitalization rates have gradually decreased. Indeed, during the 1970s, the 67 percent decline (from 148 per 100,000 in 1971 to 58 in 1980) was much higher than the 38 percent reduction that took place during the 1980s (from 58 in 1980 to 36 to 1990).

The Homelessness and Freedom Responsibilities

The entrepreneurial subject uses self-technology to evaluate, work on, and could subjectivity, in line with neoliberal philosophy[6]. Neoliberal subjects, such as yoga retreats, self-help books, meditation, or taking drugs, are required to use effective coping resources and techniques to shape their best self. However, that does not mean that one does too well only because one is free



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to self-govern. Modes of self-improvement are intimately tied to popular society, and it is impossible for those living in poverty to engage in economic inequality. Neoliberal liberty suggests that modern people are not simply self-regulated "free to choose" but are obligated to be free. The duties of freedom derive from the perception that we must self-govern as natural, stable and engaged neoliberal people to reduce dependency on the state. The intersection between the private and public sectors partly describes the indifference of the general public to social service workers and the individualization and criminalization of poverty [7].

For their societal shortcomings, any that do not live up to normalized standards are held individually accountable. Borrowing from a critical poverty scholarship, I argue that homeless men and women are forced to express "shame" and take blame by blaming themselves for their experiences as homeless, distressed, addicted and criminalized [8]. The 'otherness' of isolation and degradation encountered by homeless people represent the psych centric perception that the product of human inadequacies is negative social interactions. The ways in which homelessness can cause or magnify the daunting experiences of mental and emotional illness, discrepancy, and exclusion order are poorly taken into account to show their sincerity and integrity to obtain support and access scarce facilities, including mental wellbeing, care, and housing resources. Participating in these programs reflects their contribution to being self-sufficient economically and socially [9][10]. Shame is "a painful emotion that responds to a sense of failure to achieve an ideal state; In shame, one feels insufficient, lacking some type of completeness or perfection desired"[11]. In the homeless industry, homeless people are supposed to demonstrate respect and deference to employers, express self-criticism rather than social judgment.

CONCLUSION

Even the most cursory review of the policy discourse that has taken place in recent years reveals that competing meanings have been subject to the sense of homelessness. In the struggle to set the homelessness policy agenda, there are many distinct interests concerned. The central government has become the most dominant and prominent, trying to claim a narrowly quantifiable concept of homelessness that reinforces its ideological aims. It has taken measures to minimize the state's obligation to resource alternatives to homelessness by the Housing Act 1996 (hence the redefinition of local government obligations under the Act and the downgrading of homelessness to only one of several needs) while at the same time demonstrate to the general population that it is able to resolve the consequences of homelessness. In the promotion of the Rough Sleeper Campaign in the early 1990s, the symbolic essence of government policy was most clear. The administration was able to build a legislative framework in order to concentrate resources on the more obvious forms of homelessness, in which it seemed that they were taking action to address actual needs. This in turn meant that the integral relation between government economic and social policy and the rise of homeless people sleeping rough on the streets was not

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identified by any of the media analysis of homelessness. City government has since contributed to restricting the concept of homelessness, largely driven by budget limitations, but not exclusively.

Governments have a direct interest not only in redefining homelessness as broadly as possible for immediate policy reasons, but also in reducing the aspirations of people by, for instance, extending the period of time that children will be forced to live with parents and thereby dampening housing demand. In Iceland, a society with a very high material standard of living but where the welfare state is nominal, living with parents in what has become almost institutionalized as 'Hotel Mamma" is normal for couples with children well into their thirties, and even beyond. It would seem that there is no end to the degree to which average people's standards can be molded to fit policy. The brief discussion of various homelessness agendas shows how, in the sense of policy discourses, conflicting meanings communicate with each other. It needs to be stated that there are disagreements and tensions within both of these organizations over the type of study and the policy agenda, and it would be a misconception to assume that the concept of homelessness remains stagnant. Instead, definitions of homelessness evolve with time and are subject to ideological pressures, the availability of government and politicians' services and perceptions.

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