INSTITUTO
UNIVERSITÁRIO
DE LISBOA

Self-categorization, multiple categorization and well-being of homeless population in Lisbon

Francesca Solerti

Master in,

Community Psychology, Protection of Children and Youth at Risk

Supervisor:

Doctor Rita Guerra, Integrated Researcher, Cis_Iscte

October, 2021

CIÊNCIAS SOCIAIS
E HUMANAS

Departament of Social and Organizational Psychology

Self-categorization, multiple categorization and well-being of homeless population in Lisbon

Francesca Solerti

Master in,
Community Psychology, Protection of Children and Youth at Risk

Supervisor:
Doctor Rita Guerra, Integrated Researcher, Cis_Iscte

October, 2021

Acknowledgements

I would like to express my gratitude to all those who motivated and helped me through the development of this project.

First of all, I would like to thank my supervisor, Prof. Dr. Rita Guerra, who with care and dedication guided this process from the beginning, when ideas were many and confused, to the end, teaching me and introducing me to many theories and methods that were new or in which I had many gaps.

Second, I must thank all the people who made themselves available to answer my questionnaires. I was greeted with patience and kindness, and I saw the desire to help to give voice to a segment of the population that many times is invisible or discredited.

I am grateful, to Iscte and to Ares do Pinhal, for giving me the opportunity to work in one of the emergency centers for homeless people, next to residents and colleagues who made me grow immensely. Thanks to this, began my motivation to study and write about this population.

Then, to the institutions and associations: AMI, Ares do Pinhal, AVA and VITAE and the municipality of Lisbon, who facilitated the process of data collection and made this study possible; as well as Npisa who offered to help me in the research of statistical data.

Thanks, to my family, who now, more than ever supported me, endured me, and until now encouraged me to study and to commit myself to academic work.

I cannot forget to mention my friends, from Italy to Portugal, who have supported me during these months and allowed me to be peaceful in this journey. To the friends who helped me by giving me opinions and corrections on this project, and to those who helped me relax in my free time between one chapter and another.

Resumo

As pessoas em situação de sem abrigo são extremamente estigmatizadas, especialmente porque são consideradas responsáveis pela própria situação. Cada pessoa constrói ativamente a própria identidade, portanto, uma pessoa pode não se identificar como sem-abrigo, mesmo encontrando-se nessa situação. O *Rejection Identification Model*, propõe que a identificação endogrupal pode ter um impacto positivo no bem-estar psicológico. No entanto, estudos realizados com a população sem abrigo tiveram resultados opostos, uma vez que a identificação com o grupo esteve associada a piores indicadores de bem-estar psicológico. Um fator que se tem mostrado benéfico em outros estudos com esta população é o sentimento de pertença a múltiplos grupos. O presente estudo visa explorar o impacto da auto-categorização e da pertença a múltiplos grupos no bem-estar subjetivo (i.e., humor negativo e satisfação de vida) em pessoas em situação de sem-abrigo dos centros de acolhimento temporário de Lisboa. Os dados foram recolhidos com um questionário (n=96). No geral, os resultados confirmaram estudos anteriores, encontrando-se uma correlação negativa entre a auto-categorização como sem-abrigo e a satisfação de vida e ainda uma correlação positiva com o humor negativo. Os resultados mostraram ainda o impacto positivo da pertença a múltiplos grupos no bem-estar psicológico. Não foram encontrados resultados significativos relativamente à utilização de serviços, nem efeitos moderadores da discriminação percebida na relação entre a auto-categorização e bem-estar psicológico. Estes resultados salientam a importância de reduzir a ênfase do rótulo "sem abrigo" com as pessoas que se encontram nesta situação, e ainda de promover fontes alternativas de identificação social nesta população.

Palavras-chave: Homeless, Self-categorization, Social Support, Multiple Group Membership, Psychological Well-being

PsychINFO codes:
3020 Group & Interpersonal Processes
3040 Social Perception & Cognition

Abstract

Homeless people are among the most stigmatized, especially since they are commonly held responsible for their situation. Individuals actively constructs their own identity, so a person may or may not categorize as homeless even if encountered in this condition. The rejection identification model holds that identification with one's own group can have a positive impact on psychological well-being. However, studies attempting to replicate this model with the homeless population showed opposite results: greater identification with the group was associated with worse indicators of well-being. One factor that has been shown to be beneficial for homeless individuals' psychological well-being is self-categorization with multiple groups. This study aimed to explore the impact of self-categorization and multiple group membership on subjective well-being (i.e., negative mood and life satisfaction) of homeless individuals living in Lisbon's temporary housing centers for homeless people. Data were collected via paper and pencil questionnaires (n=96). Overall, the results confirmed existing studies, showing a negative correlation between self-categorization as homeless, and life satisfaction and a positive correlation with negative mood. The results also showed the positive impact of multiple group membership on psychological well-being. No significant associations were found for service use, nor any moderating effect of perceived discrimination in the relationship between self-categorization and psychological well-being. These results underline the importance of reducing the salience of the label "homeless" with people in this condition, as well as of promoting other sources of social identification among the homeless population.

Keywords: Homeless, Self-categorization, Social Support, Multiple Group Membership, Psychological Well-being

PsychINFO codes:
3020 Group & Interpersonal Processes
3040 Social Perception & Cognition

Table of contents:

Index of tables

Introduction

Experiencing homelessness is the condition of not having an "adequate dwelling (or space) over which a person and his/her family can exercise exclusive possession (physical domain); being able to maintain privacy and enjoy relations (social domain) and having a legal title to occupation (legal domain)" (Amore et al., 2011, 24). This social phenomenon is increasing all over the world, in particular, in Portugal an increase has been noticed. Indeed, in the year 2009, 2133 people experiencing homelessness were registered and in 2019, a total of 7101 was found (ENIPSSA, 2019). The economic crisis due to the COVID-19 pandemic further aggravated the national picture, with an estimated increase of 16% of people in homelessness condition (NPISA, 2021). In order to cope with the difficulties brought by the pandemic to this population, the Lisbon municipality activated 4 emergency accommodation centers where 743 people flocked during 2020 (NPISA, 2021). The analysis of the composition of the users of this service revealed very diverse characteristics of the population experiencing homelessness, for example in terms of age, nationality, level of education, and history of homelessness (Ares do Pinhal, 2021).

Although the profile of the homeless person is very heterogeneous, the common stereotype is of someone suffering from mental illness or with substance addiction or criminality (Lee et al., 2004). This stereotype burdens the homeless population by charging them with a feeling of responsibility for their condition, producing a high stigmatization associated with this condition (Bos et al., 2013). This stigmatization and subsequent perceived discrimination have detrimental effects on people's physical and psychological well-being, such as an increase in symptoms of anxiety, depression and suicidal ideation (Jones et al., 2014). Analyzing the literature on discrimination and social identity, two distinct approaches emerged that highlight how identification with one or more groups can have a positive impact on psychological well-being. The first one, the Rejection Identification Model, postulates that the negative impact of discrimination on well-being is mitigated by a sense of belonging to the discriminated group (Branscombe et al., 1999). However, recent research conducted with the homeless population did not replicate the beneficial effects of identifying as homeless (Walter et al., 2015). Instead, research suggests that other social psychological factors, such as identification with multiple groups was associated with a greater perception of psychological well-being among homeless population (Johnstone et al., 2015).

Building on these findings, the aim of the present research is to replicate previous studies carried out with homeless population (Walter et al., 2015; Johnstone et al., 2015), focusing on the two social psychological approaches referred above. Specifically, we first explored the association between self-categorization as homeless and psychological well-being and service utilization (i.e., satisfaction and use of services provided by the accommodation center), as well as the association of multiple group membership with psychological well-being. Second, extending previous research, we also explored the impact of perceived discrimination in the relationship between self-categorization and well-being. Considering the lack of positive impacts of self-categorizing as homeless found in previous research (Walter, et al., 2015) we explored if this relation would be dependent on individuals' perceived discrimination, such that self-categorizing as homeless may only be beneficial for those perceiving less discrimination. Finally, we also explored if the previous positive impact of multiple group categorization on psychological well-being would also replicate for perceived social support.

In chapter 1, we present a literature review and an in-depth analysis of the theories relevant to the current research. Specifically, we define homelessness, highlighting its consequences in people's well-being, and examine the concepts of discrimination, stigmatization as well as the Rejection Identification model and the Multiple Social Categorization approach. We also provide a brief contextualization of homelessness prevalence and services available in the Lisbon territory. Then, Chapters 2 and 3 outline the research questions, methods and results. Finally In Chapter 4 we discuss the main findings, limitations and potential implications.

CHAPTER 1

Literature review

1.1 Definition of homelessness

When talking about homelessness, people usually refer to a person that lives in the street, roughly, without nothing to eat and nowhere to sleep, but homelessness includes much more than this. For this reason, a shared categorization was created at the European level, the "European Typology of Homelessness and Housing Exclusion" (ETHOS), developed by FEANTSA (European Federation of National Organisations Working with the Homeless), with the aim of finding a common definition for this condition. The importance of defining this concept lies especially in allowing a more accurate identification, quantification and characterization of people living in this situation and consequently establishing more adequate policies and interventions. According to ETHOS, having a home means "having an adequate dwelling (or space) over which a person and his/her family can exercise exclusive possession (physical domain); being able to maintain privacy and enjoy relations (social domain) and having a legal title to occupation (legal domain)" (Amore, et al., 2011, p.24). ETHOS classifies homelessness in two major categories: roofless and houseless. Roofless people may live in the public space or in a night shelter, where they are only allowed to stay during the night. Houseless people refer to people in accommodation for the homeless (homeless hostels, temporary accommodations or transitional supported accommodations), women accommodated for short-term periods in shelters due to domestic violence, immigrants in temporary accommodations, people due to be released from penal, medical and children's institutions, and includes also people receiving long-term support due to previous homelessness (Amore et al., 2011). Housing exclusion completes these two categories of unstable living conditions and includes insecure and inadequate dwellings like occupied houses or mobile homes (Amore et al., 2011).

In 2009, a policy was implemented in Portugal to consolidate strategic and holistic practices of prevention and intervention: the "Estratégia Nacional para a Integração de Pessoas em Situação de Sem-Abrigo" (ENIPSSA). This policy defined a homeless person as "the one that, independently from his/her nationality, racial or ethnic origin, religion, age, sex, sexual orientation, socioeconomic status and physical and mental condition, is: roofless, living in the public space, in temporary institutions or shelters or homeless, staying in inadequate housing"

(ENIPSSA, 2009, p.16). The importance of the agreement about a common national definition is crucial to study and understand this social phenomenon that has severe detrimental consequences for individuals psychological and physical well-being (Amore et al., 2011).

1.2 Homeless physical and psychological well-being

Homelessness is associated with several health and social problems, as people who end up in this situation normally bring with them a burden of problems that cause or contribute to their exclusion from society (Weng & Clark, 2018). Homelessness, in turn, tends to worsen these problems, and to create other issues like severe health conditions or addictions (FEANTSA, 2017).

With the significant growth of income, housing, and labor inequalities, as well as with the deinstitutionalization of mental health services, homelessness has started to become a condition that can be chronic (FEANTSA, 2017). A significant amount of people who end up living on the street arrive at this stage due to problematic substance use and mental health problems that are not adequately treated, and they often also lack a stable social support network (FEANTSA, 2017). Many people in a condition of homelessness have suffered trauma, abuse, and adverse experiences during their lives, have been excluded from the education and employment system, and have not developed healthy relationships nor living skills (FEANTSA, 2017). Sometimes people become homeless as a result of an expulsion from housing by family, friends or by landlords, sometimes of an escape from harmful domestic situations or of a release from incarceration; most of the time stressful life events are at the origin and maintenance of homelessness (Weng & Clark, 2018). Housing instability and poverty increase the likeliness of people being involved in robberies, addictions, violence and incarceration, consequences that can lead to a substantial distancing with one's social network and to a higher probability of developing psychiatric disorders (Weng & Clark, 2018).

In terms of physical health, living on the street, with the associated exposure to cold and wet weather, has detrimental consequences, such as respiratory diseases, problems of the digestive tract, coronary heart disease, skin diseases and injuries. These are reported to have a higher incidence in the homelessness population than in the rest of the population, usually associated with poor hygiene, poor nutrition, and poor living conditions (Flick, 2007). The population with a long history of homelessness has an average life expectancy of 44 years, significantly lower than the 77 years within the general population (FEANTSA, 2017). People living in homelessness constantly face the risk of being robbed or assaulted, and due to severe financial

difficulties may become involved in illicit activities such as drug trafficking and the sex trade, which in turn have risky consequences on their health (Kelly & Caputo, 2007).

According to the guide developed by FEANTSA in 2017, homelessness affects people at many levels, beyond physical health, for instances hindering their self-esteem and confidence. Social isolation and low social support contribute largely to the development of mental health problems (Hwang et al., 2009). Homeless people report to be more affected by stress, anxiety, depression, and psychotic symptoms compared to the general population and tend to appeal to self-medication with alcohol and drugs (FEANTSA, 2017). Suicide ideation appears to be 10 times higher in homeless population that in general population, a clear indicator of a poor mental well-being (Flick, 2007). It is relevant to talk about homeless people well-being since homelessness is associated with lower levels of well-being. Well-being, in this context, refers to subjective well-being, that is, the individual perception of one's positive functioning. Existing literature regarding the homeless population focuses primarily on well-being by merely analyzing issues related to physical and functional health (Gardemann et al., 2021). Hence, it is important to examine subjective dimensions of psychological well-being in a population that is underrepresented in research (Gardemann et al., 2021).

Diener (2009) developed a well-known model of subjective well-being, conceptualizing it as a combination of 3 dimensions of affective states and cognitive judgements: the presence of positive mood, the absence of negative mood and life satisfaction (Diener, 2009). It is important to stress that it is a subjective measure, that is, it refers to the individual experience and perception of well-being (Diener, 2009). In the current research we specifically focus on homeless people's life satisfaction and negative mood aspects of well-being, following previous research conducted with this population.

An important psychosocial factor that can have serious impacts on homeless people's subjective well-being, as well as on other stigmatized groups, is stigmatization, causing many harmful effects, such as depression, anxiety, stress, engagement in risky behaviors and undermining aspirations and achievements (Jones et al., 2014).

1.3 Stigmatization and Perceived discrimination

Homeless people are one of the most stigmatized groups in society, even seen as "less than humans" (Belcher & Deforge, 2012). They are often perceived as intimidating, non-productive and as the symbol of failure and disorder of the society (Belcher & Deforge, 2012). What makes the discrimination that this population experiences so high is that it is considered legitimate, as

homelessness is considered a controllable state and homeless are perceived to be totally responsible for their condition (Johnstone et al., 2015). This assignment of responsibility that is felt as deserved allows for a lack of empathy towards homeless people and easily elicits resentment and judgmental behaviors (Bos et al., 2013). Once the individual feels that he/she is stigmatized, this becomes internalized, provoking psychological distress and is highly detrimental for self-concepts, making the person self-categorize as inferior and less deserving (Bos et al., 2013).

Stigma is a "mark that distinguishes a person or a group in a negative way, and sets it apart physically, socially or psychologically" (Jones et al., 2014, p. 207). Stigmatized people are believed to have some feature that makes them different from the others and makes them considered less worthy (Major & O'Brien, 2005). The behavior that follows the stigma, or the negative stereotype, is discrimination, that is the unfair differential treatment of people that are marked by a stigmatizing condition (Jones et al., 2014). The subjective perception that one individual faces about being discriminated is called perceived discrimination and lies in the perception that the perpetrator believes that the individual and others like him/her are unworthy (Schmitt et al., 2014). People who perceive discrimination experience increased anxiety and a sense of threat to which they can respond with two mechanisms: disruptive apprehension (anxiety for the threatening situation) or projective disidentification (disidentifying from the stigmatized label) (Jones et al., 2014). A meta-analysis conducted by Pascoe and Richman (2009) highlights the various effects that perceived discrimination has on individuals' physical health. For example, research showed heightened stress responses appear after that an individual experiences discrimination, and these responses can lead to risky impacts on health, like an exaggerated cardiovascular responses and influence on blood pressure (Pascoe & Richman, 2009). Frequent discrimination can also be a chronic stressor that hampers individual's protective factors and self-control resources, increasing participation in unhealthy behaviors while reducing healthy behaviors, making the individual more vulnerable to physical illness (Pascoe & Richman, 2009). Beyond the impact on physical health, perceived discrimination can also impact social support and stigma, that have then a significant effect on people's health. The awareness of having a consensually devalued social identity leads to be more exposed to identity-threatening situations. The appraisal of identity-threatening situations depends on various factors, like collective representations of one own's group, the extent of exposure to potential threatening situations and personal characteristics (e.g., stigma sensitivity) (Major & O'Brien, 2005). Identity threats generate cognitive, emotional and physiological responses that have many implications in psychological and physical well-being (Major &

O'Brien, 2005). Adaptive stress responses are activated when facing discrimination, like vigilance and anxiety, that when are protracted in the long-term impact on the individual's health and self-esteem (Major & O'Brien, 2005). Specifically, responses to threat affect health at the cardiovascular level and also by increasing blood pressure and cortisol levels (Major & O'Brien, 2005). A meta-analysis of Schmitt and colleagues (2014) showed that perceived discrimination was significantly correlated with many measures of psychological and subjective well-being (i.e., psychological distress, positive and negative mood, self-esteem and life satisfaction), and importantly regardless of which measure was analysed, perceived discrimination was consistently found to have a detrimental impact on subjective well-being. These meta-analytical findings also showed that concealable and controllable stigmas had more negative effects on subjective well-being (Schmitt et al., 2014). Personal perceived discrimination also, showed a worse impact on well-being compared to discrimination perceived at the group level (Schmitt et al., 2014).

Homeless people not only face the discrimination for being homeless, but often are targeted by other sources of discrimination, like those surrounding mental illness or drug abuse (Johnstone et al., 2015). Most homeless people face an intersectional discrimination because they often are discriminated based on multiple marginalized memberships, such as based on race/ethnicity, gender, sexual orientation or disabilities (Verissimo et al., 2021). Research conducted with non-homeless population showed that people experiencing multiple discriminations tend to end up more often in emergency rooms and to display a more severe pattern of lifetime substance abuse (Verissimo et al., 2021). Studies with the homeless population showed that people in this situation report a devalued sense of self and identity, as well as a very low perception of self-worth and self-efficacy (Murthy, Stapleton & McHugh, 2021). Stigmatization worsens their social exclusion, the break of the relationship between the individual and society, marginalizing the person from social relationships and labor market. The negative consequences of perceived discrimination are amplified by the feelings of blame that homeless people experience for their living condition and tend to worsen their negative general condition, making the exit from homelessness even more difficult (Johnstone et al., 2015). The simple fact of knowing that they are target of prejudice has a detrimental impact on the person's subjective well-being, and the way that the individual reacts depends on several factors and especially on how the person identifies with the stigmatizing label.

While perceived discrimination has a negative impact on well-being, it had also been associated with increasing group identification, that in turn has a beneficial effect on subjective well-being (Schmitt et al., 2014).

1.4 Rejection- Identification Model

Perceived discrimination often leads to a negative impact on self-esteem and psychological well-being, as well as a feeling of being excluded (see Schmitt et al., 2014 for a meta-analysis). However, research also demonstrates that discrimination can have an impact on strengthening the feeling of identification with the group (Branscombe et al., 1999). Indeed, a study with African Americans found that individuals after being discriminated against reacted to inequities by boosting their feeling of identification with the discriminated minority group, and identification with the group displayed direct positive effects on self-esteem (Branscombe et al., 1999). Branscombe theorised this in her early work on the Rejection- Identification Model, proposing that attributing discrimination to prejudice against a person's own group triggers strong group identification with the group which can then buffer the adverse impacts of being excluded by the outgroup (Branscombe et al., 1999). When people perceive discrimination at a group level, they tend to increase their feeling of identification and feel protected by making comparisons with other members of the ingroup, whereas when the discrimination is perceived at a personal level, comparisons with the dominant outgroup are prevailing and the effects on well-being are worse (Bourguignon et al., 2006). Consequently, when a group-based discrimination is experienced, the distinction between "us" (ingroup) and "them" (outgroup), becomes significant and a stronger identification with the group arises as a psychological resource to face discrimination (Bourguignon et al., 2006). The literature makes a distinction between personal perceived discrimination and group perceived discrimination, where the first refers to the perception of being personally discriminated and the second to the perception that the ingroup is target of discrimination (Armenta & Hunt, 2009). According to the "personal/group discrimination discrepancy", people tend to experience more perceived group discrimination than discrimination directed to the self (Stevens & Thijs, 2018). Perceived personal discrimination was associated to lower levels of self-esteem, while perceived group discrimination was associated to higher levels of self-esteem among people with high group-identification (Stevens & Thijs, 2018). A study conducted with Latino adolescents in the US, found that when controlling for personal perceived discrimination, group perceived discrimination showed a positive association with self-esteem (Armenta & Hunt, 2009). The authors tried to explain these results attributing to group perceived discrimination the power of bringing a sense of belonging and in this way suppressing the negative impact of personal discrimination on self-concept (Armenta & Hunt, 2009). The Rejection-Identification Model

main proposal that identification can be a protective factor when facing discrimination was supported across different studies with different populations, namely with African americans, Latina/o americans, women, older people and people with HIV, as illustrated by the meta-analysis of Schmitt and colleagues (2014).

Nevertheless, the protective effect of identification does not occur with all the groups and especially with the homeless people. Specifically, research conducted with Australian people in homelessness condition showed that self-identification as homeless was negatively associated with subjective well-being, meaning that people who self-identified less as homeless displayed higher levels of subjective well-being (Walter et al., 2015). A possible explanation for this phenomenon is the heterogeneity of the homeless group in terms of age, ethnicities, reasons for being homeless and other factors that make homeless category less relevant and meaningful for individuals' self-representation and make people not identifying with others that are in the same situation (Walter et al., 2015). At the same time, another explanation can be that not identifying oneself as homeless can be protective for one's self-esteem. Identifying oneself as homeless can be particularly harmful for the self-concept since the stereotype of the homeless person is very negative and dehumanizing, of someone with evident symptoms of mental illness or strong signals of substance abuse (Lee et al., 2004). Homeless people could attribute favorable evaluations of the self to protect themselves from feelings of shame and create unfavorable representations of the other members of the ingroup to create a sort of identity hierarchy within homelessness (Murthy et al., 2021). Even if homeless people tend not to identify with the homeless group, they can identify with other categories, and these identifications can serve as a protective factor on subjective well-being (Walter et al., 2015).

1.5 Multiple Group Membership and Social Support

Social categorization is the cognitive process that allows us creating groups according to similarities and differences (Crisp & Hewstone, 2007). Categorization at the cognitive level divides our complex world into groups that share the same characteristics, simplifying impression formation and the understanding of ourselves and the others (Crisp & Hewstone, 2007). This categorization process depends on several factors, such as the context, because people can be part of various groups, according by the salience of a given characteristic in a specific context (Crisp & Hewstone, 2007). Social categorization can occur with varying levels of inclusivity simultaneously, as people tend to feel belonging to multiple identities (Crisp & Hewstone, 2007). Self-categorization theory states that people categorize themselves with an

adaptive function, to produce group behavior and attitudes necessary to give meaning to the social world and give to the individual greater confidence in interacting with others (Turner & Onorato, 1999). When people self-define based on their group membership, they accentuate similarities with the ingroup and differences with the outgroup (Turner & Onorato, 1999). In this way, people "depersonalize" themselves, basing their beliefs and behaviors on the norms, needs, and goals of the salient ingroup (Turner & Onorato, 1999). Self-categorization is not exclusive to a single group, as people can identify with various categories, what varies is the degree of salience of the different identities. Studies suggest that for individuals belonging to a highly discriminated social category it is beneficial to increase the salience of other categories (Walter et al., 2015). Categorization into multiple groups can be beneficial to reduce the polarization of social conflicts and to weaken the strength of a single self-categorization. Indeed, multiple group membership provides an understanding about social identity complexity, reducing intergroup bias and improving social judgments (Crisp & Hewstone, 2007). According to the literature, when people belonging to a discriminated group do not identify with the group target of discrimination, often they identify with other groups from which they obtain social support, since multiple group membership is a positive predictor of subjective well-being (Walter at al., 2015). Therefore, just multiple membership in identity-based groups can be considered as a protective factor for individual well-being (Walter et al., 2015). Indeed, studies showed that the more people feel part of different groups, the better their subjective well-being, and this effect was stronger in socioeconomically disadvantaged populations (Haslamet al., 2020).

Multiple group membership is also associated with a higher perception of social support among homeless individuals (Walter et al., 2015). Social support is the perception of our own's network of social resources, in terms of size, extent and availability of help that we could have from other people (Hwang et al., 2009). It impacts physical and mental health of people at multiple levels: it moderates negative effects of traumatic events, it creates positive emotional states, it fosters healthy behaviours through social modelling, and it has a protective impact on health outcomes (like in cardiovascular disease, depression and mortality) (Hwang et al., 2009). Several studies carried out with homeless individuals have reported a strong association between social support and lower mental and physical health problems, less substance abuse, less engagement in risky sexual behaviour and higher levels of service utilization (Hwang et al., 2009). Social support has many facets (financial, emotional and instrumental) and these have been related to different outcomes in terms of homeless people health indicators (Hwang et al., 2009). For instances, Hwang and colleagues showed that high rates of perceived financial

support were related to better physical health conditions; whereas perceived emotional support was associated with a better mental health condition and instrumental support with lower victimization (Hwang et al., 2009).

So, when people face discrimination, identification can be a protective factor in two different ways: identifying with the stigmatized group (Branscombe et al., 1999) or identifying with multiple groups based on other common characteristics. The first approach (i.e., Rejection Identification Model), is supported by research conducted with groups discriminated on an ethnic/racial base, on sexism and on illness bases (Schmitt et al., 2014) but not with homeless populations, where the identification with the homeless category was a detrimental factor for their well-being (Walter et al., 2015). The second approach, the feeling of belonging to multiple groups, was shown to be a positive factor for homeless people (Johnstone et al., 2015).

1.6 Homelessness situation in Portugal

NPISA (Planning and Intervention for Homeless People Nuclei) conducts an annual diagnosis and to facilitate intervention at local and national level for homeless people. This Nucleus, in Lisbon, is a product of the "Lisbon Social Network" that is composed by Lisbon Municipality, Social Security and Santa Casa de Misericordia (i.e. a catholic institution with recognized public utility, that among other things, works for the social welfare).

According to ENIPSSA database, Portugal in 2019 counted with 7107 people in homelessness condition, of which 2767 living roofless and 4340 homeless (ENIPSSA, 2020). Among these 7107 people, 3145 are found to be in Lisbon, with an estimated increase of 16% (3650 people) in 2020 (NPISA, 2021). Of these people, 79,62% are males, with a high prevalence in the age range between 31 and 64 (ENIPSSA, 2020). The majority of homeless people in Portugal, in 2019, was Portuguese (58%), a significant part of people coming from Portuguese-speaking African countries (11%), and from other countries or unknown origins (17%) (ENIPSSA, 2020). In 2019, 1204 homeless people in Portugal were accommodated in temporary accommodation centers, that is approximately just 17% of homeless people (ENIPSSA, 2020), having an increase in 2020 with the services created for the pandemic situation (NPISA, 2021).

In Portugal, in 2017 was approved the new national strategy of intervention for homeless people (ENIPSSA) designed for the years 2017-2023, with the aim of building a holistic and strategic approach of prevention and intervention of homelessness (Câmara Municipal de Lisboa, 2019). The strategy is developed through 3 main axes: prevention, intervention and

community integration. The prevention consists of a continuous monitorization of homelessness, also tracking situations of risk and habitational instability (Câmara Municipal de Lisboa, 2019). The intervention in this model begins with an emergency intervention, that includes the procedures to take out a person from a roofless situation, signalizing and attributing the case to a "case manager", the social assistance that works at the Santa Casa da Misericordia, in a specific sector that works with homeless people. The work that is then made is the construction of an individual plan of intervention, that is fitting to the person and context and that uses the resources existing in the community (Câmara Municipal de Lisboa, 2019). The community integration includes a large cluster of areas of intervention like health system, job, professional formation, education and others tools necessaries for the individual plan of the homeless person (Câmara Municipal de Lisboa, 2019).

Lisbon displays a variety of services for homeless people, starting from the "street teams", that provide to roofless people basic services, identify cases at risk and do the referral with health centers and with case managers. People can be sent by the street teams to temporary accommodation centers, that grant a place to sleep, food and daily activities. Some of them also provide psychosocial intervention and healthcare with the focus of reintegrating the person in society (Câmara Municipal de Lisboa, 2019). Another example of social aid for the homeless is the "Housing First project", that provides a permanent housing with a continuous psychosocial assistance to end homelessness condition and empower individuals starting from a stable condition (Câmara Municipal de Lisboa, 2019)

In March of 2020, after the declaration of COVID-19 pandemic, the NPISA together with health authorities opened 4 emergency accommodation centers to protect homeless people from the transmission of the virus and from the consequences of the economic crisis and lockdown (NPISA, 2021). Between March and December 2020, a total of 743 people was accommodated in these centers (NPISA, 2021). These accommodation centers were programmed to be temporary, as a place of transition between the street and a new stable accommodation. However, given the high affluence of people asking for shelter there, they became temporary centers offering various services. The emergency centers provided care for basic needs of the individuals as well as continuous assistance with a case manager to develop the best individualized life path possible (NPISA, 2021). The impact of COVID-19 pandemic was easily noticeable looking at the composition of the residents of the centers, since almost 45% was experiencing homelessness for the first time in the last 6 months (Ares do Pinhal, 2021). With the increasing of homelessness, also the services increased, since a high financial and political aid was pushing a large number of projects of housing and of social inclusion.

CHAPTER 2

The present study

2.1 Hypotheses and goals

The aim of the current study is to replicate previous research conducted with Australian residents of homeless accommodation centers, showing that self-categorization as homeless is negatively related to psychological well-being (Walter et al, 2015), and that multiple categorizations with different social groups were positively associated with psychological well-being and with social support (Johnstone et al., 2015).

Our goal is twofold: First we examine the association of self-categorization as homeless with subjective well-being (i.e., life satisfaction and the negative mood) and perceptions about the use of social services. Extending previous research, we also explore the impact of perceived discrimination of residents at homeless accommodations on the relationship between self-categorization and subjective well-being. Specifically, we will explore if perceived discrimination (both personal and group) moderates the negative relation of self-categorization and well-being. Second, we examine the association of multiple group membership with psychological well-being and with perceived social support.

Hypotheses:

H1) Self-categorization as homeless will be negatively related to life satisfaction and positively related to negative mood.

H2) Self categorization as homeless will be positively related to perceived benefit from the services provided by the accommodation center.

H3) Perceived discrimination will moderate the relations between self-categorization and life satisfaction and negative mood such that: the negative relation between self-categorization as homeless and life satisfaction will be stronger for those who perceive high levels of discrimination; and the positive relation between self-categorization as homeless and negative mood will be stronger for those who perceived high levels of discrimination.

H4) Multiple group membership will be positively related to life satisfaction and negatively related to negative mood.

H5) Multiple group membership will be positively associated to social support.

2.2 Methods

2.2.1 Participants

Participants were 96 individuals selected on a voluntary basis, within the residents of 4 accomodation centers funded by Lisbon Municipality to face covid-19 emergency; the only prerequisite to be a participant was of being resident in one of those centers, that implies being over 18 years old and being in a situation of homelessness.

The mean age of the participants was of 42.79 years old (*SD* = 13.83), ranging from 18 to 80 years old. 63.5% were men, reflecting the global number of homeless people in Portugal (79.78% male prevalence, ENIPSA, 2020). The majority of participants (69.8%) was Portuguese, and the others reported several nationalities (Brazilian, Cape Verdean, Guinean, Angolan, Romanian, Indian, Nepalese, Spanish, Algerian, Italian and Egyptian). Among those reporting being foreign, 39.28% was in Portugal for the las 1-5 years and 60.72% for a longer period (6-46 years).

The homelessness duration varied between 0 to 30 years, with 43.8% of the participants reporting never being homeless before the start of the COVID-19 pandemic. 23.9% of participants were living at the accommodation center for a period longer than 1 year, 39.6% between 6 and 12 months, 26% between 2 and 6 months and 10.5% lived there for less than 1 month.

Regarding the educational level, the majority of participants (69.8%) had completed the 9th grade, with a 5.2% having achieved a bachelor's degree.

2.2.2 Procedure

The questionnaire was approved by ISCTE ethics committee (61/2021, May 2021). Considering that homeless population is considered a vulnerable group for being highly economically and socially disadvantaged, special care was taken to select the measures of interest. All measures were previously used in research conducted with this specific target group, translated to Portuguese and adapted to our target population. All the items were adapted to the specific situation of the respondents and the language was adjusted to a level of basic comprehension, considering the targeted population is generally characterized by a low educational level (FEANTSA, 2017).

The measures were selected in order to avoid any psychological harm to participants, for instances, avoiding the recall of traumatic memories or negative thoughts and did not induce negative emotional states, prioritizing the well-being of the individual. After ethical approval,

the survey was submitted to the authorities of Lisbon Municipality that fund the project of the emergency accommodation centers and to the associations that manage the centers (AMI, Ares do Pinhal, AVA, VITAE). Authorization to access the centers to apply the questionnaires was granted which facilitated contact with the participants to collect data.

The survey was introduced to the participants by the researcher, who explained the totally voluntary basis, the anonymity, without exerting any kind of pressure to participate. The questionnaires were applied by the researcher through individual interviews, considering the low rate of literacy among participants. The administration modality in form of individual interview allowed a detailed explanation of the questions that were more difficult to understand, as well as assurance regarding the participants comprehension of the items. The interviews were conducted in a private space to allow a better communication and confidentiality. A brief introduction of the study was provided at the beginning of the interview to explain the nature and the objectives of the study, and the informed consent was signed. The individual sessions lasted around 30 minutes. At the end of the questionnaires participants were provided a written and oral debriefing, offering a brief explication about the study, and the contact of the researcher to be used in case of doubts or to obtain the results of the study once concluded.

2.2.3 Measures

The first questions were demographic measures: age, gender, educational level, and specific questions regarding the individual history of homelessness, namely, the number of years spent in homelessness condition and the duration of the permanence at the accommodation center. After demographics, the measures of interest were presented.

Temporal history of homelessness. Participants were asked to indicate the length of their stay at the accommodation center in months and the duration of their history of homelessness situation in years.

Self-categorization as homeless. We used one item adapted from Walter et al. (2015) to measure the self-categorization as homeless ("do you see yourself as a homeless?"). Responses were indicated on 5-point likert scale (1 = not at all, 5 = extremely) (M = 2.73, SD = 1.42).

Perceived discrimination. Perceptions of group and personal discrimination were assessed with two items adapted from Armenta & Hunt, (2009). Participants indicated to what extent they agreed to "Homeless people experience discrimination for their condition" and "I experience discrimination for being homeless" on a 5-point likert scale, from 1 "totally disagree" to 5 "totally agree" (r_s = .55, M = 3.78, SD = 1.10). We combined the two items in

one single score of perceived discrimination where higher values indicate higher perceived discrimination.

Life satisfaction. Six items from the Personal Well-Being Index Adult (International Wellbeing Group, 2006) were used to measure life satisfaction: "How satisfied are you with: (a) Your standard of living? (b) Your health? (c) What you are achieving in life? (d) Your personal relationships? (e) Feeling part of your community? (f) Your future security?". Responses were indicated on 5-point likert scale (1 = not at all, 5 = extremely) (α = .69, M = 2.76, SD = 0.77). We aggregate the 6 items in one single index where higher values indicate higher life satisfaction.

Negative mood. We used three items from the Negative Mood scale, adapted from (Walter et al., 2015), to measure the negative mood of the participants ("Today I feel: (a) nervous, (b) depressed, (c) stressed"). Responses were indicated on 5-point likert scale (1 = totally disagree, 5 = totally agree) (α = .76, M = 2.88, SD = 1.22). We aggregate the 3 items in one single index where higher values indicate more negative mood.

Service utilization. The perception about the accommodation center's services usefulness and satisfaction with it were evaluated with 2 items adapted from Walter et al., 2015: "People at (…) are provided with plenty of opportunities to improve their lives." and "I have made use of the opportunities provided at (…) to improve my life.", rated on a 5 point scale (1 = totally disagree to 5 = totally agree) (r_s = .46, M = 3.73, SD = .96). We aggregate the 2 items in one single index where higher values indicate more service utilization.

Multiple categorization. To measure the extent to which respondents were feeling part of different social groups since they had come to live at the accommodation center, we used two items, adapted from Johnston and colleagues (2015). Participants were asked to what extent they agreed, on a 5-point scale (1 = totally agree, 5 = totally disagree), with the following sentences: "Since coming to (name of the center), I am a member of lots of different social groups." and "Since coming to (name of the center), I have friends who are in lots of different groups" (r_s = .67, M = 2.61, SD = 1.36). We aggregate the 2 items in one single index where higher values indicate more multiple categorization.

Social support. Social support was measured through 4 items adapated from Walter et al. (2016).: "I get the (1) help/ (2) emotional support/ (3) resources/ (4) advices I need from other people." and were rated on a 5-point scale ranging from 1 = "totally disagree" to 5 = "totally agree" (α = .87, M = 3.08, SD =1.1). We aggregate the 4 items in one single index where higher values indicate more social support.

CHAPTER 3

Results

3.1 Results

Data were analyzed with the software IBM SPSS Statistics (version 26). Descriptives and zero-order correlations are presented in Table 1. To test our hypotheses we conducted simple, linear regressions and moderations were examined with PROCESS 3.4.1 macro (Hayes, 2019). One sample t-tests were conducted to compare means with the scales' midpoints. Participants' average levels of perceived discrimination (M = 3.78, SD = 1.10, $t(95) = 11.46$, $p < .001$) life satisfaction (M = 2.76, SD = .77, $t(95) = 3.30$, $p = .001$) and negative mood (M = 2.88, SD = 1.21, $t(95) = 3.07$, $p < .005$) were significantly above the scale midpoint.

Table 3.1

Pearson Correlation, Means and Standard Deviations

Variable	*M*	*SD*	1	2	3	4	5	6	7
1. Self-categorization	2.73	1.41	—						
2. Life Satisfaction	2.76	.77	-.40**	—					
3. Negative Mood	2.88	1.22	.48**	-.44**	—				
4. Social Support	3.08	1.11	-.43**	.54**	-.36**	—			
5. Service Utilization	3.73	.96	-.15	.40**	−.17	.39**	—		
6. Multiple Group Membership	2.61	1.36	-.10	.30**	-.22*	.35**	.32**	—	
7.Perceived Discrimination	3.78	1.10	.24*	-.19	.27**	-.19	.22	.74	—

*Note. *p < .05. **p < .001.*

Zero-order correlations showed several significant associations between variables, confirming some of the assumptions announced in the hypothesis and adding some interesting information. Self-categorization as homeless was, as expected, negatively associated to life satisfaction and positively to negative mood. Moreover, it was negatively associated to social support and positively to perceived discrimination. Multiple group membership, according to what had been predicted, was positively associated to life satisfaction and social support and negatively to

negative mood; a positive correlation with satisfaction with service utilization was also found. Perceived discrimination was positively associated to negative mood (see Table 1). Some correlations only approached significance, with perceived discrimination being marginally associated with life satisfaction (r = -.19, p = .059) and with social support (r = -.20, p = .053).

Table 3.2
Linear Simple Regressions

Model	Variables	*B*	*SE*	*β*	*t*
1	(Constant)	3.36	.15		21.21
	Self-Categorization	-.22	.05	-.40*	-4.29
	outcome: Life Satisfaction				
2	(Constant)	1.75	0.23		7.34
	Self-Categorization	0.41	0.07	.48**	5.32
	outcome: Negative Mood				
3	(Constant)	4.01	.21		27.31
	Self-Categorization	-.10	.06	-.15	-1.47
	outcome: Service Utilization				
4	(Constant)	2.31	.16		14.03
	Multiple Group Membership	0.17	.05	.30**	3.10
	outcome: Life Satisfaction				
5	(Constant)	3.40	.26		14.03
	Multiple Group Membership	-.20	.05	-.22*	-2.22
	outcome: Negative Mood				
6	(Constant)	2.33	.23		10.10
	Multiple Group Membership	0.28	.07	.35**	3.67
	outcome: Social Support				

*Note. *p < .05. **p < .001.*

We conducted 6 simple linear regression models to test our hypotheses (H1, H2, H4, H5). In model 1 we entered self-categorization as the predictor and life satisfaction as the outcome, and in model 2 we entered negative mood as the outcome. In line with the hypothesis (H1), self-categorization was negatively related to life satisfaction, explaining 16.4% of its variance (R^2 = .16, F (1,94) = 18.42, p <.001). That is, the more participants self-categorized as homeless the less they were satisfied with their life. Similarly, self-categorization also significantly

predicted negative mood (R^2 = .23, F (1,94) =28,27, p < .001), explaining 23% of its variance. That is, the more they self-categorized as homeless the more they reported negative mood.

To test H2, in Model 3, we entered self-categorization as the predictor and service utilization as the outcome. Contrary to the expected, this model was not significant, and self-categorization was not significantly related to service utilization (R^2 = .02, F (1,94) =2,17, p = .14).

To test H3, we conducted two models of moderation (Model 1) in PROCESS macro (Andrew Hayes, 2019). Self-categorization was entered as the predictor, perceived discrimination as the moderator and life satisfaction and negative mood as separate outcomes. The model explained for 18.72% of the variance of life satisfaction (R^2 = .18, F (3,92) = 7.06, p < .001) and 25.80% of negative mood (R^2 = .25, F (3,92) = 10.66, p < .001). Results showed that the interaction effect between self-categorization and perceived discrimination was not significant for life satisfaction (B = -.06, SE = .04, CI [-.15, .03]) neither for negative mood (B = -.03, SE = .07, CI [-.17, .10]), thus not supporting our hypothesis. Through these models we could also notice that perceived discrimination was not significantly related to life satisfaction (B = -.08, SE = .07, CI [-.21, .05]) nor to negative mood (B = .17, SE = .10, CI [-.03, .38]), once controlling for variance explained by self-categorization.

Two simple linear regressions were conducted to test the hypothesis 4, with multiple group membership entered as the predictor and life satisfaction and negative mood entered as separate outcomes. As hypothesized, multiple group membership was positively associated with life satisfaction and negatively to negative mood (see Table 2). The first model explained the 9.3% of the variance of the outcome variable (R^2 = .09, F (1,94) = 9.61, p < .001). The second model explained the 5% of the variance of negative mood (R^2 = .05, F (1.94) = 4,95, p < .005).

H5 was tested with a simple linear regression as well, entering multiple group membership as the predictor and social support as the outcome, and a positive significant association was found between multiple group membership and social support. This model explained the 12,5% of the variance of the outcome (R^2 = .12, F (1,94) = 13.47, p < .001).

3.2 Exploratory analyses

Even if not hypothesized, seeing the strong correlations between social support and both life satisfaction and negative mood, we explored if social support was mediating the relation of multiple group membership with the dimensions of subjective well-being. We ran two mediation analysis (Model 4) using PROCESS 3.4.1 (Hayes, 2019) and indirect effects were

tested using 5000 bootstrap samples and percentile bootstrap confidence intervals. Multiple group membership was entered as the predictor, social support as the mediator, and life satisfaction and negative mood as separate outcomes. The first model was significant, accounting for the 30.9% of variance of life satisfaction (R^2 = .30, F (2, 93) = 20.85, p < .001). Multiple group membership was positively associated with social support (B = .28, SE = .07, p < .001), and social support was positively related to life satisfaction (B = .34, SE = .06, p < .001). The indirect effect of multiple group membership on life satisfaction via social support was also significant (B = .10, SE = .03, 95% CI [.03, .16], whereas the direct effect of multiple group membership on life satisfaction was not significant (B = .07, SE = .05, p = .16).

The second model was also significant, accounting for the 14.3% of the variance of negative mood (R^2 = .14, F (2, 93) = 7.77, p < .001). Multiple group membership was positively related to social support (B = .28, t = 3.67, p < .001). Social support was negatively related to negative mood (B = -.35, SE = .11, p < .05). Finally, the indirect effect of multiple group membership on negative mood via social support was also significant (B = -.10, SE = .04, 95% CI [-.18, -.03], whereas the direct effect of multiple group membership on negative mood was not significant (B = -.09, SE = .09, p = .29).

CHAPTER 4

Discussion

The current study explored the impact of self-categorization and multiple group membership on subjective psychological well-being of homeless individuals living in Lisbon's temporary accomodation centers for homeless people. Specifically, we examined the associations of self-categorization as homeless with life satisfaction, negative mood and service utilization, in line with previous research conducted with the homeless individuals in Australia (Walter et al., 2015).

In general, our sample was relatively heterogenous in terms of age, nationality, level of education, and participants' history of homelessness. Indeed, the accommodation centers were opened to face the economic and social crisis catalyzed by the COVID-19 pandemic and they hosted people who had never been in a homeless condition before, as well as people who have a long history of rooflessness who have never been housed in an accommodation center.
Overall, our results were consistent with our hypotheses and with the previous research, replicating the negative impact of self-categorization on homeless people subjective wellbeing, as well as the positive impact of multiple group membership.

Specifically, in line with H1, self-categorization was negatively related to life satisfaction and positively to negative mood. These results are in agreement with previous research conducted in Australia with homeless population, showing that self-categorization as homeless has a strong negative correlation with life satisfaction and positive with negative mood (Walter et al., 2015). Interestingly, the findings were replicated among participants with a different distribution of self-categorization. That is, whereas in Walter and colleagues study most participants reported categorizing themselves as homeless (55%), in the current study a relatively high frequency of participants reported not feeling homeless (i.e., 30%).

Since the administration of the questionnaire was done in the context of an individual interview, it was possible to collect comments and observations of the participants to complement the quantitative responses. People who did not self-categorize as homeless in the questionnaire often justified this response with the fact that in their understanding, a homeless person is a roofless person, hence not feeling that they fit into this category. Others explained that a homeless person is someone who lives on the street, with an untidy appearance and uses drugs, showing therefore the strong level of stigma towards homelessness, and distancing themselves from it. The ETHOS definition of homelessness includes everyone that does not

live in an adequate dwelling, from people who live in the street to people in accommodation centers; however, the common stereotype even among homeless people is that being homeless means being roofless and a drug user, among other bad connotations (Amore et al., 2011). Our results can be interpreted as saying that non-self-categorizing as homeless can be a defense mechanism for self-concept, psychological wellbeing and can serve to protect oneself from stigmatization. At the same time, when this label is internalized, it is associated with less subjective wellbeing, as found in previous research (Walter et al., 2015). Previous research shows that self-identifying with a group that is discriminated has a protective role on individuals' wellbeing (Branscombe et al., 1999; Bourguignon et al., 2006; Armenta & Hunt, 2009,) but the degree of stigmatization of the group can be an important variable to consider. Indeed, as suggested by previous research conducted with the homeless population (e.g., REF), the identification of a person with a highly stigmatized group is not necessarily always a positive factor for subjective wellbeing. Rather, when a person feels part of a group that is extremely stigmatized, as in the case of the homeless population, the feeling of belonging does not bring any beneficial effect for the individual but may instead negatively impacts self-concept (Bos et al., 2013). Research shows that homeless people are one of the most stigmatized positions in society, lacking any positive connotations in public opinion, and being perceived as being responsible for their own condition (Johnstone et al., 2015). People can respond to discrimination by disidentifying from the stigmatized label, especially when the stigma is concealable (Jones et al., 2014). This could be the most appropriate defense mechanism when the sense of belonging to a group fails to suppress the negative effects of perceived discrimination due to extremely high stigmatization.

Contrary to the expected (H2), self-categorization was associated with service use and satisfaction with the opportunities provided by the accommodation centers. It is worth noting that the study conducted with the Australian population (Walter et al., 2015) also did not find any association between these two variables. Our results revealed that the majority of respondents was using the opportunities provided by the accommodation centers, as shown by the high frequency in the positive answers about the service utilization (58.3%). However, this utilization was not related to their degree of self-categorization as homeless people.

Contrary to our expectations (H3), perceived discrimination did not moderate the negative impact of self-categorization as homeless on the dimensions of subjective well-being. Perceived discrimination was relatively high and with low variability. Most of the respondents reported perceived discrimination, both at the personal and the group level, consistent with the literature about the high severity of discrimination towards homeless people (Verissimo et al., 2021).

Homeless people felt discriminated against, but their level of perceived discrimination did not affect the detrimental impact of self-categorization as homeless on wellbeing. That is, the detrimental impact of self-categorizing with a highly stigmatized group was not dependent on participants level of perceived discrimination. Perceived discrimination was also positively correlated with self-categorization, suggesting that when people identify with the homeless group might perceive more discrimination.

Regarding the impact of multiple group membership, our results showed support for all our predictions. In line with previous research (Johnstone et al., 2015), multiple group membership was associated with a higher life satisfaction and a lower negative mood in our sample (H4). Moreover, in line with H5 multiple group membership was also related to increased perceptions of social support. The feeling of belonging to different social groups appears to be a predictor of subjective wellbeing for homeless population, as shown in previous studies conducted with homeless and non-homeless participants (Johnstone et al., 2015; Crisp & Hewstone, 2007). Indeed, previous research shows that the feeling of belonging to one or more groups fortifies a perception of a social support network (Walter et al., 2015, Hwang et al., 2009). Multiple group membership makes each individual more socially multifaceted, weakening a single categorization that in some cases, as with highly stigmatized groups, may overwhelm a person's identity (Crisp & Hewstone, 2007). Exploratory analyses additionally showed that social support mediated the beneficial impact that multiple group membership has on life satisfaction and negative mood. This is an interesting finding since it illustrates that multiple group membership is important through its strengthening effect of social support.

Overall, considering the current findings, we can speculate that self-categorization can have an adaptive and beneficial function, but this may also be dependent on the beliefs and behaviors associated with the category with which we identify. In the case of highly stigmatized groups, a protective factor for psychological subjective well-being may be self-categorization with multiple groups other than the stigmatized group. This multiple identification, rather than focusing on one single group membership, may attenuate the importance of each category, giving a more nuance sense of self-identity. In addition, from the feeling of belonging people can derive social support, an extremely protective factor in subjective wellbeing.

4.1 Limitations and future research

The main limitation of the current study is the small sample size which might have affected the power of the reported relations and cannot be seen as representative of the homeless population in general. Still, considering the vulnerability and enormous difficulty in assessing this population, as well as the paucity of social psychological research conducted with homeless individuals, our findings offer important insights for future research. Additionally, although small, the sample was similar to the general homeless population in terms of age, gender and educational level. For future research, greater coordination with the various institutions working with homeless people to collect larger samples could be helpful. A small sample needs to be interpreted more carefully, as it could lead to larger standard errors, which ultimately impact statistical significance (Hackshaw, 2008). Therefore, it is important to replicate these findings with larger, and well-powered, samples.

The chosen sample was selected solely from temporary accommodation centers, which constitute around 24% of the homeless population in the metropolitan area of Lisbon (ENIPSSA, 2020). Moreover, this population had a particular history of homelessness, since a significant part (43.8%) was newly in this condition and became homeless for the first time due to the economic crisis precipitated by the Covid-19 pandemic. Also, little is known about this topic with roofless population, since it is even a more difficult population to access, thus future studies could also include this target group.

Finally, future research, could further explore potential underlying mechanisms that explain the negative relation of self-categorization as homeless and subjective wellbeing, such as what is the definition of homelessness for the homeless people and to what extent they identify in the stereotype of the homeless person.

4.2 Practical implications

This study suggests two major roads of action in the field of intervention with populations experiencing homelessness. The findings contribute to the existing evidence that categorizing oneself as homeless is not beneficial to the individual, given the extreme level of stigma associated with this condition. The literature shows that decreasing the salience of one's identification with a stigmatized group helps protect against the negative consequences of stigma attenuating the differences between groups (Crisp & Hewstone, 2007). Therefore, services working with people experiencing homelessness could adopt a less categorizing definition when reaching out to people directly and try to adopt a non-discriminatory and non-

stigmatizing attitude. Homelessness is a condition and not a characteristic of the person, so it is important when dealing with the individual in this situation to emphasize that the person is not homeless but is in a situation of homelessness, decreasing the importance that is given to the label.

The second important finding that can inform future interventions is the importance of multiple group membership as a tool to promote subjective well-being and social support. In line with previous studies, these findings suggest that interventions with people experiencing homelessness could encourage individuals to strengthen identifications with multiple social groups, in order to decrease the salience of the identification with the stigmatized group. Further work on social support it is also essential, since is an important protective factor of psychological well-being (Hwang et al., 2009).

4.3 Conclusions

Despite the above-mentioned limitations, this study is important because although many studies examined the impact of self-categorization, identification, and multiple group membership, very few have been conducted with homeless people, who are among the most stigmatized and dehumanized people in our society. Being a very heterogeneous group, and having a concealable condition, which many times people tend to escape, it is not easy to find people to conduct self-reported studies. Therefore, it is necessary to give more visibility to the people who experience this situation, to understand how we can work to reduce discrimination and improve their well-being. Overall, the results showed us how a label, when loaded with many negative connotations, can negatively impact a person's subjective wellbeing, whereas the feeling of belonging to various groups, may have more beneficial impacts . Showing the detrimental impact of self-categorization for homeless individuals may guide social workers of the various social services to promote more diversified feelings of belonging to multiple alternative social groups.

References

Amore, K., Baker, M., & Howden-Chapman, P. (2011). The ETHOS Definition and Classification of Homelessness: An Analysis. *European Journal of Homelessness. 5.*

Ares do Pinhal (2021). Relatório sobre centros de acolhimento das Respostas de Emergência da CML, 28 de Janeiro 2021.

Armenta, B. & Hunt, J. (2009). Responding to Societal Devaluation: Effects of Perceived Personal and Group Discrimination on the Ethnic Group Identification and Personal Self-Esteem of Latino/Latina Adolescents. *Group Processes & Intergroup Relations. 12.* 10.1177/1368430208098775.

Belcher, J. & Deforge, B. (2012). Social Stigma and Homelessness: The Limits of Social Change. *Journal of Human Behavior in the Social Environment. 22.* 929-946. 10.1080/10911359.2012.707941.

Bos, A. E. R., Pryor, J. B., Reeder, G. D. & Stutterheim, S. E. 2013. "Stigma: Advances in Theory and Research.". *Basic and Applied Social Psychology*. *35* (1): 1–9.

Bourguignon, D., Seron, E., Yzerbyt, V. and Herman, G. (2006), Perceived group and personal discrimination: differential effects on personal self-esteem. *European Journal of Social Psychology*, *36*: 773-789. https://doi.org/10.1002/ejsp.326

Burns, R. (2016) Psychosocial Well-being. In: Pachana N. (eds) Encyclopedia of Geropsychology. Springer, Singapore. https://doi.org/10.1007/978-981-287-080-3_251-1

Câmara Municipal de Lisboa (2019). Plano Municipal para a pessoa em situação de sem abrigo 2019-2023.

Crisp, R. J., & Hewstone, M. (2007). Multiple social categorization. In M. P. Zanna (Ed.), *Advances in experimental social psychology, 39*, pp. 163–254). Elsevier Academic Press. https://doi.org/10.1016/S0065-2601(06)39004-1

Diener, E. (Ed.). (2009). The science of well-being: The collected works of Ed Diener. Springer Science + Business Media. https://doi.org/10.1007/978-90-481-2350-6

ENIPSSA (2020). Inquérito Caracterização das Pessoas em Situação de Sem-Abrigo – 31 dezembro 2019.

Estratégia Nacional Para a Integração de Pessoas em Situação de Sem-Abrigo: Prevenção, Intervenção e Acompanhamento de 2009 a 2015 (2009). Retirado de http://www4.segsocial.pt/documents/10152/13334/enipsa_2009_2015.

FEANTSA (2017). The impact on health oh homelessness: a guide for local authorities. FEANTSA: London. https://www.feantsa.org/download/22-7-health-and-homelessness_v07_web-002303512595153868121 2.pdf

Flick, U. (2007). Homelessness and health: challenges for health psychology. *Journal of Health Psychology, 12.* 691-5. doi: 10.1177/1359105307080576. PMID: 17855455.

Gadermann, A. M., Hubley, A. M., Russell, L. B., Thomson, K. C., Norena, M., Rossa-Roccor, V., Hwang, S. W., Aubry, T., Karim, M. E., Farrell, S., & Palepu, A. (2021). Understanding subjective quality of life in homeless and vulnerably housed individuals: The role of housing, health, substance use, and social support. *SSM - Mental Health, 1,* 100021. https://doi.org/10.1016/J.SSMMH.2021.100021

Hackshaw, A. (2008). Small studies: strengths and limitations. *European Respiratory Journal*, *32*(5). https://doi.org/10.1183/09031936.00136408

Haslam, C., Cruwys, T., Chang, M. X., Eckley, B., Buckingham, H., & Channon, E. (2020). Community group membership protects the well-being of adults experiencing socio-economic disadvantage. *Journal of Community & Applied Social Psychology, 30(4),* 381–387. https://doi.org/10.1002/casp.2453

Hayes, A. F. (2019). The Process Macro for SPSS, SAS, and R (Version 3.4). Available from http://processmacro.org/index.html

International Wellbeing Group. (2006). Personal wellbeing index. Melbourne: Australian Centre on Quality of Life, Deakin University. Retrieved from: http://www.deakin. edu.au/research/acqol/instruments/wellbeing_index.htm

Johnstone, M., Jetten, J., Dingle, G., Parsell, C. & Walter, Z. (2015). Discrimination and well-being amongst the homeless: The role of multiple group membership. *Frontiers in Psychology. 6.* 10.3389/fpsyg.2015.00739.

Jones, J. M., Dovidio, J. F., & Vietze, D. L. (2014). The psychology of diversity: Beyond prejudice and racism. Malden, MA: Wiley-Blackwell.

Kelly, K. & Caputo, T. (2007). Health and Street/ Homeless Youth. *Journal of health psychology. 12.* 726-36. 10.1177/1359105307080594.

Lee, B. A., Farrell, C. R., & Link, B. G. (2004). Revisiting the Contact Hypothesis: The Case of Public Exposure to Homelessness. *American Sociological Review, 69(1),* 40–63.

Major, B., & O'Brien, L. T. (2005). The Social Psychology of Stigma. *Annual Review of Psychology, 56(1).* https://doi.org/10.1146/annurev.psych.56.091103.070137

Murthy, V. E., Stapleton, A., & McHugh, L. (2021). Self and rules in a sample of adults experiencing homelessness: Relationships to shame, well-being, and psychological

inflexibility. *Journal of Contextual Behavioral Science, 21*, 88-97. https://doi.org/10.1016/j.jcbs.2021.06.003

NPISA (2021). Relatório preliminar NPISA Lisboa 2020.

Pascoe, E. A., & Richman, L. S. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological bulletin, 135(4),* 531–554. https://doi.org/10.1037/a0016059

Schmitt, M., Branscombe, N., Postmes, T. & Garcia, A. (2014). The Consequences of Perceived Discrimination for Psychological Well-Being: A Meta-Analytic Review. *Psychological bulletin. 140.* 10.1037/a0035754.

Stevens, G. W. J. M., & Thijs, J. (2018). Perceived group discrimination and psychological well-being in ethnic minority adolescents. *Journal of Applied Social Psychology, 48(10).* https://doi.org/10.1111/jasp.12547

Turner, J. C., & Onorato, R. S. (1999). Social identity, personality, and the self-concept: A self-categorizing perspective. In T. R. Tyler, R. M. Kramer, & O. P. John (Eds.), *The psychology of the social self.* 11–46. Lawrence Erlbaum Associates Publishers.

Verissimo, A., Henley, N., Gee, G., Davis, C. & Grella, C. (2021). Homelessness and discrimination among US adults: the role of intersectionality. *Journal of Social Distress and Homelessness. 1-15*. 10.1080/10530789.2021.1935650.

Walter, Z. C., Jetten, J., Parsell, C., Dingle, G. A. (2015). The Impact of Self-Categorizing as "Homeless" on Well-Being and Service Use. *Analyses of Social Issues and Public Policy, 15(1),* 333–356. doi:10.1111/asap.12089

Walter, Z. C., Jetten, J., Dingle, G. A., Parsell, C., & Johnstone, M. (2016). Two pathways through adversity: Predicting well-being and housing outcomes among homeless service users. *British Journal of Social Psychology, 55(2),* 357–374. https://doi.org/10.1111/bjso.12127

Weng, S., S., & Clark, P., G. (2018) Working with Homeless Populations to Increase Access to Services: A Social Service Providers' Perspective Through the Lens of Stereotyping and Stigma. *Journal of Progressive Human Services, 29:1*. 81-101, DOI: 10.1080/10428232.2018.1394784

Appendix A

QUESTIONÁRIO

1. Idade: ___
2. Sexo:
    - Masculino
    - Feminino
    - Outro: _____
3. Nacionalidade: _____
4. Pais onde nasceu: _____ se diferente de Portugal indicar os números de anos em Portugal:_____
5. Nível de escolaridade:
    - Não sabe ler nem escrever
    - Sabe ler e escreves
    - 1º Ciclo do Ensino Básico (1º ao 4º ano)
    - 2º Ciclo do Ensino Básico (5º ao 6º ano)
    - 3º Ciclo do Ensino Básico (7º ao 9º ano)
    - Ensino Secundário (10º ao 12º ano) ou profissional
    - Licenciatura
    - Pós-Graduação/ Grau Avançado (Mestrado, Doutoramento, Pós-Doutoramento
6. Há quantos meses está acolhido nesta instituição? _____
7. Antes do acolhimento, quantos anos passou em situação de rua? _____

De seguida apresentamos algumas perguntas sobre como se vê a si próprio, como se sente e como tem vivido a sua situação de sem abrigo.

	1 Nada	**2** Um pouco	**3** Mais ou menos	**4** Muito	**5** Extrema-mente
8. Vê a si próprio como sem abrigo?					

	1	**2** Discordo	**3**	**4** Concordo	**5**

	Discordo totalmente		Nem concordo nem discordo		Concordo totalmente
9. As pessoas sem abrigo são discriminadas por causa da sua situação					
10. Eu sou discriminado/a por ser uma pessoa sem abrigo					

11. Quão satisfeito está em relação:	**1** Nada	**2** Um pouco	**3** Mais ou menos	**4** Muito	**5** Extrema-mente
a. ao seu nível de vida?					
b. à sua saúde?					
c. ao que tem conseguido na vida?					
d. às suas relações pessoais?					
e. a sentir-se parte da sua comunidade?					
f. à sua segurança futura?					

12. Hoje sinto-me:	**1** Discordo totalmente	**2** Discordo	**3** Nem concordo nem discordo	**4** Concordo	**5** Concordo totalmente
a. Ansioso/a					
b. Depressivo/a					

c. Stressado/a					
13. Às pessoas deste centro são dadas muitas oportunidades para melhorar as suas vidas					
14. Eu aproveitei as oportunidades que me foram dadas neste centro para melhorar a minha vida.					
15. Desde que cheguei a "…", faço parte de vários grupos sociais diferentes					
16. Desde que cheguei a "…" tenho amigos que fazem parte de vários grupos diferentes					
17. Tenho a ajuda que preciso das pessoas que me rodeiam					
18. Tenho o apoio emocional que preciso das pessoas que me rodeiam					
19. Tenho os recursos que					

preciso das pessoas que me rodeiam					
20. Tenho os conselhos que preciso das pessoas que me rodeiam					

Appendix B

QUESTIONNAIRE:

1. Age: ___
2. Sex:
    - Male
    - Female
    - Other: _____
3. Nationality: _____
4. Country of birth: _____ if different from Portugal indicate the years spent in Portugal: _____
5. Level of education:
    - Doesn't know how to read and write
    - Knows how to read and write
    - From 1st to 4th year of schooling program
    - 5th-6th year of schooling program
    - 7th-9th year of schooling program
    - 10th-12th year of schooling program or professional course
    - Bachelor
    - Postgraduate or avanced degree
6. How long have you been staying in this emergency shelter? _____
7. Before this period in the emergency shelter, how many years have you spent in homelessness situation? _____

Here follow some questions about how do you see yourself, how do you feel and how did you experience your homelessness situation.

	1 Not at all	**2** A little	**3** More or less	**4** A lot	**5** Extre-mely
8. Do you see yourself as a homeless?					

	1	**2**	**3**	**4** Agree	**5**

	Totally disagree	Disagree	Do not disagree nor agree		Totally agree
9. Homeless people experience discrimination for their condition					
10. I experience discrimination for being homeless					

11. How satisfied are you with:	**1** Not at all	**2** A little	**3** More or less	**4** A lot	**5** Extre-mely
a. Your standard of living?					
b. Your health?					
c. What you are achieving in life?					
d. Your personal relationships?					
e. Feeling part of your community?					
f. Your future security?					

12. Today I feel:	**1** Totally disagree	**2** Disagree	**3** Do not agree nor disagree	**4** Agree	**5** Totally agree
a. Anxious					
b. Depressed					
c. Stressed					

13. People at (…) are provided with plenty of opportunities to improve their lives.					
14. I have made use of the opportunities provided at (…) to improve my life.					
15. Since coming to (…), I am a member of lots of different social groups.					
16. Since coming to (…), I have friends who are in lots of different groups.					
17. I get the emotional support I need from other people.					
18. I get the help I need from other people.					
19. I get the resources I need from other people.					
20. I get the advice I need from other people.					