



Caught in a machine that de-emphasizes human potential: Using Goffman's theory of the total institution to understand service provider perspectives on boredom among unhoused persons

Carrie Anne Marshall, Principal Investigator, Associate Professor ^{a,*} ,
Rebecca Gewurtz, Associate Professor ^b, Abrial Cooke, Research Assistant ^c,
Caleigh Inman, Research Assistant ^d, Jordana Bengall, Research Assistant ^c,
Suliman Aryobi, Research Assistant ^e

^a Western University, Occupational Therapy, Director, Social Justice in Mental Health Research Lab, Faculty of Health Sciences, Elborn College, 1201 Western Rd., London, ON, Canada, N6H 1H1

^b School of Rehabilitation Sciences, McMaster University, Room 403, 1400 Main St. W. Hamilton, ON L8S 1C7, Canada

^c Research Assistant, Social Justice in Mental Health Research Lab, Faculty of Health Sciences, Western University, Elborn College, 1201 Western Rd., London, ON, Canada, N6H 1H1

^d McMaster University, Room 403, 1400 Main St. W. Hamilton, ON L8S 1C7

^e Social Justice in Mental Health Research Lab, Western University, Occupational Therapy, Faculty of Health Sciences, Elborn College, 1201 Western Rd., London, ON, Canada, N6H 1H1

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ABSTRACT

Boredom has been identified as a factor affecting the lives of individuals during and following homelessness, yet no known studies have explored this experience from the perspectives of service providers. To address this gap, we conducted semi-structured qualitative interviews with 20 service providers working in shelters, drop-in programs, and housing services in two communities in Ontario, Canada. We analyzed our data using reflexive thematic analysis, guided by Goffman's theory of the 'staff world' in his concept of the 'total institution.' The central essence characterizing our analysis was: Caught in a machine that de-emphasizes human potential. This essence is expressed through three themes: 1) "I think boredom is huge;" 2) "we just keep going back, and keep trying, and keep trying, and keep trying;" and 3) Housing is "...a shell that you could, with encouragement... potentially flourish in." We conclude that the profound and pervasive boredom described in this research and in previous studies is symptomatic of broader structural problems created through inadequate responses to supporting individuals living with mental illness in our communities, contributing to rising and chronic homelessness. We argue that institutionalization of persons living with mental illness, which ended due to the neglect observed in such settings, has been replaced by an equally neglectful system of service provision taking the form of housing and homelessness services. We advocate for a system that not only provides basic resources for survival but also supports thriving through the provision of housing and opportunities for mitigating boredom through access to meaningful activities.

Introduction

Boredom is a common human experience that has been defined as

"the aversive experience of wanting, but being unable, to engage in satisfying activity" (Eastwood et al., 2012) (p. 482), or a lack of challenge or meaning in the activities in which one is engaged (van Tilburg

During the time of conducting this research, Abrial Cooke was completing her master's degree in occupational therapy at Western University, London, ON, Canada, and Caleigh Inman was completing her master's degree in occupational therapy at McMaster University, Hamilton, ON, Canada

* Corresponding author at: Western University, School of Occupational Therapy, Advancing Research Chair in Homelessness Prevention and Mental Health Equity, Director, Social Justice in Mental Health Research Lab, Faculty of Health Sciences, Elborn College, 1201 Western Rd., London, ON, Canada, N6H 1H1.

E-mail addresses: carrie.marshall@uwo.ca (C.A. Marshall), gewurtz@mcmaster.ca (R. Gewurtz), abrialcooke1@gmail.com (A. Cooke), caleighinman@gmail.com (C. Inman), j.bengall@outlook.com (J. Bengall), suliman285@hotmail.com (S. Aryobi).

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and Igou, 2011). When considered alongside other challenges in the lives of persons who are unhoused, boredom may appear trivial. However, existing research indicates that boredom is a central feature of the experience of homelessness, and one that can have serious, negative influences on psychosocial well-being (C. Marshall et al., 2024; O'Neill, 2014). While the presence of boredom has been associated with a range of consequences that are facilitative of mental health including the elicitation of curiosity and creativity (Haager et al., 2016) and for motivating individuals to find activities that are more personally meaningful (Wolff et al., 2024), it has more often been associated with negative consequences. These include increased engagement in substance use (Biolcati et al., 2018; Hendricks et al., 2015; Weybright et al., 2015), low self-reported physical and mental health (Weissinger, 1995), low motivation (van Hooff and van Hooft, 2016), and involvement in criminal activity (Farnworth, 1998; Steinmetz et al., 2016). For individuals who are unhoused, boredom that is long-lasting and pervasive can be particularly problematic as it may further compromise the mental health of a population already known to experience an increased prevalence of mental illness (Gutwinski et al., 2021). While existing literature has explored the experience and influence of boredom among persons who are currently or previously unhoused (C. Marshall et al., 2024; O'Neill, 2014), there are no known studies that have accounted for the perspectives of service providers working in shelters, drop-in centres, and other services that support this population. Service providers are an important source of information given that they spend much of their days observing and supporting persons who experience homelessness and may have important insights into how boredom emerges and is sustained in the lives of this population. Further, service providers may have unique insights for identifying solutions to addressing the boredom that unhoused individual experience. Filling this gap in existing literature is essential for informing the development of policy and service delivery models designed to mitigate the effects of boredom on the mental health of individuals during and following homelessness.

Research on boredom and homelessness

Homelessness is a growing problem across the globe, with an estimated 150 million individuals experiencing homelessness annually, 15 million forcefully evicted from their homes, and 1.6 billion living in poor quality housing (United Nations, 2020). While research on the psychosocial well-being of individuals who experience homelessness has been conducted, including research on community integration (Marshall, Boland, Westover, Marcellus, et al. 2020; La Motte-Kerr et al., 2020; Aubry and Myner, 1996; Ecker and Aubry, 2017; Nemiroff et al., 2011), mental well-being (Gutwinski et al. 2021), tenancy sustainment (Boland 2018; Boland et al. 2018) and meaningful activity engagement (Marshall, Boland, Westover, Wickett, et al. 2020), studies exploring boredom in the lives of persons who experience homelessness have only begun to develop the last 15 years. This emerging body of evidence suggests that boredom is a profound and pervasive experience during and following homelessness, and one that is associated with lowered mental well-being, increased substance use and hopelessness (C. Marshall et al. 2024; C.A. Marshall, Davidson, et al. 2019; Marshall, Keogh-Lim, et al. 2020, et al. 2019; O'Neill 2014). Further, scholars have argued that a lack of access to opportunities for occupying one's time in meaningful ways secondary to financial constraints can be considered a particular form of social oppression that limits possibilities for thriving during and following homelessness and for people living in poverty in general (Elpidorou, 2021; Marshall, Boland, Westover, Wickett, et al., 2020, 2022). Participants in previous research have highlighted that the profound boredom they experience following homelessness has been a precipitator of tenancy loss (C. Marshall et al., 2024; Marshall, Phillips, et al., 2023). For this reason, more research is needed to more intimately understand boredom among persons with experiences of homelessness to inform future policy and practice aimed at preventing and ending

homelessness (C. Marshall et al., 2024; C.A. Marshall et al., 2019; Marshall et al., 2025).

The health inequities faced by persons who experience homelessness are well-documented in existing peer reviewed literature and demonstrate a significantly higher burden of mental illness and a range of other health conditions when compared with the general population (Fazel et al., 2014; Gutwinski et al., 2021; Hossain et al., 2020). These health conditions are further complicated by experiencing significant difficulties in managing symptoms on a daily basis in the absence of stable housing (Bowen et al., 2024). A range of factors contribute to this level of burden, including the inability to secure and sustain good quality housing (Easton et al., 2023), meet basic needs (Easton et al., 2022), victimization and trauma occurring before, during and after homelessness (Carrillo Beck et al., 2022; Kerman et al., 2023), and indignities that individuals face while unhoused (Marshall, Phillips, et al., 2022; McJunkin, 2020). Boredom has been identified as one factor contributing to lowered mental well-being yet remains an understudied and overlooked influence on the mental health of this population (Marshall, Boland, Westover, Wickett, et al., 2020).

Literature in the emerging field of Boredom Studies describes two primary types of boredom, namely 'trait' and 'state' boredom. Trait boredom arises as a consequence of a person's individual personality and cognitive composition (Wolff et al., 2024). In contrast, state boredom is determined by opportunities afforded by the social and institutional environments in which a person is embedded (Wolff et al., 2024). While research exploring trait boredom among persons with experiences of homelessness is needed, existing research indicates that state boredom is a particular problem in the lives of persons who experience homelessness. A lack of resources and control over the environments in which persons who experience homelessness are situated have been identified in previous research to restrict opportunities for engaging in meaningful and satisfying activities, and thereby give rise to high levels of boredom (C. Marshall et al., 2024; Marshall, Gewurtz, et al., 2023). Service providers working in shelters, drop-in centres, and other services that are designed to support persons who experience homelessness are an important part of the environments in which this population is situated, making their perspectives critical for understanding and addressing the state boredom that emerges in the lives of this group.

Goffman's "Total institution" and the "Staff world"

Erving Goffman was a prominent sociologist who advanced a range of theories that remain influential in academic discourse pertaining to the ways in which individuals interact in society, and how these interactions influence psychosocial well-being and contribute to oppressive social systems. His most notable contributions include "The Presentation of Self in Everyday Life" (Goffman, 1959), "Interaction Ritual" (Goffman, 2017), and "Stigma" (Goffman, 1963). In 1961, he published an influential critical work called "Asylums," a book based on ethnographic research in institutions such as prisons, psychiatric hospitals, boarding schools, army training camps, naval vessels, and monasteries (Goffman, 1961). He called these institutions "total institutions," and characterizes them as closed and segregated communities complete with all of the amenities of the outside world and subject to a strict code of conduct and regulations. These total institutions are structured specifically to impose social control over the "inmates" for whom they are designed by regulating behaviors, identities, and interactions in an effort to transform a person into a new version of themselves created in an image consistent with the institution's overall objective (Goffman, 1961).

In describing the various features of a total institution, Goffman describes the "staff world," or the perspective and roles of staff as they implement regimented routines and maintain a code of conduct and regulations that are consistent with the institution (Goffman, 1961). In this aspect of his theory, Goffman contends that total institutions are

places that function as “storage dumps for inmates” (p. 74) yet are advertised as institutions with the purpose of molding individuals to meet an “ideal standard” of normative human behaviour. It is the role of the staff in these institutions, according to Goffman, to create a veneer for the public and inmates that the institution is actually changing the people that it serves rather than simply warehousing them in an enclosed and segregated community (Goffman, 1961). The work of staff in total institutions, thus, is what Goffman describes as “people work” where the people are “objects and products to work upon” (p. 74).

Maintaining the division between staff and “inmates,” according to Goffman, is essential for ensuring that the disparity between what the institution *actually does* and what it *says it does* is not visible to the public or the individuals that it is in existence to serve. The work of staff in a total institution, thus, is structured to maintain this division, and to maintain the public impression of efficiency and effectiveness. As such, much of the work of staff in total institutions, includes but is not limited to, duties such as: 1) keeping track of inmate behaviour through careful documentation from the moment they enter the institution to when they exit, including the documentation of “hostility and demands of the inmates” (p. 83); 2) minimize risks to staff posed by inmates; 3) maintain humane standards in the institution, even if these standards may sacrifice other standards; 4) interfacing relationships with inmates and the outside world (i.e. family, friends, other services); 5) keeping up appearances for “watchdog agencies” (p.77) in the broad community and society; and 6) maintaining professional boundaries to prevent the development of “fellow feeling and even affection” (p. 81) for inmates (Goffman, 1961).

Conceptualizing the system of homelessness services as a “Total institution”

In this paper, we contend that the system of services designed to support individuals who are unhoused can be conceptualized as a total institution. This system of services includes shelters, drop-in centres, meal programs, community mental health services, police, paramedics and hospital emergency rooms in which and with whom unhoused persons spend much of their time. While these services are distributed throughout most communities of a certain size, persons who experience homelessness are excluded from other community spaces in the broad society through the presence of stigma of both mental illness and homelessness (Reilly et al., 2022). The criminalization of homelessness which serves to control the movements of persons who are unhoused throughout the community (Diamond et al., 2021), and prevents overnight sleeping in public spaces even when no viable alternatives are available (Rady and Sotomayor, 2024) are examples of processes that restrict individuals who are unhoused to spending time primarily in organizations offering services designed to meet their needs. This system of services, and the staff who work in them function to create a total institution of *sorts* that is distributed throughout a community, yet enclosed sufficiently to create its own culture, rules, expectations, and regimented routines. Staff in these organizations are responsible for enforcing institutional rules that determine how a person *can* or *should* spend their time, and in so doing, create the conditions that determine the emergence of boredom in the daily lives of persons who experience homelessness. These conditions are further concentrated by the increasing privatization of public spaces wherein rules determining where people who experience homelessness can be in their communities are enforced. Such rules are increasingly being enforced through legislative means at the municipal and regional levels through the dismantlement of encampments, loitering laws, and prohibition of substance related behaviours in public spaces (Hess and Stevenson-Blythe, 2022; Margier, 2021).

The current study

For good reason, much of the research exploring boredom and

homelessness has been conducted with individuals with lived and living experience. No studies are known to our team which focus on the perspectives of service providers on boredom among persons who are currently or previously unhoused as they provide support in shelters, drop-in centres, and other services. We conducted this study to fill this gap in existing literature and explore this important perspective. Using Goffman’s theory of the *total institution*, and in particular, the *staff world* to guide our research, we posed the question: What are the perspectives of service providers supporting persons who experience homelessness on the emergence of boredom and its role in the lives of this population?

Methodology

We conducted qualitative research to address our research question using Braun and Clarke’s Reflexive Thematic Analysis (2023). In conducting this study, we have aligned with an idealist ontological position and have employed an interpretivist epistemology throughout our data collection and analytic processes. Theoretically, we have taken the position that the system of services for persons who experience homelessness can be thought of as a total institution, as described by Goffman (1961). As such, both persons who experience homelessness and service providers working in housing and homelessness services contribute to the overall dynamic of rules, expectations and routines that serve to control and regiment the lives of individuals who use these services. Specifically, we have relied on Goffman’s description of the *staff world* in our analysis and interpretation of our data.

Setting

We recruited service providers working in shelters, drop-in centres, and housing programs in Kingston and London, Ontario, Canada. These cities were selected due to their similarities and differences regarding homelessness. Kingston and London are both considered to be large population centres by Statistics Canada, with Kingston having a population of 132,485 in 2021 (Statistics Canada, 2023), and London having a population of 543,551 in the same year (Statistics Canada, 2021). Historically, Kingston has had one of the lowest vacancy rates in Canada and the second lowest vacancy rate in the Province of Ontario in 2021 at 1.4 %, a rate which dropped to 0.8 % in 2023 (Canada Mortgage and Housing Corporation, 2023). While London’s vacancy rate has been historically higher, it decreased to 1.9 % in 2021, and further to 1.7 % in 2023 (Canada Mortgage and Housing Corporation, 2023). While both cities have historically struggled to address a significant and growing homelessness problem in their communities, the extent to which this is the case differs in growth and scope. Kingston, for example, observed a 133 % increase in homelessness from 2021–2024 (United Way Kingston, Lennox and Addington, 2024). As of September 2025, there were an estimated 600 individuals registered on the city’s by-name list (City of Kingston, 2025). In contrast, there were 2321 individuals on the by-name list in London in the same month, representing a 21.8 % increase from 2022 (City of London, 2025).

Recruitment

After receiving ethics approval from Western and McMaster Universities in London and Hamilton, Ontario, Canada respectively, we recruited service providers from organizations providing social services and mental health supports to persons who experience homelessness in the recruitment cities. To recruit, we: 1) sent emails directly to leaders of health and social care organizations detailing information about our study and requested that they forward this email to their staff to request participation; 2) presented to shelter and case management staff within relevant organizations and encouraged interested individuals to contact the research team directly; and 3) encouraged snowball sampling by asking individuals who participated in interviews to share the contact information with their colleagues should they wish to participate.

Inclusion and exclusion criteria

We included participants who had been working in social service and mental health organizations where they occupied a direct service position supporting individuals who experience homelessness. Prospective participants were included if they were over the age of 18 and had a minimum of one month of experience in supporting unhoused persons.

Procedure

We arranged suitable times and dates with individuals meeting inclusion criteria to facilitate the conduct of interviews. We asked participants to read a letter of information and provide informed consent. This was followed by completing a paper survey asking participants to provide basic demographic information (age; profession; role; and years of experience in supporting persons with experiences of homelessness). We conducted semi-structured interviews in person using a qualitative interview guide. The principal investigator has several years of experience in the conduct of qualitative research interviews and research assistants involved in this study received training and mentorship in the conduct of such interviews from the principal investigator. Interviews were recorded on a digital recording device. Questions posed to participants focused on perspectives on boredom among individuals experiencing homelessness, and how it may emerge in the lives of this population. Interviews were transcribed verbatim. Sample interview questions posed to participants are provided in [Fig. 1](#).

Analysis

We analyzed interview transcripts abductively informed by the concept of the *staff world* in Goffman's theory of the *total institution* (Goffman, 1961) using reflexive thematic analysis (Braun et al., 2023). Using Dedoose, a cloud-based qualitative data management program that facilitated the organization of our data (SocioCultural Research Consultants, 2015), all members of our team coded statements pertaining to the research question followed by grouping these codes into like categories. These categories were then arranged into themes. These themes were refined through several collaborative discussions among the coders, and consistent with reflexive thematic analysis (Braun et al., 2023), we generated an essence characterizing the themes that were developed. Once our findings were analyzed and written, final feedback was provided by all study authors on the analysis and refined further.

Trustworthiness

Trustworthiness was established using criteria identified by Lincoln and Guba (1985). Strategies used included: (a) prolonged engagement

with the population of interest, which was achieved through the research team's extensive involvement in research and practice related to boredom and homelessness; (b) peer debriefing, which involved continuous debriefing among several members of the research team involved in data collection and analysis during several collaborative meetings; (c) recording interviews; (d) accurate transcription; (e) intercoder consensus; and (f) use of a computer program to organize data (Dedoose), which contributed to the dependability of our analysis.

Positionality and reflexivity

Consistent with Braun et al. (2023), we recognize the importance of explicitly stating our prior experiences related to the phenomenon under study that may influence how our analysis was conducted. In this research, we have utilized an interpretivist epistemology due to recognition that collectively, our research team has decades of research and practice experience related to homelessness which may have influenced our interpretation of participant narratives. Several members of our team have also worked in mental health services, in shelters, and drop-in centres where they have supported individuals who experience homelessness for several years of their careers. All but one member of our team identify as women, and we represent a range of social locations relating to age, ethnic, spiritual and racial identities. We recognize the impossibility of setting aside any pre-understandings of homelessness or the influence of these social locations on our analysis. Instead, we have chosen to explicitly embrace this knowledge as a strength in informing our analysis.

Findings

Our sample included 20 service providers with a median age of 40 (IQR=9; 24–59) including $n = 5$ (25 %) child and youth workers, $n = 4$ (20 %) social workers, $n = 3$ (15 %) social service workers, $n = 2$ (10 %) addictions workers, $n = 1$ (5 %) vocational rehabilitation specialist, $n = 1$ (5 %) occupational therapist, and $n = 3$ (15 %) other. For $n = 1$ (5 %) participant, data on their profession was missing. Half of participants were working in organizations in Kingston, Ontario ($n = 10$; 50 %), and the other half were working in organizations in London, Ontario ($n = 10$; 50 %). The roles of participants included working as a(n): case manager supporting individuals who are unhoused ($n = 4$; 20 %); case manager supporting individuals in supportive housing following homelessness ($n = 4$; 20 %); emergency shelter worker ($n = 3$; 15 %); emergency shelter supervisor ($n = 2$; 10 %); supportive housing program manager ($n = 2$; 10 %); pastor ($n = 1$; 5 %); domestic violence shelter worker ($n = 1$; 5 %); street outreach coordinator ($n = 1$; 5 %); substance use counsellor ($n = 1$; 5 %); and for one participant, their role was missing ($n = 1$; 5 %). Participants had worked for a median of 10 years (IQR=9; 1–20) in

Interview questions posed to participants

1. Tell me about how your clients spend their time.
2. In what ways do you think their activities support or detract from their well-being?
3. Describe how boredom may factor into your clients' life, if at all.
4. If your clients experience boredom, how do you think it may emerge?
5. What impact, if any, does boredom impose on the health and well-being of your clients?
6. What strategies do you use, if any, to help your clients to spend their time in more meaningful ways?
7. What do you think needs to happen to help your clients spend their time in more meaningful ways other than the ways that you offer support?
8. Is there anything that we haven't discussed in this interview that you think is important to mention with respect to how your clients spend their time, its impact on their health and well-being, and strategies that would be helpful for those that you support?

[Fig. 1.](#) Sample Interview Questions.

services for persons experiencing homelessness in their respective cities. All participants were working in services for persons experiencing homelessness at the time of the interview. Interviews ranged from 19–83 min in duration (Mdn=39.5; IQR=21). See Table 1 for a complete summary of the demographic characteristics of participants.

Essence: caught in a machine that de-emphasizes human potential

The essence of our analysis was that service providers described being immersed as agents in a system that prevented individuals who are experiencing homelessness from participating in activities that were personally meaningful. The pervasive boredom that resulted was seen to impose serious negative impacts on the mental health of unhoused persons, and their potential for developing as individual human beings. One service provider described this as “*being stuck in limbo... it's just like a space of time that you just don't really have anything to do, or you're waiting on something*” [Participant 4]. Boredom was characterized as common among the individuals who utilized the services in which service providers worked. This was a consequence of a lack of access to meaningful activity due to the imposition of rules and routines that participants felt obligated to enforce within the institutional confines of the system of services in which they were embedded:

Even the regimen that we have. Meals and things like that. If you had your own home, right? You wouldn't have to eat at a certain time. You would be able to go, and you would be able to open up the fridge and grab a piece of fruit. You would be able to choose...so...when they're living here in the homeless shelter, they don't have that choice. [Participant 1]

Service providers described facing a range of pressures that

Table 1
Service provider demographic characteristics (n = 20).

| Demographic Characteristics | | | |
|--|--------------------------------|----------------------------------|----------------------------|
| | Kingston (n = 10) n (%) | London (n = 10) n (%) | Full Sample (n = 20) n (%) |
| Age | Mdn=41; IQR=15.5; 27–59 | Mdn=36.5; IQR=10.25; 24–47 | Mdn=40; IQR=9; 24–59 |
| Profession | | | |
| Child & Youth Worker | 4 (40) | 1 (10) | 5 (25) |
| Social Worker | 1 (10) | 3 (30) | 4 (20) |
| Social Service Worker | 2 (20) | 1 (10) | 3 (15) |
| Addictions Worker | - | 2 (20) | 2 (10) |
| Vocational | 1 (10) | - | 1 (5) |
| Rehabilitation Specialist | | | |
| Occupational Therapist | 1 (10) | - | 1 (5) |
| Other | - | 3 (0) | 3 (15) |
| Missing | 1 (10) | - | 1 (5) |
| Role | | | |
| Case manager for persons who are unhoused | - | 4 (40) | 4 (20) |
| Case manager in supportive housing | 3 (30) | 1 (10) | 4 (20) |
| Emergency shelter worker | 1 (10) | 2 (20) | 3 (15) |
| Emergency shelter supervisor | 1 (10) | 1 (10) | 2 (10) |
| Supportive housing program manager | 1 (10) | 1 (10) | 2 (20) |
| Pastor | 1 (10) | - | 1 (5) |
| Domestic violence shelter worker | 1 (10) | - | 1 (5) |
| Street outreach coordinator | 1 (10) | - | 1 (5) |
| Substance use counsellor | - | 1 (10) | 1 (5) |
| Missing | 1 (10) | - | 1 (5) |
| Years supporting persons experiencing homelessness | Mdn=13; IQR=14.5; 1.8–20 | Mdn=7; IQR=6; 1–19 | Mdn=10; IQR=9; 1–20 |

prevented them from challenging this current situation and preventing boredom from becoming so central in the lives of individuals who used their services. They felt like the system was structured in such a way where persons experiencing homelessness were denied the power to change their current situation while service providers seemed to have much more control, a dynamic that led to resentment: “*I hate feeling like a gatekeeper to power, resources, and knowledge*” [Participant 7]. As such, they felt caught in a system that de-emphasized what they believed unhoused persons were capable of and prevented individuals from attaining the conditions needed to escape the boredom that appeared to factor so heavily into their lives. While the system was seen as structured to help unhoused persons become ‘houseable,’ participants also recognized that the structural and institutional environments in which persons experiencing homelessness were situated prevented them from becoming housed in the long-term and attaining mental well-being. The ways in which these environments determined the activities that unhoused persons had access to were seen as an important part of this dynamic.

We generated three themes that illustrate this essence: 1) “I think boredom is huge;” 2) “we just keep going back, and keep trying, and keep trying, and keep trying;” and 3) Housing is “...a shell that you could...potentially flourish in.”

Theme 1. “I think boredom is huge”

Service providers described how boredom factored heavily into the lives of the individuals that they supported and related this largely to being situated within a system that restricted access to meaningful activity. When asked about the extent of boredom that they observed in service users, service providers indicated that: “*I think boredom is huge*” [Participant 15]; “*I think it's chronic...I see my clients just kind of wandering around*” [Participant 19]; and “*they're bored, they've got nothing to do, they're always bored*” [Participant 12]. The boredom was so pervasive in the lives of individuals who used their services that they described it as a problem that continued from one day to the next: “*they get into this cycle of like you know wake up, get through this day, and go to bed. And then wake up and get through the next day*” [Participant 2]. Service providers recognized that one of the causes of this relentless boredom was a lack of material resources that would provide them with opportunities to access public spaces or purchase items that would alleviate the boredom that they experienced. Observing boredom in service users every day impacted service providers, who noted the disparity between what resources were available for them to occupy their time, and what was available to persons experiencing homelessness who used the services in which they worked:

There's nowhere to go. There's nothing to do...and they walk out the door sometimes and I think, 'you know where they're going.' And I see them walking there and just standing in the middle of nowhere sometimes when I leave work. And then I drive home and eat dinner and watch a movie. And I think about that individual right? And just what it would be like...to be in their shoes...just sitting there with no direction. Nowhere to go. And then, you know, all you really know is when you have to check in for nighttime and that's all you're worried about. It's just unfortunate. [Participant 9]

While service providers recognized the value of routine in supporting the well-being of unhoused persons, they also recognized that the degree of regimentation imposed by the system of services in which they worked was a cause of the relentless boredom that infiltrated their lives: “*the majority of them are really stuck in sort of the same routine day in day out*” [Participant 18]. This routine was composed of completing tasks required by a range of community agencies involved in their care all while managing their own survival, which was described by service providers as exhausting for persons experiencing homelessness:

I think that's sometimes why our clients are bored...I just think they don't have the capacity or the energy to...look at what their day is gonna look

like...And when you say to them, you know, 'like you have these three appointments,' and they're like 'I'm not going to those'... 'Like how about we just go to one?...What's the most important one?'...It really is challenging for them. [Participant 19]

Service providers discussed how although routines included activities, these activities lacked personal meaning in the lives of individuals using their services, resulting in the emergence of boredom which was described as a threat to well-being. Service providers described how they observed boredom not only as a factor in determining mental health, but also as a driver of engagement in crime and substance use:

Boredom is sort of a precursor to so many, so many, mental health problems. You know, anxiety, depression, isolation, right? You know lack of self-worth, lack of motivation, you know?...Our system creates so much dependency that it is leaving individuals with boredom...boredom is leading to engaging in risky behaviours such as criminal involvement, such as higher...drug use. [Participant 9]

Service providers expressed concern that the longer boredom lasted, that persons experiencing homelessness were losing a connection with life and a desire to escape this experience leaving them stagnant in a life that lacked meaning: "...you become comfortable, you almost become comfortable in being numb and lost because...getting back out and doing it is so frightening that a lot will just tend to be stuck for a while" [Participant 3].

Theme 2. "We just keep going back, and keep trying, and keep trying, and keep trying"

Service providers discussed the importance of finding ways to engage individuals in meaningful activity to relieve boredom both during and soon after homelessness in shelters and in programs throughout the community. While they described the importance of this overall goal, they also identified a range of challenges that they encountered in supporting this objective, leaving them persistently trying and re-trying new strategies on an ongoing basis:

We just keep going back, and keep trying, and keep trying, and keep trying...Even if at one point, they've said 'this is something I want to do,' and then tomorrow they say 'now I changed my mind,' the next day we'll go back and say 'yesterday you said no, but are you still looking to try something new? Cause we could still look at that. No you're not?' Next week we'll go back and we'll try, and the next, and the next. [Participant 16]

Despite their efforts to help individuals to engage in meaningful activities, service providers encountered challenges in doing so within the confines of a system that imposed rigid rules and hours of operation. For example, individuals were not permitted to access shelter services during the daytime and needed to "check-in" at a specific time in the evening to claim their shelter bed or it would be assigned to someone else. Consequently, unhoused persons needed to find ways to spend their time outside of the shelter during the day before returning to the shelter at a designated time in the evening to secure a shelter bed for the night. This situation was described as structuring the days of most individuals who were unhoused, thereby creating a system of regimentation characteristic of the network of housing and homelessness services in the cities in which they worked. Understandably, the priorities of persons who were unhoused who used their services were mostly focused on survival and responding to interpersonal crises, rather than relieving the boredom that factored so heavily into their lives:

They spend their time, you know, moving from shelter to shelter in order to check in. Safely check in to a bed at night. So, sometimes, just that daily routine in itself is how they're spending their time...A lot of times, they do sort of come together as one to sort of socialize, right? So, a lot of times they are spending their time with other groups socializing, whether that be engaging in substance use behaviours...[or] going through a traumatic experience together. [Participant 9]

Service providers discussed the specific importance of "trying to anchor people into their community...getting them connected with...recreational stuff that they like to do" [Participant 6] to provide social networks that would support meaningful activity engagement. In so doing, they hoped that boredom could be minimized. They recognized, however, that this objective would take time, and that progress would be slow: "our case managers take a lot of time to do baby steps with them to try and get them out into the community a bit more" [Participant 16].

A common barrier to building relationships with individuals in the broad community described by service providers, however, was substance use, which occupied large swaths of the days of many people using their services. Service providers saw the use of substances as one of the few forms of stimulation available in the absence of other opportunities to engage in alternative activities:

Really the only stimulation you're going to find in that lifestyle is more than likely when you're going to engage in your substance. And then, that substance is going to be maybe the highlight of your day. And if that is the only highlight of your day... then you're going to look for that highlight of your day every day. So, I find with a good deal of my clients, that how they spend their days are just trying to feed their addictions. [Participant 10]

Service providers were cautious in how they supported persons experiencing homelessness with addressing the boredom that they experienced, specifically trying to avoid creating dependence on the system of housing and homelessness services in which they worked, and becoming 'too comfortable' with the supports provided by that system. As such, the division between 'service provider' and 'service user' was dictated by cultural norms within services designed to meet the needs of unhoused individuals. Service providers specifically discussed the need to minimize 'doing for,' and instead emphasized 'doing with' in their work with individuals who used their services: "not a handout, but a hand up just to assist them" [Participant 1]. As such, they maintained boundaries by demanding that unhoused persons contribute the same amount of effort as service providers in addressing the boredom that they experienced:

Because of the nature of how we do our work...when they first come into the program, my work is done shoulder to shoulder with you. I don't do things for you. I don't work for you. We work together...And we'll put whatever you want in your life, and I'll work, you know, with you, to make that happen. I take you to the door, and it's up to you to sort of step through. [Participant 17]

Theme 3. Housing is "...a shell that you could...potentially flourish in"

Service providers described how individuals who used their services oscillated in and out of homelessness. Upon securing a tenancy, service providers identified that a challenge threatening a person's ability to sustain their housing was the presence of boredom, which intensified soon after securing a tenancy. This was largely the result of services retracting too soon after an individual was housed, and service providers emphasized the need for longer term supports that extended beyond mere months. Unfortunately, there was insufficient capacity in the system to support individuals in the long term after they were housed, and service providers discussed how they were working within a system that kept people moving through cycle after cycle of homelessness. The system, thus, was seen by service providers to be in existence primarily to 'fix individuals' by housing them, but not by enhancing other indices of well-being. In essence, service providers described the system of services in which they worked as an institution that existed for itself that they were unwilling agents of, and that was essentially a 'holding cell' for individuals who struggled to sustain their housing until they were finally able to do so:

I think, for a long time, the bar has been that a person was homeless [then] no longer homeless. We're done. We did good work...and then we see people come back, and it isn't about not having a space...a physical space doesn't make a person. It's literally just...a shell. It's a shell that you could, with encouragement, potentially flourish in and make your own. But, without that, and without connection to anything, and without feeling whole...and I would suggest even our system sort of makes people not feel worthy of being whole...so without that, then becoming disconnected, what would be the point? What would be the reason? And would it start to become even more ideal to have to focus on meeting your needs because at least it's something to do...if you were working at becoming 'unhomeless,' then you're doing what you're supposed to. [Participant 13]

The boredom that service providers observed in recently housed individuals seemed to be difficult to escape, as it was seen to emerge as a consequence of the sudden loss of routines and survival activities that were demanded of individuals during homelessness. The lack of meaningful activities and consequent boredom that resulted imposed a negative influence on mental health, and often led to a return to homelessness:

When they're homeless, it's different, right? Cause I feel like they might not have opportunity or truly time to be able to find time for meaningful activities. But once they're housed, and they're no longer looking to meet their basic needs, it's difficult cause you can see them become isolated or sometimes their housing becomes at risk as a result cause they just do not know how to handle the big shift from going and having their days full of things that they need to do - where they need to go next - to suddenly having those needs met – 'so what do I do with my time now?' So, it has a huge impact on their mental health and their well-being...there's a big impact there. [Participant 8]

In addition to the loss of routine, service providers described boredom as closely connected with the social networks that persons experiencing homelessness had access to while unhoused. When individuals who used their services moved into housing, they were often removed from the social networks that they had developed in shelters or the street. This sometimes occurred geographically, as persons who had secured a tenancy were now living in another location. Sometimes, this separation came about through shelter policies that prevented individuals who had secured housing from returning to the shelter for visits or to stay after securing housing: *"they can't come back here, cause once they're housed. They're on their own"* [Participant 20]. In other cases, persons who had secured housing were coached by service providers to avoid interacting with their previous social contacts who were still unhoused to avoid tenancy takeovers and other forms of victimization, remarking that: *"inviting the...street culture or peers into the new environment is often very much a recipe for a disaster"* [Participant 7]. One service provider indicated that they regularly advised persons who were leaving homelessness to *"...do yourself a favour. Do not tell anybody where you're moving"* [Participant 17].

Disconnecting from previous social networks was a problem not only because of its potential to impact negatively on the availability of social support, but because a lack of social networks and the loneliness that developed was associated with the emergence of boredom. Opportunities for participating in meaningful activities, according to service providers, were often afforded through the social networks that persons experiencing homelessness had developed in shelters and the street. When individuals moved into their housing, however, they were observed to become more isolated *"so we'll sometimes see people who are really excited to be housed, and then the reality kind of sets in. And there's such a social network within the shelter that I think people feel really isolated sometimes when they move into their own apartment"* [Participant 6]. Service providers highlighted a link between loneliness resulting from isolation, and boredom, reporting that persons leaving homelessness would cope with substances to access some form of stimulation in the

absence of other options. One service provider indicated that persons leaving homelessness would start *"...isolating. Then their boredom comes up and then substance use seems to rise after"* [Participant 11].

Overall, while service providers emphasized the critical importance of providing housing for individuals who experience homelessness, they also identified that many individuals frequently languish in their housing following homelessness due, in part, to the presence of boredom that inevitably emerged in the absence of routines, the need for survival activities, and diminishing social networks following homelessness. As such, service providers identified that many individuals require a lot of external support to engage in meaningful activities or to manage daily life: *"After about a week, I'm like okay we need to get up and get you groceries and we need to figure out what that looks like for you...but then after the first month, I find things starting to kind of slip a little bit...then by about 60 days for sure. And then that's when we have the real 'okay, we need to look at what this is looking like for you'"* [Participant 19]. Service providers emphasized the need for housing supports following homelessness to help individuals to gain access to meaningful activity to avoid the boredom that they experience: *"I think that's why housing support is so important...because you can put a roof over somebody's head, but that doesn't sort of change what their experience of life is"* [Participant 6].

Discussion

We conducted this study to explore service provider perspectives on boredom in the lives of persons experiencing homelessness. Our findings reveal that service providers recognize boredom as a central experience in the lives of persons experiencing homelessness, and a force that imposes a negative influence on mental health. In particular, service providers implicated boredom as a driver of substance use, and an experience that they observed as leading to hopelessness and loss of meaning. Service providers described at length how they recognized the importance of addressing boredom for individuals during and following homelessness but felt caught in a system that prevented them from addressing this objective. This system was discussed by participants as a system characterized by the same qualities of a total institution described by Goffman (1961), including a similar degree of routine and regimentation expected of persons who experience homelessness. Working in these services and being required to implement these regimented routines with individuals who used their services imposed a negative impact on the mental health of participants themselves. A growing body of literature acknowledges the impact of working in such a system for service providers, including moral distress and moral injury that can cause many to experience health challenges and ultimately decide to leave their respective professions (Perez et al., 2024). The findings of this research build on previous studies conducted with individuals during and following homelessness (C. Marshall et al., 2024; C. A. Marshall et al., 2019; Marshall, Keogh-Lim, et al., 2020, 2019; O'Neill, 2014; O'Neill, 2015) by providing further evidence which highlights the centrality of boredom in the lives of persons experiencing poverty and who are denied the right to housing. Specifically, our findings emphasize boredom as key construct for informing needed strategies for supporting individuals who experience homelessness in attaining well-being.

Considering the system of housing and homelessness services as a total institution and drawing on Goffman's concept of the staff world has enabled us to draw attention to the ways in which the range of services designed to support individuals who experience homelessness can be considered a closed system that determines how people spend their time, and where their time can be occupied. According to participants in this study, rules and routines imposed by this system limited opportunities for engagement in meaningful activity, thereby giving rise to the boredom that was reported to be prevalent in the lives of unhoused persons. Service providers described that the activities that were available to the people who used their services included survival activities such as securing a shelter bed at a specific time of the day or using

substances, which was driven in part by a lack of opportunities to participate in other meaningful activities. These findings are supported by the findings of other studies that emphasize how participation in meaningful activity can be restricted during the experience of homelessness as participation is largely undermined by the need to engage in survival activities, and to access services at specified times of the day (Marshall, Boland, et al., 2022, 2020). Research conducted in Canada, for example, indicates that up to 83 % of individuals experiencing homelessness express the desire to be employed, yet unemployment rates are as high as 98 % (Poremski et al., 2015). In other literature, scholars argue that how the system of homelessness services is designed presents barriers to participation in leisure activities by perpetuating a lack of agency in the lives of unhoused individuals (Harmon, 2019). This lack of agency leads to avoidance of this system to maintain a sense of control in one's life and prevents ongoing personal development among unhoused persons and service providers alike, keeping both in a state of liminality where homelessness continues and limited opportunities for personal growth are available. More research is needed to identify and evaluate approaches that mitigate these barriers and limit the extent to which the existing system imposes harm on persons who experience homelessness and the people who work within it.

The depth of boredom described by service providers in this research, and its perceived influence on the mental health of persons experiencing homelessness using their services highlights the importance of this construct as an influence on the mental health of this population. Service providers largely framed boredom in this research as a problem that is not relieved upon securing housing. This finding is consistent with the findings of previous research conducted with persons with lived and living experiences of homelessness (C. Marshall et al., 2024). In this research, 164 individuals were interviewed about their experiences of boredom during or following homelessness. For both participants who were unhoused, and housed following homelessness, boredom was reported to be problematically high. A minority of participants who were housed following homelessness in this research, however, described finding ways to relieve their boredom, largely through self-initiated activities like serving coffee and food to their neighbours in an apartment building (C. Marshall et al., 2024). While participants with such narratives were few in this research, their experiences are important for informing the kinds of supports that may be needed for relieving boredom following homelessness.

It is important to emphasize that pervasive boredom is only one symptom of a much greater problem involving forces that exert control in the lives of persons living in poverty and homelessness, perpetuating rather than alleviating, the oppression that they experience. The repetitive oscillation through states of homelessness to housing described by service providers in this study provides further evidence that the systems that have been developed to support individuals to leave homelessness appear to be structured to exert social control while failing to prevent and end homelessness, thereby closely resembling Goffman's (1966) description of the function of a "total institution." A lack of political will to make deeply affordable housing available to individuals living on the lowest incomes in society in countries as wealthy as Canada, the United States, and European nations is difficult to comprehend or justify. Withholding a resource as necessary as housing, coupled with the criminalization of poverty and homelessness that keeps people in a state of ongoing precarity through control of the spaces they can occupy, the resources they can access, and the destruction of their belongings (Herring et al., 2019) are impossible to ignore. A growing chorus of advocates, service users, and researchers are calling for the abolition of the shelter system, indicating the need to build a viable system of permanent supportive housing for individuals at risk of homelessness. Advocates cite examples of how existing shelter systems and encampment responses not only cost more than permanent supportive housing in the long term, but perpetuate, rather than resolve homelessness (Draaisma, 2021; National Alliance to End Homelessness, 2024; Houle, 2024).

While permanent supportive housing is absolutely needed to more

effectively meet the needs of persons experiencing homelessness, the findings of the current study, combined with previous research, indicates that housing alone is not enough. A range of existing studies provide evidence that following homelessness, individuals continue to experience a range of challenges that affect their ability to sustain their tenancies including ongoing poverty, challenges with substance use, obtaining employment, and integrating into their communities (Marshall, Easton, et al., 2022). While Housing First is known to be effective for helping individuals to secure a tenancy and to sustain it for longer (Baxter et al., 2019), it has consistently failed to demonstrate effectiveness for promoting other outcomes including community integration which is frequently framed as a target outcome (Marshall, Boland, Westover, Marcellus, et al., 2020). This does not mean that Housing First should not be used, but that it needs to be built upon to more effectively target outcomes beyond tenancy sustainment alone. Policymakers and service providers, however, may consider the ways in which cluster-site permanent supportive housing has the potential to recreate the conditions of a total institution by reinforcing rigid rules and routines that can perpetuate experiences of boredom in the lives of individuals who are leaving homelessness. Strategies that mitigate this potential risk should be incorporated into the operation of cluster-site models. One approach that may mitigate this risk is through funding and implementing scatter-site models of permanent supportive housing that limit the potential for this to occur. While cluster site models are associated with greater effectiveness in addressing psychosocial outcomes (Somers et al., 2017), there is the potential to introduce supports that specifically address boredom within scattered site housing models. Such approaches may include the development of a transition plan to support continuity of care following homelessness, and one that specifically attends to a person's unique needs following homelessness in terms of how their time is spent and their interests in specific activities. Such transition plans could include goals for helping individuals to participate in activities of interest, and ways of overcoming challenges to participating in activities within their communities.

A large majority of individuals who experience homelessness live with mental illness, including substance use disorders (Gutwinski et al., 2021). Historically, persons living with mental illness were housed, often involuntarily, in large institutional settings, which over time came to be seen as inhumane due to the neglect that characterized care provided in these hospitals (Chow and Priebe, 2013). In recent decades, scholars have reflected on this shift, expressing concern that the neglect that characterized these institutional settings continued with the lack of funding and resources dedicated to community care (Warburton and Stahl, 2020). This situation has left both individuals living with mental illness and the service providers who support them in a situation of structural ineptitude characterized by poverty and homelessness, which cannot easily be addressed by a single service provider working in a shelter, drop-in centre or housing program. Living in poverty prevents individuals who are leaving homelessness to fully participate in their communities, and in the activities that bring their lives meaning, thereby perpetuating boredom and the psychosocial challenges that come with this experience (C. Marshall et al., 2024). Such structural problems require policy solutions such as reform to income support programs, re-investing in social housing at a national level, and addressing stigma that all too often informs policy (Canham et al., 2024). The solution to supporting people who live with mental illness is not a return to institutionalization or a re-creation of institutional environments in the form of the system of services designed to support and control persons who experience homelessness, mental health problems or addictions. Rather, it is through the provision of permanent housing, adequate incomes, and inclusive communities.

Limitations

Participants involved in this research represent the unique perspectives of service providers in two large urban communities in one

province in Ontario, Canada, and our findings should be interpreted as such. Research conducted in small and rural communities, and urban centres beyond Ontario, Canada are needed to reflect the perspectives of service providers in a range of contexts. Further, readers should be aware that the professional backgrounds the participants in this study do not include the perspectives of the range of professionals who are involved in the care of persons experiencing homelessness. In addition, we included participants from emergency shelters, and mental health agencies, and the reader should be aware that the observations made by individuals working this range of settings may differ. Future research should explore the differences in observations of service providers across a range of settings to help identify how each setting may contribute to experiences of boredom for individuals across a range of services. It should be noted that the service providers with backgrounds in child and youth work who participated in this research were working in adult services, despite having an educational background related to children and youth. The involvement of professionals beyond child and youth workers, social workers and addictions counsellors is needed to more accurately reflect the range of professionals typically involved in housing and homelessness services.

Conclusion

Boredom is a serious problem affecting the mental health of individuals who experience homelessness and is one symptom of a much greater problem plaguing persons living in poverty in high income countries. Service providers in housing and homelessness services recognize the existential threat of boredom in the lives of the people that they serve in their work yet feel trapped in a system that prevents them from supporting unhoused persons with higher-order needs beyond survival alone. In recent decades, high-income countries have moved away from the use of institutions in the support of persons living with mental illness and substance use disorders yet have replaced one neglectful system with another equally neglectful system distributed throughout our communities. Policymakers need to prioritize permanent supportive housing as a response to homelessness rather than reproducing systems that limit agency and perpetuate this problem. Alleviating poverty, providing safe and deeply affordable housing, and adequate services that can alleviate boredom will not only prevent and end homelessness, but will provide a foundation for a meaningful life that will lead to enhanced psychosocial well-being for individuals who have been denied the right to housing. This humanitarian objective is one that needs to be the focus of a just society aimed at more effectively meeting the needs of persons living with mental illness in our communities.

Ethics statement

This study was approved by the Non-Medical Research Ethics Board at Western University (#112,456) in London, Ontario, Canada and the Hamilton Integrated Research Ethics Board at McMaster University (#7270) in Ontario, Canada. All participants in this study provided written consent to participate in this research.

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CRediT authorship contribution statement

Carrie Anne Marshall: Writing – review & editing, Writing – original draft, Validation, Supervision, Software, Resources, Project administration, Methodology, Investigation, Funding acquisition,

Formal analysis, Data curation, Conceptualization. **Rebecca Gewurtz:** Writing – review & editing, Methodology, Funding acquisition, Formal analysis, Conceptualization. **Abrial Cooke:** Writing – review & editing, Investigation, Formal analysis. **Caleigh Inman:** Writing – review & editing, Investigation, Formal analysis. **Jordana Bengall:** Writing – review & editing, Investigation, Formal analysis. **Suliman Aryobi:** Writing – review & editing, Investigation, Formal analysis.

Declaration of competing interest

The authors declare no conflicts of interest with respect to this research.

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