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Ethnographic Fieldwork among Addicted People Sleeping Rough | Helping Relationships and Communication in Focus

In my paper I aim to outline, through my ethnographic research in the settlement of „Kővára”, what ideas addicted people have of a good helper, of an appropriate helping relationship and of adequate communication. The problem statement was put to the test through qualitative methods as I carried out participating observations among addicted people sleeping rough while peering into the work of the local outreach service, under an ethnographic field study applying combined interview techniques.

My paper outlines the various dimensions of exclusion of the subjects of my study and provides a description of the venue of the study, my research methods and the characteristics of the addicted people sleeping rough in the town. I contrast the professional definition of the quality helping relationship and communication with the expectations of those of the target group that I examine. Finally, my proposition is that the beneficiaries expectations of the helpers exactly match the requirements put forth in the guidebook for the professionals.

Exclusion of Addicted People Sleeping Rough

This hardly accessible group of people that is burdened by multidimensional exclusion is relatively insufficiently examined. The FEANTSA (European Federation of National Organizations Working with the Homeless) defines homelessness and exclusion from dwelling, which describes them using three dimensions such as the physical, legal and social dimensions. The homeless people in my focus can be characterized with a total lack of security in all the three dimensions (Udvarhelyi, 2014).

Exclusion is further worsened by the constellation of the homeless life situation and addiction, which is not addressed by the care system as of now, therefore affected people drop out of both the homeless care and the addiction care.

US attorney and civil rights activist, philosopher Kimberlé Crenshaw, a leading scholar on critical race theory proposed the theory of intersectionality¹ in 1989, the theoretical framework of which matches the group of addicted people sleeping rough inflicted with multiple exclusions.

Intersectionality provides a framework to define the social problem of individuals and the group of people who simultaneously suffer from various types of discrimination and handicaps. It considers the overlapping identities and experience in order to come to an understanding of the complexity of prejudices. People are multiply disadvantaged by several sources of suppression. These are their identification marks such as race, class, sexual orientation, religion, disability and other. Intersectionality recognizes that these identification marks do not exist independently, moreover, their togetherness brings about the synergy effect of multidimensional and simultaneous suppression. Crenshaw proposes that we have to examine the interplay between these marks and the experience of people living in differently overlapping handicapped situations. We must examine them through a cross-sectional lens otherwise we cannot realize that the events that strive to address injustice against one group may perpetuate a system of inequalities against another (Crenshaw, 1989). Crenshaw intended to put the concept of intersectionality in practice and not just use it as a theoretical framework.

Addicted people find it most difficult to ask for help, which would be the very first step to gain access to the care systems which otherwise lack structural integrity and appropriate helping relationships. The fact that the quality of the helping relationships and the helpers' communication determine the life conditions and future perspectives of the vulnerable, distrustful and excluded group of people which my study focuses on may be obvious from the aspect of social work, however not highlighted enough.

The research looks at the local conditions to explore the interplay between the helping relationships, helping communication and the attitudes and activities of those employed by the authorities and in the social care system, who have an impact on the lives of the addicted people sleeping rough, and the present and future life conditions and possibilities of the addicted people sleeping rough.

The research also expands on the issue of prevention through the life paths, examining the potentials in the prevention and setting them against the crossroads of the

¹ ywboston.org

life paths of the individuals where it might have been possible to depart from the vicious circle of gravitating towards homelessness and addiction, and the impact of self-reflection and the images of their own identity on the dichotomy of departing from or being stranded in their current situation.

A Brief Introduction of „Kőváralja”

The small town whose community is in focus used to be a medieval oppidum, later it grew into an industrial town as its native population was expanded with inbound labor meant for the coal mine in the wake of the second world war. Prior to the regime change, the settlement was a significant industrial area, so the native people, together with the families of settlers, could find a local job. The industrial and economic strength of the settlement faded and changed in the wake of the regime change, as no new industrial companies of national scale filled the gap in the economic sectors once so powerful at the national level. The town lost the biggest part of its former, industry-based role.

Following the close-down of the coal mine and the industrial companies the town missed taking on a new profile, and due to the failure of the socioeconomic structural change new economic problems were generated, which resulted in a huge loss of jobs, sustaining social and mental problems, which linger on even today. The municipality of “Kőváralja” is an example of an industrial town still bearing the signs of its past of a typical one-time medieval country town, in the wake of the regime change following ample-scale industrial close-downs, facing high unemployment and its implications ever since.

The causes of poverty in the town are deeply rooted in the economic structure prior to the regime change. In the planned economy there were numerous simple jobs which could provide relatively good financial means for those with only primary school education, and the education system preferred the development of practical, vocational knowledge to that of skills. This was in line with the economic requirements of the time. However, the regime change put away these jobs in the following short period.

The welfare system, inherited from the era of socialism, based on the concept of total employment and supplementary corporate supplies, was neither in its infrastructure, nor in its perspective able to address the new challenges.

The prevailing economic and labor market stagnation, the bleak vision of the future by the young perpetuate and reproduce the social and mental problems. The risk of

poverty and social exclusion, the plight of homelessness give rise to new issues of substance use and psychiatric problems, or sustain the old issues (HEP, 2018).

People who belong to the ethnic Roma community also live in the town, and they have their own elected representatives, however, their number is not over-represented compared to the non-Roma population (HEP, 2018).

Social care lacks psychiatric care and substance addiction treatment (Lakner, 2009), and in addition, the animosity developed towards the helpers, with the feeling of distrust deprive the needy of the necessary support to take the very first step towards asking for help, which limits their future options.

Ethnographic Field Work

Due to the vulnerability of the client group, I have changed the real name of the town into a fictitious one, which I also intend to use in the bibliography relating to the town.

I have carried out my research using qualitative methods. In the course of my ethnographic field work I have applied participating observations, both among the addicted people sleeping rough and at the outreach service on the streets, and I also used combined interview techniques, which I varied according to the objective of the research and the research questions.

The core of the ethnographic field work is being present in and diving into the life of the researched group, which „creates the kind of intimacy, homeliness and trust, which enables the external observer to interpret some social behaviors that most often seem to be irrational, thereby demonized. It is particularly true in the case of examinations of institutions or groups that would rather opt for the strategy of invisibility and lying low in order to ensure safe functionality” (Durst, 2017:88).

My participating observations served to gain a deep insight into the interactions and daily life conditions of the researched group, in their sheer reality and true living circumstances, which revealed the hidden interplay, contrasts and underlying essence of their existence to me. Meanwhile I could make ad-hoc interviews, informal conversations, in-depth interviews and elaborate on narrative life paths with addicted people sleeping rough.

The semi-structured interviews were meant to solicit more facile information, which I complemented for myself with the deeper content and possible contradictions that I had obtained from my participating observations.

I selected the interview types according to my research objective and research propositions, which were further determined by the given situation, the degree of mutual trust, the substance use of the subjects, their age, their health and mental conditions, the level of substance influence or the withdrawal symptoms.

Interviewing is one of the most widely used qualitative research methods, by which we mean semi-structured or unstructured interviews. Burgess (1984) calls them „dialogues with an aim“. They feature an informal style and topic-orientation, but the researcher does not prepare a rigid list of questions, since the researcher builds up the dialogue as they progress with the research questions (Mason, 2001).

Sociological and publicity interviews must be distinguished. The latter one is a finished product, whereby the interviewers can also express their opinion or make a statement on the subject matter of the interview, whereas a sociological interview is the work process itself, when the interviewers must back off, as they can only be the catalyst that triggers the self-expression of the subject. During our research we must choose the interview technique that is in line with our objective. If we intend to gain certain information, a questionnaire or a semi-structured interview may be sufficient, whereas if we want to get a deep insight into the interplay between the expressed or tacit and subconscious content, the use of an in-depth interview would definitely be the most appropriate method. Through an in-depth interview more substantial answers can be compiled than by a questionnaire, as an informal interview may give the interviewee more room to emphasize certain things, dwell on others, while his/her emotional revelations, responses and nonverbal communication may provide lots of useful information for the interviewer.

A further advantage is that it provides more space to adjust to the individual, to get insight into the topic and create a better situation for a more profound conversation than the questionnaires. This can also reveal new content when recorded on tape on the second listening.

During an in-depth interview questions that may never be asked directly might be answered, or might go unanswered if asked directly, as the interviewee may still be unaware of his/her emotions and motives for action. The in-depth interview method is based on the assumption of the psychoanalytic personality concept that the human psyche has a hidden layer repressed in the subconscious which is equally important. This is the reason why we should create an adequate situation and an ambience of trust for the

interviewee during the interview, which allows the free flow of associations and of the images from the eidetic memory. The interviewing technique itself is a way of assessing the capability for empathy and the signs of extroverted behavior (Solt, 1998).

The first person to apply for the in-depth interview in Hungary was István Kemény, a prominent scholar of Hungarian sociology in the 1970s. He used his sociological research to understand the mindset and the social actions of the individual (Szabari, 2017).

Walking interview: as is called by Sally Mann (2019), this method supports the researcher to get a deeper insight into the narratives of the interviewee by „living it”, by walking along the most critical stations of the life path of the interviewee. Walking along the venues of significance for the client provides much more key stimuli for the interview partner to recall memories and come up with narratives, understand his/her own life and life situation and assert the problems, all of which may lead to the solution (Mann, 2019).

The random interviews or conversations greatly match the other interview techniques and participating observations. In connection with people who dislike the interviewing situations, random interviews can be well applied due to their casual nature. What makes a difference between them and the mundane conversations is that the interviewer has a research goal to reach via the conversation. Accidentally dropped words, unfinished sentences and hints can provide an explanation and complete what was actually said, or may refer to some contradictions between the words used by and the actions of the interviewee. In addition, the researcher can use this as a means of orientation and mapping (EKF).

The interviewing techniques which are aligned with the given situation and the research objective may complement one another and the participating observation of the field work.

Features of Addicted People Sleeping Rough

Based on the records of the local homeless center and my own data there are about 15-20 people living on the street, all addicted. Their number changes according to certain factors and according to the seasons.

Their life has a seasonal feature. In summer they spend the nights outside, in winter they use the night shelter, particularly the elderly and those with worse health conditions.

The typical age group is between 40 and 50, some of whom have never entered the labor market or have spent very little time working, their level of education is primary school, with a few exceptions.

Substance use was present in their lives very early, even at the age of 13-14 (e.g. paint remover, alcohol, pills, aromatic compounds or other drugs). Generally, people sleeping rough are typically hazardous drug and alcohol users since their adolescence.

Their original families were not typically socially handicapped. Generally the parents and the grandparents also had substance use problems, and child rearing difficulties are also typical of them (inconsistent discipline patterns, warm-lenient parental style, or the good familial atmosphere in the beginning was suddenly replaced with a rigid-negligent or violent atmosphere as family problems went deeper) and, in addition, divorce, casualties, illnesses, a parent moving abroad, or other family crises can be detected among them. The substance use of the mother seems to be much more toxic than that of the father in their case, as well. In their families the mother or the grandmother was very often abused. It goes without saying that family problems mixed and mingled with other social problems, which, together with the substance use, made it even harder for them to address these problems.

The base substances that they use are still the cheapest spirits, sedatives, sleeping pills (earlier paint removers and aromatic compounds), although the synthetic marijuana called herbal is also typical. I have no data of intravenous users. Those who consume only alcohol or the ad-hoc substance users complete the drug career slower and deteriorate slower than those using drugs. The layer of youth using designer drugs (herbal) is a new phenomenon, their number keeps growing in the town.

The difficulties of non-conformity, the substance use and the behavioral problems arising from them result in their being expelled from the homeless hostels and they are imposed with a restricted access to the night shelters, too.

The number of those who belong to the ethnic Roma community is not over-represented among them, with ethnicity not being the primary cause of exclusion, however, it does appear in a broader dimension, as it is rather linked with the homeless life situation and sleeping rough.

The Quality Helping Relationship and Communication

The quality of the helping relationship and that of communication are priority and crucial elements in the cooperation with the traumatized, vulnerable group, which is inflicted with multiple exclusion, addictions and related psychiatric illnesses, facing complex and multiple problems and while sleeping rough.

The aim of the helping relationship is the intention to provide help, which is always consciously designed for the targeted individuals. Its content is determined by the specification of the task, the activity of the helper and his/her professional perspectives, as well as the emotional and conceptual background. The relationship is a tool for personal assistance, which attempts to arouse self-help capacities in the client. Its quality is determined by the effectiveness of the helping relationship. The core of the helping relationship is human communication, which is the most important professional tool of the social worker (Vályi, 2008).

Communication is part of human existence, a basic human psychological need, which is to be interpreted in a particular interaction, and its effectiveness is influenced by several various factors. The direction the conversation is going and its results depend on external factors or inappropriately encoded messages as well as the mental state of the receiving party, which cannot be overlooked in the case of addicted, psychiatric patients. The message has verbal (oral communication) and non-verbal elements (gestures, mimics, look, pitch, intonation, speaking pace, pose, proximity, touch, spontaneous and unconscious motions), which interact, complement and support one another or just contradict.

Mundane communication must be differentiated from the helping communication because in the course of the helping relationship the communication must be professional, mindful and professionally applied. The most important tool of the social professional is his/her trustworthy professional persona and communication (Csákvári et al., 2017).

„The helping relationship is a regulated interrelationship between the professional helper and the person who uses the human service, in which intervention for the interest of the client is applied through tailored communication tools” (Csákvári et al., 2017:14).

Its aim is to support the client to better organize his/her life than before. The helping conversation must always be done with a specific goal in mind, which is the biggest difficulty during the conversations with the aimless and homeless people. In such

situations initiating a conversation or addressing people in itself can be paramount, which may trigger internal processes that direct the client towards change (Győri, 2008). The helping relationship, which the whole assistance work is based on, is fundamentally determined by the quality of the way of addressing people. „The relationship is based on equal footing... Giving a level playing field means acknowledging and honestly admitting that the client and us are of the same social rank and status as citizens and that the client also has one sovereign life with responsibilities just like us even if our competences, knowledge, situations or life paths differ” (Győri, 2008:4). Although our situation is not the same as theirs, it does not mean that either of us would be inferior or superior to the other. The helper must work hard so that the clients accept equality, because it is the feeling of inferiority and being exposed that can break the ego and self-confidence. The acceptance of hierarchy by the client infantilizes the client, distorts its self-evaluation and the image of its autonomous and responsible self. Communication based on equality is an integral part of empowerment, which is not an assumed style but an honest and real behavior, that is congruent conduct. The helping conversation cannot be replaced with the most benign social administration if we intend to achieve the effect described above (Győri, 2008).

In the case of the substance using, mentally challenged and psychiatric patients this is even more emphasized. Substance use, mental and psychiatric problems may from time to time cause changes in the mind, in the perception, in the feelings and the emotional state of the humans. We must consider that their thinking and functioning deviate from the average. The deviance and changes described above may lead to such behavior that can unexpectedly be incongruent with the particular situation or the role partner. The person with an anxious or altered mental status may infer the most unfavorable interpretations for himself from the communication.

These situations require specific problem-solving methods, in which it is key to use the most appropriate communication strategy. Therefore, it would not be sufficient to keep the general rules of the helping conversation in the course of working with them but the helper needs a special knowledge in order to reach the goal of the communication while making it all the more effective and progressive. It can also be an efficient tool in our case if our communication is not about giving orders from a position of power or giving instructions and educating but applying the positive technique of request (Csákvári et al., 2017).

The extreme emotional state of the client caused by the complexity of its problems and its responses that deviate from the usual ones must be dealt with by the helper with an adequate professional skill and awareness, as is specifically proposed by the following table:

Symptom	Problem-solving
Disturbances of sense of reality:	Be simple and goal-oriented.
Difficulties of concentrating:	Be short, repeat yourself.
Status of being high:	Do not push talking, limit the information.
Weak judgment capacity:	Do not expect rational discussion.
Dominance of the internal world:	First draw clients' attention.
Uneasiness:	Recognize the uneasiness, its cause and find a way out.
Mood extremities:	Do not be offended at the words and actions.
Volatility of plans:	Stick with the reasons of the original plan, reasons may be once more reviewed.
Low empathy for others:	To be interpreted as a symptom, it does not relate to the person.
Withdrawal:	Initiate a conversation.
False beliefs:	Do not argue.
Fear:	Stay calm.
Lack of sense of security:	Client should feel the acceptance.
Low self-esteem:	Keep up positive and respectful behavior.

The proposed problem-solving methods for the difficulties caused by various symptoms of mental problems

Source: Woolis, 2003:85. cited by: Csákvári et al., 2017:58.

US psychologist Carl R. Rogers (1995) did not associate the concept of a helping relationship with a specific profession, he says that the peculiarity of the relationship is in the intention itself to give help. He includes here the activities of the laymen helpers and the teacher-pupil, adviser-client and parent-child relationships, too. He is known to have developed the concept of empathy, which he proposed as one of the key principles of the helping relationship. His perspective is personality-centered and takes on a humanist standpoint focusing on the subjective experience of the individual and on the subjective perception and interpretation of his/her life story. In his view it is in our human nature

we were born to strive to grow personally, to become mature, to give rise to positive changes, achieve self-actualization and reach the potentials of its capabilities.

He is also known for his client-centered or non-directive therapy, the premise of which is that the individual is the only one to appropriately decide which direction to take in order to bring about change. The therapist has a merely monitoring role, acting like a mirror, while the individual looks into his own problems, analyzing, taking his own course of actions, deploying his own resources.

The features of the client-centered helping relationship are consistency, dependability, reliability, the open expression of the emotions on both sides, a warm, caring and positive approach to the client, the emotional intelligence of the helper towards the state of mind of the client, the acceptance of the process of change and development on both sides, the self-awareness of the helper, the acceptance of the different faces of the client and the omission of evaluation and assessment.

The most important aspects in the helping conversation for the sake of effective communication are active listening, accompanying the problem, open identification of the problem, allowance for the revelation of emotions, summary of the message of the other party, making requests to specify, the continuous but not enforced eye contact, reinforcing responses, encouragement to continue talking and the „door opening” questions.

According to Rogers the key feature of the helping relationship is the *unconditional acceptance*, which is positive and emotional attention paid to the client, its non-directiveness, unconditionality, which means that the therapist does not expect any consideration in return. Unconditionality aims at the persona of the client, and not one of its traits or behaviors.

Empathy, which means assuming the same feelings, feeling in the same way. The therapist understands the feelings and desires of the helped party, and reflects them the most precise way possible. The therapist verbalizes the grasped and interpreted content and puts it in an adequate linguistic form. This way the therapist indirectly guides the other party as the therapist selects how and what he responds to and what he emphasizes during the reflection and verbalization.

Finally, the *trustworthiness, congruency* (Tringer, 2005). Communication can be considered to be congruent (identical, aligned), if the different verbal and nonverbal channels through which the communication travels show a perfect match, have the same direction, the communication is coherent and does not show disruptions (Csákvári et al.,

2017). The helper says what he thinks and feels and he is in line with what he has in his mind. This also appears in his nonverbal communication and the expression of his emotions is authentic. Incongruency arises if there is no harmony between the signals (Tringer, 2005).

The professional guidance issued for the outreach service considers the establishment of the helping relationship a primary objective. Its prerequisites are the establishment of trust and motivation in the client towards change. However dismissive of the client with the cooperation, an outreach service worker must undertake to continually be informed about the condition and the needs of his client.

The guiding principles of the outreach service are the respect of human rights and dignity, compliance with the principles in the Ethical Code of the Social Work, taking care of every person without discrimination, the respect of all the information obtained, the respect of self-autonomy, the refusal of using force to make them discontinue sleeping rough and the clear and straightforward conveyance of information to the clients. Its most important feature is that it provides its services by itself, which means being regularly present in the service area. This is even more emphasized in winter time, particularly in the evening hours (Professional Guidance for the Outreach Services 2011).

Expectations of the Beneficiaries of the Quality Helping Relationship and Communication

In the course of the participating observations I paid attention to the interactions and conversations between the addicted people sleeping rough and the formal helpers. I used the interviews in order to understand what helpers are welcome by a multiply excluded, vulnerable, hiding and more often than not drugged client. I analyze the interviews using them as data along the criteria of the relevant literature.

My findings show that the needs of the people that I examined can be mapped on the behavioral and communication patterns prescribed in the relevant literature. I support my conclusions with the following excerpts from some of the interviews.

The persons interviewed listed the following requests relating to the communication of the professionals:

The helper should behave as a professional, not as a private person. This means that they should use their professional persona during work.

The helper should not select from among the clients, they should give help in every case, they should not determine who is worthy of being helped and who is not. They should not discriminate according to who they are on good terms with or not.

There should be a level of communication, not condescending, indoctrinating, humiliating or offensive. They should pay respect to everyone alike. Instead of giving helpful instructions they should use the positive request technique.

The helper should not nurture hard feelings with the client, who is possibly under the influence of some substance, desperate or sometimes aggressive.

The client expects to be unconditionally accepted as individuals, to be treated with empathy, congruence and honesty by the helper.

The helper should not be driven by their emotions when talking to the client but by professional criteria.

The client expects understanding from the helper, they should like to feel better at the end of the conversation than before.

The helper should not ask about things that the client will not talk about.

The helper should not direct the conversation, they should let the client talk about what and how he/she wants to.

They should listen to the client, take them seriously and use every tool to provide help for the client.

„...She takes offense at things, like when I am having a bad day, because I do not have any booze, and I do not respond kindly but surely. And then she does not warm up my dinner but tosses it to me cold...” (Ákos, 42, client)

They should not treat their clients as children, they should let them solve their own problems and arrange their own matters, helpers should only support them.

They should understand and respond to the extreme emotional status of the client in a professional way.

They should not indoctrinate them because of the substance use, they should not be told how harmful it is and what consequences it may lead to.

They should not interfere in what the client says, they should not know better what the client feels and thinks.

They should talk briefly in a perceptible, understandable way. Their requests and advice should be achievable.

When the client refrains from talking, they should let it go.

They should speak with the client with due respect, they should accept their will and their own solutions.

„She should not talk to me in a condescending tone. Should she ask me nicely, I would do everything fine.” (Isti 43, client)

They should be available any time, not just when they are in a good mood.

They should stay calm even if the client is tense, upset or anxious.

„Here was a good guy. But left soon. He did not give instructions, did not want to tell me what to do or not to do. He did not even expect me to say thank you or be good. He simply helped. I think that is what a good helper is like.” (Ákos, 42, client)

They should accept it if the client will not use the hostel. They should help them even if they will never use it. They should not expect that the client goes to the hostel for the things they need. They should see them to the doctor if need be, to help them arrange official matters and protect their rights.

Based on my experience the target group that I examined is above the average sensitive to the way they are treated, the way they are spoken to and the quality of relationships. This comes from their deprived situation, the way of functioning that is attributable to the addicted and the psychiatric patients and to the difficulties of taking control over their emotions and temper. They assert their dissatisfaction every time, which can be the source of further conflicts in case of an inappropriate helping response.

Summary

The methodological fundamentals of my field work are presence, the immersion into the everyday life of my target group, understanding their perspectives, the identification of the root causes of what can be seen on the surface, and gaining insight into the connections and contradictions between these phenomena.

Due to the vulnerability, distrust, special lifestyle, substance habits of the target group and the implications of these, I was faced with several challenges and ethical dilemmas. The range of the study is limited therefore I can only mention some of these.

They have an aversion to the inquiring researcher as a result of their lifestyle being interspersed with drug use, drug dealing and supply. Goffman (2013) likened the activities of the researcher to those of a police officer for this reason.

Due to the complexity of taboos and withholding information this culture of isolation (Tuboly-Vincze, 2018) is hard to access and open up, as seclusion and the suppression of information both serve the daily survival.

In order to get an insight, I had to familiarize myself with the jargon that they use, how they use slang words and phrases and what for, and I also had to learn how many meanings a word or phrase could have (Riessmann and Lee Quinney, 2009).

The field work and the purpose of understanding the gained experience required me to familiarize myself with and come to an understanding of the inner rules, the standards, the behavioral patterns and the special inner ethical codes of the target group, along with the street rules (Tuboly-Vincze 2018).

Throughout the research I bore in mind the values of social work, such as responsive attention, trust, respect, unconditional acceptance and self-reflection, which helped me address the difficulties and the dilemmas in a conscious way. They served as a compass and guidance for my decisions, for the orientation in complex and difficult human situations and in my undertaking both the role of a helper and the role of a researcher at the same time.

The results of my research indicate that in Kőváralja the mutually bad relationship between the addicted people sleeping rough and the formal helpers became irreversibly perpetuated, which further worsens their already multiply excluded situation. The helping relationships and the communication of the helpers are inappropriate for the beneficiaries, therefore they do not trust the formal helpers to turn to for help, so the connection between the formal helpers and their clients sleeping rough has technically been disrupted.

The needs of the beneficiaries relating to the helpers perfectly match the quality helping behavior and communication prescribed in the literature, which indicates that helpers should put much more stress on the development of their professional persona, on the improvement of the quality of communication, forming new relationships, and

maintaining the existing ones along with the compliance with the professional criteria, getting new insights into addictions and psychiatric illnesses alike.

The appropriate helping relationships and level communication provided for the beneficiaries could considerably reduce the multiple exclusion they suffer from and make them take the very first step, which is asking for help, much easier for the ones in need.

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