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BETWEEN STIGMA AND POTENTIAL – ACTION RESEARCH IN A COMMUNITY UNDER EXCLUSION¹

ABSTRACT:

The aim of the study is to present the results of pedagogical action research in socially excluded society - residents of social hotel in Wrocław. Area of research concentrated on the needs and potentials of the residents. The research was conducted according to the action research methodology and had three stages. Conclusions of the research pointed out that the community was touched by a stigma, which was a result of living in a social hotel. Residents felt a lack of security and recognition. The results of the research was the diagnosis of the residents' potentials, such as neighbourhood, subsidiarity and the ability to create a home-like atmosphere in highly degraded conditions. The research was accompanied by animation activities. They were based on the idea of empowerment, showing the hotel residents' ability to act and organise.

KEYWORDS:

action research, potential, social exclusion, stigma, social hotel (hal-way house)

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INTRODUCTION

Mircea Eliade wrote that home is a sacred space for humans, a point of reference offering stability². It is the place from which one steps out into the outside world. However, it need not always be a safe space. This text describes the situation of people living in a social hotel (halfway house)³ and its consequences. Domestic spaces that are particularly affected by social problems, such as poverty, unemployment, alcoholism, violence, mental illness, and drug addiction, are a kind of stigma for the people living there. One could refer to Mariusz Jędrzejko, who used the metaphor of 'Polish favelas' when writing about areas of 'limited development'⁴, beset by numerous social problems. An example of a similar space is the aforementioned social hotel in Wrocław. The research conducted there between October 2018 and December 2019 focused first on the needs and then on the potentials of its inhabitants. With 115 flats, the hotel is the largest social housing facility in Wrocław. Many of the tenants ended up in the hotel after evictions, struggling with addictions, mental illnesses, or violence. At the same time, it is a place inhabited by families with children, pensioners or working people who were assigned to social housing many years before. They struggle with vermin, dirt and difficulties due to the presence of addicts and aggressive neighbours. The hotel is made up of small flats with one to two rooms and toilets and kitchens in the hallway.

The research carried out was part of three projects funded by the Municipality of Wrocław in relation to measures taken to improve the situation in the hotel⁵.

² See M. Eliade, *The Sacred and the Profane. The Nature of Religion*, New York 1987, p. 57.

³ Social hotel/halfway house ('hotel socjalny') is a term describing Wrocław's solution, not very popular in the country and in the international context. There are two social hotels in the city, which function is to provide long term accommodation for residents of low income or unemployed. It is kind of the a council flat or social housing, but lower standard. As it is difficult to indicate one proper English equivalent of the Polish name of this institution, two variants have been proposed here. However, in the further part of this study, one of them was consistently used – the 'social hotel'.

⁴ See M. Jędrzejko, "Polskie favela?"; [in:] *Wykluczeni. Wymiar społeczny, materialny i etniczny*, ed. M. Jarosz, Warszawa 2008, p. 208.

⁵ Grant implemented by the Made in Brochów Foundation in cooperation with the Association for Critical Education with funding from Wrocław Municipality. Supervision: Kamila Kamińska-Sztark PhD, activities were coordinated by Hanna Achremowicz, research was conducted by Natalia Ługiewicz, Kaja Winniczek and Hanna Achremowicz.

THE HOUSING STIGMA AS A FORM OF SOCIAL EXCLUSION

When analysing social life, Erving Goffman defined a category of stigma. In his dramaturgical model, individuals are actors playing different roles in front of one another. Stigma is primarily a discrediting and compromising attribute. It may refer to the characteristics of an individual, but it may also be group-related, linked to the colour of the skin or one's origin. The perception of it in a given individual results in the attribution of a specific, pejorative, social identity:

The attitudes we normals have toward a person with a stigma, and the actions we take in regard to him, are well known, since these responses are what benevolent social action is designed to soften and ameliorate. By definition, of course, we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma-theory, an ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences, such as those of social class⁶.

The stigmatised individual defines his or her identity through this prism. They internalise the stigma and seek acceptance in groups of people with similar characteristics. These groups are characterised by a kind of closure, aversion to and avoidance of the mainstream. Stigma is also a social construct, influenced by history and culture. Discrimination against people affected by it does not have to be conscious, but involves, among other things, stereotyping a given group and viewing its members through the prism of stigma: "Stereotypes are related to stigma in the sense that the reaction of those who stigmatise is not simply a negative reaction (aversion or devaluation of identity), but relies on the assumption that people bearing a stigma are characterized by a particular set of traits (that the stigma entails a particular social identity)"⁷. Mechanisms of exclusion of people carrying a stigma are also hidden ways of discrediting,

⁶ E. Goffman, *Stigma. Notes on the Management of Spoiled Identity*, Englewood Cliffs, New Jersey 1963, p. 5.

⁷ I. Kudlińska, "Stygmatyzacja społeczna jako strategia dyskursywna biedy i jej rola w procesie wykluczenia społecznego", *Kultura i Społeczeństwo* 2012, no. 1, p. 178.

e.g. symbolic violence, exclusion from discourse or such a presence in it that is humiliating. Stigmatisation may, contrary to appearances, also be accompanied by compassion, e.g. towards people with disabilities, those with black skin, the destitute⁸. The experience of stigma affects a person's entire life and can result in or deepen social exclusion.

Interest in social exclusion developed in academic circles in the 20th c. Thinkers who have addressed this issue include e.g. Rémi Lenoir, Max Weber, Georg Simmel, Robert Park, Everett Stonequist, and Michel Foucault⁹. The National Strategy for Social Inclusion for Poland defines exclusion as:

the lack or limitation of opportunities to participate in, influence and benefit from basic public institutions and markets that should be accessible to all, especially the poor. It is a situation that prevents or significantly hinders an individual or group from legitimately performing social roles, using public goods and social infrastructure, accumulating resources and earning income in a dignified manner¹⁰.

Exclusion primarily affects three aspects of life: economic, political and cultural, and makes one unable to participate in them. There are primarily the following causes of exclusion: poverty, unemployment, disability and social discrimination, close to the concept of stigma¹¹. The link between social exclusion and poverty is exceptionally strong:

Poverty, social exclusion and social marginalisation are interrelated phenomena, remaining in causal relations. [...] Poor people have worse access to educational institutions, to well-paid jobs, to health care institutions, to the widely understood zone of consumption, due to both a lack of appropriate social contacts and inadequate financial resources¹².

⁸ See J. Dovidio, B. Major, J. Crocker, "Stigma: Introduction and Overview", [in:] *The Social Psychology of Stigma*, ed. T. Heatherton, R. Kleck, M. Hebl, J. Hull, New York, London 2003, p. 2.

⁹ See F. Nalaskowski, *Ubóstwo a wykluczenie z kultury jako problem dla edukacji*, Olsztyn 2007, p. 21-25.

¹⁰ L. Frąckiewicz, "Wykluczenie społeczne w skali makro i mikroregionalnej", [in:] *Wykluczenie społeczne*, ed. L. Frąckiewicz, Katowice 2005, p. 11.

¹¹ See M. Kozak, "Wykluczenie – rozwój – przestrzeń", [in:] *Wykluczeni*, op. cit., p. 211.

¹² J. Grotowska – Leder, *Fenomen wielkomięskiej biedy. Od epizodu do underclass*, Łódź 2002, p. 273.

This dependency played a significant role in the case of people living in a social hotel.

Social exclusion and poverty entail many emotional and psychological consequences. The stigma of exclusion triggers a sense of shame and humiliation, which affect a person's performance, diminishing their sense of security, self-esteem and dignity¹³. Stigma may also evoke feelings such as anxiety, fear, insecurity, stress, a sense of uselessness, frustration, and guilt¹⁴. Marginalised groups are disempowered and lack access to decision-making. They have less power than privileged groups and have fewer opportunities to obtain education and professional qualifications, which increases the risk of crises in their lives¹⁵. Referring to research on those experiencing poverty as a form of social exclusion, it can be stated that poor people are sometimes perceived by the public with compassion or else as lazy: "helpless victims, or as a harmful spectre of slackers, idlers and people dependent on social welfare"¹⁶. However, neither of these labels enhances their life prospects. The sense of humiliation is perpetuated by media discourses. In research on poor people, respondents repeatedly pointed to the shame and humiliation caused by the exclusion they experience. As Ruth Lister notes:

Shame and humiliation should not be underestimated. They play an important role in sustaining inequality and social hierarchies. They are extremely damaging to identity, self-respect and self-esteem¹⁷.

The power of dominant groups is to give the excluded identities, to define them¹⁸. These identities can be explicitly pejorative, holding excluded people accountable for their fate. They may, however, be the result of compassion, but still constitute a kind of top-down imposed identity. That is why it was important in this analysis to give voice to the excluded, to acknowledge their agency, to take a participatory

¹³ See R. Lister, *Bieda*, Warszawa 2007 [R. Lister, *Poverty*, Cambridge 2005].

¹⁴ See I. Kudlińska, "Stygmatyzacja społeczna jako strategia dyskursywna biedy i jej rola w procesie wykluczenia społecznego", op. cit., p. 186.

¹⁵ See J. Grotowska – Leder, *Fenomen wielkomięjskiej biedy*, op. cit., p. 60.

¹⁶ R. Lister, *Bieda*, op. cit., p. 153.

¹⁷ *Ibidem*, p. 148.

¹⁸ See M. Foucault, "Subject and Power", *Critical Inquiry* 1982, vol. 8, no. 4, p. 777–795.

approach, to treat them as social actors on an equal footing. This basis is close to the concept of empowerment in terms of giving a genuine, authentic voice to excluded people¹⁹. This approach was also important in designing the scope of this research, It did not stop at diagnosing problems but described the potentials of the residents and involved some of them in activities integrating them into the local community.

In this particular study, the stigma of exclusion concerned the place of residence and the accumulation of social problems in a given urban space. The concentration of people struggling with life problems in one place may create specific pockets of poverty²⁰. The space of habitation and the individual remain in a dual process of influence. Space influences the individual, but at the same time it is shaped and transformed by individuals according to their needs, which may not necessarily be recognised. Space is the “objectification of what is social and consequently of what is spiritual”²¹. Issues of power, property and social exchange intersect in the space of inhabitation. Space and its form shape a given type of social relations and interpersonal bonds, influence the specificity of a given community²². The relocation of people with similar social problems to a specific spot creates spaces of segregation and social degradation of individuals and groups isolated in a way from the rest of society. Spaces of exclusion can occur both in city centres and on the outskirts of cities. Their creation is caused by poverty and unemployment and this segregation perpetuates and reinforces these phenomena. The dynamics of the concentration of negative social phenomena in selected areas of the city should be of particular interest for policy makers. This issue has been addressed by many scholars, e.g. Kazepov, Hausermann, Hamnett, Sassen, Wilson, Kapphan²³. The research described in this text also concerned the space in which negative social phenomena were accumulated. In accordance with the principle of empowerment, entering the environment of the examined

¹⁹ See R. Lister, *Bieda*, op. cit., p. 212.

²⁰ See M. Kozak, “Wykluczenie – rozwój – przestrzeń”, op. cit., p. 234.

²¹ B. Jałowiecki, M. Szczepański, *Miasto i przestrzeń w perspektywie socjologicznej*, Warszawa 2002, p. 301.

²² See J. Waluszko, “Czy forma miasta ma wpływ na nasze życie?”, *Recykling Idei* 2004.

²³ See P. Sałustowicz, “Miasto jako przedmiot badań polityki społecznej”, [in:] *Miasto jako przedmiot badań naukowych w początkach XXI wieku*, ed. B. Jałowiecki, Warszawa 2008, p. 180–182.

persons consisted in building an atmosphere of trust and giving them a voice in the process of defining their situation.

RESEARCH METHODOLOGY

The research was conducted in a social hotel in Koreańska Street in Wrocław. It is a social housing building, formerly a property of Polish State Railways. At the time of starting the research, it had 130 flats: 13 vacant ones, 2 commercial premises and 115 occupied dwellings (according to the data of the Department of Housing of the City Hall of Wrocław, made available to the researchers on account of the project), on five floors (incl. the ground floor). Apart from the ground floor, on the other floors both toilets, bathrooms and kitchens were shared. Some of them were devastated. There was a lack of data on the actual number of residents, as only some of the tenants were registered. The hotel enjoyed a kind of recognition in the city space due to the scale of social problems occurring in its area: poverty, malnutrition, addictions, mental disorders, and the criminal past of some residents. It was a place frequently visited by the police. Individual tenants, instead of leaving their homes, threw rubbish, including faeces, out of the window into the yard of the Social Integration Centre next door to the hotel. Two videos of reporters' interventions at the hotel can be seen on a popular video site. These dealt with situations where sick and malnourished residents were not receiving basic medical and social care, were unable to move around and lay in infested premises. The block was also the 'protagonist' of one of the election spots in the last local elections, in which the challenger of the current mayor showed the hotel as an example of poor city management and disregard for social problems.

Due to the dire conditions in the hotel, the municipality commissioned a social survey on its premises. The study aim was to find out the needs of the residents and then their potentials. It was based on the interpretative paradigm²⁴ and action research methods²⁵. Traditional

²⁴ See K. Konecki, *Studia z metodologii badań jakościowych. Teoria ugruntowana*, Warszawa 2000.

²⁵ See A. Góral, B. Jałocha, G. Mazurkiewicz, M. Zawadzi, *Badania w działaniu. Książka dla kształcących się w naukach społecznych*, Kraków 2019; M. Szymańska, M. Ciechowska,

social research methodology assumed data collection without interfering with the research environment. The action research approach has a different form as it assumes acting in the environment and building knowledge based on these actions. Thus, the effect of research is both new knowledge and the effects of actions, which the researcher reflects on²⁶. The researcher is not only looking at the environment from the outside but is aware that he or she occupies a certain place in it. This calls for a greater sensitivity: "The researcher becomes part of the community of the place he is researching, that is, the community of people who create and are created by it. In fact, researchers study but are also themselves researched in the place of their action"²⁷.

The research process in question consisted of three components: a needs diagnosis conducted in the period 1.10.2018-30.11.2018 using in-depth interviews²⁸ and focus interviews²⁹. The next stage was audio-descriptive walks³⁰ conducted in January 2019. The third stage of the research was the diagnosis of potentials, conducted in May-December 2019, combined with animation activities involving residents in their co-creation³¹. The research objective was to diagnose the needs and potentials of the tenants of the block, with animation activities carried out in their living environment.

The overall research process began with gradually getting to know the residents and building an atmosphere of trust. The researchers explored the world of the participants of the research, starting with the building's security guards, then the residents who could be met in the corridor, and finally guided by the residents themselves. A notice was also hung about the research and the possibility to apply. No one

K. Pieróg, S. Gołąb, *Badania w działaniu w praktyce pedagogicznej. Wybrane przykłady*, Kraków 2018; *Czytanie miasta. Badania i animacja w przestrzeni*, ed. K. Kamińska, Warszawa 2017.

²⁶ See A. Góral, B. Jałocha, G. Mazurkiewicz, M. Zawadzi, *Badania w działaniu*, op. cit., p. 13.

²⁷ *Czytanie miasta*, op. cit., p. 32.

²⁸ See S. Kvale, *Doing Interviews*, London, Washington 2007.

²⁹ See G. Kamberelis, G. Dimitriadis, A. Welker, "Focus Group Research and/in Figured Worlds", [in:] *Metody badań jakościowych*, ed. N. K. Denzin, Y. S. Lincoln, Los Angeles, Melbourne 2018, p. 1202-1239.

³⁰ See A. Wieszaczevska, M. Sztark, "Metody animacyjno - diagnostyczne w pracy nad potencjałem rozwojowym i turystycznym miejsc", [in:] *Czytanie miasta*, op. cit.

³¹ See *ibidem*.

availed themselves of this opportunity. Contact was made with organisations working around the hotel and a priest from the local parish. Recognising the environment was part of the research strategy, which involved being with the residents, talking to them, spending time, and having tea with them. It helped to build an atmosphere of openness and trust. Most of the interviews were conducted in the interviewees' homes. Participating in social research was a new and unfamiliar experience for the residents, and the role of the researcher had to be explained. The use of the action research method was not only to investigate the local community, but also to try to activate it. To this end, additional activities were undertaken at the first stage of the research, namely the co-organisation of a campaign to distribute Christmas parcels to residents in cooperation with a local parish. About 60 entries were collected (one entry is one flat, not one person). Two residents of the hotel, acting as volunteers, were involved in distributing the parcels to their neighbours. In the first stage of the study, the diagnosis of needs was based on individual interviews with mothers living in the hotel, young adults and senior citizens (6 interviews). Based on the initial data collected, focus interviews were also organised with mothers, seniors and young adults (3 focus interviews). A total of 18 people were interviewed.

The second stage of the research involved research walks around Brochów conducted using the space audiodescription method³². The aim was to outline the broader context of the residents' perception of the hotel in the local space and to determine the degree of its actual 'visibility' as well as to outline the representation of places important to the people surveyed. The walks involved a blindfolded researcher who was guided by a person describing the space not visible to the researcher. Four interviews were conducted: two with people who live in the hotel and two with local activists who work in its surroundings.

In the third stage of the research, some residents were involved in activation activities. The methods made use of art, creativity and encouraged the use of imagination. These were:

(a) Cognitive maps based on the urban planning concept of Kevin Lynch³³. It is a study involving the collection of data on the spatial distri-

³² Ibidem.

³³ See K. Lynch, *The Image of the City*, Cambridge, London 1960.

bution of phenomena, allowing us to recognise the causes of individuals' behaviour in space and to learn the values attributed to its elements. During the interview, respondents make a map of their neighbourhood or city, marking valuable elements, important elements, places frequented and known, based on Lynch's classification of spatial elements³⁴:

- paths – channels used by the subjects;
- edges – lines which are not roads but are rather barriers and discontinuities in space, e.g. moats, railway embankments, walls, etc.;
- districts – parts of the city, areas recognised by the resident as distinctive, having some common element, e.g. neighbourhoods, parks;
- nodes – strategic points in the city, e.g. crossroads, bus stops, road intersections;
- landmarks – points of reference, usually concrete structures, buildings, used by residents to find their bearings within space.

Lynch believed that people create a cognitive image of the city on the basis of stimuli received from the environment. For residents, the most important elements of the environment are places that are needed, useful, and perceived through the prism of their individual experiences. The purpose of creating a map is to show the individual resident's perspective on the world around them³⁵. The research conducted in the social hotel used the multi-layered mental map method³⁶. It is also based on the residents' personal experience and is made on transparent film, based on a simple plan of the analysed space. The residents marked the elements of K. Lynch's space on it using different symbols. The overlapping transparencies show a broader picture of the conceptualisation of space by the group of residents surveyed. Twelve maps were collected with accompanying interviews.

b) A method of collecting memories called "I Remember", a reference to George Perec's *I Remember* and Joe Brainard's *I Remember*³⁷. The author wrote down memories related to his life over many years and arranged

³⁴ Ibidem, p. 47–48.

³⁵ See M. Stettner, "Wizja miasta według społeczności Kątów Wrocławskich", *Architecturae et Artibus* 2016, no. 1.

³⁶ See A. Wieszaczewska, M. Sztark, "Metody animacyjno – diagnostyczne w pracy nad potencjałem rozwojowym i turystycznym miejsc", op. cit., p. 241.

³⁷ G. Perec, *Pamiętam*, że. To, co wspólne I, Kraków 2013, p. 7 [G. Perec, *I Remember*, transl. P. Terry, Boston 2014].

them into strings of sentences. For example: “I remember that my first bicycle had tube tyres”³⁸. These were not individual memories, however, but “small crumbs of everyday life, things that people of the same generation witnessed, experienced and shared in one year or another”³⁹. The research method based on this concept, therefore, involves collecting memories that are part of a collective identity, yet tend to get forgotten due to their intangible nature. This method was adapted in Poland and used by other researchers⁴⁰. In the course of the activities described in this report, 58 memories of the residents of the hotel and its surroundings were collected.

c) Ethnographic diaries - an important element of the search for potentials was also the creation by the researchers of self-analyses in the form of research diaries, which would allow them to reflect on their own actions and experiences⁴¹. These were based on the concept of ethnographic research⁴². Three female researchers working in the hotel made diaries while conducting the research process.

The above methods were combined with projects meant to activate the residents, stemming from the specificity of research in action. The first element was meetings around a game of ping pong, organised every fortnight on Saturdays (except holidays). During these events it was possible to have a coffee, play ping pong or table football, rent board games or play them on the spot. The meetings were mainly attended by people who were invited individually, despite the fact that a poster about the meetings was put up in the hotel. Another activating element was individual visits to the residents' homes and inviting them to events organised at the nearby Social Integration Centre, e.g. a lecture on getting out of debt. The relationships built in the course of the research made it possible to involve several residents in the co-organisation of the community event ‘Neighbourhood Barbecue’. The event was initiated by volunteers working at the hotel. Active residents

³⁸ Ibidem, p. 41.

³⁹ Ibidem, p. 127.

⁴⁰ See Wrocław: *Pamiętam, że*, ed. J. Bierut, K. Pęcherz, Wrocław 2015; *Dolny Śląsk: pamiętam powódź*, ed. G. Czeakański, Wrocław 2017.

⁴¹ See *Czytanie miasta*, op. cit., p. 21.

⁴² See M. Angrosino, *Doing Ethnographic and Observational Research*, Los Angeles, Washington 2007.

helped to staff the event, carry tables, prepare food, and invite other residents. Their input was mentioned on a poster promoting the event. This was to counter the stigma of a hotel resident. The event was very popular with other Brochów residents and the fact that the social hotel residents co-organised it did not 'deter' other participants. The hotel residents themselves also participated, which provided a space for social integration.

THE NEEDS

The diagnosis of needs was based on William I. Thomas's classification of needs (wishes). Due to the characteristics of the hotel space and the fact that the community is affected by many problems, a non-hierarchical classification was intentionally chosen⁴³. Thomas distinguishes between the following needs (wishes): recognition, new experience, response (friendship/reciprocity) and security⁴⁴. In the course of the interviews, the residents were encouraged to talk about their lives: how they feel about their place of residence, what neighbourhood/family relations are like, do they feel safe, what they would like to change, what new experiences they would like to have.

In the diagnosis carried out, the needs for security and recognition came to the fore. Both are closely connected to the stigma of living in that place. The priority theme was that the people interviewed did not feel safe in their homes. Some of their neighbours, under the influence of alcohol and drugs, were instigating brawls. There were also aggressive dogs roaming the hotel premises. In winter, homeless people lived there. Tenants said: "(Respondent 6) It is impossible to live here. Stench, drunkenness, worms. [...] Even [the son] is afraid to go outside alone. [...] At night we are afraid to sleep. There are burglaries". Fear for their own and their family's safety was based on personal experiences held by all interviewees, e.g.: "(O.b. 11) There was a moment they would run around here with axes and we called the police, who said: 'Koreańska Street? Really? Then maybe there will be one dead body'". Analogous narratives

⁴³ See A. Maslow, *Motivation and Personality*, New York 1970.

⁴⁴ See C. Colyer, "W. I. Thomas and the Forgotten 4 Wishes: A Case Study in the Sociology of Ideas", *The American Sociologist* 2015, vol. 46.

emerged in the group interview with mothers: “(O.b. 2) A few years ago I had a hole made in my door, by stoners or drunks, they knocked on the door, it just fell on us, my father was beaten, I remember then I ran for the security guards, and the security guards told me to call the police”; “(O.b. 8) Even at night you can be afraid to go to the toilet. And some people empty themselves into a bucket. I, for one, do not know how to do in a bucket”. Another resident talked about his own interventions in emergency situations:

(O.b. 9) I once had to rescue a lady, because a guy came to the first floor, broke through that first front door, all covered in blood and he was jumping there with his hands. So I just grabbed him and laid him down [...].
Researcher: Right, was he a man from here? (O.b. 9) It turned out that he was descending the stairwell and got the wrong door.

Another element that disturbed the residents’ sense of security was the number of bugs and insects in the building. This problem was raised in every single interview. During visits to the hotel, it was possible to see cockroaches walking on the doors and walls both in the hallways and in some flats, or insects stuck to adhesive tape, with which some residents secured doors and windows. Their presence was part of everyday life in the hotel.

Researcher: Why cannot you open the window? (O.b. 18): Because bugs come in through windows when it gets dark. [...] They also get in through broken sockets. (O.b. 15): They also hide through extension cords. I’m already so oversensitive that I go and check everywhere.

The problem with exterminating insects was one of the main topics of discussion. It involved the need to carry out simultaneous fumigation in all the premises, and some residents would not agree to this. Residents looked on their own for different ways to fight insects. On a daily basis they used sprays, socket plugs and duct tape. There was even a special rack in a nearby shop with various insect-killing products due to the demand generated by the hotel residents. Apart from the presence of vermin, the state of hygiene in some of the flats and common areas

had a negative impact on the sense of security of the respondents. The respondents narrated:

(O.b. 14): There is no air to breathe here because of this stench. (O.b. 13): When one lady comes here to cook, we all run away. She goes to rubbish bins, markets, where people throw away things; she brings it and then cooks it. And there are children living here.

Seniors, on the other hand, spoke about the deterioration of their health due to the sanitary situation in the hotel:

(O.b. 13): There is no sanitary inspection here. (O.b. 11): Here what they did was they replaced the pipes because I got bacteria. And they started to do the cleaning, to replace the pipes, because I found myself in hospital. [...] (O.b. 14): It is all because of these walls. I moved here out of poverty, not out of drunkenness, and I was healthy. And every year it gets worse and worse.

The consequences of insecurity were felt not only by residents. The interviews conducted with security guards and cleaning ladies at the hotel show that they, too, feared the transfer of insects to their own homes and therefore limited contact with some residents to the bare minimum. In addition to the sanitary condition of the building, some residents also drew attention to leaking and non-tight windows, dampness and fungus on the walls. The problems mentioned by the residents could be seen during visits and inspections of the hotel. The hotel was in need of renovation, there was an unpleasant stench, worms were walking on the walls, the doors to some flats were open – people under the influence of alcohol could be seen living there among gone-over food, worms and dogs. In the first stage of the research, it was also possible to meet residents struggling with the problem of malnutrition or lack of medical assistance. Thanks to the involvement of several organisations and the Municipal Social Assistance Centre, these problems were gradually addressed after the first stage of the research.

The deplorable conditions in the hotel and the attendant problems were the reason why the second category of needs, of recognition, was significantly reflected in interviews with the tenants. This topic was

raised spontaneously during the interviews. Residents admitted that living in a social hotel is a stigma which greatly affects their social status and is a reason for shame. As one Respondent (7) said “Half the family don’t know I live here. It is such a shame”. Respondents mentioned opinions they heard on the estate, at school, in the workplace and on the bus which has a terminus next to the hotel. One Respondent (10) said:

I have these situations at work for example. My colleagues say that they saw this hotel on TV, that there is so much vermin and so many different things. But they don’t know that I live in this building. Because I just feel stupid. [...] I won’t say that I live here, because I would probably blush and wouldn’t go to work [...] I’m ashamed, because I have a job and have to be ashamed, otherwise I would end up on the street. They don’t need people from such buildings there. That’s what my boss said. She also doesn’t know that I live in such a building. I would lose my job if she found out.

The interviews with mothers living in the hotel demonstrated that the stigma of living in a hotel affected not only adults but also children, who faced teasing from their peers: “my [daughter] is being finger-pointed and her friends don’t want to come here, she goes to her friends and her friends’ parents do not allow them to come here. But it is not my fault that I got this social housing (O.b. 1)”. Another respondent recounted similar teasing: “someone says that you live here and that there is a mess, poverty and drunks walking around [...] it is hard to explain this to a child. After all I am not different, I do not walk around dirty, in shabby clothes – I have everything I need, and yet I am different from other children (O. b. 2)”. The mothers surveyed also mentioned the fact that they and their children are subject to extremely close scrutiny in terms of their clothing, hygiene and behaviour. In the housing estate environment, they can astonish the social worker by showing them they are clean and sober and their children are well-groomed.

Residents noted the injustice of being treated as a homogenous community of the block; in the social sense they experience stigma. Yes, the hotel was inhabited by people who were deeply socially maladjusted, who grossly neglected hygiene and who had substance abuse issues. On the other hand, the hotel was inhabited by families and tenants who cared about hygiene, fought vermin and worked. However,

the stigma of inhabitation there affected everyone, both in terms of negative identity (residents are drunks) and sympathy, which despite good intentions perpetuated stigma and a sense of shame. Residents felt excluded from the activities of the local environment, they were not informed about cultural events, e.g. there were no posters hung in their block about the cultural and activist offerings taking place in the immediate neighbourhood:

they don't inform us about such things ... The people from here, those residents, perceive us very badly; we are the worst pathology, they call us that, but they don't know that there are normal families living in this building, normal mothers who work, take care of their children and are not pathological, they shouldn't judge us like that, and they measure us by one measure and have never invited us to such meetings (O.b. 1)

- That's right (O.b. 2)

- never, never (O.b. 3)

- this is the first time... at all someone wanted to come to us from there to talk to us about such things. Nobody talks to us about such things, about how we feel (O.b. 1).

The perception of the hotel as an extremely dangerous place meant that couriers and pizza delivery men would not enter the premises, but would call residents to come outside to collect their orders. Only the regular postman chose to enter the hotel, yet when he was sick or on holiday there was no substitute.

Despite the generally negative image of living in a hotel, some residents mentioned that the hotel was clean and modern when they moved in. It was also of value to them that they had housing at all. The theme of the positive aspects of hotel living was explored in the third stage of the research.

Another need in William I. Thomas' classification is the desire for response (friendship). It is a need for reciprocity, it involves the desire to give and receive positive feelings in relationships with other people. From the collected research material emerges a picture of a hotel, where,

on the one hand, some neighbours generate problems, but on the other hand, each of the respondents had their own neighbourhood support group, consisting of people with whom they spend their free time and on whose help they can count.

Researcher: When you need a glass of sugar, what then? (O.b. 2) – we go to a neighbour, a friend. You run out of pampers, you go to your neighbour. (O.b. 1) – you can always get help. (O.b. 2) – or you can just go out in the corridor, gossip, drink coffee.

The specific design of the hotel (tiny flats and common areas) generated and enhanced neighbourhood life. Many people met for a cigarette in the hallway or in the kitchens to cook together. Neighbours with cars helped those who have none and gave them a lift. Another form of help was walking the neighbours' dogs. One resident walked the dogs of neighbours, especially the older ones, free of charge, which earned him the nickname 'Dog Dad'. Other respondents talked about the cleaning they do for the elderly or helping with shopping. Residents also lend money to each other. Neighbourly help could be observed during the preparation and enrolment of Christmas parcels, where neighbours reported elderly people who could not enrol themselves. Every week, the Salida Foundation distributed soup to the residents in the vicinity of the hotel. Some respondents walked to get a meal for ailing or even drunken neighbours who were unable to take care of it themselves. Residents also showed potential for collective action on vermin. One resident initiated the collection of signatures on a letter to the administration for fumigation, which, thanks to a joint intervention, took place shortly before the study began.

The last need in William I. Thomas's classification is the need to gain new experiences: development, change, surprise. For the respondents, answering the question about the need for new experiences was by far the hardest. Their first instinct was to talk about the need for a change of dwelling as the only new experience they would be interested in: "(O.b. 1): What would I like in my life to be new? For a woman to come to me today and say: you can pack your things, you got another flat". Most of the interviewees observed they are not looking for other ways to develop or spend their free time than the ones they know so far: walking, watching TV, talking to their neighbours. After a conversation

with the researcher, the residents indicated potential forms of activities in the afternoon which would interest them: making the nearby Social Integration Centre available for neighbourhood meetings, a senior citizens' club, a Municipal Social Welfare Centre (MOPS) employee or a lawyer on duty - during the research one could observe the 'document illiteracy' described in the literature⁴⁵ and a problem with debt. Residents found it difficult to identify potential development paths and leisure activities. In the recommendations concluding the first stage of the research it was therefore pointed out that it is vital to offer animation activities, but with the assumption that this offer may initially meet with a lack of interest. Individual animating and inviting was a necessary form of activating a community, in which no active leisure habit was observed. Some of the activities could also be carried out on the premises of the hotel, which would eliminate the need to 'take out' the residents. Other needs for change mentioned by the residents were the renovation of the building, deworming, the opening of a common room with a TV and the establishment of a group of volunteers who could help the elderly.

The needs diagnosis completed the first stage of the research and was the basis for recommendations to design activities in the hotel. The data collected showed that the residents of the hotel were highly affected by the stigma of social exclusion due to their place of residence and inactivity in life. Their need for security and recognition was disturbed. In the following year, the Municipal Social Welfare Centre responded to many of the residents' needs. A group of volunteers started to work around the hotel. The Municipality of Wrocław took action to integrate various projects, to consider renovation and effective disinfection. The parish continued its activities in the hotel area. At the research level, the next actions were not only to describe the negative aspects of hotel life, but to look for the potentials of the inhabitants and to involve them in animation activities.

CONCEPTUALISING SPACE

The second stage of research involved audio-descriptive walks. This research extended the field of interest beyond the residents themselves

⁴⁵ See R. Lister, *Bieda*, op. cit., p. 202.

to people who did not live at the hotel, but worked and lived in the area. The purpose of the walks was to explore how residents perceive the presence of the hotel in the context of their surroundings, i.e. whether it is representative of the estate, 'visible' or overlooked. The course of each walk depended on the researcher. It was the person who led the researcher and spun their story about the hotel area. All the walks started at the hotel but went in different directions. Each person spontaneously described the hotel, but the occupants were quicker to end the story and go to other parts of the housing estate. They did not want to go inside and describe it and cut the topic short. People working in its surroundings were much more willing to talk about it. This fact gains importance in the context of the aforementioned stigma felt by the hotel residents. The tenants avoided its topic by going on to describe other elements of the housing estate, as the hotel was an embarrassing space for them.

Apart from the interest in the hotel itself, each of the interviewees described its surroundings as dangerous. This was influenced by the presence of people under the influence of alcohol or with a propensity for violence. The analysis of the research material also shows that the following common threads emerged in all walks: recognition of the nearby bus terminal as an important and frequented place with untapped potential (which, moreover, generates traffic in the vicinity of the hotel), the presence of the railway tracks and the railway station as a constitutive element of Brochów's identity, the nearby Social Integration Centre as a place friendly and open to residents (a place where residents of the hotel could spend time and participate in additional activities organised there). Furthermore, all respondents considered the social hotel as a place not representative for Brochów. Despite the great importance that the residents of the hotel themselves attached to the sense of stigma resulting from living there, they did not consider it to be an important place for other people in Brochów. In the narratives conducted during the walks, the interviewees stated that the hotel is known throughout Brochów, but the residents do not consider it in any way as part of the identity of the estate. It is a 'separate' space, bearing witness only to itself and not to the neighbourhood. At the same time, it is not a stigma for Brochów residents who see it as a 'social' hotel, not a 'Brochów' hotel.

POTENTIALS

Elements of diagnosing the potentials of the hotel residents took place to some extent at the stage of identifying their needs. However, some of the conclusions were elaborated on in the third stage of the research. The first method was layered mental maps based on Kevin Lynch's concept. When describing their surroundings, hotel tenants oriented the space primarily around the only large shop on the estate, which they frequented. The oft-travelled routes and intersections led to it or to other service points: a clinic, an ATM, a pawnshop, and a smaller shop. Another important landmark was the nearby bus terminus in Brochów, on Chińska Street. It is a kind of 'exit' from Brochów, towards other service points or to visit family or friends. The boundaries of the mental world were determined on the one hand by the railway tracks, a landmark of the housing estate, and on the other hand by individual preferences. All interviewees pointed out the lack of 'non-commercial' community landmarks, meeting places, squares, social space 'agora'. Tenants marked their house as a landmark, but often only after drawing the aforementioned large shop. The maps presented a surprisingly similar picture of their surroundings. Their analysis showed that the respondents spend little time outside the hotel and then they mainly go to the shop or do some errands. They don't meet other residents of the housing estate but rather go outside to meet other people. The interviews accompanying the mapping exercise demonstrated that this is related to the stigma of residence; the tenants are more 'from the hotel' than 'from Brochów'. A case in point was a female resident who refused to draw a map of the neighbourhood because despite living in the social hotel for many years, she still perceives herself as living in Psie Pole and not in Brochów. They do not get involved in the life of the neighbourhood; some did not even bother to draw on the map the Social Integration Centre closest to the hotel. The fact that the major landmark on the estate is a big shop can be interpreted as a utilitarian approach to shared spaces. Their imaginary world is focused on basic needs.

The second element of the research was the collection of memories using the "I remember..." method, referring to the social memory of the housing estate. A very warm and positive picture of the housing estate emerges from the 58 collected memories. References to the

rural or small-town style of Brochów were the most frequent. The respondents reminisced: “I remember that it was a quiet village, a separate town”, “Brochów felt a little bit like a small town, a small market square”. Respondents also spoke about the positive atmosphere they remembered for a long time, e.g. “I have always associated Brochów with peace! I have lived here since the 1980s”. The collected memories also showed an image of transformation from a small ‘town’ or ‘village’ into an urban area, which is expanding and changing its identity with the increasing number of inhabitants, e.g. “I remember that Brochów has always been a nice district, which is expanding, there are more and more people”, “I remember that there was a lot of greenery, and now it is disappearing, because of the blocks they are building everywhere”. Residents also mentioned the swimming pool, dancing, lots of greenery, Roma culture, proximity to trains and railway infrastructure, and the presence of a large hospital. Only twice did they mention that the estate was, in their perception, dangerous: “I remember that when I lived in Brochów I was very scared because it is supposedly a bad neighbourhood. Outside the hotel it is ok”, “I remember that there are a lot of people, a lot of noise, good fun, but you are not allowed to go out after 10 pm”. Reference to the hotel appeared in only one quoted memory. The research was conducted among both the tenants of the hotel and other Brochów residents. Both groups described the housing estate in affectionate terms. Despite the context in which the research was conducted (near the hotel, during an event co-organised by its residents), other Brochów residents did not refer to the hotel in any way, did not treat it as a space requiring comment, a meaningful element. The stigma of habitation was only visible in conversations with its tenants, and it is very pronounced in this group. The gathering of memories was accompanied by a neighbourhood barbecue, during which some residents of the hotel had the opportunity to integrate with their neighbours from the housing estate. Participating in this kind of mass event was a new experience for the hotel residents, and the positive course of this event can certainly be pointed out as one of their potentials. Several of them helped in its organisation and many participated in the fun. For the hotel tenants it was an opportunity to see that they are part of the estate, one of their neighbours, without being marked as living in the hotel, without its stigma.

The third element of the research was the researchers' self-analyses via ethnographic diaries. They pointed out the greatest potentials that they saw in the residents as a result of their observations. The first of these was neighbourly relations and helpfulness. Elements of this resource were already visible when diagnosing the needs of the residents. All the researchers pointed to the potential of the residents as neighbours who help one another with shopping, cleaning, bring food, walk one another's dogs, defend themselves when necessary, and are able to act together. A second important potential was the ability to create an atmosphere of warmth and intimacy, despite the difficult living conditions in the block and the presence of many alcohol addicts with numerous social problems. Some of the research took place in the kitchen while the residents were cooking together. The researchers described their feelings such as: "I felt like my grandmother in the kitchen" or "You can sit down and chat. Like dorm mates, each came out of their own room". The researchers also wrote about experiencing anxiety and treating the hotel as an unsafe place, anxiety about bringing vermin into their own homes and difficulties arising from the ambivalent attitude of some of the residents towards the researchers (cancelling meetings, interviews). Despite their initial unease with conducting research in the hotel, they did not experience unsafe situations there. Researcher 3 wrote: "I remember the first time I entered the hotel with people working in the area assisted by their husbands because they themselves were afraid to enter. I can understand that". Researcher 1 had a similar experience: "I was not afraid to walk around the hotel. My husband was afraid for me". The hotel was regarded by the residents as a dangerous place and certainly the incidents they described should not have been underestimated. On the other hand, once they had entered its environment, the anxiety about safety decreased in importance and many positive manifestations of the local environment could be seen. Some residents described their experience of living in the hotel favourably, appreciated the neighbourliness and the closeness of their friends. Respect for the interviewees requires that both the difficulties they described and the positive elements of their life which they themselves perceived and named be indicated.

A summary of the third stage of the research brings the following conclusions. The residents' helpfulness and neighbourhood culture should be identified as their greatest potential. The tenants know and

are able to help one another and act together. Although the hotel is neglected and affected by many social problems, some of the residents are able to create an atmosphere of home and hospitality. The interviewed residents also had positive and warm memories related to Brochów. They described it as a small town which had grown a lot in recent years. Few people spoke negatively about the immediate neighbourhood. The interviewed residents saw the hotel as a less important place on the map of Brochów; they do not mention it often and it is not a kind of 'hallmark' of the neighbourhood. The event integrating the residents of the hotel with their neighbours showed an example of a situation excluding the element of stigma. The stigma is much stronger in the hotel residents themselves than in the local environment, and further integration activities can minimise it. At the same time, continued work for the benefit of the hotel is necessary, coordinated by the Municipal Social Welfare Centre, whose presence and work has brought many positive changes noticeable during the social research.

CONCLUSIONS

This text reports on research in a community affected by exclusion due to living in a social hotel; the tenants did not have many opportunities to have their voice heard or to air their opinions in public. The silence of the excluded may be a form of resistance against an even deeper exclusion resulting from finger-pointing, fixation in a social role and in stigma. The researchers' role is to give them the space for free expression, the right not to exist in social space only as an excluded person, but to show the multidimensionality of their personality, potential and achievements. At the same time, on the ground of research in action, researchers themselves make a self-analysis and examine their own concerns and motivations. The study accounted for here was no different. For the researchers working in the social hotel, the whole process was undoubtedly a major formative experience.

To complete the picture of the research conducted in the social hotel, it is necessary to consider the risk of using the term 'potential'. On the one hand, it refers to the category of empowerment and giving the interviewees a voice, but on the other hand it is possible to enter the

role of a person who, when describing someone's potential, creates an atmosphere expressed in the phrase: "Able yet lazy". This is because we can put an additional burden on the shoulders of the interviewees, who are already heavily affected by fate. The conviction that since they have potential and nothing changes in their lives, it is their fault. The notion of potential thus requires delicacy and awareness that the relationship of working towards the improvement of one's own fate does not depend solely on the individual, but is rather a complex system of variables and correlations. The conclusion of the research may not only be to list the interviewees' potential but also their achievements and successes. More than a year of research at the social hotel saw improvements in the situation of many of its residents. One of the people interviewed initially moved out of it on her own, earning a better flat, which was her dream. Several residents were actively involved in the activities accompanying the project, distributing parcels, and participating in neighbourhood barbecues and table tennis tournaments. The community organised itself around people in need of support. Thanks to the work of many institutions, especially the Municipal Social Welfare Centre, many residents received financial, health (including substance abuse) and legal aid. Vacant flats were bricked up, a day-care centre was opened (one of the ideas for positive change in the diagnosis of needs). Residents saw improvements in the block. At the end of 2019, a neighbourhood meeting was organised for them in the common room, which had been cleaned and prepared by social workers. The tenants came to the meeting in large numbers, integrating with employees of the neighbourhood institutions, researchers, and police representatives. They helped with the preparation and cleaning, bringing chairs from their flats. The work in the social hotel will continue to be carried out by both the residents and the professionals who try to support them to better their living conditions. This road will no doubt contain stumbling blocks and difficulties. From the researcher's perspective, participating in this process has been a challenge as much as a great honour.

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