



Citation for published version:

Clift, B 2020, 'The uses of running: Urban homelessness, creative initiatives, and "recovery" in the neoliberal city', *Sociology of Sport Journal*, vol. 37, no. 2, pp. 96-107. <https://doi.org/10.1123/ssj.2019-0059>

DOI:

[10.1123/ssj.2019-0059](https://doi.org/10.1123/ssj.2019-0059)

Publication date:

2020

Document Version

Peer reviewed version

[Link to publication](#)

Accepted author manuscript version reprinted, by permission, from *Sociology of Sport* [2-2-], <https://doi.org/10.1123/ssj.2019-0059>. © Human Kinetics, Inc, 2020.

University of Bath

Alternative formats

If you require this document in an alternative format, please contact:
openaccess@bath.ac.uk

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Baltimore, Spatialized Urban Poverty, and Homelessness

The more than two-year study of a physical cultural organization that mobilized running with those housed in temporary recovery facilities upon which this project was based occurred in Baltimore, MD. The organization, Back on My Feet, is a nationally based not-for-profit organization that “promotes the self-sufficiency of homeless population by engaging them in running as a means to build confidence, strength and self-esteem” (2010)ⁱ. Back on My Feet, as of 2019, operated in 13 U.S. cities. The organization represents a physical cultural, non-governmental organization that focuses on the perennial issue of homelessness in America cities. Within urban America, the organization illustrates how the rhetoric of “recovery” yokes the entrepreneurial ethos of neoliberalism with the management of homeless people. Participants in the organization recovering from poverty, addiction, legal issues, or lack of housing or employment demonstrated how they incorporated the practice of running into personally meaningful ways of life. They did so, however, amidst the discourses, structures, and processes that dictate personal responsibility, denigrate, or stigmatize as they blur distinctions between poverty, addiction, and homelessness.

Baltimore (pop. 619,493) is emblematic of the processes that have molded cities under U.S. capitalism. The city, according to Harvey (2001), offers a laboratory sample of contemporary urbanism. Over five decades, the city experienced transformation wherein city government has been refashioned and repurposed from primarily focusing on managing the welfare of its citizenry to becoming preoccupied with the entrepreneurial restructuring of the city as a motor of private capital accumulation (Brenner & Theodore, 2002; Bustad & Andrews, 2017; Fainstein & Judd, 1999; Friedman, Andrews, & Silk, 2004; Harvey, 1987; 2001; Silk, 2007; Silk & Andrews, 2006; Wagner, 1996). The pervasive spread of its urban reformation relied largely upon what several have framed as neoliberal governance (Lemke,

2001; Ong, 2006; Rose, 2001) resulting in the “rolling back” of state social welfare policies and provision (Peck & Tickell, 2002). As Harvey (1989) noted, the entrepreneurial mode of managing the city re-imagined the urban core into a tourist-focused, consumptively oriented, and inter-urban competitor in North America. In Baltimore, this entrepreneurial emphasis fostered the privatized and public-private partnerships for large-scale urban projects to service this agenda (e.g., Inner Harbor, baseball and football stadia, and the Baltimore Convention Center). Promoting consumption, entertainment, and tourism, the urban renewal sought by city managers and politicians occurred concomitantly with reduction in expenditure for public services. The effect of this saw a prolonged concentration on Baltimore’s post-industrial spaces and contributed significantly to: fracturing once closely tied communities and neighborhoods, rises in illicit drug activity and crime, failing public health provision, social and spatial exclusion, and pockets of poverty (Harvey, 2001; Levine, 1987; 2000). Levine (2000) remarked that the city resembled “a patchwork of vacant lots, abandoned housing, and boarded-up houses” (p. 138).

Within this shift from welfare management to entrepreneurialism, and consistent with broader national trends, the State of Maryland and the City of Baltimore saw relatively consistent growth in homelessness (Maryland Homeless Services Program, 1994; Homeless Relief Advisory Board, 1995). More recently, Baltimore bore a 50% increase in the early 2000s; from 2009 to 2011 the United States experienced a 3% increase in homelessness while Baltimore suffered a 19.6% increase (Rawlings-Blake, 2010). In 2011, the number of people experiencing homelessness in Baltimore City on a given night was estimated at 4,088 (Olubi & Akers, 2011). Consistently, African-Americans were disproportionately represented in the homeless population: As recent as 2011-2012, 80% to 85% was black (Ibid.; U.S. Census, 2012) compared to City and State represented at 29% and 63% black, respectively. Homelessness further makes clear the continued racial and class-based systems of inequality

forged at least partially through neoliberal urban governance. Amidst the broader 30-year increases in social and economic inequality, and indeed homelessness, from 1980 to 2010, a range of philanthropic, not-for-profit, or voluntarist contributions of private citizens and communities augmented social welfare and services provision.

Nationally, a multiplication of agencies and organizations emerged to address different aspects of homelessness, many of which were charitable, not-for-profit, or non-governmental (Gowan, 2010). These represent the ways in which neoliberal approaches to the state and policy saw responsibility for welfare and security shift from the state on to individuals, groups, communities, and non-governmental entities (Brenner & Theodore, 2002; Ong, 2006; Rose, 1999; Wacquant, 2008; Wolch, 1990). As state social welfare policies were reduced, the spaces of voluntarism, like healthcare for the homeless, flourished. Not-for-profit organizations across the U.S. tripled in number in the 1980s (Weisbrod, 1998). This sort of “outsourcing” of welfare for the homeless population to non-state actors generated a kind of “shadow-state” network that began to oversee essential forms of welfare provision (Wolch, 1990).

This was evident in Baltimore in the homeless provision and emergency services. A 1983 Baltimore City Council Task Force for the Homeless, concluded that a “patchwork quilt of resources” (p. 17) from the state to voluntary and religious organizations was necessary for addressing the issue. In this way, homelessness was conceived as an issue to be addressed beyond the exclusive purview of the state, which echoes Harvey’s (2001) contention that the responsibility for social welfare provision increasingly shifted from the state to individuals, communities, and non-governmental agencies; often, through the tradition of charity work, religious organizations took up emergency care or support (Gowan, 2010). Examples of this are discernable across the type of services addressing homelessness, for example: shelters (e.g., Agape House, Christ Lutheran Place, Earl’s Place, Helping-Up Mission, Karis Home,

Women's Housing Coalition, and several YMCA/YWCAs); food services (e.g., American Rescue Workers, Baltimore Rescue Mission, Franciscan Center, Manna House, or People Against Starvation); or health services (e.g., Bon Secours Mobile Assertive Services, Community Housing Associates, Earl's Place, Homeless Persons Representation Project, or My Sister's Place). Former Mayor Stephanie Rawlings-Blake reaffirmed as much when in 2010 she remarked that homelessness like many of the city's problems was "bigger than government."

Set in urban contexts, *Back on My Feet* illustrates how: responsibility for various forms of social welfare provision have shifted on to non-governmental organizations; such organizations develop creative or entrepreneurial solutions to social welfare issues—what Pitter and Andrews (1997) called a social problems industry; and inhabitants create new ways of collective urban life (Latham & McCormach, 2010). Now an established U.S. not-for-profit organization, *Back on My Feet* sits amongst the few yet growing physical cultural initiatives attending to homelessness, including: street soccer or the Homeless World Cup (Jarvie & Ahrens, 2019; Peachey, Lyras, Borland, & Cohen 2013; Sherry. 2010: Sherry, Karg, & O'May, 2011). More relevant to urban contexts, a state-sponsored floor hockey program in Edmonton Canada explored in relation to issues of mental health (Holt, Scherer, & Koch, 2013) and precarious labor (Scherer, Koch, & Holt 2016). Evidently, physical cultural activities are being viewed by State and non-state actors as ways of engaging with homeless people and populations. Set in cities across the U.S., and specifically Baltimore in this project, *Back on My Feet* evokes the centrality of the urban environment and its interrelated discourses of homelessness to its rise.

The broader focus of this project explored the experiences, perceptions, and understandings of the men in temporary housing that participated in the program, its volunteers and staff, and the context through which those practices and expressions manifest.

Of particular interest was how the bodily constructions and practices of the organization were underpinned by neoliberal discourses aimed at producing neoliberal subjectivities (Clift, 2019) and the politics of compassion and voluntarism (Clift, 2014). This article augments these works by exploring: Where and how do physical cultural activities fit into the fabric of the lives of those on the extreme margins? How are these situated amidst discourses of homelessness in urban contexts? In order to contribute to the literature on the sociology of sport, physical cultural interventions, urban sociology, and homelessness, this paper considers the ways in which the practice of running became imbricated participants' lifestyles. They did so while temporarily housed in a recovery facility—a requirement for participation—as part of their lifestyle and free time, which are often-underappreciated aspects of homelessness (Borchard, 2010).

Urban Change, Homeless Discourses, and Identity Work

The idea of a homeless person running is likely to conjure images of someone running to *get away* from something or someone, or an individual or group of people being *run out* of city spaces. An association not likely made is one of engagement with physical activity, of the practice of running. People who have no, little, or even considerable personal experience with homelessness might ask, “Why would homeless people run? Aren't there better things for them to be doing? Of all the things that the homeless need surely running is not amongst them?” Such questions, the incongruous homeless-running imagery, and indeed how people make sense of these practices are embedded within the dominant frameworks used to understand homelessness as problem and how address it.

Recent understandings of homelessness transpire from the urban changes during 1970s and '80s that rendered street people hyper-visible. Cities during this period, began a

marked material and symbolic transformation, “a reinvestment of both fixed (and often collective) capital and of imagery” (Mitchell, 1997, p. 304). As this occurred, the public was forced to reconcile with increasing presences of and encounters with the homeless in public areas (Kusmer, 2002; Marcus, 2006), prominence in news reports (Stern 1984), and popularly publicized academic texts that raised public attention (e.g., Baxter & Hopper, 1981; Rousseau, 1981). This increased street presence stemmed from both a reduced presence of the State in social life and welfare, and the politically and economically motivated recapitalizations of urban space. The Reagan administration took steps to reduce the federal government’s role in significant welfare programs, such as Aid to Families with Dependent Children, Food Stamps, federal housing and education, and legal services. Stern (1984) referred to this process as the administration’s symbolic and material attack on the poor, which directly contributed to the tripling of homelessness in the U.S. during the 1980s (Burt, 1997).

Gowan (2010) suggested it was during this time that homelessness became an old social problem reborn. With it came three specific discourses of managing homelessness, what she called *sin-talk*, *sick-talk*, and *system-talk*. Each of these carried a specific culture of meaning and intention, a “magnetic force that lends coherence, authority, and legitimacy” (p. xxi) to the ways in which homelessness is discussed and addressed. They also carry different ways of treating or dealing with people who have *problems* and are homeless, or might be.

Sin-talk refers to the moral construction of managing the unruly poor through strategies of exclusion and punishment. This discourse is evident in the ways in which politicians, and managers of the new urban economy turned to legal remedies for cleansing the streets (Marcus, 2006; Mitchell, 1997; Hopper, 2003) as city officials sought to revitalize and spectacularize the urban environment (Harvey, 2001; Mitchell, 1997). Excessive policing of public space made possible through legal authority attempted to banish certain behaviors,

such as loitering, panhandling, or sleeping, in public space. *Sick-talk* calls forward a therapeutic construction that turns to treatment. This discourse was linked to the thousands of new organizations dedicated to the language of disease and dysfunction. Fields of social welfare, psychology, and public health, amongst others, attempted to establish homelessness as a symptom of substance abuse or mental illness that could be treated and that had far less to do with working or housing conditions. In urban settings, Stuart (2014) submitted that the spatial exclusion of visible poverty shifted from one of spatial exclusion and displacement of homeless people to marginal spaces, or “rabble management,” to one of “recovery management,” a more disciplinary mode wherein policing in marginal space adopted a “paternalist mode of poverty governance that attempts to address the individual pathologies deemed responsible for homeless people’s economic, social and moral failings” (p. 1910). *System-talk* refers to the systemic foundations of social life that urge social regulation or even transformation. This discourse was a direct response to the cutbacks in social programs wrought by the Reagan Administration (Kusmer, 2002). Activists, academics, and those who viewed homelessness as rooted in poverty formed the view that government should play an instrumental role in providing fundamental forms of assistance or care, such as housing, food, or medical care. Those who were forced into poverty or demonstrated responsibility, this discourse suggested, should be deserving of assistance (Borchard, 2010; Kusmer, 2002; Rossi, 1989; Shlay, 1994; Snow & Anderson, 1993; Stern, 1984). Conservatives, however, latched on to the idea that those who became associated with personal characteristics or lifestyles that could be considered to contribute to their plight (e.g., alcoholism or drug addiction) were not deserving of assistance.

Embedded in these discursive formations are an array of overlaps, tensions, and terminology. The motor for the emergence of *sick-talk* stemmed partly from the from The McKinney-Vento Homeless Assistance Act of 1987—a federal law that provided a range

of programs and investment in homelessness but also a mammoth bureaucratic structure. This fostered a range of assistive programs as it documented the needs and capacities that could, in theory, redress inequalities by increasing capacity of those in severe need. Yet, as Gowan (2010) noted, thinking of homelessness as a symptom of substance abuse or illness that can be treated can undermine the systemic focus of homeless advocates, as can charitable programs. Housing opportunities or conditions, employment, and poverty in such views are displaced. What exactly people experience or are recovering from makes homelessness a nebulous category that is especially difficult to defineⁱⁱ. Homelessness, poverty, marginality, or addiction can quickly become conflated. As those who have been marginalized to the degree that they live on the street or in temporary housing, they may have experienced economic or housing marginalization, addiction or substance abuse, or a range of systemic inequalities that can be challenging to parse out.

In contrast to the broader discursive formations that construct *the homeless* and responses to them, Snow and Anderson (1987) laid the ground work for examining how those who experience homelessness construct, assert, and maintain valued personal identities, or “identity talk.” Recognizing that the ways in which the homeless discuss their identities often differed from broader societal constructs, they suggested that efforts to understand homeless behaviors are better understood through the meanings that homeless individuals themselves adopt. They outlined three general patterns of identity talk: (a) *distancing*, which involves distancing the self from social identities of homeless or from other homeless people; (b) *embracement*, which entails general acceptance of and attachment to the social identity associated with homeless or with others who are homeless; and (c) *fictive storytelling*, which involves narration of stories about one’s past, present, or future experiences that involve embellishment or outright fantasy.

Several scholars have since built on this work, here exemplified by a few notable contributions. In his research in a Boston shelter for people who are considered homeless and mentally ill, Dejarlais (1997; 1999) articulated identity as very much at work, often subliminally, and resultant from particular historical and cultural heritage; rather than given or pre-determined, identity is linked to social, cultural, political, or linguistic forces that can be “echoed, agreed upon, contested, denied, reworked, or invoked for rhetorical purposes (1999, p. 484). Boydell, Goering, and Morrell-Bellai (2000) identified that homelessness is an event and a process, one wherein individuals can feel devalued, even to the extent that homelessness can mean a loss of social identity. Through close and long-term engagement offered through ethnographic methods, Parsell (2011) considered enacted and ascribed identities who are homeless, but just like anyone else, are multifaceted, contingent, worked at, purposeful, and nor are they rooted in a singular identity imposition. Terui and Hsieh (2016) reconfirmed Snow and Anderson’s (1987) differentiation from homeless categories and embracement but also demonstrated how in negotiating their identities in everyday life those experiencing homelessness prioritized certain aspects of life (e.g., productive pasts, family and significant others, or pride and responsibility). Importantly, a danger in working with “homeless identity” directly, several have suggested (e.g., McCarthy, 2013, Parsell, 2008; Seal, 2007), is that “homeless” becomes the all-encompassing characteristic through which people are understood, thus reifying homeless as a central trait and contributing to Othering them. Homeless peoples’ identities are often imposed upon them (Seal, 2007) through media (Pascale, 2005), western constructs (Boydell et al., 2000), seeing them (Desjarlais, 1997), or indeed scholarship (McCarthy, 2013). In response, McCarthy (2013) suggested that any approach to working with homeless identities should consider lines difference, that identity is both multiple and fluid, and what behaviors, activities, and practices mean to the people whom we are representing. Such an approach, she suggested,

leaves room for the negotiation of homeless stereotypes and stigmas and other ontological dilemmas, as well as acknowledging the importance of structures and discourses.

This work picks up on the tension between the discursive formations that construct “the homeless” and how homeless people engage in identity work through the practice of running in urban Baltimore. By opting into a running program, the men housed in a recovery facility incorporated the practice into the ways in which they create meaning in their lives and identities. We know scarcely little about the physical cultures of homeless people despite a general understanding that the physically active body is instrumental for achieving quality levels of health, life satisfaction, and enjoyment. This work does so through ethnographic methods.

Methodology and Representation

To better understand the practices and experiences of those running whilst residing at a transitional housing and recovery facility, The House (a pseudonym), I participated in the group’s activities from 2010-2012. During this time, and in drawing on ethnographic conventions (Emerson, 2001; Van Maanen, 2011; Wolcott, 2008), I participated as a novice runner and researcher in more than 60 runs, conducted 37 semi-structured interviews with a total of 27 men at The House and men and women volunteers in the organization, and drew from organizational materials and historical documentation on homelessness in Baltimore. Interviews with the nine men in The House typically lasted from 40 minutes to more than three hours. Field notes were developed from observations, casual conversations, and reflection on my experiences during organizational activities. Each person who sat for an interview signed an informed consent statement. Every person in this text was given a pseudonym. I transcribed each interview verbatim. During the research, some participants

moved on from The House and I had less engagement with some compared to others. For some, only one interview was possible whereas with others an interview and several conversations took place within various activities. The organization and participants with whom I spoke always knew my presence as both a volunteer and researcher. These interviews and my field notes form the empirical base of this article.

In Baltimore, The House—a 90-bed residential treatment facility for veterans and others transitioning through the cycle of poverty, addiction, and homelessness toward recovery—is one of the five addiction and homeless recovery facilities partnered with Back on My Feet, which forms running teams comprised of volunteers and men in recovery, respectively referred to as Non-Resident and Residents within the program. Approximately 45-55 Residents participated across the city and five teams at a given time. At The House, approximately 10 to 20 Non-Residents and seven to nine Residents participated on a daily basis. Typically, a running day at The House meant meeting Monday, Wednesday, and Friday at 5:30AM with an optional Saturday run at 7AM. Runs lasted approximately one hour that included gathering, running, and post-run stretching and announcements.

The ethnographer is generally the outside person looking in. My relationships with participants developed slowly. One reason for this resulted from the infrequent meeting times of the group. But this slowness was more a product of my relative outsider status with men in The House, my caution and uncertainty about how to work with our experiential, gendered, racial, and class-based similarities and differences, and my discomfort with charity and voluntarism (Clift, 2014). The men temporarily living at The House experienced events in their lives that I did not share. Those included, for example, military service, drug or alcohol addiction, incarceration and various legal issues, short-lived or significant periods of little or no income, or the trauma that can come with living on the street. Five of the men from The

House I interviewed were African-American and four were white, which followed the general 50/50 split of men who participated in the program across Baltimore.

Each of the men voluntarily chose to participate in the organization, thus embracing running as a practice during their discretionary time. Running was not a practice with which participants had prior experience. Many played a variety of sports in their youth (e.g., basketball, baseball, or American football). As running was a requirement for participant observation, I took up the practice as a novice runner—and I do not identify as a runner. Volunteers, in contrast, often had considerable experience running, be those regular running activities or competing in races around the Eastern Seaboard of the U.S. An estimated 200-300 volunteers participated across Baltimore; although formal demographics were not kept, Amie, the Baltimore Director, considered this group to be overwhelmingly white. At The House, 10-20 volunteers ran on a given day from the broader pool of approximately 50 to 60. I shared more in common in terms of race and class with volunteers, which became most evident in the level of comfort volunteers and I experienced running through inner city Baltimore compared to Residents. Volunteers' affinity for running and my unease with charity and voluntarism made for a stark difference at times: Drawing on embodied research acts (Clift & Bustad, 2018; Giardina & Newman, 2011), I explored this specific issue (Clift, 2014).

Ethnography, Wacquant suggested (2015), is an “embedded and embodied social inquiry based on physical co-presence with(in) the phenomenon in real time and space” (p. 4). With running at the heart of the organization, running with participants was an essential way in which to speak with them, share in the physical and mental challenges of pushing one's body and the bodies of others beyond our perceived capacities (including training for and completing my first and only marathon with participants), embrace the physical and social vulnerability, celebrate the joys of achievement, and begin to understand the social and

symbolic structure of participants in context. All of these also fostered shared commitments, familiarity, and relationships. Ethnography's emphasis on spending time with people, demonstrating shared commitments, reciprocal behaviors, and ethical ethos were all ways of gradually developing relationships with Residents and Non-Residents. Beyond various forms of involvement, a few reciprocal acts went some way toward doing more than simply information for research purposes, such as: driving participants to events, volunteering for the organization and functioning of events, and writing promotional or advocacy blogs on the organization's website. As a methodology, ethnography is "the business of inquiring into other peoples' business" (Wolcott, 2008, p. 284) wherein power and ethics are omnipresent. As Scherer, Koch, and Holt (2016) acknowledged, none of my efforts fully redress the imbalance in power inherent in short-term, ethnographic research. However, they do represent my attempts to "*not* [emphasis original] do to others anything I would not want them to do to me" (Wolcott, 2008, p. 283). Moreover, the few people with whom I have maintained contact since moving to another continent and the experiences I shared with participants have enriched my personal and professional life.

An enduring challenge for those researching homelessness is how to represent individuals who have experience with it whilst being aware of associated stereotypes. Here, I strove to follow Desjarlais' (1997, p. 6) methodological mandate to work against the grain of most media representations of homelessness. People are portrayed here by drawing not on visual elements but instead conversations and observations in an attempt to avoid positioning the homeless in association with historically negative tropes. Instead, representations are considered through the ways in which their lives are immersed within the "complex swirls of cultural, political, economic, sensorial, psychological, and biological forces" (ibid.). In the subsequent three representations of participants' experiences, I illustrate key themes across participants through the representation of one individual. For example, in the first section I

discuss how running featured as a way for participants in the program to cultivate healthier lifestyles. This was a common feature of many with whom I spoke but is here represented through one individual, Warren, in order to provide a sense of the person whom these words attempt to represent. Although only a few examples are represented here, many more could be incorporated from the broader data set. For the purpose of clarity some text has been edited (e.g., removal of hems and haws or pauses).

Health: Smoking, Near Death Experience, and Black Veterans

Even at 5:25AM as the running group ritualistically came together before the sun rose, Warren (60 years old, African-American) was an unmissable person. His jovial character lit up everyone around him: His laugh, smile, and exaggerated bodily gestures made him instantaneously likeable. Like all of those I met, Warren carried several health issues and had lifestyle history of poor health behavior, such as prior drug or alcohol abuse, poor diet, and lack of physical activity. He discussed the significance of his health within the context of his life and new practice of running.

When we met, Warren had been living at The House for more than a year and had run for more than six months. He shared with me how his initial run with Back on My Feet was a rather painful one:

First day, I was smoking. First day running with them, I almost fell over. I ran down the street and I didn't know... man, my mouth... nothing! I had to go to the hospital and get a physical and everything, get my lungs x-rayed, see what was going on cause I almost fell over when I ran down that street. Three blocks in!" Laughing wholeheartedly, he continued...

“So the doctor said, ‘you still got gas fumes and smoke in your lungs and it’s gonna be a while before all that cleared up. And it’s not stopping you. Just those fumes are in there. Whatever damage that the smoking did, or residue that’s in your lungs, some of it will clear up. It won’t all clear up but your lungs is gonna get better. It’s gonna get better and better if you just keep running.’ And I done got better. I started running, walking, run, walk, run, walk, and then I started running almost half a mile without stopping. Then a mile without stopping, then two miles.”

Warren completed a half-marathon the previous year and several shorter races of distances from 2k to 10k. His laugh rolled through his description of his experiences running before pausing as he says more straightforwardly and pointing at me while still smiling, “and I haven’t picked up a cigarette yet.”

“They celebrated my year, no cigarettes, June 20th, that’s the day I stopped during Back on My Feet. And then two years and a couple of months. So I haven’t picked up a cigarette since June 2009.”

Warren’s decision to quit smoking may seem insignificant. However, in at least two ways his seeking to improve his health, like his peers, is notable. First, Back on My Feet offers an opportunity for those housed in recovery to take up running as a means for improving their health. Around the world, homelessness is associated with increased risk of significant chronic and acute health problems (Hwang, 2001). Amongst homeless veterans in the U.S., an estimated 53% of carried a chronic health condition (Cortes, 2011). Although basic forms of healthcare were accessible to veteran’s in Baltimore through the Veteran’s Administration, including all but one Resident participant, each Resident previously or currently cultivated a relatively unhealthy lifestyle. Opportunities for engaging in physical activity were few and far between. Each Resident discussed running in pursuit of some form of physical health benefit, including: quitting smoking, reducing body fat/weight,

ameliorating heart disease or diabetes, lowering cholesterol or blood pressure, or improving the cardiovascular system. Forms of physical activity, like running, carry a number of physical health benefits, such as: Low levels of activity positively impact negative health conditions, such as cardiovascular disease, hypertension, type 2 diabetes, stroke, cancer, or premature death (Bize, Johnson, & Plotnikoff, 2007). Fundamentally, their choice to engage in running illustrates how participants incorporated running into their lifestyle as a means for improving their physical health, an expression of self-care (Clift, 2014).

Second, by incorporating running into their lifestyle—which requires the significant effort and physical endurance of running three days per week at 5:30AM—Residents challenge dominant stereotypical representations of homelessness. These articulate homelessness to meanings of dependency, deviancy, immorality, laziness, incapability, or disease (Amster, 2003; Borchard, 2010; Del Casino & Jocoy, 2008; Kusmer, 2002; Wright, 1997), which service class and racial inequalities (Kusmer, 2002). In contrast to these depictions, Residents demonstrated the commitment and diligence required to run, an attentiveness to improving their health, and indeed that those on the extreme margins have a great deal in common with everyone else. In these ways, running disrupts homeless stereotypes, however minutely or temporarily.

Yet, at the same time that such positives can and should be attributed to Residents' industriousness, reducing their experience to lifestyle choices and behaviors risks obscuring context within which homelessness, related health issues, and urban inequality manifest. In Warren's case, it was his time in the military, subsequent addiction, multiple experiences in and out of the penal system, and the racialized urban context of America. He lived in Baltimore from age four through high school and joined the military shortly thereafter. It was whilst serving in the military during the Vietnam War that Warren, like many in service overseas, experimented with marijuana, opium, and heroin. After completing his service in

1972, he kept odd jobs, was “messed up” on drugs, and did time in prison for “wild things like burglary” over several years. He described that period as “chaotic,” as he unsuccessfully struggled through rehabilitation programs, further education, and odd jobs with assistance from the Veterans Administration. He shared with me how his addiction and lifestyle compounded over time until one pivotal moment:

“So the doctor call on me about my liver enzymes and said ‘I want to talk to you about your results from your blood test,’ to which I responded, ‘well you can tell me right now.’ He said, ‘well look you have Hepatitis C; your liver enzymes are so high.’ ‘Well what?’, I responded. He said, ‘well Hepatitis C is a slow death. If you keep doing what you’re doing then you’re killing yourself.’”

“Oh man, he froze me. It really caught my attention. I was in awe on the phone.”

After the phone call, he took note of how the doctor interacted with him. He recalled visiting the office, “I noticed that the doctor in the office when she told me my liver enzymes were high... I wasn’t really listening to that part real hard but I was noticing her.” Beginning to laugh, he said, “The look she had on her face, like I was death, walking around!” Laughing harder, “I was gonna die!”

After recovering from laughing, he continued to chuckle as he recounted what the doctor told him: “‘You might live your whole life out before you even feel any symptoms from it. You just gotta stop your behaviors and your drinking and your craziness.’ So that’s what made me get a grip on my health and everything else.”

When released from prison for using with stipulated residency at The House, Warren sought to address concerns about his liver and improve his health while quitting smoking. Running became instrumental in working toward improving his health.

Black veterans, like Warren, faced a series of difficult circumstances when returning from service. They returned to an American context where, since the 1960s, governmental

and union efforts to address urban poverty were underfunded or weak. The Vietnam War resulted in the financial undermining of urban poverty programs associated with President Lyndon Johnson's "War on Poverty," which carried some benefits; from Nixon through to Reagan, further reductions in poverty or welfare programs continued (Kusmer, 2002; Slessarev, 1997; Hopper, 1996). Even anti-poverty programs during this period coincided with the major urban renewal projects that fractured historical, often black communities and "created artificial new ones with little economic infrastructure" (Slessarev, 1997, p. 38). African-Americans and veterans were particularly hit hard.

As Johnson (2010) detailed, urban renewal and the deindustrialization of the American economy drove up Black homelessness. Strategies seeking to beautify the urban landscape reduced affordable housing, dispossessed tenants, and crowded some into urban into specific areas of cities. New homes that were built were too expensive, often constructed in areas in wherein Blacks were not welcome, or racially segregated (ibid.). Economically, the deindustrialization of the American economy reduced the number of blue-collar jobs available (Wolch & Dear, 1993). For Blacks, who had historically been excluded from higher education and occupational racial discrimination, blue-collar jobs were vital. Emerging service-based jobs merely created poverty-level wages rather than substantive economic sustainability (Wolch & Dear, 1993), Baltimore being a prime example (Harvey, 2001). The black homeless became overrepresented in the US during the 1980s (Freeman & Hall, 1987). Moreover, Black veteran males during the 1980s were significantly more likely to be homeless than Black non-veterans (Rosenheck, 1994), and still are according to more recent figures (Fargo et al., 2012). Unsurprisingly, Black veterans in the United States face severe health challenges over the lifespan.

The health of the homeless population is as much a marker of individual decision making as it is an expression of persistent historical racial and economic inequality. At the

same time that Residents may have made decisions in their lives that contributed to their ill-health, they did so in a context that exacerbated the circumstances of their lives. Faced with a reality of grappling with historical racial, economic, and health inequalities, Residents mobilized running as one way of striving to be healthier. In a capitalist, competitive urban marketplace the health and wellbeing marketplace is largely economically out of reach for these men. Back on My Feet presents an opportunity not otherwise available to them. In doing so, they also illustrate how running *can* challenge dominant stereotypes of the incapable or lazy homeless person.

Relationships: Social Interaction, Belonging, and Support

Each morning of a run, Malcolm (early 50s, African-American) arrived with one or two other members of The House. Some Residents would come out from The House alone. Some chose to arrive early to do stretches or exercises before we ran. Malcolm, though, always arrived with someone. Although more reserved than Warren, his involvement was socially important. Each participant discussed the social aspects of running, often stating that the group was a kind of community or family.

When I first met him, he had been at The house for six months. When we formally spoke, I began our discussion by asking generally about the organization and his experience.

“It’s a running program that helps people get in shape. As far as getting your life back for people like me that have problems, knowing that I have problems, it could help me feel comfortable getting back into society.” I followed up, “When you say problems, what do you mean by problems?” To which he shared, “My substance abuse problems, my mental abuse and mental problems, as far as I’m PTSD.”

Like Warren, and many other Residents of The House, Malcolm had experience in the military. Hash and Speed were easily accessible for him during his service in Germany, and after he was honorably discharged he eventually returned to Baltimore in the 1980s where he began to heavily use heroin and cocaine. A repercussion of his drug use and military service was the Post Traumatic Stress Disorder (PTSD) he was diagnosed with later in 2008. Malcolm managed his PTSD through classes at the Veterans Administration (VA) with further health support through Health Care for the Homeless. Initially, Malcolm mentioned the health benefits of the organization as did every participant, but he quickly turned to the social aspects of running. For Malcolm, though, it became clear that this social interaction was central in responding to the mental and social challenges he carries. Explicit in his discussion were Residents, Non-Residents, and staff.

“It’s a community of runners, concerned about one another, hoping that the best of them come out of every one. It’s trying to help the weakest link, you know what I’m saying?”

Unsure, I asked him what he meant by that.

“Someone that you know, someone that don’t have the physical ability to run 2-3 miles, they are there to help them, push them, comfort them along the way. I mean everyone ain’t a top runner but you always have someone there to motivate that person to drive on. I mean it works. I see it works.”

“Could you describe a time when it worked for you?” I asked.

“My right knee feels bad off and on. Warren and Stephen, they ran with me cause Warren’s knee was bad and Stephen’s knee was bad. We ran together and we asked each other how we doing along the way. At certain points one of us had to stop and we walked with that person. We didn’t leave them. We made sure they stay together. We made it home. We alright, you know. It works.”

Amongst Residents, this positive sociality carried over beyond the confines of running and into life at The House. With Edwin, another runner whom Malcolm regarded as a “good dude,” he discussed how having a peer to speak with assist him in dealing with his anxiety, problems, or challenges:

“Me and Edwin, will sit out and talk a lot, you know, good dude. If I have a problem, I sit and talk to him about it, whereas I usually used to just act out on it. Now, I step back, and you know, get advice, I go ask him. I feel comfortable talking to him, you know. I feel as though my self-esteem will keep getting higher as long as I stay around positive people doing positive things.

The sentiment of being around positive people connected across Residents, Non-Residents, and staff, too:

“It’s real, you know what I’m saying. It ain’t no fake. I don’t feel like they doing it just to be saying they did it. They concerned about how I feel that morning, how I feel, how things going, or, you know, I get positive input. I get a positive vibe, make me feel better.”

He then proceeded to speak specifically about the staff:

“I’m telling you, they seem concerned about what I’m doing in life. I went down to the office the other day, spoke with Jenn, and she was so happy to see me.”

I commented, “She’s all smiles isn’t she!”

To which Malcolm continued, “Yeah! So I’m like, man, why’s she so dang gone happy? It ain’t no body but she and me running the other day. You don’t get that from where I was from, the neighborhood I was from. I mean you may see some people there happy to see you doing right, doing some right things in life and everything. But I was telling her about my child support situation and everything and you know, she

was trying to help me out, she was concerned. It feel good to know somebody was there caring about what's going on.”

The importance of social interaction occasioned through the practice of running should not be underestimated amongst homeless groups in the context of historically constituted racialized and spatialized urban poverty. These interactions facilitated both the socially and psychologically safe spaces that are frequently difficult to reach for those experiencing severe marginality, and a sense of belonging and support.

Sport and physical activity have been recognized for the ways in which they *can*—although not always—create physical, psychological, or socially safe spaces (Brady, 2005; Hartmann, 2003; Spaaij & Schulenkorf, 2014). Notable was Wacquant's (2004) ethnography of boxing and the American urban ghetto, wherein he regarded the gym as an island of order, virtue, and protection from the street and pressures of everyday life. Scherer, Koch, and Holt (2016) identified that a publicly funded hockey initiative created safe spaces for young homeless men in Edmonton. Here, Residents made use of Back on My Feet as a safe space and to create one—also discussed with Matthew below—in order to facilitate a sense of belonging both within and beyond the formal activities of the program.

As was the case for Malcolm, Warren, and several others, running as a way to create safe space and a sense of belonging is also an outgrowth of the racialized and spatialized context of urban Baltimore. East Baltimore, where Malcolm grew up, is an area of the city that has endured considerable urban decay. Predominantly African-American from those migrating from the South from the 1940s to 70s, it is one of the areas of Baltimore that suffered the brunt of the city's de-industrialization, flight of the affluent middle class, and racialized spatial segregation and stigmatization that produced social distress, crime, drugs, and vacant homes all in the name of shifting governmental priorities for investment in the promotion of consumptive based tourism (see Harvey, 2001). Creative solutions to urban

problems, such as Back on My Feet, and the social interactions they create speak to Latham and McCormack's (2010) assertion that urban residents continually generate new ways of being together, new forms of collective life in response to urban reformation. The social relations, connections, and interactions created within Back on My Feet make inroads in response to the isolation associated with marginalization.

Social isolation is one of the enduring effects of the marginalization of homeless people, one that motivates some to seek a sense of belonging (Terui & Hsieh, 2016). Residents made use of the running program in order to cultivate social bonds. These were formed with all who ran in the organization, including staff, Non-Residents, and notably Residents. Malcolm's reference to the positivity of the group, which every participant discussed, interactions with staff (e.g., Jenn) and Non-Residents, and with fellow Residents (e.g., Edwin, Warren, and Stephen) all speak to the ability of the people involved in running with Back on My Feet to facilitate a sense of belonging.

In contrast to the often-discussed biomedical aspects and stereotypes of homelessness, Sumerlin and Bundrick (1997) pushed researchers to recognize the assets of the homeless, particularly with regard to health and wellness. Here, Residents made use of social bonding fostered through running as an asset amongst them (Clift, 2014; 2019). As Malcolm expressed, they looked after one another during runs: "we ran together... we asked each other how we doing... We didn't leave them... We made sure they stayed together... We made it home... We alright." Running collectively requires awareness of one's co-runners and a sense of individual and collective safety (Allen Collinson, 2008) and is associated with a sense of community (Shipway, Holloway, & Jones, 2012). Some Residents, although not all, also began to look after one another in The House. Malcolm expressed this through his relationship with Edwin as someone with whom he could confide and speak with in order to work through his personal challenges. Desjarlais (1997) noted that the ties

between residents of recovery facilities included those that rested on an ethos of exchange, reciprocity, and short-term trust, or at times a formation of solid bonds. Relatedly, as Boydell et al. (2000) observed, many marginalized people express a desire to help one another in some manner. As part of the process of creating bonds in order to construct positive, collective identities (Terui & Hsieh, 2016), Residents made use of those bonds to support one another. Yet, Desjarlais (1997) also noted that some in recovery facilities do not seek relationships in an effort to focus on the self, which can lead to ignoring or steering clear of others. Some even seek forms of distancing from their peers, which was also evident in how running was mobilized.

Running as Fantasy: Social Distancing and Identity Work

I ran with Matthew (mid-40s, white) several times with different groups of people before we sat down for a longer conversation after a run on Saturday, April 2010. I drove us to a favorite coffee shop of his and bought us a pair of coffees that we took to a park bench to speak and people-watch.

“Mind if I smoke?” He asked me as we walked toward a bench.

“Not at all,” I responded.

“Just don’t tell the runners,” he quipped.

“Your secret is safe with me,” I said while chuckling.

Expressing the health benefits that he pursued through running (e.g., losing weight) like Warren, Malcolm, and the other Residents, smoking belied those. Instead, it was far more the social connections he developed through participation that he valued. He illustrated a degree of distancing himself from those in recovery and the category of homelessness itself.

“Running for lack of a better term, it’s fantasy.”

Unsure of what he meant by “fantasy,” I asked him for clarification. He responded in a more solemn and melancholic tone by connecting running to his experience at The House.

“[The House] ain’t always peaches and cream ya know... There’s people that have demons, you know. And we are so tightly packed so that if one guy is really off the hook it affects us all mentally. I mean we’ve had some guys that are just... basket cases. You know, if they can’t make it in The House they end up on the sixth floor of the VA, and that’s like, you know, the rubber room. They really got spiders in their head, you know. They are in need of more help than is possible at The House. They really need to be shrunk... they need real help, and you don’t know that until they make it known whether unconsciously or consciously and there’s a cry for help.”

“Are they unable to get that help?” I asked him.

“At The House, yeah. They some need professional help. They need headshrinkers. They need psychologist, psychiatrists, therapists, medication, you know. They’re crying out for help, and that’s not what The House is about. The House is about helping semi-responsible people that don’t have bats in their belfry. It’s not a cure-all. It’s the launching pad and if you don’t have all the parts to achieve lift-off, they gotta pop the hood and tinker.”

His reference to running with the group as a fantasy also meant that he experienced his return to The House “crashing back into reality.”

Matthew’s use of fantasy here could be taken to mean a form of escapism, not unlike the effect sought by addicts of various substances. Here, however, he invokes the notion of escape not in terms of running away from something but rather as a form of social distancing. He acknowledged the challenges and negotiations of living in temporary, recovery housing: Just about everything therein was public to fellow inhabitants. The 90 beds were organized

within large, open-plan rooms on several floors, each of which consisted of several bunk beds often arranged end-to-end in order to maximize space. For people who are living on the street, much of their private activities, such as sleeping, eating, and other activities that would take place in a home, are publicly displayed (Cresswell, 1996; Mitchell, 1997; Parsell, 2011). This difference is true in a different way in recovery facilities, too, wherein little private space is possible; “dealing with things,” both spaces and people, is an enduring challenge for those in recovery facilities (Desjarlais, 1997). No one in The House had personal space outside of a few small areas, like a shower stall in a larger bathroom or a locker for storage. Safety, security, and general wellbeing dwell in the balance of every person’s hyper-visible and fluctuating character traits, attitudes, behaviors, and mental states, variously described by each participant. Undoubtedly a “safe harbor” from the street or prison, The House itself was at other times the place from which respite was needed, which running provided.

Taken in another sense, Matthew’s understanding of escape distances himself from others who are homeless and thus the idea or identity markers of homelessness, or associational distancing (Snow & Anderson, 1987). The ways in which those experiencing homelessness distance themselves from others in similar or related circumstances is well documented (e.g., Boydell et al., 2000; Desjarlais, 1997; Parsell, 2011; Snow & Anderson, 1987; 1993; Terui & Hsieh, 2016). Evident in his solemn description of mental health illness and challenges, he distanced himself from those who required significant assistance. Many who dwelled in The House were not ready to “achieve lift-off,” his euphemism for progressing towards independent living. Differentiation between the homeless can occur through, for example: appearance and cleanliness/dirtiness, especially amongst street people; substance abuse; and employment (Terui & Hsieh, 2016). Distancing can lead to a hierarchy amongst the homeless parsed out by the negative stereotypes associated with homelessness (Boydell et al., 2000). Matthew’s depiction of those in The House tinged with a derogatory

positioning of those who were more institutionally dependent (Snow & Anderson, 1987), whereas other references to those in The House were overtly derogatory, hierarchical, and moralized (Clift, 2019). Such distancing mechanisms are strategic ways in which individuals contest and contrast the label of homeless, or rather that identity category often ascribed to the homeless (Parsell, 2011). Participation in running enabled Matthew and other Resident runners to associate with what they perceive as a more self-respecting identity (Snow & Anderson, 1987).

In a further way, Matthew's sense of escapism drew on the relationships that Residents developed with Non-Residents. The encouragement to run, interaction with Non-Residents, and bonding with Non-Residents oriented his social experiences, as they did with all participants. Unlike other Resident runners, however, Matthew also distanced himself from his fellow Resident runners. Available to all Residents who maintained 90% attendance and a positive attitude was a program called "Next Steps," which provided opportunities for education and job training, financial literacy, job partnerships, housing programs, and up to \$1,250 in financial assistance. Matthew eschewed these opportunities:

"Of course, you know, one of the stipulations is if you keep up 90% attendance you are eligible for some things. I am totally ignorant of what these things are because I really don't care. I mean some of these guys are voracious in their appetite to set these goals so they can get... I mean there's actually financial rewards. I could give a *flying fuck about them*, I swear to god. But some of these guys you're dealing with, they're dope fiends that just... You know, they're going through the motions. I just like breaking a *frickin' sweat*. Jenn! Jenn [who coordinates the program] has tried two or three times to extol the virtues or the benefits of keeping up attendance: 'You're eligible for this in five months, you're eligible for that if you stick to runs.' I just look at her and say, 'Jenn, you're really wasting your breath. I'm working. I don't really

need the money, it's great. If it ever comes to the point where I have to have a sit down with you, I will. But I don't foresee that. I just like getting together with you guys and I like breaking a sweat."

Matthew communicated here the kind of institutional distancing that Snow and Anderson (1987) explained as the derogation of the very institutions that attend to and serve the varied needs of the homeless. His language choices pointed toward a more severe associational and institutional distancing in comparison to other Residents, notably his "ignorance" about the program, the "voraciousness" of his peers, those "going through the motions," shock at rewards for running, and his stronger association with the Non-Residents. For Matthew, the benefits that could come with running were further associations with categorization as and the identification of homeless from which he sought to distance himself. Whereas others may make use of or require the forms of support available through Back on My Feet, Matthew refused these. In running, Residents demonstrated the ways in which they distanced themselves from other homeless people and categories. In this way, running served as a resource for the identity work of those in the process of recovery, one that at times relied upon social differentiation and distancing, which are rooted in opposition to pervasive homeless stigmas and stereotypes but at times aligned.

Discussion: Running Free?

Analysis of Back on My Feet in Baltimore is relevant for wider discussions regarding sport and physical activity initiatives aiming to redress social problems or that target marginalized urban groups. This article demonstrated the ways in which those in cycles of poverty, addiction, and homelessness in urban Baltimore made use of the practice of running with a not-for-profit organization, Back on My Feet, as a means

of: improving physical health; creating safe spaces for themselves and peers; counteracting the social isolation accompanying extreme marginalization; and engaging in identity work amidst recovery. Doing so draws out tensions between the discursive formations constructing homeless people in urban contexts and the creative ways in which they make meaning from running. “The homeless” is a particularly problematic and nebulous phrase that attempts to encapsulate an extensive range of people into an all-encompassing phrase that effectively reifies negative central traits. This work has sought to counter historically negative and stereotypical depictions of homeless people by situating their experiences within the intricacies of social, economic, political, psychological, and cultural life. However ill-fitting, unnecessary, or paradoxical the running-homeless may seem, this work articulated running as a valuable and meaningful practice.

As expressed here, Back on My Feet offers opportunities for benefits expressed by participants while also offering vital resources and services for those in cycles of poverty, addiction, or homelessness. Yet, in as much as a sport and physical activity programs that seek to address social problems may present opportunities for recovery, personal development, or personal betterment, they should not be divorced from the broader structures and discourses that have predominantly shaped what forms opportunities take. North American cities, such as Baltimore, in the last 40 years have through a variety of ways sought to “manage” the urban poor and marginalized (e.g., through legal, political, economic, material, physical, spatial, symbolic, or therapeutic means). This work demonstrated how homeless people are situated between the homeless discourses that dictate personal responsibility or denigrate them and the organizations that encourage responsibility with actual assistance that can be provided to assist those in extreme marginalized societal positions. The practice of running, in as

much as taking up the practice could challenge stereotypes of laziness or incapability, is also linked to the moral character of being self-sufficient and self-responsible.

Problematically, the urban context is hostile to street people, *immoral* activities, or social and economic dependency. Back on My Feet offers resources—such as financial assistance or educational and information resources—to those in the pursuit of recovery from poverty, addiction, homelessness, or lack of employment. Yet, accessing these is predicated upon demonstrating the commitment to running consistently with a positive attitude. Doing so emphasizes the personal responsibility associated with recovering from poverty or addiction and reconfigures running as a mechanism for regulating behavior, a way of conditioning people in recovery (Clift, 2019).

Simultaneously, “recovery” serves the dual function of appealing to positivity and progress while conflating poverty, addiction, and homelessness. As participants communicated the practical identity work that happens in association with running and their potential opposition to homeless stereotypes, they also reify distinctions amongst those in recovery. Doing so evinced the sick-talk (Gowan, 2010) that summons a therapeutic construction of homelessness that turns to treatment, and in this form represents a popular physical cultural and voluntarist form of “recovery management” (Stuart, 2014). Other participants differentiated themselves through homeless stereotypes (Clift, 2019), or sin-talk (Gowan, 2010). They, like anyone, are unable to run from the racialized urban poverty that fostered contemporary homeless stereotypes and serviced neoliberal moralized personal responsibility.

Back on My Feet illustrated how the language of “recovery” brings together the entrepreneurial ethos of neoliberalism in an urban context with homeless management. Since the 1990s, several have demonstrated how the active body was implicated in managing urban populations. For example, “risk-reduction” or “crime prevention” have

served as rhetorical strategies for managing black urban youth (Cole, 1996; Cole & King, 1998; Hartmann, 2001; 2016); “risk” and “panic” facilitated the governing of urban youth and space (Fusco, 2006; 2007). “Recovery” and “personal development” are additional rhetorical strategies to risk and prevention that shape engagement with homeless groups through sport and physical activity. These are evident here but also within other active homeless initiatives (e.g., The Running Charity, Homeless World Cup, and Street Soccer).

For all those interested in sport and physical activity interventions, sport development programs, or positive youth development—be those policy makers, programmers, or researchers—this work stresses recognition that individual experience and potential benefits cannot and should not be divorced from the contexts and discourses in which participants are immersed. Discourses associated with urban and social problems differentially (and often problematically) locate people and bodies in specific ways. Initiatives that take up social problems should recognize and wrestle with the tensions through which such problems are framed, which can simultaneously insert, ignore, challenge, or refute stereotypes or stigmas. Using care and caution are vital considerations when weighing up the relevance, importance, value, and impact of sport and physical initiatives intending to address social problems. Locating relevant discourses and contextualizing initiatives for the ways in which they positively and problematically frame people/bodies/problems can become part of program design, modification, and evaluation. Doing so could incorporate social change amongst a variety of stakeholders with more common behavioral foci. This is ever-more complicated and needed in different contexts, and where entrepreneurial physical cultural endeavors are increasingly accepted as viable outlets for redressing urban inequalities, such as those in cycles of poverty, addiction, and homelessness.

References

- Allen Collinson, J. (2008). Running the routes together: Corunning and knowledge in action. *Journal of Contemporary Ethnography*, 37(1), 38-61.
- Amster, R. (2003). Patterns of exclusion: Sanitizing space, criminalizing homelessness. *Social Justice*, 30(1), 195-221.
- Back on My Feet. 2010. "Welcome to Back On My Feet". Retrieved from: <http://www.backonmyfeet.org>.
- Back on My Feet. 2017. "Welcome to Back On My Feet". Retrieved from: <http://www.backonmyfeet.org>.
- Baltimore City Council Task Force for the Homeless. (1983). *Report of the Baltimore City Council Task Force for the Homeless*. Baltimore, MD: Baltimore City Council.
- Baxter, E., & Hopper, K. (1981). *Private Lives/Public Spaces: Homeless Adults on the Streets of New York City*. New York: Community Service Society.
- Bize, R., Johnson, J. A., & Plotnikoff, R. C. (2007). Physical activity level and health-related quality of life in the general adult population: a systematic review. *Preventive Medicine*, 45(6), 401-415.
- Borchard, K. (2010). People in Las Vegas Between Poverty and a Lifestyle: The Leisure Activities of Homeless *Journal of Contemporary Ethnography*, 39(4), 441-466.
- Boydell, K. M., Goering, P., & Morrell-Bellai, T. L. (2000). Narratives of identity: Representation of self in people who are homeless. *Qualitative Health Research*, 10(1), 26-38.
- Brady, M. (2005). Creating safe spaces and building social assets for young women in the developing world: A new role for sports. *Women's Studies Quarterly*, 33(1), 35-49.
- Brenner, N., & Theodore, N. (Eds.). (2002). *Spaces of neoliberalism: Urban restructuring in North America and Western Europe*. Malden, MA: Blackwell Publishing.
- Bustad, J. J., & Andrews, D. L. (2017). Policing the void: Recreation, social inclusion and the Baltimore Police Athletic League. *Social Inclusion*, 5(2), 241-249.
- Burt, M. R. (1997). Causes of the growth of homelessness during the 1980s. In D. P. Culhane & S. P. Hornburg (Eds.), *Understanding homelessness: New policy and research perspectives*. Washington, DC: Fannie Mae Foundation.
- Clift, B. C. (2014). Suspect of smiles: Struggle, compassion, and running to reclaim the body in urban Baltimore. *Cultural Studies & Critical Methodologies*, 14(5), 496-505.
- Clift, B. C. (2019). Governing homelessness through running. *Body & Society*, 25(2), 88-118.
- Clift, B. C., & Bustad, J. J. (2018). Moving in the margins: Active urban bodies and the politics of ethnography. In M. D. Giardina & M. K. Donnelly (Eds.), *Physical Culture, Ethnography, and the Body* (pp. 143-159). New York, NY: Routledge.
- Cole, C. L. (1996). American Jordan: P.L.A.Y., consensus, and punishment. *Sociology of Sport Journal*, 13(4), 366-397.
- Cole, C. L., & King, S. (1998). Representing black masculinity and urban possibilities: Racism, realism, and *Hoop Dreams*. In G. Rail (Ed.), *Sport and Postmodern Times* (pp. 49-86). Albany, NY: State University of New York Press.

- Cortes, A. (Ed.) (2011). *The 2009 annual homeless assessment report to Congress, veteran supplement*. Washington, DC: United States Department of Housing and Urban Development and Department of Veterans Affairs.
- Cresswell, T. (1992). *In place/out of place: Geography, ideology, and transgression*. Minnesota: University of Minnesota Press.
- Desjarlais, R. (1997). *Shelter blues: Sanity and selfhood among the homeless*. Philadelphia: University of Pennsylvania Press.
- Desjarlais, R. (1999). The makings of personhood in a shelter for people considered homeless and mentally ill. *Ethos*, 27(4), 466-489.
- Del Casino Jr, V. J., & Jocoy, C., L. (2008). Neoliberal subjectivities, the "new" homelessness, and struggles over spaces of/in the city. *Antipode*, 40(2), 192-199.
- Emerson, R. M. (Ed.) (2001). *Contemporary field research: Perspectives and formulations*. Prospect Heights, IL: Waveland Press.
- Fargo, J., Metraux, S., Byrne, T, Munley, E., Montgomery, A.E., Jones, H., et al. (2012). Prevalence and risk of homelessness among US veterans. *Preventing Chronic Disease*, 9, E45.
- Fainstein, S., & Judd, D. (Eds.). (1999). *The tourist city*. New Haven, CT, USA: Yale.
- Fusco, C. (2006). Inscribing healthification: Governance, risk, surveillance and the subjects and spaces of fitness and health. *Health & Place*, 12(1), 65-78.
- Fusco, C. (2007). 'Healthification' and the promises of urban space a textual analysis of place, activity, youth (PLAY-ing) in the city. *International Review for the Sociology of Sport*, 42(1), 43-63.
- Freeman, R. B., & Hall, B. (1987). Permanent homelessness in America? *Population Research and Policy Review*, 6, 3-27.
- Friedman, M. T., Andrews, D. L., & Silk, M. (2004). Sport and the facade of redevelopment in the post-industrial city. *Sociology of Sport Journal*, 21, 119-139.
- Giardina, M. D., & Newman, J. I. (2011). Physical Cultural Studies and embodied research acts. *Cultural Studies <=> Critical Methodologies*, 11(6), 523-534.
- Gowan, T. (2010). *Hobos, hustlers, and backsliders: Homeless in San Francisco*. Minneapolis, MN: University of Minnesota Press.
- Hartmann, D. (2001). Notes on midnight basketball and the cultural politics of recreation, race, and at-risk urban youth. *Journal of Sport & Social Issues*, 25(4), 339-371.
- Hartmann, D. (2003). Theorizing sport as social intervention: A view from the grassroots. *Quest*, 55(2), 118-140.
- Hartmann, D. (2016). *Midnight basketball: Race, sports, and neoliberal social policy*. Chicago, IL: University of Chicago Press.
- Harvey, D. (1987). Flexible accumulation through urbanization: Reflections on "post-modernism" in the American city. *Antipode*, 19(3), 260-286.
- Harvey, D. (2001). *Spaces of capital: Towards a critical geography*. New York: Routledge.
- Holt, N. L., Scherer, J., & Koch, J. (2013). An ethnographic study of issues surrounding the provision of sport opportunities to young men from a western Canadian inner-city. *Psychology of Sport and Exercise*, 14(4), 538-548.
- Homeless Relief Advisory Board. (1995). *Baltimore's approach to homelessness: A plan to develop a continuum of services*. Baltimore, MD.

- Hopper, K. (1996). Margins within margins: Homelessness among African American men. In S. Nolutshungu (Ed.), *Marginality* (pp. 213-250). Rochester, NY: University of Rochester Press.
- Hwang, S. W. (2001). Homelessness and health. *Canadian Medical Association Journal*, *164*(2), 229-233.
- Jarvie, G., & Ahrens, S. (2019). Sport, homelessness, and capability: Voices from the street. *Quest*, *71*(2), 239-251.
- Johnson, R. A. (2010). African Americans and homelessness: Moving through history. *Journal of Black Studies*, *40*(4), 583-605.
- Kusmer, K. L. (2002). *Down and out, on the road: The homeless in American history*. New York, NY: Oxford University Press.
- Latham, A., & McCormack, D. P. (2010). Globalizations big and small: Notes on urban studies, Actor-Network Theory, and geographical scale. In I. Farias & T. Bender (Eds.), *Urban assemblages: How Actor-Network Theory changes urban studies* (pp. 53-72). New York, NY: Routledge.
- Lemke, T. (2001). 'The birth of bio-politics': Michel Foucault's lecture at the Collège de France on neo-liberal governmentality. *Economy and Society*, *30*(2), 190-207.
- Levine, M. V. (1987). Downtown redevelopment as an urban growth strategy: A critical appraisal of the Baltimore Renaissance. *Journal of Urban Affairs*, *9*(2), 103-123.
- Levine, M. V. (2000). "A third-world city in the first world": Social exclusion, racial inequality, and sustainable development in Baltimore. In M. Polèse (Ed.), *The social sustainability of cities: Diversity and the management of change* (pp. 123-156). Toronto: University of Toronto Press.
- Marcus, A. (2006). *Where have all the homeless gone? The making and unmaking of a crisis*. New York, NY: Berghahn Books.
- Maryland Homeless Services Program. (1994). *Annual report on homelessness, FY 1993-1994 data findings*. Baltimore, MD: Baltimore City.
- McCarthy, L. (2013). Homelessness and identity: A critical review of the literature and theory. *People, place and policy online*, *7*(1), 46-58.
- Mitchell, D. (1997). The annihilation of space by law: The roots and implications of anti-homelessness laws in the United States. *Antipode*, *29*(3), 303-335.
- Olubi, S., & Akers, M. A. A. (2011). *Counting matters: Baltimore homeless point-in-time census report. A report submitted to the Mayor's Office of Human Services*. Retrieved from City of Baltimore: <http://human-services.baltimorecity.gov>.
- Ong, A. (2006). *Neoliberalism as Exception: Mutations in Citizenship and Sovereignty*: Duke University Press.
- Parsell, C. (2011). Homeless identities: Enacted and ascribed. *The British Journal of Sociology*, *62*(3), 442-461.
- Pascale, C. (2005). There's no place like home: The discursive creation of homelessness. *Cultural Studies & Critical Methodologies*, *5*(2), 250-268.
- Peachey, J. W., Cohen, A., Borland, J., & Lyras, A. (2011). Building social capital: Examining the impact of Street Soccer USA on its volunteers. *International Review for the Sociology of Sport*, *8*(3), 3-11.

- Peck, J., & Tickell, A. (2002). Neoliberalizing space. In N. Brenner & N. Theodore (Eds.), *Spaces of neoliberalism: Urban restructuring in Western Europe and North America* (pp. 33-57). Oxford and Boston: Blackwell.
- Pitter, R., & Andrews, D. L. (1997). Serving America's underserved youth: Reflections on sport and recreation in an emerging social problems industry. *Quest*, 49(1), 85-99.
- Rawlings-Blake, S. (2008). *The Journey Home: Baltimore City's 10-year plan to end homelessness*. Baltimore, MD: Baltimore City Government Retrieved from <http://www.journeyhomebaltimore.org>.
- Rose, N. (1999). Community, citizenship, and the third way. *American Behavioral Scientist*, 43(9), 1395-1411.
- Rose, N. (2001). The politics of life itself. *Theory, Culture & Society*, 18(6), 1-30.
- Rosencheck, R. (1994). Editorial: Homelessness in America. *American Journal of Public Health*, 84(12), 1885-1886.
- Rossi, P. H. (1989). *Down and out in America: The origins of homelessness*. Chicago: University of Chicago Press.
- Rousseau, A. M. (1981). *Shopping bag ladies: Homeless women speak about their lives*. New York: Pilgrim Press.
- Scherer, J., Koch, J., & Holt, N. L. (2016). The Uses of an Inner-City Sport-for-Development Program: Dispatches From the (Real) Creative Class. *Sociology of Sport Journal*, 33(3), 185-198.
- Seal, M. (2007). Introduction: Homelessness and identity. In M. Seal (Ed.), *Understanding and responding to homeless experiences, identities and cultures*. Dorset: Russell House: v-vi.
- Sherry, E. (2010). (Re) engaging marginalized groups through sport: The Homeless World Cup. *International Review for the Sociology of Sport*, 45(1), 59-71.
- Sherry, E., Karg, A., & O'May, F. (2011). Social capital and sport events: spectator attitudinal change and the Homeless World Cup. *Sport in Society*, 14(1), 111-125.
- Shipway, R., Holloway, I., & Jones, I. (2012). Organisations, practices, actors, and events: Exploring inside the distance running social world. *International Review for the Sociology of Sport*, 48(3), 259-276.
- Shlay, A. B. (1994). Running on empty: Monitoring the lives and circumstances of formerly homeless families with children. *Journal of Social Distress and the Homeless*, 3(2), 135-162.
- Silk, M. (2007). Come downtown & play. *Leisure Studies*, 26(3), 253-277.
- Silk, M. L., & Andrews, D. L. (2006). The Fittest City in America. *Journal of Sport & Social Issues*, 30(3), 315-327.
- Slessarev, H. (1997). *The betrayal of the urban poor*. Philadelphia: Temple University Press.
- Snow, D. A. & Anderson, L. (1987). Identity work amongst the homeless: The verbal construction and avowal of personal identities. *American Journal of Sociology*, 92(6), 1336-1371.
- Snow, D. A., & Anderson, L. (1993). *Down on their luck: A study of homeless street people*. Berkeley, CA: University of California Press.
- Spaaij, R., & Schlenker, N. (2014). Cultivating safe space: Lessons for sport-for-development projects and events. *Journal of Sport Management*, 28(6), 633-645.

- Stern, M. J. (1984). The emergence of the homeless as a public problem. *Social Service Review*, 58(2), 291-301.
- Stuart, F. (2014). From 'rabble management' to 'recovery management': Policing homelessness in marginal urban space. *Urban Studies*, 51(9), 1909-1925.
- Sumerlin, J. R., & Bundrick, C. M. (1997). Research on homeless men and women: Existential-humanistic and clinical thinking. *Psychological Reports*, 80(3), 1303-1314.
- Terui, S. & Hsieh, E. (2016). "Not homeless yet. I'm kind of couch surfing": Finding identities for people at a homeless shelter. *Social Work in Public Health*, 31(7), 688-699.
- United States Census Bureau. (2012). Washington, DC. Retrieved from <http://www.census.gov>.
- United States Department of Health and Human Services. (2015). Retrieved from: <http://www.hhs.gov>.
- United States Department of Housing and Urban Development. (2015). Retrieved from: <http://portal.hud.gov/hudportal/HUD>.
- United States Interagency Council on Homelessness. (2015). Retrieved from: <http://usich.gov>.
- Van Maanen, J. (2011). *Tales of the Field: On Writing Ethnography*. Chicago, IL: The University of Chicago press.
- Wacquant, L. (2004). *Body & soul: Notebooks of an apprentice boxer*. New York, NY: Oxford University Press.
- Wacquant, L. (2008). *Urban outcasts: A comparative sociology of advanced marginality*. Cambridge: Polity Press.
- Wacquant, L. (2015). For a sociology of flesh and blood. *Qualitative Sociology*, 38(1), 1-11.
- Wagner, P. (1996). *The construction of urban tourism space: Baltimore's Inner Harbor, 1964-1990*. Unpublished master's thesis, University of Maryland, College Park, MD, USA.
- Weisbrod, B. A. (Ed.) (1998). *To profit or not to profit: The commercial transformation of the Nonprofit Sector*. Cambridge, UK: Cambridge University Press.
- Wolch, J. (1990). *the shadow state: Government and the voluntary sector in transition*. New York, NY: The Foundation Centre.
- Wolch, J., & Dear, M. (1993). *Malign neglect: Homelessness in an American city*. San Francisco, CA: Jossey-Bass.
- Wolcott, H. F. (2008). *Ethnography: a way of seeing*. Lanham, MD: Alta Mira Press.
- Wright, T. (1997). *Out of place: Homeless mobilizations, subcities, and contested landscapes*. New York, NY: SUNY Press.

ⁱ As of 2017, Back on My Feet has changed its mission statement to the following: "Back on My Feet, a national organization operating in 11 major cities coast to coast, combats homelessness through the power of running, community support and essential employment and housing resources." This number has now increased to 13.

ⁱⁱ Homelessness represents a multifarious issue related to unemployment, lack of adequate and affordable housing, inability to access aid from state and federal programs, poor education, victims of abuse or traumatic experience, or drug addiction, just to name a few. Defining homelessness is far from simplistic and requires

working with stereotypes. The difficulty in defining the term is expressed, for example, through the *U.S. Department of Housing and Urban Development* (2015), *U.S. Interagency Council on Homelessness* (2015), and *U.S. Department of Health and Human Services* (2015), all of which offer different definitions predicated on constructions that determine who is and who is not eligible for certain kinds of assistance associated with a specific agency. Where possible, I strive to conceptualize and deploy the terms homelessness and experiencing homelessness in order to recognize and acknowledge that homelessness is a non-permanent condition of experience rather than using such terms as signifiers for categorizing a group of people or as an identity marker. This follows Snow and Anderson's (1993) understanding that any attempt to locate the meaning of 'homeless' broadly must be anchored within a persistent commitment to understanding how actions, practices, or processes are (re)produced by various elements across and within particular moments in space and time.