

# Hope as seen through the eyes of homeless children

Kaye Herth PhD RN FAAN

Associate Dean, School of Nursing, Mankato State University, PO Box 8400, Mankato, Minnesota, 56002-84, USA. e-mail: kaye.herth@mankato.msus.edu

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## Hope as seen through the eyes of homeless children

Children now constitute the largest segment of the homeless population. Multiple studies have identified the adverse effects of homelessness on children's health, development, academic success, and behaviour. Minimal literature exists that describes homeless children from the perspective of their strengths. The purpose of this study was to investigate the meaning of hope in homeless children and to identify strategies that children use in fostering and maintaining their hope. Using the technique of methodological triangulation (semi-structured interviews and drawings) the investigator collected data on a convenience sample of 60 homeless children (6 to 16 years old) currently residing in homeless shelters. Transcriptions of the audio-taped interviews were analysed following Colaizzi's method of analysis. Transcript statements were compared with the drawings. Five themes representing hope emerged from the data: connectedness, internal resources, cognitive strategies, energy, and hope objects. School age children drew story book tale characters, pre-adolescents drew real life situations, and adolescents drew future plans to represent their hopes. An understanding of hope from the perspective of homeless children could provide a basis upon which to develop interventions that engender hope and to develop programmes that build on the hopes that children had already developed.

*Keywords:* hope, homeless, children, qualitative, connectedness, resources, cognitive strategies, energy, objects

## INTRODUCTION

Bryan, 6 years of age, Julie, 10 years of age, and Jacob, 14 years of age, are currently living in a church-supported transitional shelter with their single mother. Over the past 18 months the family has spent time in the women's abuse shelter and has alternated between staying with friends and living out of their car. It has not been uncommon for the family to have only one meal a day. During this time period the children have attended six different schools. Both Bryan and Julie have frequent recurrent bouts of bronchitis, significant developmental delays, high rates of school absenteeism, and learning and social difficulties in

school. Jacob is frequently absent from school and has assumed the role of father in the family and protector of his mother and the younger children in the family.

Bryan, Julie, Jacob and their mother were one of 52 families that participated in the author's study to explore the meaning of hope in the homeless population through the eyes of those who are homeless. The particular focus of this segment of the study was on the children from homeless families between the ages of 6 and 16 years. Literature suggests that the experience of homelessness involves multiple losses, significant physical, psychological and socio-cultural stressors, and minimal resources (Davidhizar & Frank 1992, Reilly 1993, Herth 1996). How

then do children maintain their hope during these dire circumstances?

## REVIEW OF THE LITERATURE

Families are the fastest growing segment of the homeless population, comprising approximately one-third to one-half of the estimated 2.5 million people without homes throughout the United States (Wood 1989, Wagner & Menke 1991). Homeless families represent diverse cultural backgrounds and most are female-headed single-parent households (Baumann 1993). These families experience a multitude of physical and psycho-social stressors and an increased incidence of family violence and child abuse/neglect with few available resources (Davidhizar & Frank 1992, Hodnicki & Horner 1993, Killeen 1993, Kinzel 1993, Davis 1996, Lindsey 1996). Children now constitute the largest segment of the homeless population and this trend is expected to continue (Malloy 1992, Snow & Bradford 1994, Shuler *et al.* 1995). The Bureau of the Census reports that approximately 45% of African American children, 39% of Spanish American children, and 24% of Caucasian children are living below the poverty line and many of these children will have spent some part of their time in a homeless shelter (Malloy 1992, Allen 1994, Velsor-Friedrich 1993a, 1993b).

Numerous studies have documented the intense stress and uncertainty prevalent in the lives of homeless children and the adverse effects of homelessness on children's health, development, academic success, and behaviour (Rafferty & Shinn 1991, Murata *et al.* 1992, Memmott & Young 1993, Hausman & Hammen 1993). Reports suggest that homeless children have twice the rates of acute and chronic physical disorders as compared to the general population and other poor children and experience multiple psychological, emotional, and developmental problems as well as learning problems (Bassuk & Gallagher 1990, Molnar *et al.* 1990, Shulsinger 1990, Rafferty & Shinn 1991, Wood 1992, Ziesemer *et al.* 1994, DiBiase & Waddell 1995).

Minimal literature exists that describes homeless children from the perspective of their strengths and their coping mechanisms (Berne *et al.* 1990, Baumann 1994, Herth 1996). Baumann's (1994) qualitative study of homeless women and children in shelters, found that homeless mothers in the presence of caring people showed tremendous positive growth. Percy (1995), through the use of photography and interviews, found that homeless children residing in a shelter experienced fun and a feeling of being cared about despite their dire circumstances. Both of these studies provide beginning insights into how homeless children cope during difficult times.

### Value of hope in children and adolescents

Hopefulness is a human characteristic that allows an individual, irrespective of age, to transcend disappoint-

ments, pursue goals, and diminish the sense of future as unbearable or futile (Hinds *et al.* 1987). Schmale (1964) and Erikson (1982) postulated that the development of hope or hopelessness takes place in early childhood. If the child's emotional needs are met, affective states of goodness and hope emerge. However, if the child's emotional needs are not met, hopelessness occurs. Others have suggested that the roots of hope, like hopelessness, can be learned (Lynch 1965, Stotland 1969). Smith (1983) postulates that hopefulness in adolescents is a prerequisite for achieving satisfactory adulthood and is vital for resolution of serious threats.

Only a few studies have been conducted to explore hope in children and adolescents. Early studies exploring hope in children with disabilities and those undergoing bone marrow transplants proposed that hope structures have a positive valence and either a present time orientation (in very young children) or a future time orientation (in older children) (Wright & Shontz 1968, Artinian 1984). Three subsequent studies defined the meaning of hope in the healthy and ill adolescents, using a grounded-theory approach (Hinds 1984, Hinds 1988, Hinds & Martin 1988).

### Nurses' role in promoting hope in the homeless

Nurses are playing an increasing role in providing health care and engendering hope in the homeless population (Bowdler 1989, Miller 1991, Wood 1992, Herth 1996). Minimal guidance has been provided to nurses through research in selecting strategies to engender and support hope or to prevent or diminish hopelessness in homeless children (Farran *et al.* 1995).

## THE STUDY

This study is part of a larger study designed to investigate the meaning of hope and the hoping process in the homeless family and to identify strategies that families use in fostering and maintaining their hope. There have been no studies to date that explore hope from the perspective of homeless children or identify strategies used by homeless children to maintain their hope during these difficult times. An understanding of hope from the perspective of homeless children could provide the foundation for planning comprehensive nursing care that fosters hope within this population. The central question guiding this research was: How do homeless children describe hope and how do they maintain and engender their hopes?

### Sample and setting

A convenience sample of 60 homeless children (6–16 years old) from 52 families residing in two private and two public, not-for-profit transitional housing shelters for homeless families within one Midwestern state par-

anticipated in the study. Each shelter housed between 18 and 24 families for a period of 90 days during which time the adults were expected actively to pursue permanent housing, jobs, or education. It was required that each family member over the age of 10 years participate in the daily chores (preparing meals, cleaning, etc.) within the shelter.

Each family had its own room but shared a communal bath. A central room served as a dining room, homework room, and children's play room. Transportation to the local public school as well as day care for younger children and an after-school programme was provided. At two of the four shelters, health care services were provided by university nursing faculty and students.

## Measures

### *Drawings*

The researcher, who had met the children on one other occasion, invited the children to describe their hopes through drawings. Art assisted the researcher in gaining access to the experience of hope from the child's perspective and as a means of building rapport, reducing anxiety, and gaining further information (Baumann 1994, 1995). Parse (1992) suggested that art enhances the illumination of the lived experience when children are given an opportunity to tell the story that the art work depicts. The stories embedded in the art accentuate the child's own unique understanding, a process Parse described as languaging. Artwork, from Parse's perspective, 'symbolizes what was, is, and will-be, all-at-once' (Parse 1992 p. 37). Several authors suggest that through artistic expression languaged by children's stories, meaning is clarified (Gilbert 1988, Rasmusson *et al.* 1991). For this project, the children were asked to draw a picture that depicted what hope meant to them. The researcher supplied the child with art materials. At the end of the session each child was given a copy of his/her drawing.

### *Interview*

A semi-structured audio-taped interview was conducted immediately following the completion of the drawing. Moustakas' (1990) heuristic qualitative design was chosen because this approach stresses dialogue when the meanings of human experience are sought. The researcher began the interview with 'Tell me about your drawing and how it represents hope to you.' Further questioning flowed from the responses given by the children. Questions included were: Can you tell me how the people, things, or events in this drawing reflect your hope(s)? What would you add to this drawing that would further depict your hope(s)? What would you add to this drawing that would enhance your hope(s)? What has happened for you that has been hopeful? What do you do to affect your hope

level or that of others around you? What do you do when your hopes are really low? How can you tell a person who is hopeful from one who is not? What differences does it make if a person has hope or does not? These questions were developed based on the work of Hinds (1984) and Jevne (1991).

### *Background data form*

The background data form (BFD) is a self-report measure, designed by the author, to elicit information on age, gender, race, educational level, length of time in current shelter, prior experiences in shelters, presence of brothers or sisters, residing with parent — mother, father, or both. These variables have been identified in the literature as possible correlates of hope (Farran & McCann 1989, Owen 1989, Raleigh 1992).

## Procedure

This study involved the use of methodological triangulation (semi-structured interview and use of drawings). This combination was chosen to enhance the understanding of hope and the hoping process and to contribute to the study's internal and external validity. Cook & Reichardt (1979) suggested that unique knowledge about the study's phenomena may be discovered through this dual approach.

### *Data collection*

After approval from the university institutional review board was obtained, permission to conduct the study at the four homeless shelters was obtained from the director at each shelter. Upon receiving permission to conduct the study, the investigator placed a letter in each family's shelter in-box explaining the study and inviting each adult family member to participate. Those desiring to participate checked yes on the enclosed card and deposited the card into a locked box placed near the entrance to the shelter. Those individuals indicating interest were then contacted by the investigator to set up an appointment for the interview and for completion of the data collection instruments by the adults in the family. A positive response was received from 81% of those adults invited to participate. It was at this initial appointment with the adult member(s) of the family that possible participation by the children in the family was discussed. If permission to talk with the children was granted by the parent(s), the study was then presented in detail to the children. When both parent(s) and child agreed to the child's participation, informed consents were obtained from both parent(s) and child. No eligible child of those parents who consented refused to participate in the study.

### *Drawing and interview*

A time was set up to meet with each child individually at a quiet secluded place of the child's choosing within the

shelter. The entire session including both the drawing and audio-taped interview ranged from 40 to 80 minutes.

Six participants across the age range were re-interviewed to confirm what the investigator had concluded.

### Data analysis

Data were analysed as generated in the form of transcripts and drawings. Transcriptions of the verbatim interactions were analysed following Colaizzi's (1978) method of analysis (see Table 1). The transcript statements were compared with the drawings and were essential to understanding the participants' meanings in the drawings. Analysis of the data involved identifying significant statements from the transcriptions and placing these statements on index cards which were then reordered into stacks that seem to be concerned about the same phenomenon. Strategies to ensure the trustworthiness of the data and findings were established using the framework described by Lincoln & Guba (1985) (see Table 2).

### FINDINGS

This study sample consisted of a convenience sample of 60 children (ages 6 to 16) representing various racial backgrounds: 22 African American, 16 Caucasian, 14 Hispanic, 5 Asian and 3 American Indian. Seventeen sibling groups ranging from two to five siblings per group participated in the study. Forty-nine children were staying at the shelter with their mothers, one sibling group of three children was with their father, and eight children were with both parents. Experience in a homeless shelter ranged from their first experience ( $n = 24$ , 40%) to their fourth experience ( $n = 13$ , 22%). All children attended the local public schools in the community; 42% of the children were at least one grade level behind and 14% two

**Table 1** Data analysis using Colaizzi's (1978) methodology

Criterion	Steps implemented
Acquire a feeling for data (a sense of whole)	Read through each transcription of verbatim interactions in its entirety several times.
Extract descriptive statements significant to the experience	Extracted and placed on index cards significant phrases or statements that related to meaning of hope and engendering hope in the homeless child.
Formulate meanings from the significant statements Organize the meanings into general themes	Determined meanings for each of the significant statements or phrases. Repeated each of the first three steps then organized into stacks representing general themes, those statements or phrases having the same meaning.
Develop an exhaustive description of the themes	Developed an exhaustive description of the themes related to engendering hope in homeless children and compared with the childrens' drawings.
Define the essential structure of the concept	Formulated a statement of identification of the fundamental structure of hope in homeless children. This involved the transference of the language of the homeless child into the language of science.
Validate the findings with the subjects	Confirmed findings through re-interview of six homeless children across the age range.

**Table 2** Trustworthiness of data and findings using the Lincoln and Guba (1985) Framework

Criterion	Specific strategies used
Credibility (internal validity)	Data collected using both interviews and drawings. Confirmation of findings through re-interview of six participants across the age range.
Dependability (stability and reliability)	Two experts in qualitative analysis reviewed at random nine participants' transcripts, drawings and analyses. Comparable conclusions were drawn.
Transferability (external validity)	Description of methodology and findings reported in sufficient detail to allow judgements concerning applicability to other populations. Diversity evident in background of study participants (age, race, grade level, prior experience in shelter, family structure).
Confirmability (neutrality)	Assumptions about hope in homeless children were set aside by the researcher. The researcher immersed self in the data.

or more grade levels behind. Background data are given in Table 3.

### Meaning (essence) and process of hope

The essence of hope came alive through the children's drawings and 'stories'. The children, irrespective of age, became engaged in their drawings and subsequent stories; any initial hesitancy that had been present disappeared. Hope was envisioned as multifaceted, constantly evolving, and entailing the process of creating and recreating hope in the midst of constant changes in their lives. Their drawings and stories depicted the meaning of hope, its dimensions, its complexity, and its connection with the past, present, and future.

Many of the drawings involved images (symbols); for many the tree came to symbolize hope. The children's explanations of hope were synthesized and interpreted as follows:

A tree is like hope because it grows from a single stem (core of hope) with only a few branches (several hopes) into a full grown tree (mature hope) with many branches (many hopes).

A young tree is very fragile and in need of just the right amount of water and sunlight to grow; hope at first is very fragile but flourishes with care.

Young trees bend with every wind, this is nature's way of making them stronger; hope gets redefined and stronger with each difficult life event. Tree branches may break off in bad storms but the tree trunk stands tall; specific hopes can get lost or set in another direction but the inner core of hope remains intact.

Trees and their leaves come in various shapes, colours, and sizes; hopes come in many dimensions. Trees drop their leaves in the fall, hibernate for the winter, and then emerge with new beauty in the spring; hope sometimes hides and needs the warmth of spring (other caring, hopeful individuals) in order to emerge in full again.

A tree provides shade, safety, and strength from the storms of life; hope provides a refuge from life adversity and grows when it is shared with others.

All of the children, irrespective of age, were able to identify what was hopeful in their lives and felt that hope was absolutely essential despite their expressed distress about the constant disruptions and lack of stability in their lives. Hope was described as two-dimensional, an inner centre core of hope, and an outer ring of flexible directed hopes. This inner centre core was described as something deep inside one's self that remains positive despite the loss of specific hopes. The outer directed hopes could change or be redefined and for these children were related to having adequate food, having a place of their own, and having a special someone with whom they felt a connection, a sense of mutual sharing and trust, and unconditional positive regard.

### Hope engendering strategies (themes)

Hope-engendering strategies (themes) were defined as those resources that served to enable hope by facilitating the hoping process in some way (Herth 1996). Five themes emerged across the age groups from the data: connectedness, inner resources, cognitive strategies, energy, and hope objects (See Table 4). The emphasis or weight that children gave to each of these five themes varied according to the ages of the children and fell into the following groupings: school-age children (6 to 8 year olds), preadolescent (9 to 12 year olds), and adolescents (13 to 16 years olds). The data are presented separately for each age group.

### School-age children

Most 6 to 8 year olds drew pictures of a house, often the current shelter with mom, friend or teacher holding the child's hand in an open doorway, with their other hand

**Table 3** Characteristics of the study participants. Background data for the sample of homeless children ( $n = 60$ )

Characteristic	<i>n</i>	%	Characteristic	<i>n</i>	%
<i>Age</i>			<i>Residing with parent</i>		
6–8 year olds	27	45	Mother	49	82
9–12 year olds	21	35	Father	3	5
13–16 year olds	12	20	Both	8	13
<i>Gender</i>			<i>Grade level</i>		
Males	37	62	Above	0	0
Females	23	38	At	27	44
<i>Race</i>			Below one grade	25	42
African American	22	37	Below two or more grades	8	14
American Indian	03	5	<i>Presence of brothers/sisters</i>		
Asian	05	8	<i>Sibling groups</i>		
Hispanic	14	23	1 sibling	6	
Caucasian	16	27	2 siblings	2	
<i>Length of time in current shelter</i>			3 siblings	4	
<7 days	4	7	4 siblings	3	
7–14 days	8	13	5 siblings	2	
15–28 days	14	23			
29–42 days	15	25			
43–63 days	13	22			
63–90 days	6	10			
<i>Prior experience in shelter</i>					
First	24	40			
Second	11	18			
Third	12	20			
Fourth	13	22			

**Table 4** Categories of hope — engendering strategies

Category	Defining characteristics
1. Connectedness	Perceived sense of meaningful link with others (family members, friend(s), caregiver, role model).
2. Inner resources	Internal strengths that positively impact one's response to a situation/event.
3. Cognitive strategies	Thought processes used consciously to transform perceptions into a positive frame.
4. Energy	Physical and psychosocial vitality that impacts the capacity for action or accomplishment.
5. Hope objects	Those inanimate objects that possess a significant meaning to the individual.

holding a favourite toy (stuffed animal, doll, toy car). The dwelling was surrounded by flowers and trees with a place nearby to play. Smiles were often present on the faces; only a few drew sad faces but explained that 'sometimes you have to be sad before you can smile again'. This age group was eager to tell a story about their drawings and was not concerned about the realistic probability of the outcome. These children's hopes were very present orientated, unlike the older children who had more of a future orientation. Having fun and sharing laughter with friends and/or siblings engendered hope in the eyes of these children. A sense of connectedness with significant others (parent, friend, teacher) and the presence of hope objects (favourite toys) were very important to their attaining and maintaining their hope. Most of the children expressed that hope comes from deep inside one's self and must be shared with others if one wants more to come back to self. The children often relayed stories about their favourite characters that denoted hope from fictional books that they had either read or had read to them. Two favourite books available in the shelter that the children identified as engendering hope were *The Little Engine that Could* and *The Flower that Grows in a Crack in the Sidewalk*. Both books stress never giving up and support the idea that it is always possible to reach your goal.

### Pre-adolescent

The 9 to 12 year olds spent much more time thinking about what to draw; their drawings often included a picture of a home/club house but unlike the school age child, never incorporated a picture of the shelter. Friends and significant others were always present in the drawings along with a smiling adult in the background. These children explained that the adult in their pictures represented someone they looked up to and wanted to be like

when they grew up (role model); it signified their hope for the future. A sense of connectedness was evident as the pre-adolescents talked about how someone significant in their lives had enabled their hopes. These pre-adolescents were always in the centre of the action in their drawings whether it be participating in a sports game, a game of marbles, or celebration; also, an award or gift was always involved. As the children explained, receiving an award or gift (hope objects) said to them they were worthy of having hope and that tomorrow would be better. These pre-adolescents were able to identify without hesitation what was hopeful in their lives but cautioned that often you had to work at (expend both physical and psychosocial energy) engendering and maintaining your hope. Cognitive strategies, such as imagining themselves in a positive situation, laughing at themselves and their circumstances, and 'just plain talking to yourself that things would get better in the future' were ways these pre-adolescents kindled their hope.

### Adolescents

The 13 to 16 year olds were much more self-conscious about drawing, but once into the actual drawing, relaxed and expressed enjoyment in the process and in telling their 'stories of hope'. Their drawings depicted wide open spaces often with a few trees but no buildings. Being free and open to the possibility of hope was evident in the openness within their drawings. Individuals in the picture included either just self or a friend or two involved in activities, such as listening to music or playing in a sports event. Some drawings were representative of self in a future adult career role. Music was present both in their drawings and in their stories and was described as a cognitive strategy that could bring a sense of hope and connectedness. Hopes usually involved a specific goal and working toward achievement of that goal. These adolescents described the importance of personal competence (small successes and memories of successes from the past) to engendering their hope. Their hopes involved not only hope for themselves but often hope for others (siblings, parent, or close friends). Symbolism (trees and rainbows) was very evident in both their drawings and in their stories. The adolescents identified their need to feel connected to at least one other person, and also noted the importance of others having hope for them. The dimensions of forced effort, finding resources within themselves, and using physical and cognitive strategies that served to remove negative thoughts and engender hope during these dire circumstances were evident throughout their stories. Often their stories were sad, reflecting tremendous losses, but almost always there emerged an inner strength that rekindled their hope even in the worst of situations. Most stressed that a conscious effort (mobilization of physical and psychosocial energy) was required to kindle the hope,

but with each flicker of hope, new energy appeared. As one adolescent explained, 'Hope requires a sense of willfulness, seeking outside interests, and planning for the future!' Seeking resources as well as cognitive strategies such as talking to self, posting notes, and 'being tough' fostered their hope. Nine of the adolescents felt that finding deep inner strength and a confidence in oneself gave him/her a renewed sense of hope.

## DISCUSSION

This study is the first to examine hope from the perspective of homeless children between the ages of 6 and 16 years. The findings of this study lend support to the active presence of hope in homeless children, regardless of their dire circumstances, and contribute to the growing body of knowledge related to the experience of homelessness in children.

Hope, as envisioned by homeless children in this study, is two-dimensional involving both an inner core of hope that is always present and an outer flexible ring of directed (specific) hopes that can be redefined and refocused. This finding supports Dufault & Martocchio's (1985) conceptualization of hope as both global as well as time specific and that during times of great uncertainty, the hoping self tends not to generate specific hopes but is most likely to retain general hopes.

The homeless children in the present study identified hope-engendering strategies in the key categories of connectedness, inner resources, cognitive strategies, energy, and hope objects. The emphasis that children gave to these five themes varied according to whether they were school age, pre-adolescent, or adolescent. Several strategies were identified by each child, suggesting that hope in these children is engendered and maintained through multiple means. These key categories were very similar to those sources of hope identified in studies of acute, chronically and terminally ill individuals, older adults, and mentally ill adults (Dufault & Martocchio 1985, Miller 1989, Raleigh 1992, Kirkpatrick *et al.* 1995). The children's hope-engendering strategies were also very like those of their homeless parent(s) (interconnectedness, personal attributes, cognitive strategies, stepwise goals, energizing moments, and affirmation of worth) with one additional category being hope objects. Hope objects were described as those inanimate objects that had special meaning; examples were diverse including a teddy bear, an autographed softball, and a lilac pin. Hope objects have been identified previously as sustaining hope in older adults in long-term care facilities (Herth 1993); it may be that when the number of possessions are limited, the few remaining possessions take on significant meaning.

Of particular note in the current study, specifically with the pre-adolescents and adolescents, was the importance of both physical and psychosocial energy as well as the

forced effort required in order to sustain hope. Similar findings were identified in studies of homeless parent(s) (Herth 1996) and seriously ill adolescents (Hinds 1988). These present findings support the earlier works by McGee (1984), Hinds (1988), and Owen (1989) and further support that hope not only requires an initial investment of energy but also gives off energy. The need constantly to manage negative outside factors and to foster one's inner sense of hope in order to remain hopeful was identified earlier by Ersek (1992) in bone marrow transplant patients.

Adolescents in this study focused their hopes on 'others' in contrast to only 'self', similar to seriously ill adolescents in a study by Hinds (1988). It may be that homelessness, like serious and life-threatening illness, might have a maturational effect upon adolescents.

The children's drawings and stories, irrespective of age, included the presence of a significant other. For the younger children, the significant other was often the parent or teacher; for the pre-adolescents and adolescents, it was a friend and/or someone they identified as a role model. The need for connectedness with at least one other person in order to sustain and engender hope has been identified in earlier research on hope in adolescents and adults (Owen 1989, Herth 1990a); this present study expands the findings to those as young as 6 years of age.

Homeless children in this study talked about the importance of sharing laughter and its positive role in sustaining hope. The finding that using humour enables hope supports and expands prior findings involving only adults (Herth 1990b, 1993, Miller 1991) to include that of school age children and preadolescents. According to Luthar & Zigler (1991), resilient, highly stressed children score higher in humour generation than highly stressed less resilient children. Laughing and having fun may provide a buffer against stress for these children (Percy 1995).

It was evident in the findings for the school age children that story characters who exemplified hope served as hope role models for the children. This supports a study by Farkas & Yorker (1993) in which bibliotherapy was used to model positive behaviours with homeless children.

The drawings and stories of the children in this present study showed a marked difference in time orientation according to the age of the child. School age children demonstrated a present orientation while adolescents revealed a future orientation; these findings support prior work done by Wright & Shontz (1968) in children within a rehabilitation setting.

The processes of sustaining hope by the pre-adolescents and adolescents in this study were similar to those found by Hinds (1988) in the seriously ill adolescent, namely cognitive discomfort (sense of uneasiness and desire for relief), distraction (cognitive and behavioural activities to relieve uneasiness), cognitive comfort (period of solace and lifting spirits), and personal competency

(commitment to taking care of self). Hope for the pre-adolescents and adolescents in the present study had to be redefined as their circumstances changed. The dimensions of forced effort and feeling of personal competency were evident throughout.

A notable difference between the strategies employed by the homeless children in the present study and in other studies examining hope was the lack of the use of spiritual strategies by the children. This may be reflective of age, since prior studies involved adults or seriously ill adolescents, as well as the physical, psychological, and spiritual deprivation homeless children have experienced over time and the need for these children to concentrate on obtaining the basic requirements of life (food, shelter, clothing). Interestingly similar findings were reported by Wake & Miller (1992) in their study of hope strategies used by critically ill individuals in six countries (Belgium, Canada, Columbia, England, France, and United States). Spiritual strategies were only mentioned as hope strategies by individuals in the United States whereas in the outside countries where concern for providing adequate food, clothing, and shelter for family was present, spiritual strategies were not mentioned.

### Implications for nursing practice

The findings of this study have practical importance for nursing practice, as they provide a framework for selecting strategies to foster hope in homeless children from school age through adolescence. A common theme was the presence of a sense of 'connectedness' between self and another person, of feeling cared about and of being listened to, and valued. Marcel (1962) believed that hope exists only with interaction between a giver and receiver. Presence, understanding, and acceptance may be vital hope-engendering strategies in the shelter environment irrespective of age. According to Baumann (1993 p. 60), 'true presence is a way of being with the children that is attentive, open, nonjudgmental, and genuinely respectful of the child's becoming'.

The development of an understanding of what hope means to homeless children enables nurses in a variety of settings (school, clinic, home) to develop programmes that build on strengths that children have already developed (Wiley & Ballard 1993). School nurses are in an ideal position to change the way homeless children are perceived in the classroom and to educate teachers and staff about the needs of homeless children. Besides providing primary care and referral services, nurses can be instrumental in establishing day care programmes, after school programmes, and links to counseling.

Nurses can use the categorical themes identified in the study to foster hope through helping the child to develop hoping resources and cognitive strategies thus strengthening the hoping inner core. Suggestions include: actively

listening to 'hear the stories' and understand the experiences, challenges and complexities of homelessness to the child; being present with the child and emphasizing potential rather than limitations in a nurturing environment; providing encouragement and delight in the hopes expressed; assisting the child to have small successes and in remembering and cherishing prior successes; giving support and guidance in the development and refocusing of stepwise goals; inviting the use of cognitive strategies such as reframing and mental imaging; using music to enhance a sense of connectedness (Peden 1993); recognizing the importance of favourite toys and awards (hope objects), encouraging reading and being read to of inspirational books (bibliotherapy), supporting the inner resources of endurance, courage, and toughness; and fostering playfulness and humour. Nurses need to assess the source of each individual child's hope(s) and then develop or modify strategies to strengthen the hope that arises from both within and outside the person. It may be important to incorporate awards and affirmation and confirmation of the child into interactions with homeless children.

### Implications for future research

This current study provides a preliminary framework for better understanding the experience of hope in children who are homeless. Nurses in school, clinic, hospital, and home settings are in a unique position to assess and engender hope in homeless children. Potential exists for the hope-engendering categories identified in this study to serve as preliminary guides for the development or use of existing interventions to foster hope in homeless children. The role of nursing is to nurture the children so they may continue to hold on to their unique hopes even in difficult times.

There is a need for replication of this study with a larger, randomly selected sample of the homeless children population both in the shelters and those living on the streets. Investigation of hope in the future needs to address nurses' role in the enhancement of hope in those they care for and its relationship to outcomes — specifically children's health, development, academic success and behaviour (Kemsley & Hunter 1993). Studies are needed to test the efficacy of various nursing interventions designed to strengthen hope. Longitudinal research is needed to explore children's hopes throughout childhood and through a variety of life experiences.

### CONCLUSIONS

It remains a challenge for nurses to facilitate hope in homeless children given the complex nature of hope and homelessness. The intent of this study was to capture the meaning of hope to homeless children from 6 to 16 years of age. The essence of hope is contained within this



quotation from an 11-year-old boy who has lived with his mother and two younger brothers and a younger sister in three homeless shelters and on the streets over the past 4 years of his life:

Hope is essential! If you don't have hope for the future, you'll be kind of dead. Your mom and sisters and brothers have to see hope in you for them to catch it. Hope sort of comes from way down deep inside yourself; sometimes it takes someone who cares about you to help you believe in hope. You have to sometimes dig deep but it's there. You must share that hope with others if it is to grow stronger and be a light for others' hope.

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