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The Social Aspect of Soup Kitchens

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Samuel P. Abraham

Associate Professor of Nursing, Bethel College, 1001 Bethel Circle, Mishawaka, Indiana 46545, USA

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ABSTRACT

Background: Social institutions such as soup kitchens are the primary food source for the majority of people who are homeless. Purpose: The central research question was: What are the concerns of people who frequently visit the soup kitchen? What conversations and observations are noted around the table? Other motives for research included finding the type of people using the soup kitchen, their culture, and societal needs. Method: The study involves observation of participants in a soup kitchen in the South-Western Michigan region and recording (taking notes by hand) of the conversations. No participation or interaction with the participants occurred. An effort was made to be as unobtrusive as possible during the observation. The attempt was not made to verify or confirm the accuracy of what the participants said about themselves. Findings: One would assume the primary concern of people who visit the soup kitchen is to obtain food; however, once people are sitting at the table eating food, the subjects of conversation among individuals is wide-ranging. Findings indicate that other than eating a meal, people seem to enjoy socializing with others.

INTRODUCTION

Lack of medical insurance and money to pay for hospitalization can place people at risk for homelessness. The US Centers for Disease Control and Prevention (CDC) report indicates that homeless people experience a death rate 4 to 9 times higher than others (Homelessness, 2017). Discrimination and criminalization contribute homelessness particularly, among the transgender and the lesbian, gay, bisexual, and trans-gender (LGBT) community. Those coping with homelessness are involved in activities such as sitting, sleeping, eating and begging in public places (Homelessness, 2017). Adequate nutrition is an everyday challenge for millions of homeless individuals in the United States (Koh, Bharel, & Henderson, 2016). Social institutions such as soup kitchens serve as key nutrition source for many homeless people. The purpose of the observation was to identify concerns of people who frequently visit the soup kitchen and to observe the type of people, their culture, and to identify societal needs.

The researcher entered the participant-observer role to accomplish the observation and recording of individual and interpersonal human behavior. Notes taken during observation included verbal and nonverbal communication. Iacono, Brown, and Holtham (2009) ascertain that participant- observation is a powerful method, but presents distinctive challenges. Challenges include obtaining permission to the location, assessing the effect the presence of the researcher has on the participants, analyzing and reporting the result, to increase the insight, but not compromising rigor and objectivity (Iacono *et al.,* 2009). Data collection involved using the qualitative research method. Observation of the soup kitchen entailed the prior permission of the director. Observation lasted nearly two hours.

DEVELOPMENT OF INFERENCES FROM RAW DATA

Many participants appeared to know each other and they talked and laughed loudly. One elderly underweight participant with shirt tucked in and shiny shoes played the piano after he ate his food. Not everyone came to the soup kitchen to eat food. One individual sat in the corner of the room observing people and welcoming people who came close to him. To a question by one man: *Aren't you going to eat?* He responded: *I ate a good breakfast. I'm not eating lunch.* Mulquin, Siaens, and Wodon (2000) noted, some individuals come as much for socializing as for eating. Other than hunger, the poor people endure loneliness and lack of respect from the public (Mulquin *et al.,* 2000).

O'Toole et al. (2007) surveyed 230 homeless adults of which 45.7% reported using a soup kitchen. Most homeless individuals seek help for issues in connection with an immediate need (hunger) instead of seeking care for problems causing the homelessness (O'Toole *et al.*, 2007). About 100 people used the soup kitchen services on a hot Thursday between 11:30 a.m. to 1 p.m. Most of the participants (about 85) were adult African-Americans with an equal ratio of male to female. Others (about 15) were White adult male and female participants. In comparing with lower wage individuals, Bowering, Clancy, and Poppendick (1991) found that soup kitchen participants are mostly African-American men, and more apt to be living alone. Money, food, transportation, health, joblessness, and neighborhood news are the topic of conversation at the table. In the New York study, Bowering *et al.*, found that "The homeless (41% of the sample) were less likely to receive food stamps or free food or to use food pantries. Fewer of them received Medicaid or had health insurance. Forty-seven percent had no income in contrast to 29 percent of the total sample" (p. 915). Two of the six participants at the table said they come to the soup kitchen every day. In the New York study, Bowering *et al.* (1991) established that 89% of the participants had used the soup kitchen less than a year; others were long-term users.

An elderly gentleman sat alone at the nearby table eating and talking to self. Another younger participant who appeared unkempt and suspicious took the tray from the church ladies who had volunteered to bring and serve food. He brought the food close to his nose, smelled it, and picked up the dessert, which was in sealed plastic and threw the rest of the food in the trash and walked out. The behavior of this participant did not seem to bother others. This may be because he does this often and others are aware of his mental illness. Some mentally ill people come to the soup kitchen or the food truck to eat, but the mental condition may be such that he or she presumes the food contains poison. Some pre-sealed food is a good option for some of the mentally ill population. Paranoia causes some individuals to believe the food contains poison or drugs and may eat only food directly out of a can so he or she could be sure of no poison infusion ("Paranoia," n.d.). "Without a safe, affordable place to live, it is almost impossible to achieve good health or to achieve one's full potential. But, per the Department of Housing and Urban Development (HUD), on a single night in 2016, more than 549,900 people, including 120,819 children, experienced homelessness" (SAMHSA, 2017). Many of the homeless have a serious mental illness such as depression, chronic schizophrenia, or bipolar disorder ("The Homeless," 2014). Lin (2008)

noted, banning people with mental illness from their families is common, and few have access to treatment.

Verbal communication indicated stress in living situations, isolation, financial problems, socialization, conversations about the neighborhood, going to the rummage sale, transportation problems, legal issues, food being cold, and losing a job. Nonverbal communication included some shaven, neatly dressed and clean, and others unkempt, unshaven, not bathed and smelling bad. Most everyone at the table appeared to have poor dental care. Some sat alone whereas others wanted to sit in a group at the table. Some asked for food from other's trays and piled it over their napkins to take home. Some talked loud and wished others whereas others preferred to be left alone. Self and Peters (2005) stated homelessness, access to health care, mental health problems, criminal involvement, and lack of transportation are some of the barriers people on the street face.

INFERENCE OF NEW KNOWLEDGE

New knowledge gained from this observation included the need for packaged food to be made available for the paranoid schizophrenic patients who tend to be suspicious and throw away food thinking the food contains poison. Some people came to socialize and not necessarily to eat was another surprise. Restricting the children in the soup kitchen is a new revelation. The assumption is the whole family of the homeless comes to eat. The restriction is for the safety of the children from potential child abusers. Pardeck (2005) highlights the occurrence of child abuse among homeless people, which includes abuse emotionally, physically, and sexually.

CONTEXT OF SETTING

The public observation scene is the local soup kitchen. The soup kitchen doctrine is to have a calm and safe place for people to come and eat. Everybody is accepted. The director of the program goes around talking to the participants about the summer lunch program and concerns voiced by the participants. People ask the director for handouts of free supplies, for making copies of job applications or certificates, and other favors. Problems are less likely because of the constant presence of the director. The director of the soup kitchen stated: "Most of the people who come have either lost their jobs or have a mental illness. Some do not like the behavior of the schizophrenics, but put up with it because they have nowhere else to go. Some do not take baths and stink very bad, which is a problem for others who have to

sit down next to them to eat. Mental illness is a major problem and has restrictions in obtaining certain jobs. The stigma attached to coming to the soup kitchen is great, but having a mental illness is even greater." Two women sitting at the adjoining table discussed job hunting experience after being recently laid off from work and living in the women's shelter. Many people work all their lives for minimum pay, lose jobs, and eventually come to the soup kitchen for food. For most people, even if they find a job, they lack the transportation to work.

CULTURE EXPRESSED IN THE INTERACTIONS

The people at the table were polite and appeared happy. Courtesy of verbal (wishing each other) and nonverbal (pulling the chair closer, passing salt and pepper, exchanging dessert) communication seemed inadvertent at least for the people around the table. The participants at the table comprised of African American men and women. The conversation included joblessness, isolation, victimization, incarceration, mental health problems, medical conditions, money, shelter, hospitalization, safety, drugs and alcohol, transportation, and medication use. One participant showed enthusiasm about his church and the church meeting he was going to attend after lunch.

INFERENCES FROM INTERACTIONS

Interaction with the participants revealed the needs of the common soup kitchen users. Though the physiological need is the immediate requirement, the future is uncertain, and an action plan by the community (see Figure 1) to help this population will enhance subsistence of people in this region. Job opportunities for this population, transportation, job training, and education are essential. Assertive assessment and provision of community mental health services is another need for this community.

SYNTHESIS OF CULTURE

Based on the observation and listening to the conversation of the soup kitchen participants, the culture apparent is the attempt to meet the basic needs. Maslow's Hierarchy of Needs (Fortenberry, 2010) is a pyramid with five levels representing categories of human needs. The physiological need is in the bottom of the pyramid, which includes food, clothing, and shelter. Safety, love and belonging, self-esteem, and self-actualization are the other steps, but to achieve those, the physiological needs have to be met first. The community must assess,

plan and implement programs to help the people in this level of functioning in the society. Transportation, joblessness, care for the mentally ill and access to health care are some of the issues facing the community. Jobless rates in the South-Western Michigan region are approximately 12% (Headapohl, 2010). More people are at the unemployment lines and the soup kitchens. Figure 1 shows the community needs and possibilities, if the people come together with a common goal to help those in need.

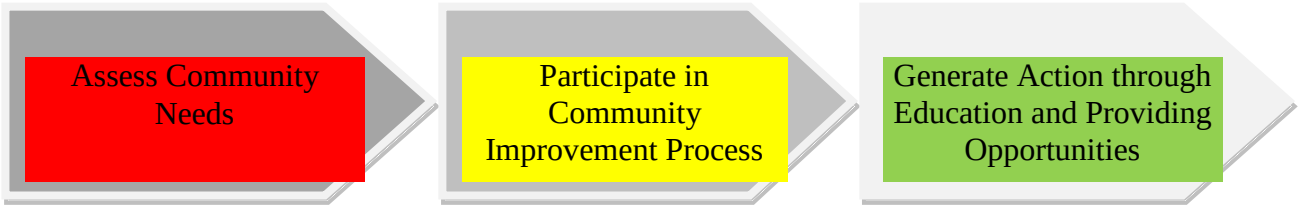

Figure 1. Community needs and possibilities

VALUE OF INFERENCE

The value of needs assessment for this community is vital. Observations indicated stressful situations in the community. Frequent users of the soup kitchen *(I come here all the time)* should be a community concern. Frequent users should be assessed for shelter, health, and other needs. The religious community in the region can express the spirit of giving to the needy by donating and volunteering in the soup kitchen. It will also be worthwhile for every individual to experience cardboard box beds and soup kitchen queues to raise awareness by sleeping out as demonstrated by a group of school students (PR Script Managers, 2018).

CONCLUSION

The observation of the participants in the soup kitchen opened the way for the need for improvement in the community. Immediate needs include the physiological, job opportunities, transportation, the safety of children, and education. People seem to enjoy socializing with others. The availability of a program such as the soup kitchen is a blessing to the community. Further studies to determine the number of individuals who use the soup kitchen, their characteristics, what programs work best, sufficient number and level of services, are important for the community.

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