

Neither God nor others: a qualitative study of strategies for avoiding suicide among homeless people

Ines Testoni,¹  Salvatore Russotto,¹ Adriano Zamperini,¹ Sara Pompele,¹ Diego De Leo²

Abstract

Introduction: Drug addiction and alcoholism characterize the existential condition of most homeless people, while the risk of suicide runs in parallel.

Objectives: Following the Provisional Model (PM), this study aimed to explore the relationships between addiction, suicidal ideation, and religiosity among 13 homeless people, and the roles of bonding ties (within the group) and bridging ties (intergroup).

Method: The study is rooted in the field of qualitative psychology research. A survey was conducted, analyzing the personal accounts of participants and applying the PM psychological interpretation integrated with theory from literature on drug addiction, religiosity, and suicidal ideation in the field of homelessness.

Results: Outcomes show that suicidal ideation appears in the first phase of homelessness and is opposed by alcoholism and drug addiction. Religiosity does not help to counteract suicidal ideation or to create bonding relationships. Conversely, drugs and alcohol seem to be more useful for preventing suicide, but also do not help in bonding relationships.

Conclusion: Our survey only partially confirmed the PM, because the main result was the importance of relationships between suicidal ideation and alcohol/drug abuse during the initial phase of becoming homeless, while the importance of bonding ties deriving from addiction behavior did not emerge.

Keywords: Homelessness, alcoholism and drug addiction, provisional model, suicidal ideation, religiosity

Introduction

Homeless people are frequently unable to acquire and maintain regular, safe, and adequate housing,¹ often because of alcoholism, drug addiction, and migration problems. In fact, over 70% of homeless people abuse alcohol and/or illicit drugs,²⁻⁴ while refugees tend to become homeless because of loss of their social identity and support networks.^{5,6}

Some surveys that have focused on integration processes and group relationships have found that they orient relationships, especially towards bonding (ties within a group), whilst avoiding bridging (intergroup ties).⁷ In particular, it seems that there is a strong sense of unity within groups of homeless alcoholics, more so than among the homeless in general.⁸ These studies arose in the area of the Provisional Model (PM), proposed by Farrington and Robinson,⁹ and aimed to

¹ Università degli Studi di Padova, Padua, Italy. ² Griffith University, Brisbane, Australia.

Submitted Mar 28 2019, accepted for publication Dec 04 2019.

Suggested citation: Testoni I, Russotto S, Zamperini A, Pompele S, De Leo D. Neither God nor others: a qualitative study of strategies for avoiding suicide among homeless people. *Trends Psychiatry Psychother.* 2020;42(2):171-178. <http://dx.doi.org/10.1590/2237-6089-2019-0012>

analyze aggregation among homeless people and the construction of their social identity, suggesting that their strategies change in relation to the amount of time (years) a person has been homeless.¹⁰ The PM describes different phases of homelessness. The first, "Aspirant exiters," develops over the initial ten-to-twelve months, when people identify themselves as homeless and make favorable intragroup comparison "on the basis of their past accomplishments and the perceived likelihood of escaping from homelessness,"⁹ since at this point escape is quite likely. However, as time passes, escape from homelessness seems less and less likely and it does not appear as useful anymore for positive intragroup comparisons.

In the second phase, "Deniers," during the second year, individuals no longer identify themselves as homeless and, unable to find new coping strategies, may deny their reality in order to escape from suffering. Although this could be an adaptive mechanism, if the isolation from reality becomes too pervasive, they can shift toward mental illness.

During the third phase, "Subgroupers" (2-4 years), individuals associate themselves with a particular group of homeless people and can make favorable intergroup comparisons against other homeless groups.

Elements that can enhance a positive identification among homeless include religion, and even drug or alcohol abuse. However, Farrington and Robinson suggest that even this strategy, over time, might become impractical, since individuals may "lose control over their associations and lifestyle"⁹ (p. 186).

The fourth and last phase is divided into 3 sub-phases. In sub-phase 4a, "Carers and sharers" (5-12 years), they might develop roles for specific identities, making positive intragroup comparisons. During sub-phase 4b "Family" (12-15 years), any comparison ceases.

Lastly, sub-phase 4c "Typicals" is different from the others, since it can start after 3 years and a half and last until the end of the process, and may be caused by a failure in the previous mechanisms, leading the person to identify himself/herself as a prototypical homeless person.

From Farrington and Robinson's perspective, the progression from the first to the second phase is the most critical moment, because of the severe stress and the lack of solidarity ties.

The PM also considers the possibility that some changes might be influenced by other factors, for example increasing dependence on alcohol.⁹

As highlighted by the social identity theory¹¹ and by the self-categorization theory,^{12,13} religion is a cultural dimension that constitutes an important factor for social and personal identity.¹⁴ Furthermore, evidence

confirms that it supports psychological health,^{15,16} improving emotional stability against depression, death anxiety, self-harm and suicide.¹⁷⁻¹⁹ Since religion is also important in the prevention and in the treatment of addiction,²⁰ this survey attempted to analyze whether religiosity and the related representation of death could be protective factors against drug/alcohol addiction and suicidal ideation among homeless people in the different phases of the PM and whether religious social identity facilitates bridging and bonding ties in this population.

This study is rooted in the field of qualitative research in psychology.^{21,22} Following the PM,⁹ the main aim was to describe how suicidal ideation and drug-addiction are linked to homeless people's stories of street life, in relation to individual reasons for living and bridging/bonding relationships.²³ Drug addiction, self-harm and suicide are strongly condemned by all religions and the same religions and their representations of death influence social identities and resilience at different levels.²⁴ This study therefore investigated the interconnections between these factors and bridging/bonding relationships.

Method

This survey is founded on the narrative method and was conducted using in-depth interviews²⁵ adapted for people with expressive language difficulties.²⁶ In fact, during the dialogues, particular attention was paid to participants' psychological problems. Indeed, this strategy is widely utilized in work related to homelessness because it is particularly flexible for surveys.²⁷⁻²⁹ This methodology allows researchers to better focus on topics that are considered important by participants, without having to consider issues that they do not understand or are not interested in.^{30,31} At present, this strategy is widely used within the social and psychological sciences, starting from the grounded approach and going beyond it,³²⁻³⁴ with studies that highlighted how narratives can be examined and interpreted using qualitative content analysis.³⁵⁻³⁸ Thus, narratives develop through dialogue that is not rigid or pre-established, which facilitates understanding of the subjective horizon, entirely focused on the homelessness experience.³⁹

Ethical approval

The study followed the consolidated criteria for reporting qualitative research (CORE-Q) check-list,⁴⁰ and obtained approval from the ethics commission at the psychology department of the Università degli Studi di Padova (University of Padova).

Participants, data collection, and qualitative analysis

The participants were 13 homeless people able to understand and speak Italian, who were recruited at a volunteer association in Northern Italy. The interviewer gave potential participants detailed information regarding the goals of the study and how the interview would be conducted. Consent was requested verbally. Most of the participants were immigrants and only three of them were Italian. Table 1 lists their socio-demographic data.

The interviews covered a series of issues that were dealt with in as much depth as possible.^{5,41} The main topics guiding the dialogues were as follows: personal history (relationships, work, and important events in the past and present), street life (details of the current situation, exhausted emotions, and prospects and future hopes), addiction and deviance (abuse of alcohol or drugs, gambling, involvement in thefts), suicidal ideation, religion, and representation of death. After starting with the question "where do you come from?" all further themes were introduced as participants began to tell their stories. Further questions followed,

with no standard order. These implicitly included some aspects of the PM and religiosity, for instance: "how long have you lived on the street" (a general question, but essential for definition of the PM phases), "how would you define your experience on the street?", "has life on the street always been the same or have there been changes over time?" (an important question to define differences between the different PM phases), "what events do you remember best?", "who are the people you were/are in contact with?" (question related to bridging/bonding issues), "with whom do you like to maintain relationships?", "have you ever wanted to change anything or thought that it's all over?" (question to probe for possible suicidal ideation), and "What about religion?" (question to survey the role of religion). Each interview lasted approximately two hours and was transcribed then checked for accuracy immediately after the conversations and respondents were asked to confirm what had been transcribed. The recording technique was not employed so as not to worry the interviewees and also to make sure that the interviewer understood exactly what they were saying. All the reports were transcribed into a Word document

Table 1 - Socio demographic data on homeless participants

P	Age	Nationality	Homeless for	Addict	Suicidal ideation	Marital status	Children	Education
P1	40	Moroccan	2 weeks	No	Yes	Divorced	Yes	Middle school
P2	55	Moroccan	3 years	No	Yes	Divorced	Yes	Polytechnic school
P3	40	Moroccan	2 months	No	Yes	Bachelor	No	Middle school
P4	30	Moldavian	3 weeks	No	Yes	Divorced	Yes	Middle school
P5	51	Senegalese	6 years	No	Yes	Divorced	Yes	Lower school
P6	63	Italian	2 weeks	No	Yes	Divorced	Yes	High school
P7	57	Romanian	2 months	No	Yes	Married	Yes	Middle school
P8	32	Italian	3.5 years	No	Yes	Divorced	Yes	Polytechnic school
P9	58	Italian	2 months	No	Yes	Divorced	Yes	Middle school
P10	45	Moroccan	1 month	No	Yes	Married	Yes	Middle school
P11	41	Moroccan	1 year	No	Yes	Divorced	Yes	Middle school
P12	47	Moroccan	2 years	No	Yes	Divorced	Yes	Middle school
P13	35	Indian	2 years	No	Yes	Divorced	No	Economics degree

P = participant.

and processed with Atlas.ti, in order to identify the main themes that could describe the PM phases of their street-life stories, suicidal ideation, and religiosity. The subsequent analysis of the texts was partially theory-driven, since studies on the representation of death/religiosity and the Farrington and Robinson provisional model were taken into account during exploration of data.^{9,15,19} As a result, the process of analyzing the texts was based both on predefined categories (regarding the relationships between PM phases and representations of death and religiosity) and on unexpected categories that only became clear as the analysis progressed.⁴² Six main phases characterized the process: preparatory organization, generation of categories or themes, coding data, testing emerging understanding, searching for alternative explanations, and writing up the report.⁴³

Results

Four main areas of thematic prevalence emerged from the analysis: "Suicide as a solution in the initial phase of homelessness"; "Addiction as the real remedy"; "Religion, but with drugs and music"; and "Atheism, but with drugs and gambling."

Suicide as a solution in the initial phase of homelessness

The PM clearly indicates that the beginning of street life is particularly difficult. This was fully confirmed by our results, since suicidal ideation was exactly the first issue that characterized the description of the first phase of homelessness. Some examples follow.

Bendaoud (P2, all names are fictitious) was a man in his fifties from Morocco and was not addicted to drugs. Although he considered himself a Muslim, his bridging and bonding ties were still poor because he distrusted other people living on the streets. He had worked as an electrician for two years. He had been living on the streets since he was fired and had begun to think of suicide: "Mostly, in the beginning I was particularly sad. Everything was going wrong and the desire to go away – or even of to kill myself – was strong." Nonetheless, he did not commit suicide because he believed he would be able to go to Germany, where "A new life has been waiting for me." In his opinion, after death there was new life, but there was no God. His recurrent topics were "job" and "work".

Carlo (P8) was a young Italian man, divorced with a child who was living with his ex-wife. He had often thought of suicide during the first phase of homelessness. He was Catholic and believed in an afterlife, but this faith neither helped him to prevent drug addiction nor

to avoid suicide, and did not even help him to create bonding/bridging ties: "Oh, no, no... I don't care about them." The most frequent words in his narratives were "years" and "street," often pronounced with emphasis to mark the time that passed with no solution appearing on the horizon. These terms seem to indicate that Carlo expects someone to appear on the streets who can take him away from this condition. He often stated that: "It is really difficult to bear all this and this life. It is an amount of years that I'm spending my life here in the streets." Carlo became addicted to drugs and alcohol after the first PM phase and had not developed any positive relationships with other addicts.

Abdelali (P1) was a man in his forties from Morocco and had been in Italy for six years. He had set up his migration project with great enthusiasm and with the desire to integrate into Italy to give his family a better life. He had been living on the streets since he lost his job. He was Muslim, but Allah neither "Helped me to find a solution" nor to create any kind of ties. He felt alone, without friends or "street colleagues, because I distrust them." He was worried because of the breakdown of his migration project and often thought of committing suicide: "I am frantic. I don't know whether I'll manage to find a way out. I don't see light, nor possibilities in front of me. Recently I had many suicidal thoughts, throwing myself in a river, or killing myself in some other way." Words most used: "children" and "work." These words are always linked to his migratory project. Abdelali left Morocco to find a job and to ensure his children a better future than he could provide them with in their country of origin.

Bouselham (P3) was a forty-year-old man from Morocco. Since emigrating he had lost contact with his family of origin and had failed to create another one. After eight years in Italy, he lost his job, and he had been living on the streets for the last two weeks. Since then, he has always felt alone and often thought of suicide. The main topic of his story was inherent to travel, while the most frequent word was "stay here," to indicate the worst condition he experienced. His Muslim faith did not help him avoid suicidal ideation. He felt rejected by others and did not want to share anything with them, because their condition increased his anxiety: "It happens. I don't want to deal with these people anymore... It's unbearable."

Giuseppe (P6) was an Italian in his sixties who had been living in the streets for the last two weeks. He had a son who did not help him and a father who did not love him. Loneliness and feelings of abandonment were the most painful feelings. The main topics were "family" and "social relationships" and the most common expression was "to go away from here." With this expression,

Giuseppe seemed paradoxically to indicate a desire to take another road, but also to leave the streets and not remain there. He was Catholic, but this neither helped him to cope with stress nor facilitated the creation of ties. He did not join other homeless people because he was afraid and felt an intense desire to commit suicide: "I think about it [suicide] almost every night! You see how things go. Life sucks, you think you can get money enough to carry on the next day, but people screw you in the ass."

Addiction as the real remedy

Addiction seemed to actually help participants to manage street life and feelings of solitude and to avoid suicidal ideation.

Kassem (P12) was a Moroccan man in his forties, divorced and alcoholic. He had divorced after losing his job and ended up on the street after the divorce. Despite having been living on the streets for two years, he hugely desired to find a job and a place where he could live honestly. He drank especially when he was depressed or suffering: "Drinking helps me to avoid depression and bad thoughts." The most frequent words underlined the passage of "years" and of "time" therefore of "life," and this thought takes on threatening contours, which Kassem tries to avoid by taking courage: "I don't have to be depressed, to give hopes away. Life is beautiful, even if it isn't so easy. [...] I just hope that things may be a little better. But, if that doesn't happen, it's ok, I got used to it, and I don't complain too much." Although he was a Muslim, his faith did not help him to develop bridging or bonding ties.

Fadoul (P10) was a forty-year-old Moroccan man who had emigrated to Italy six years previously. The most important theme was "work," and the most common words concerned this subject. It seemed that Fadoul talked to the interviewer in the hope that he could help him find a job, even though he did not ask him directly. Despite being a Muslim, he was an alcoholic, because this helped him avoid suicide: "This life is too hard to bear [...], but no, I don't want to kill myself. The important thing is not to mess it up."

Maksym (P4) was a Moldavian man in his thirties, living on the streets since he lost his job. He was divorced and had two children. He was Catholic, but this faith did not give him any hope. He suffered from the indifference of people and from the lack of a job. The most frequent words were "work" and "people." These two words are united by the fact that he contacted many people to find a job, but no one helped him in the pursuit of this goal. He could not tolerate the street life, but he also did not consider suicide to be a good solution and abuse of alcohol and drugs helped him to avoid it: "This

life is too hard to bear [...] but, listen, I have always allowed others to go first on this! You know, I am sure that the one who thinks of killing himself is a coward, he is someone who cannot face reality." Neither religion nor drugs helped him to develop bridging/bonding ties.

A similar condition was narrated by Hmidane (P11), who was a divorced Moroccan man in his forties who had arrived in Italy eleven years previously. He had divorced and lost two children prematurely. He had been implicated in a theft that he did not take part in. He had returned to Italy after serving a sentence in prison and being deported to Morocco, and since then he has been living on the streets. He thinks that suicide is an aberration. The most frequent words were "Muslims" and "Christians," to indicate that his awareness of the difference between the two religions was a cause of concern and suffering. He was not able to understand why there is only one God and why there are so many ways of understanding Him. This dissonance ran in parallel with alcohol: despite the Islamic religion being important, he abused this substance because it helped him to tolerate this life: "Drinking helps me to live and fight against cold..." He maintained the idea that it is still possible to go back: "Everything is very difficult, however, if I can't manage to make a living, I'll go back home, certainly not killing myself."

Religion, but with drugs and music

When the homeless condition was consolidated and people seemed to have adapted to it, suicide was definitively ruled out, while drugs and alcohol became a component of everyday life.

Vasile (P7) was a married Romanian man who had been living on the streets for two months because he had lost his job. He had always worked as a musician, initially together with his wife, and now with other companions, as street artists. In this case both bridging and bonding ties were positive, thanks to music. Alcohol was used to bear fatigue and dejection. The main topics were "music," and "love for wife and children." The most frequent words were "I" and "wife." These two terms were always united and signaled that in his life the relationship with his wife was fundamental. In fact, every choice was made with her and although his wife no longer lived on the streets because she had found accommodation in another city, their relationship was not over. His Christian-Orthodox faith was profound but did not help him to cope with street life. However: "Life is beautiful, you know? [...] I believe in this. I am against those people who kill other people and themselves. Especially, when you read the newspaper: 'Employed who was rich now kill others...' C'mon, I am homeless, [...] but I have to fight those things with courage, with

optimism, I have to fight... Life is beautiful." This was the reason for not considering suicide and when the suffering was too much, "alcohol helps."

Moustapha (P5) was a fifty-year old Senegalese man who had arrived in Italy when he was twenty-four. He had worked to support a wife and children in Senegal. Once back in Africa, he divorced and left the home and his savings to his ex-wife and children. He was an animist and felt he was "special" but also "followed by some spirits that have been haunting me." He had been living on the streets for the last six years, without a job and taking illicit drugs. Music and drugs gave him the strength to survive and brought him to "a different world" in a tension towards transcendence. "You have to keep searching and never give up. Still, I haven't found anything at the present, but I am not disheartened." Although his religion did not provide support for him to cope with street life, his main topics were religion and music, and the most frequent words were "worlds," "pain", and "life," to indicate his perseverant existential enquiries into the meaning of the world and into the suffering that the human (and his) condition implies.

Atheism, but with drugs and gambling

In the final narratives, religiosity disappeared completely while addictions remained as a support.

Luigi (P9) was a fifty-year-old Italian man. He had been jailed many times for drug dealing. Since his last five year spell in jail had ended forty days before the interview, he had been living on the streets. He was not a believer and in his opinion suicide was not a solution because "after death there is nothing [...]. I am a pessimist, I always think the worst, then if good comes, all for the best. But getting to the point of throwing and killing myself, no way." The most used words were "people," "years," and "inside," which refers to his time in prison and to the importance of this experience. Luigi remembered this moment of his life in an ambivalent way, on the one hand as what put him on the streets, on the other hand as a place where he had had contact with people. He drank but had not developed any bonding ties, because they were perceived as failure.

The last biography describes the dramatic situation of an atheist, a victim of gambling and drug addiction. Anirudhha (P13) was a thirty-year-old Indian man with a degree in Economics. He had come to Italy eight years before with a significant amount of money and got married, but he had lost all his money because of gambling. Afterwards, his father died and his mother cut him off from all funds. He had been living in the streets for two years, since his divorce, sometimes receiving a little financial help from his mother. He spent this money in betting shops and on alcohol. The main

theme was gambling, and the most frequent words were "Euros" and "Mother," to indicate that it was his mother who owned the money and that she had decided not to give it to him anymore. Anirudhha did not try to develop bonding ties and bridging ties were still mostly linked to family relationships. In his opinion, religion was absolutely nonsensical. Death was represented as an absolute annihilation, and any transcendental dimension had no meaning. However, he considered suicide absurd: "I have never thought the way you said, how can you think in the hardships to put a rope around your neck. What the fuck! We are young, we can pass even under a train!"

Discussion

Abandonment of a homeland is an experience that involves a high level of distress and impotence, considering also the high level of prejudice that immigrants generally experience in their new countries, leading to stigmatization and scant social support and integration,^{44,45} and from which poor health, hunger, alcohol, drug abuse, and suicidal behavior are frequently derived.^{46,47} Indeed, migrants become addicts or alcoholics only after they arrive at their port of destination⁹ and the results of our research suggests that this can be a defense against suicide inspired by an unbearable condition, not only determined by personal factors, but also by the social context in which they are living. Indeed, many participants described the obstacles they encountered in their new countries, especially with relation to the difficulty of finding a regular job, which is confirmed by the fact that the word "work" and work-related themes were very frequent, especially among many immigrant participants. This is also confirmed in other studies, which show that precarious post-migration living conditions (especially concerning lack of a dignified job, which is very common⁴⁸) can prevent proper integration,⁴⁹ lead to homelessness,⁵⁰ and cause acute distress, which can even result in posttraumatic stress disorder in certain cases.⁵¹

With regard to the PM, our study only confirmed it partially, because the main result was the importance of relationships between suicidal ideation and alcohol/drug abuse and the phase of becoming homeless, while the importance of bonding ties deriving from addiction behaviors did not emerge. Indeed, those who claimed to have thought about suicide remembered it in the first phase of their life in the streets, confirming the unbearableness of this initial phase ("I thought of suicide earlier on," and "oh, yes, I thought of it because it was too hard to bear"). In particular, the homeless people's

difficulty in accepting their situation and new identity was evident, which prompted the desire to commit suicide. Furthermore, not even religion provided support for bridging/bonding ties with anybody else. Based on the findings of the Provisional Model that highlighted how religious faith can facilitate bonding ties among homeless people (also confirmed by the Social identity theory¹¹ and by the Self-categorization theory^{12,13}), the researchers also analyzed participants' religiosity in their narratives, but this particular role for participants' personal faith and beliefs did not emerge. This was particularly evident among the Muslim participants (6 out of 13, 50% alcoholics), who did not maintain either bonding or bridging ties with other Muslim believers, and the same was observed with almost all other believers. Religiosity assumed a fundamentally individualistic role. This result is in line with literature that shows how the importance of social versus individual aspects of religious identity varies on the basis of specific experiences and contexts.¹³ Furthermore, in almost all narratives, religion and death appear as irrelevant in this context, especially with regard to suicidal ideation and drug addiction. The qualitative analysis found evidence of different universes of representations of the reasons for living or dying by suicide, where in both cases religion and the representation of death did not seem to influence any form of resilience. This result also confirms what is indicated by literature.⁵²

As it turned out, use of substances seemed to offer an alternative. Drugs and alcohol, although harmful to health, contributed to addressing daily suffering. Using Emile Durkheim's concept of "suicidal erosion,"⁵³ we could interpret this outcome by seeing addiction as the fundamental adaptive behavior.³ However, we cannot confirm that addiction and alcoholism offer the opportunity to create stronger ties and identity within the group of homeless people.

Conclusion

This study with 13 homeless people adopted the Provisional Model and analyzed relationships between their suicidal ideation and alcohol and drug abuse, in order to investigate a possible role of religion as a protective factor against suicide and as a factor promoting bridging/bonding ties.

All participants showed a tendency to indulge in vices due to the failure of their condition, and more than a third of them had seriously considered dying by suicide. Issues relating to religion and representation of death did not arouse any particular interest and the responses were sometimes laconic. Even though almost

all of them were 'believers' and they saw death as a passage, religion appeared neither to be a factor of protection against suicide and addiction nor to improve social ties. Finally, substance abuse constituted a protective factor against suicide and increased with progression through the stages described by the PM, while religiosity progressively disappeared and no positive in-group relationships were developed thanks to either alcohol or religion.

The limitations of this study consist of the small number of participants and the difficulties related to analysis of representations of religion and God. In future research, we could help participants by providing them some inputs that may facilitate narratives, in particular when linked to biographical aspects.

Moreover, in order to better grasp the complex condition of homeless people who are also immigrants (as were the majority of our participants), it would be important to investigate in greater depth their specific points of view, exploring how they perceive their life in the new country, especially in terms of social relationships, cultural differences, stigmatization, and support received. Another significant topic to explore could also be comparison between the lives, perceptions of the self, and coping mechanisms of homeless immigrants and homeless people who were born in the country in which they currently live, in order to assess similarities and potential differences, with the objective of offering both groups more adequate support, based on their specific needs.

Disclosure

No conflicts of interest declared concerning the publication of this article.

References

1. United Nations Economic and Social Council. Enumeration of homeless people [Internet]. 2009. [cited 2019 Dec 03]. <http://www.unecce.org/fileadmin/DAM/stats/documents/ece/ces/ge.41/2009/7.e.pdf>
2. Dietz TL. Substance misuse, suicidal ideation and suicide attempts among a national sample of homeless. Discovering the social group: a self-categorization theory. *J Soc Serv Res.* 2010;37:1-18.
3. Fischer PJ, Breakey WR. The epidemiology of alcohol, drug and mental disorders among homeless persons. *Am Psychol.* 1991;46:1115-28.
4. O'Toole TP, Gibbon JL, Hanusa BH, Freyder PJ, Conde AM, Fine MJ. Self-reported changes in drug and alcohol use after becoming homeless. *Am J Public Health.* 2004;94:830-5.
5. Shamai M, Amir Y. Not the promised land: African asylum seekers and refugees in Israel. *Qual Health Res.* 2015;6:1-14.
6. United Nations Refugee Agency. UNHCR Global trends 2018 [Internet]. 2019 Jun 19. [cited 2019 Dec 03]. <https://www.unhcr.org/search?comid=56b079c44&&cid=49aea93aba&tags=globaltrends>

7. Busch-Geertsema V, Benjaminsen L, Filipovic Hrast M, Pleace N. Extent and profile of homelessness in European member states. Brussels: European Observatory on Homelessness; 2014.
8. Fitzpatrick KM, Irwin J, LaGory M, Ritchey F. Just thinking about it: social capital and suicide ideation among homeless persons. *J Health Psychol.* 2007;12:750-60.
9. Farrington A, Robinson P. Homelessness and strategies of identity maintenance: a participant observation study. *J Community Appl Soc Psychol.* 1999;9:175-94.
10. Tajfel H, Turner JC. An integrative theory of intergroup conflict. In: Austin WG, Worchel S, editors. *The social psychology of intergroup relations.* Monterey: Brooks/Cole; 1979. p. 33-47.
11. Greenfield EA, Marks NF. Religious social identity as an explanatory factor for associations between more frequent formal religious participation and psychological well-being. *Int J Psychol Relig.* 2007;17:245-59.
12. Turner JC, Hogg MA, Oakes PJ, Reicher SD, Wetherell MS. Rediscovering the social group: a self-categorization theory. Cambridge: Basil Blackwell; 1987.
13. Brambilla M, Manzi C, Regalia C, Becker M, Vignoles VL. Is religious identity a social identity? Self-categorization of religious self in six countries. *Psicol Soc (Bologna).* 2016;2:189-98.
14. Jonas E, Fischer P. Terror management and religion: evidence that intrinsic religiousness mitigates worldview defense following mortality salience. *J Pers Soc Psychol.* 2006;91:553-67.
15. Testoni I, Visintin EP, Capozza D, Carlucci MC, Shams M. The implicit image of God: God as reality and psychological well-being. *J Sci Study Relig.* 2016;55:174-84.
16. Testoni I, Sansonetto G, Ronconi L, Rodelli M, Baracco G, Grassi L. Meaning of life, representation of death, and their association with psychological distress. *Palliat Support Care.* 2018;16:511-9.
17. Alexander MJ, Haugland G, Ashenden P, Knight E. Coping with thoughts of suicide: techniques used by consumers of mental health services. *Psychiatr Serv.* 2009;60:1214-21.
18. Testoni I, Tronca E, Biancalani G, Ronconi L, Calapai G. Beyond the wall: death education at middle school as suicide prevention. *Int J Environ Res Public Health.* 2020;17:2398.
19. Testoni I, Ancona D, Ronconi L. The ontological representation of death. *Omega (Westport).* 2015;71:60-81.
20. Van der Meer Sanchez Z, Nappo SA. Religious treatments for drug addiction: an exploratory study in Brazil. *Soc Sci Med.* 2008;67:638-46.
21. Camic PM, Rhodes JE, Yardley LE. *Qualitative research in psychology: expanding perspectives in methodology and design.* Washington: American Psychological Association; 2003.
22. Levitt HM. Reporting standards for qualitative research in psychology: what are they, and why do we need them? In: *Reporting qualitative research in psychology: how to meet APA style journal article reporting standards.* APA style products. Washington: American Psychological Association; 2019. p. 3-18.
23. Dhunpath R. Life history methodology: "narradigm" regained. *Int J Qual Stud Educ.* 2000;13:543-51.
24. Solomon S, Testoni I, Bianco S. Clash of civilizations? Terror management theory and the role of the ontological representations of death in contemporary global crisis. *Test Psychom Methodol Appl Psychol.* 2017;24:379-98.
25. Minichiello V, Aroni R, Timewell E, Alexander L. *In-depth interviewing.* 2nd ed. Sydney: Longman; 1995.
26. Lloyd V, Gatherer A, Kalsy S. Conducting qualitative interview research with people with expressive language difficulties. *Qual Health Res.* 2006;16:1386-404.
27. Paul S, Corneau S, Boozary T, Stergiopoulos V. Coping and resilience among ethnoracial individuals experiencing homelessness and mental illness. *Int J Soc Psychiatry.* 2018;64:189-97.
28. Nelson G, Clarke J, Febraro A, Hatzipantelis M. A Narrative approach to the evaluation of supportive housing: stories of homeless people who have experienced serious mental illness. *Psychiatr Rehabil J.* 2005;29:98-104.
29. Bonugli R, Lesser J, Escandon S. "The second thing to hell is living under that bridge": narratives of women living with victimization, serious mental illness, and in homelessness. *Issues Ment Health Nurs.* 2013;34:827-35.
30. Choy-Brown M. Book review: *Healing home: health & homelessness in the life stories of young women.* *Affilia.* 2014;29:119.
31. Testoni I, Francescon E, De Leo D, Santini A, Zamperini A. Forgiveness and blame among suicide survivors: a qualitative analysis on reports of 4-year self-help-group meetings. *Community Ment Health J.* 2019;55:360-8.
32. Braun V, Clarke V. Thematic analysis. In: Cooper H, Camic PM, Long DL, Panter AT, Rindskopf D, Sher KJ, editors. *APA handbook of research methods in psychology.* Washington: American Psychological Association; 2012. Vol. 2: Research designs: quantitative, qualitative, neuropsychological, and biological. p. 57-71.
33. Floersch J, Longhofer JL, Kranke D, Townsend L. Integrating thematic, grounded theory and narrative analysis: a case study of adolescent psychotropic treatment. *Qual Soc Work.* 2010;9:407-25.
34. Zamperini A, Testoni I, Primo D, Prandelli M, Monti C. Because moms say so: narratives of lesbian mothers in Italy. *J GBLT Fam Stud.* 2016;12:91-110.
35. Bucuță MD, Dima G, Testoni I. "When you thought that there is no one and nothing": the value of psychodrama in working with abused women. *Front Psychol.* 2018;9:1518.
36. Glaser B, Strauss AL. *The discovery of grounded theory: strategies for qualitative research.* Chicago: Aldine; 1967.
37. Testoni I, Mariani C, Zamperini A. Domestic violence between childhood incest and re-victimization: a study among anti-violence centers in Italy. *Front Psychol.* 2018;9:2377.
38. Zamperini A, Paoloni C, Testoni I. [The emotional labor of nursing: critical incidents and coping strategies]. *Assist Inferm Ric.* 2015;34:142-8.
39. Testoni I, Mauchigna L, Marinoni GL, Zamperini A, Bucuță M, Dima G. Solastalgia's mourning and the slowly evolving effect of asbestos pollution: a qualitative study in Italy. *Heliyon.* 2019;5:e03024.
40. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care.* 2007;19:349-57.
41. Chirban JT. *Interviewing in depth: the interactive-relational approach.* Thousand Oaks: Sage; 1996.
42. Testoni I, Iacona E, Fusina S, Floriani M, Crippa M, Maccarini A, et al. "Before I die I want to...": an experience of death education among university students of social service and psychology. *Health Psychol Open.* 2018;5:2055102918809759.
43. Marshall C, Rossman GB. The "what" of the study: building the conceptual framework. In: *Designing qualitative research.* Thousand Oaks: Sage; 1999. p. 21-54.
44. Krings F, Olivares J. At the doorstep to employment: discrimination against immigrants as a function of applicant ethnicity, job type, and raters' prejudice. *Int J Psychol.* 2007;42:406-17.
45. Valenta M. Immigrants' identity negotiations and coping with stigma in different relational frames. *Symb Interact.* 2009;32:351-71.
46. Kim MM, Ford JD, Howard DL, Bradford DW. Assessing trauma, substance abuse, and mental health in a sample of homeless men. *Health Soc Work.* 2010;35:39-48.
47. Pleace N, Quilgars D. *Improving health and social integration through Housing First: a review.* York: Centre for Housing Policy; 2013.
48. Fullin G, Reyneri E. Low unemployment and bad jobs for new immigrants in Italy. *Int Migr.* 2010;49:118-47.
49. Fokkema T, De Haas H. Pre- and post-migration determinants of socio-cultural integration of African immigrants in Italy and Spain. *Int Migr.* 2011;53:3-26.
50. Daly G. Migrants and gate keepers: the links between immigration and homelessness in Western Europe. *Cities.* 1996;13:11-23.
51. Aragona M, Pucci D, Mazzetti M, Geraci S. Post-migration living difficulties as a significant risk factor for PTSD in immigrants: a primary care study. *Ital J Public Health.* 2012;9:e7525-1-e7525-8.
52. Shah A, Chandia M. The relationship between suicide and Islam: a cross-national study. *J Inj Violence Res.* 2010;2:93-7.
53. Durkheim E. *Suicide: a study in sociology.* New York: The Free Press; 1897.

Correspondence:

Ines Testoni
Via Venezia, 8
25035 - Padova - Italy
Tel.: +39 (049) 8276646
E-mail: ines.testoni@unipd.it