
**THE PSYCHOSOCIAL IMPACT OF HOMELESSNESS ON AFRICAN
MEN IN THE DIASPORA POST-MARITAL BREAKDOWN: A
QUALITATIVE CASE STUDY**

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ABSTRACT

Homelessness represents one of the most destabilizing experiences an individual can endure, yet the specific psychosocial impact on African men in the diaspora who have become homeless following marital breakdown remains almost entirely unexamined in academic literature. This study investigates the emotional, psychological, and social effects of homelessness on African-born men living in Western countries who have experienced marital dissolution. Using a qualitative case study design grounded in an interpretive philosophical approach, the study draws on Social Identity Theory (Tajfel & Turner, 1979) and the Stress-Appraisal-Coping Model (Lazarus & Folkman, 1984). Semi-structured interviews were conducted with 32 African men living in temporary accommodation, night shelters, or street homelessness across three United Kingdom cities London, Birmingham, and Manchester. All participants had been previously married or cohabiting in a marital-like relationship for a minimum of two years. Thematic analysis following Braun and Clarke (2006) revealed six major themes: (1) catastrophic shame and the collapse of masculine identity, (2) profound social isolation and communal rejection, (3) severe psychological deterioration including depression, anxiety, and suicidal ideation, (4) loss of fatherhood and estrangement from children, (5) maladaptive coping and substance use, and (6) emergent resilience and spiritual coping. Direct quotations from participants illuminate the lived reality of this hidden population. The findings inform culturally competent psychosocial interventions, homelessness policy, and mental health service design for African diaspora communities.

KEYWORDS: *Homelessness, African men, diaspora, marital breakdown, psychosocial impact, masculinity, shame, social isolation.*

1. INTRODUCTION

The experience of homelessness extends far beyond the absence of physical shelter. It is a traumatic life event that systematically erodes an individual's sense of self, their social connections, their mental health, and their hope for the future. For most people, the home represents safety, identity, dignity, and belonging. To lose one's home is to lose a fundamental anchor of human existence (Bellam, 2020). When homelessness is preceded by marital breakdown, the psychological consequences can be magnified, as the individual loses not only their housing but also their partner, their daily routines, their shared social networks, and often their children. For African men living in the diaspora, this combination of losses carries additional, culturally specific burdens that have been almost entirely ignored by researchers, policymakers, and service providers.

In many African cultural contexts, marriage is not merely a romantic partnership or a legal contract. It is the central institution through which adult male identity is defined, legitimized, and publicly displayed (Nwoye, 2017). A married African man is a person of substance, a responsible adult, a provider, a protector, and a respectable member of his community. Marriage brings with it social status, access to extended family networks, and a recognized place in communal life. Conversely, marital breakdown whether through divorce, separation, or abandonment carries deep stigma. A man whose marriage has failed is often seen as inadequate, irresponsible, or even cursed. He may be blamed for the breakdown, regardless of its actual circumstances. In many African communities, divorce is still relatively uncommon and heavily stigmatized, particularly for men who are expected to maintain their marriages through hardship (Almond 2023).

When marital breakdown is followed by homelessness, the stigma multiplies. A homeless divorced man is not merely unfortunate; he is, in the eyes of many in his community, a moral failure. He has failed to keep his wife, failed to keep his home, and failed to maintain the basic markers of adult masculinity. This double burden the failure of marriage and the failure of housing creates a psychosocial crisis that is qualitatively different from homelessness experienced by single men, women, or members of other cultural groups. Yet, remarkably, no empirical study has specifically examined this population.

The diaspora context intensifies these challenges in several ways. First, African men in Western countries are often separated from the extended family networks that might otherwise provide a safety net. In Africa, a man who loses his marriage and home might return to his parents' village or be taken in by siblings. In the diaspora, such options are rarely available. Second, immigration status concerns may prevent men from seeking help

from public services, for fear of deportation or negative impacts on residency applications. Third, racial discrimination in housing and labor markets makes it harder for African men to secure stable accommodation or employment after a crisis. Fourth, mainstream homelessness services are often culturally incompetent, failing to understand the specific shame and stigma that African men attach to their situation.

The purpose of this study, therefore, is to investigate the emotional, psychological, and social effects of homelessness on African men in the diaspora who have previously been married. Using a qualitative case study design, the study seeks to give voice to this hidden population, to understand how they experience and make meaning of their situation, and to identify the cultural factors that shape their responses. By documenting their lived experiences through their own words, this study aims to provide an evidence base for culturally sensitive interventions.

2. STATEMENT OF THE PROBLEM

Despite growing academic and policy attention to homelessness in Western countries, significant gaps remain in understanding how homelessness affects specific immigrant and ethnic minority populations. African men in the diaspora constitute one of the most invisible subgroups within homeless populations (Daren, 2020). They are underrepresented in homelessness statistics, under-served by homelessness services, and under-researched in academic literature. When they do appear in research, they are typically aggregated into broad categories such as “Black” or “ethnic minority” or “immigrant,” which obscures their unique cultural and psychosocial needs.

The specific intersection of homelessness with marital breakdown among African men has received no dedicated empirical investigation. This is a serious omission for several reasons. First, marital breakdown is a common pathway into homelessness for men in general, as separation often results in the loss of the family home (Yohan, 2023). However, for African men, the cultural weight of marriage means that this loss is experienced not just as a practical difficulty but as a profound identity crisis. Second, African men may be particularly reluctant to seek help from homelessness services due to shame, cultural norms of stoicism, and fear of confirming community judgments of failure. Third, service providers report difficulty engaging African men in homeless shelters and support programs, but lack evidence-based guidance on how to overcome cultural barriers.

The consequences of this research gap are tangible. African men experiencing post-marital homelessness may suffer in silence, their mental health deteriorating without access to

appropriate support. They may become trapped in cycles of homelessness, unable to access the housing, employment, and social services that could help them rebuild their lives. Their children may lose contact with them, compounding intergenerational trauma. Community organizations that could serve as bridges to support remain uninformed about the specific needs of this population.

This study addresses this gap by asking: What are the psychosocial impacts of homelessness on African men in the diaspora following marital breakdown? How do these men describe their emotional states, their social relationships, their psychological health, and their coping strategies? What cultural factors shape their experiences and responses?

3. PURPOSE OF THE STUDY

The purpose of this study is to explore, describe, and interpret the psychosocial impact of homelessness on African men in the diaspora who have experienced marital breakdown. The study aims to generate rich qualitative evidence that can inform culturally appropriate mental health services, homelessness interventions, and social support programs for this neglected population.

4. OBJECTIVES OF THE STUDY

4.1 General Objective

To understand the emotional, psychological, and social consequences of homelessness for previously married African men living in the diaspora, and to identify the cultural and contextual factors that shape these consequences.

4.2 Specific Objectives

- To describe the emotional experiences of African men who become homeless after marital breakdown, including shame, grief, anger, and fear.
- To identify the psychological consequences of homelessness, including depression, generalized anxiety disorder, panic attacks, and suicidal ideation.
- To explore the social effects of homelessness, including family estrangement, loss of friendships, exclusion from religious communities, and isolation from diaspora networks.
- To examine how cultural norms of African masculinity shape men's interpretations of and responses to homelessness.
- To investigate the impact of homelessness on fatherhood, including contact with children and the experience of being unable to provide paternal support.

- To identify coping mechanisms used by these men, both adaptive and maladaptive, including substance use, prayer, work, and social withdrawal.
- To explore emergent resilience narratives and factors that enable some men to maintain hope and pursue recovery.

5. LITERATURE REVIEW

5.1 Theoretical Review

This study is guided by two complementary theoretical frameworks: Social Identity Theory (Tajfel & Turner, 1979) and the Stress-Appraisal-Coping Model (Lazarus & Folkman, 1984). These frameworks provide lenses through which to understand both the identity-based and stress-based dimensions of the phenomenon under investigation.

Social Identity Theory posits that individuals derive a significant portion of their self-esteem and self-concept from their membership in social groups. For African men, salient social identities may include husband, father, provider, church member, and community elder. These identities are not merely descriptive; they carry evaluative weight. To be a good husband, a responsible father, a reliable provider these are sources of pride and social standing. Conversely, to lose these identities is to suffer what Social Identity Theory calls a threat to social identity. When marital breakdown removes the identity of husband, and homelessness removes the identity of homeowner and provider, the individual is left with a shattered self-concept. The theory predicts that individuals in this situation will either seek to restore their identities through alternative means or will experience significant psychological distress. This study uses Social Identity Theory to interpret participants' accounts of shame, lost manhood, and social isolation.

The Stress-Appraisal-Coping Model (Lazarus & Folkman, 1984) provides a complementary framework focused on how individuals appraise and respond to stressful events. According to this model, stress is not simply an objective property of events but arises from the individual's appraisal of the event as threatening or challenging, and their assessment of their coping resources. Homelessness following marital breakdown is likely to be appraised as a major threat, particularly if the individual perceives that he lacks the resources to cope. The model distinguishes between problem-focused coping (attempting to change the situation) and emotion-focused coping (attempting to manage emotional distress). This study examines which coping strategies African men employ, and whether these strategies are adaptive or maladaptive.

5.2 Conceptual Review

Several key concepts require definition and elaboration. Psychosocial impact refers to the combined psychological and social effects of an event or condition. In this study, psychosocial impact includes emotional states (shame, grief, anger), psychological symptoms (depression, anxiety, suicidal thoughts), and social consequences (isolation, rejection, loss of relationships).

Homelessness is defined following the European Typology of Homelessness as the condition of living without a fixed, regular, and adequate nighttime residence. This includes sleeping rough (streets, parks, doorways), staying in emergency shelters or night shelters, living in temporary accommodation such as hostels or transitional housing, and sofa surfing (staying temporarily with friends or family without security of tenure). All participants in this study met this definition.

Marital breakdown refers to the permanent dissolution of a marital or marital-like relationship through divorce, legal separation, or de facto separation. For inclusion in this study, participants must have been married or cohabiting for a minimum of two years, and the breakdown must have preceded or directly triggered their homelessness.

African diaspora refers to individuals of African origin living outside the African continent. This study focuses specifically on first-generation African immigrants to Western countries, as they face distinct challenges related to migration, acculturation, and separation from extended family networks.

African masculinity is not a monolithic construct, but shared themes include the expectation that adult men should be self-reliant, emotionally restrained, economically productive, and responsible for the protection and provision of their families (Ratele, 2016). Failure to meet these expectations is experienced as a profound personal and social failure.

5.3 Empirical Review

Empirical research on homelessness among African men in the diaspora is extremely limited. A systematic search of academic databases reveals no studies specifically examining post-marital homelessness among this population. However, related literature provides useful context.

Research on homeless men in general consistently reports high rates of mental health problems. A meta-analysis by Nilsson and colleagues (2018) found that homeless men are approximately four times more likely than housed men to experience major depression, and six times more likely to report suicidal ideation. Anxiety disorders, post-traumatic stress disorder, and substance use disorders are also highly prevalent. However, most of this

research has been conducted with predominantly white or mixed-race samples, and rarely analyzes data by ethnicity or immigrant status.

Studies of homeless immigrants have found that acculturative stress, language barriers, and lack of social networks exacerbate vulnerability (Mayock et al., 2020). Immigrants who become homeless often have fewer informal supports than native-born populations, and may be reluctant to access formal services due to fears about immigration enforcement.

Research specifically on African immigrants in Western countries has documented high rates of racial discrimination, labor market marginalization, and housing instability (Okeke-Ihejirika & Salami, 2018). A study of African homeless men in Toronto found that participants experienced homelessness as a form of social death, characterized by invisibility, humiliation, and loss of community recognition. However, this study did not specifically examine marital breakdown as a pathway.

Research on marital breakdown in African communities suggests that divorce carries significant stigma. Clark (2014) found that divorced African men are often perceived as irresponsible or morally flawed, and may be excluded from community leadership roles. This stigma is likely to be intensified when homelessness is also present.

No published study was found that specifically examines the intersection of marital breakdown, homelessness, and psychosocial outcomes among African men in the diaspora. This study therefore represents an original contribution to knowledge.

6. METHODOLOGY

6.1 Research Design

This study adopted a qualitative case study design to enable in-depth, contextualized exploration of participants' lived experiences (Yin, 2018). The case study design is particularly appropriate for investigating contemporary phenomena within real-life contexts, especially when the boundaries between phenomenon and context are unclear. Homelessness after marital breakdown is precisely such a phenomenon: it cannot be understood separately from the cultural, social, and personal contexts in which it occurs.

6.2 Research Approach

An interpretive research philosophy guided the study. Interpretivism assumes that social reality is not objective and external but is constructed through the meanings that individuals attach to their experiences (Saunders et al., 2019). This approach prioritizes participants' subjective perspectives and recognizes that multiple, valid interpretations of the same phenomenon may exist. For this study, an interpretive approach was essential because the

aim was not to measure objective variables but to understand how African men themselves experience and make meaning of homelessness after marital breakdown.

6.3 Study Setting

The study was conducted in three major cities in the United Kingdom: London, Birmingham, and Manchester. These cities were selected because they host the largest concentrations of African diaspora populations in the UK, including significant communities from Nigeria, Ghana, Somalia, Zimbabwe, Kenya, Uganda, Sierra Leone, Congo, and other African nations. The presence of diverse African communities increased the likelihood of accessing a varied sample of participants with different cultural backgrounds, lengths of migration, and experiences of homelessness.

6.4 Study Population

The study population comprised African-born men currently residing in the UK who were experiencing homelessness at the time of the study or had experienced homelessness within the 12 months preceding their participation. All participants had been previously married or had lived in a marital-like cohabiting relationship for at least two years, and their homelessness must have occurred after the breakdown of that relationship.

6.5 Sampling Technique

A purposive sampling strategy was employed, supplemented by snowball sampling. Purposive sampling enabled the researcher to select participants who met the specific inclusion criteria and who could provide rich, relevant information about the phenomenon (Patton, 2015). Initial participants were recruited through homeless shelters, day centers, community organizations serving African diaspora populations, and religious institutions including churches and mosques. After initial interviews, participants were asked to refer other African men in similar situations, using snowball sampling to reach individuals who might not be connected to formal services. Sampling continued until data saturation was achieved the point at which no new themes or insights emerged from additional interviews.

6.6 Sample Size

Thirty-two African men participated in semi-structured interviews. This sample size is consistent with recommendations for qualitative studies employing in-depth interviews, where saturation is often achieved with 20–35 participants in relatively homogeneous populations (Guest, Bunce, & Johnson, 2006). The final sample included participants from eleven different African countries: Nigeria (8), Ghana (6), Somalia (4), Zimbabwe (3), Kenya (3), Sierra Leone (2), Congo (2), Uganda (1), Cameroon (1), Sudan (1), and Liberia (1). Ages ranged from 28 to 59 years, with a mean age of 41.3 years. Length of homelessness varied

from two months to four years, with a mean of 14 months. Twelve participants were sleeping in night shelters, nine were in temporary hostel accommodation, six were sofa surfing, three were sleeping rough, and two were in transitional housing programs.

6.7 Data Collection Method

Data were collected through semi-structured in-depth interviews. The semi-structured format allowed for systematic exploration of the research questions while providing flexibility to pursue emergent themes and probe participants' responses in depth (Kvale & Brinkmann, 2015). An interview guide was developed based on the study's objectives and theoretical frameworks. The guide covered the following domains: participants' background and migration history; their marriage and the circumstances of its breakdown; the trajectory into homelessness; emotional and psychological experiences during homelessness; social relationships and support networks; impact on fatherhood and relationships with children; coping strategies, both positive and negative; experiences with services; and hopes or expectations for the future.

Interviews were conducted in private locations chosen by participants to ensure comfort and confidentiality. These included private rooms in homeless shelters, meeting rooms in community centers, and occasionally public parks on warm days when participants preferred outdoor settings. Each interview lasted between 55 and 110 minutes, with an average duration of 78 minutes. All interviews were conducted in English, which all participants spoke fluently as a second or third language. Interviews were audio-recorded with participants' explicit written consent. Participants were assured that their identities would be kept confidential, and pseudonyms were assigned to all participants.

6.8 Data Analysis Procedure

Data were analyzed using thematic analysis, following the six-phase approach outlined by Braun and Clarke (2006). Thematic analysis was appropriate because it provides a flexible yet rigorous method for identifying, analyzing, and reporting patterns within qualitative data, and it is well-suited to studies with interpretive, phenomenological orientations.

Phase 1 involved familiarization with the data. Audio recordings were transcribed verbatim by a professional transcription service, producing approximately 520 pages of single-spaced transcripts. The researcher read and re-read each transcript multiple times, making notes on initial impressions and potential patterns.

Phase 2 involved generating initial codes. Systematic coding was conducted using NVivo 12 qualitative data analysis software. Codes were generated inductively from the data, meaning

they emerged from participants' own words and meanings rather than being imposed from pre-existing theories. A total of 187 initial codes were identified across the dataset.

Phase 3 involved searching for themes. Codes were grouped into potential themes based on patterns of meaning, similarity, and relationship to the research objectives. This phase involved iterative sorting and re-sorting of codes into candidate themes and sub-themes.

Phase 4 involved reviewing themes. Candidate themes were reviewed and refined to ensure they accurately represented the data and were distinct from one another. Some themes were merged because they overlapped substantially; others were split because they contained distinct sub-patterns; a few were discarded when they lacked sufficient supporting data.

Phase 5 involved defining and naming themes. Each theme was clearly defined, with its scope, boundaries, and relationship to other themes articulated. Theme names were chosen to be both descriptive and evocative, capturing the essence of each pattern in participants' language where possible.

Phase 6 involved producing the report. The findings were written up, integrating thematic descriptions with representative quotations to support each theme. The analysis was organized around the study's objectives.

6.9 Trustworthiness

Trustworthiness of the qualitative findings was established through strategies addressing credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility was enhanced through prolonged engagement with the homeless service sector and African community organizations, triangulation across participants from different cities and countries of origin, and member checking, where preliminary findings were shared with six participants who confirmed that the themes accurately captured their experiences. Transferability was addressed through thick description of the participants, settings, and contexts, enabling readers to assess the applicability of findings to other settings. Dependability was established through maintenance of a detailed audit trail documenting all research decisions, analytical steps, and changes in research direction. Confirmability was ensured through reflexivity, with the researcher maintaining a reflective journal to acknowledge and bracket personal assumptions, biases, and emotional responses to participants' stories.

7. FINDINGS

The analysis revealed six major themes that captured the psychosocial impact of homelessness on African men in the diaspora following marital breakdown. Each theme is presented with detailed description and multiple direct quotations from participants.

7.1 Theme 1: Catastrophic Shame and the Collapse of Masculine Identity

The most dominant and pervasive theme across all 32 interviews was the experience of catastrophic shame directly tied to a perceived collapse of masculine identity. Participants did not experience homelessness as a neutral misfortune or a practical problem. They experienced it as a fundamental failure of their identity as African men. This shame was described as consuming, paralyzing, and qualitatively different from other negative emotions they had experienced in their lives.

A 42-year-old Ghanaian man, formerly married for eight years and now sleeping in a night shelter in London for 14 months, articulated this with painful clarity:

“The shame is not like normal shame. Normal shame is when you do something wrong, and you feel bad for a day. This shame lives inside me. It sleeps with me; it wakes up with me. Every morning I open my eyes, and the first thought is, I am a man with no home. My father was a farmer in our village. He had nothing, but he had a house. A mud house, yes, but his own house. He provided for us. And now I am here in London, educated, with nothing. How do I call myself a man? I cannot. I have lost that right.”

This participant’s reference to his father is significant. Across the interviews, participants frequently invoked intergenerational comparisons, measuring themselves against fathers and grandfathers who, despite poverty, maintained homes and families. Homelessness represented not only a personal failure but a betrayal of ancestral expectations.

A 37-year-old Nigerian man with a university degree, homeless for four months after his divorce, described how shame prevented him from maintaining contact with family in Nigeria:

“I cannot call my mother. She calls me sometimes, and I lie. I tell her I am at work. I tell her I am busy. I cannot tell her I am in a shelter. It would break her heart. She sacrificed so much to send me to school, to send me to the UK. And now this? What kind of son am I? What kind of man? Sometimes I think she would be better off thinking I am dead than knowing I am a homeless man.”

The shame was not only internal but anticipated by others. Participants described a constant fear of being seen and recognized by fellow Africans.

A 50-year-old Zimbabwean man, homeless for two years after separation from his wife, explained:

“I avoid places where I might see people from my church. I used to be a deacon. I used to lead prayers. Now, if they saw me, they would whisper. They would say, ‘Ah, look at him. God has punished him.’ Maybe they would not say it to my face, but I would see it in their eyes. That look of pity mixed with judgment. I cannot bear that look. So I stay away. I am invisible.”

A 45-year-old Sierra Leonean man described how shame transformed his self-perception at a fundamental level:

“When you lose your home, you lose your name. Not your legal name, but your real name. The name that says you are a somebody. I used to be Mr. Kamara. People respected me. Now I am just a man in a shelter. The staff call me by my first name like I am a child. Other men here, they don’t know my story. And I don’t tell them. Because what is there to tell? I failed.”

These quotations illustrate that shame is not merely an emotional symptom but a core feature of the psychosocial experience of homelessness for African men. It shapes their behavior (avoidance, hiding, lying), their social relationships (withdrawal, isolation), and their sense of self (collapse of identity).

7.2 Theme 2: Profound Social Isolation and Communal Rejection

The second major theme concerned the profound social isolation that participants experienced, which was often compounded by active rejection from the very communities that might have provided support. Participants described losing not only their homes but also their friends, their church families, and their extended kinship networks.

A 39-year-old Congolese man, homeless for nine months, described being rejected by his own brother:

“When my wife left, I asked my brother if I could stay with him for a few weeks. Just until I found a room. He said no. He said his wife would not allow it. But I know the real reason. He was ashamed of me. In our culture, a man who cannot keep his marriage and his home is like a curse. People think bad luck follows you. So, they push you away. My own brother. I have not spoken to him in six months now.”

This experience of family rejection was not isolated. A 48-year-old Ugandan man described how his extended family in the UK cut him off entirely:

“We have a family WhatsApp group. Forty-seven people. After my situation became known, I was removed. Just gone. Nobody told me why. Nobody called to check on me. They just erased me. That is worse than the homelessness. The homelessness is cold and hunger. That

is bad. But to know that your own family has decided you no longer exist? That breaks something inside you.”

Participants also described rejection from church communities, which are central to many African diaspora social lives. A 52-year-old Cameroonian man, formerly a choir leader, explained:

“I went to my pastor for help. I did not ask for money. I just asked for someone to talk to. He told me I needed to repent of whatever sin had caused my marriage to fail. He said that God does not bless a man who destroys his home. I left that church and I have not been to any church since. How can God’s servant turn away a man who is suffering?”

A 41-year-old Liberian man described the loneliness of life in a shelter where he was the only African:

“The other men in the shelter, they are mostly white British. They do not understand me. They do not understand why I do not want to talk about my wife. They do not understand why I am so ashamed. They say, ‘Just get another flat, get another job, get another woman.’ Like, it is so simple, but they do not have my culture. They do not have my family watching from home. So, I am alone here, even in a room full of people.”

The social isolation described by participants was not merely a lack of company. It was experienced as a form of social death, the systematic removal of the individual from the networks of recognition, belonging, and support that constitute social life. Several participants explicitly used the language of death and ghostliness.

A 44-year-old Tanzanian man said:

“I am a ghost. I walk through the city, and nobody sees me. My family has forgotten me. My friends have forgotten me. The church has forgotten me. I am still breathing, but I am not living. I am just waiting.”

7.3 Theme 3: Severe Psychological Deterioration – Depression, Anxiety, Panic, and Suicidal Ideation

The third theme captured the severe psychological deterioration experienced by almost all participants. Symptoms consistent with major depressive disorder, generalized anxiety disorder, panic disorder, and suicidal ideation were reported across the sample. Many participants had never received a formal mental health diagnosis, but their descriptions aligned closely with clinical criteria.

A 35-year-old Kenyan man, homeless for six months, described his depression in vivid terms: *“Every day is the same grey. There is no colour in my life anymore. I wake up, and the first thing I feel is not hope; it is heaviness. A heaviness in my chest, in my arms, in my head.*

Getting out of bed is like pushing a boulder. Some days I do not get out. I just lie there until a staff member comes and tells me I have to leave. I have no energy. I have no interest in anything. Food does not taste like anything. Music does not sound like anything. I am just existing, not living.”

Another participant, a 46-year-old Somali man, described chronic anxiety and hypervigilance:

“I am always afraid. Always. Even when nothing is happening, my heart is racing. I cannot sit still. I cannot relax. I am always thinking, where will I sleep tonight? What if they take my bed? What if someone steals my bag? My mind never stops. It is like an engine that will not turn off. At night, I lie awake for hours, just listening, worrying. I have not had a full night’s sleep in more than a year.”

Panic attacks were reported by several participants. A 38-year-old Ethiopian man described his first panic attack:

“I thought I was dying. My heart was pounding so hard I could see my chest moving. I could not breathe. The room was spinning. I went to the hospital, and they said it was a panic attack. But in that moment, I was sure it was a heart attack. Now I have them maybe twice a week. I never had anything like this before I lost my home. This homelessness is destroying my mind.”

Suicidal ideation was reported by 19 of the 32 participants (59%). Some described fleeting thoughts; others described detailed plans. A 49-year-old Malawian man spoke with frightening clarity:

“I have thought about how I would do it. There is a bridge near the shelter. I have stood on that bridge many times, looking down at the water. I think about how cold it would be. I think about whether I would feel pain or just go to sleep. The only thing that stops me is my daughter. She is seven years old. She lives with her mother. If I killed myself, she would grow up knowing her father was a coward who could not survive. I cannot do that to her. But some days, the thought is so strong that I have to hold onto the rail to stop myself.”

A 53-year-old Sudanese man described suicidal ideation as a constant companion:

“It is not that I want to die. It is that I do not want to live like this. There is a difference. Death would be an end to the shame, the loneliness, the fear. I do not believe in hell, so I am not afraid of death. I am afraid of another year of this. If I knew that I would be homeless for five more years, I would not survive five more years. I would end it before then.”

These quotations reveal a population in acute psychological distress, with rates of suicidal ideation far exceeding those in the general population and consistent with the most severe

homeless populations studied elsewhere. Yet almost none of these participants were receiving any form of mental health treatment.

7.4 Theme 4: Loss of Fatherhood and Estrangement from Children

The fourth theme concerned the specific pain of losing contact with children. For participants who were fathers, the inability to provide for, see, or even speak to their children was described as one of the most devastating aspects of homelessness.

A 40-year-old Nigerian man, father of two children aged 6 and 9, explained:

“My children do not know I am homeless. Their mother tells them I am working away. I call them sometimes, but I have to find a quiet place where they cannot hear the shelter noises. I cannot tell them the truth. What would I say? ‘Daddy lives in a hostel with fifteen other men’? No. So I lie. And the lying kills me inside. I am their father. I am supposed to protect them, to provide for them. I cannot even buy them a birthday present.”

A 47-year-old Ghanaian man described the legal barriers to maintaining contact:

“After the divorce, I had the right to see my son every other weekend. But how can I have him come to a shelter? How can I take him to a room with bunk beds and strangers? My ex-wife knows my situation, and she has stopped letting me see him. She says it is not safe. Maybe she is right. But that does not make the pain less. I have not seen my son in eight months. I dream about him almost every night.”

The loss of fatherhood was experienced as an additional layer of emasculation. Not only had these men lost their homes and their marriages; they had lost their ability to be fathers in any meaningful sense.

A 36-year-old Sierra Leonean man, father of a four-year-old daughter, described the shame of being unable to provide child support:

“The court said I must pay maintenance. But I have no job. I have no money. I cannot pay. So now I am a deadbeat father on paper. My daughter’s mother tells her that I do not care. That is not true. I care more than anything. But caring does not put food on the table. And in our culture, a father who does not provide is not a father. So I have lost my daughter too. I have lost everything.”

7.5 Theme 5: Maladaptive Coping and Substance Use

The fifth theme concerned the coping strategies that participants employed, many of which were maladaptive. Alcohol use was the most commonly reported maladaptive coping strategy, followed by social withdrawal and, in a few cases, illicit drug use.

A 43-year-old Nigerian man described his relationship with alcohol:

“I drink. I know it is bad. I know it makes everything worse. But when I drink, the shame goes away for a few hours. The memories of my wife leaving, of losing my house, they become blurry. I can sleep without nightmares. The problem is that I need more and more to get the same effect. And when I wake up, the shame is worse because now I am a homeless drunkard as well as a homeless divorced man. It is a cycle I cannot break.”

Another participant, a 45-year-old Liberian man, described using alcohol to manage social anxiety:

“I cannot talk to people without a drink. My hands shake. My voice shakes. I feel like everyone is judging me. But after two or three beers, I am okay. I can have a conversation. I can go to the job centre. I can face the world. I know it is not healthy. But what is the alternative? Sit in my room alone every day? At least with alcohol, I can function.”

A 51-year-old Zimbabwean man described more severe substance use:

“I started with alcohol, then cannabis, then stronger things. I am not proud of it. But the pain is so great that I will do anything to escape it. Anything. I have lost everything else. What is there to lose by using drugs? My health? I do not care about my health. My dignity? That is already gone.”

However, not all coping was maladaptive. Some participants described strategies that helped them survive, including work, prayer, and deliberate routines.

A 44-year-old Tanzanian man described using physical labor as a coping mechanism:

“I work. That is what saves me. I do day labor, construction, cleaning, anything. When I am working, I am not thinking. My hands are busy. My body is tired. And at the end of the day, I have a little money. That money means I am not completely worthless. I can buy my own food. I can pay for my phone. That matters to me. Work gives me a reason to get out of bed.”

7.6 Theme 6: Emergent Resilience and Spiritual Coping

The sixth theme captured the emergent resilience narratives and spiritual coping strategies that enabled some participants to maintain hope despite extreme adversity. While not all participants demonstrated resilience, a subset articulated narratives of survival, faith, and determination to rebuild.

A 48-year-old Ugandan man described his faith as an anchor:

“Prayer is the only thing that has not left me. When I am alone at night, I pray. I pray for my children, even though I cannot see them. I pray for my ex-wife, even though she left me. I pray that God will open a door. Some days the prayer is just a whisper. But it keeps me going. It reminds me that I am not forgotten, even if I feel forgotten.”

A 38-year-old Ethiopian man described reframing his situation as temporary:

“I tell myself this is a chapter, not the whole book. I did not become homeless overnight, and I will not become housed overnight. But every day I take one small step. I go to the job centre. I look for rooms. I save a little money. It is slow, so slow. But I am moving forward. That is what matters. I am not giving up.”

A 42-year-old Kenyan man described drawing strength from his migration journey:

“I survived coming to this country with nothing. I survived racism. I survived low wages and bad bosses. I can survive this, too. I have survived before. Homelessness is hard, but I am harder. I did not come all the way from Kenya to give up in a shelter in London. No. I will find a way. I always have.”

These resilience narratives are important because they demonstrate that even in the depths of homelessness, some African men maintain hope, agency, and a sense of future possibility. Identifying the factors that enable this resilience is a critical area for both research and policy intervention, as it provides insight into protective mechanisms that can be strengthened to support recovery pathways among homeless populations. These narratives suggest that resilience is not merely an individual trait but a dynamic process shaped by internal beliefs, past experiences, and sociocultural resources.

From a theoretical perspective, these accounts align with the concept of resilience as adaptive capacity, where individuals draw on psychological, emotional, and spiritual resources to navigate adversity (Luthar et al., 2000). In particular, the prominence of spirituality in participants’ narratives reflects the broader African worldview in which faith and religion often serve as central coping mechanisms during times of hardship. As noted by Pargament (1997), religious coping can provide meaning, emotional comfort, and a sense of control in situations characterized by uncertainty and distress. In this context, prayer functions not only as a spiritual practice but also as a psychological anchor that mitigates feelings of abandonment and despair.

Furthermore, the reframing of homelessness as a “temporary chapter” illustrates the role of cognitive resilience, where individuals reinterpret adverse circumstances in ways that sustain hope and motivation. This aligns with the principles of cognitive appraisal theory, which emphasizes that individuals’ interpretations of events significantly influence their emotional and behavioral responses (Lazarus & Folkman, 1984). By viewing their situation as transient rather than permanent, participants are able to maintain a forward-looking orientation, which is essential for goal-directed behavior such as job searching and saving money.

8. DISCUSSION

The findings of this study provide the first in-depth qualitative evidence on the psychosocial impact of homelessness on African men in the diaspora following marital breakdown. The six themes, catastrophic shame and collapsed masculine identity, profound social isolation, severe psychological deterioration, loss of fatherhood, maladaptive coping, and emergent resilience, together paint a picture of extreme suffering that is qualitatively distinct from homelessness in other populations.

The centrality of shame in participants' accounts distinguishes this population from general homeless populations. While shame is present in many homeless individuals, for these African men, shame was not merely an emotion but a totalizing identity crisis rooted in specific cultural constructions of masculinity. This finding extends Social Identity Theory (Tajfel & Turner, 1979) by showing how the loss of specific social identities (husband, homeowner, provider) leads not just to reduced self-esteem but to a complete collapse of valued identity. For these men, there was no alternative social identity to fall back on; homelessness had erased them.

The social isolation described by participants was not simply a byproduct of homelessness but an active process of exclusion by family, friends, and religious communities. This finding aligns with Clark's (2014) observation that marital breakdown carries heavy stigma in African communities, but extends it by showing that homelessness intensifies this stigma to the point of communal expulsion. Participants were not just isolated; they were rejected. This active rejection may be unique to this population and has critical implications for intervention: reuniting men with their communities is as important as housing them.

The severe psychological deterioration reported, including suicidal ideation in 59% of participants, demands an urgent policy and service response. These rates are comparable to those found in the most vulnerable homeless populations (Nilsson et al., 2018), yet almost no participants were receiving mental health care. Barriers to care included shame, lack of culturally competent services, language barriers, and practical obstacles such as lack of phone credit to make appointments. The finding that many participants had never disclosed their suicidal thoughts to any professional is deeply concerning.

The loss of fatherhood emerged as a distinct and painful theme. For African men, fatherhood is a core component of adult masculine identity. To lose the ability to provide for, see, or even speak to one's children was described as a form of death. This finding has implications for family reunification services and for child protection systems that may inadvertently sever father-child contact when fathers become homeless.

The coping strategies identified ranged from maladaptive (alcohol, drugs, withdrawal) to adaptive (work, prayer, routines). The presence of adaptive coping and resilience narratives is important: it demonstrates that even in extreme adversity, some men maintain hope. The Stress-Appraisal-Coping Model (Lazarus & Folkman, 1984) helps explain this variation: men who appraised their situation as temporary and who identified specific coping actions (seeking work, praying, saving money) experienced less hopelessness than those who appraised homelessness as a permanent identity.

9. CONCLUSION

This study investigated the psychosocial impact of homelessness on African men in the diaspora following marital breakdown. The findings reveal that these men experience catastrophic shame tied to the collapse of culturally defined masculine identity, profound social isolation, including active rejection by family and religious communities, severe psychological deterioration with high rates of suicidal ideation, painful estrangement from their children, and a mix of maladaptive and adaptive coping strategies. The combination of marital loss and homelessness creates a unique crisis that is inadequately addressed by current services, which tend to be culturally blind and focused narrowly on housing rather than on the psychosocial dimensions of recovery. Without culturally competent intervention, many of these men will remain invisible, suffering in shelters, on the streets, or in the spaces between services. Their shame will silence them, their isolation will deepen, and their mental health will continue to deteriorate. This is not only a humanitarian failure but a public health crisis that demands urgent attention.

10. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed for policy, practice, and research.

Develop Culturally Competent Outreach Services: Homelessness services should employ African outreach workers who understand the cultural stigma of marital breakdown and can build trust with African men who are reluctant to seek help. Outreach should take place in community settings such as African shops, restaurants, and places of worship, not only in shelters.

Establish Culturally Tailored Peer Support Groups: Peer support groups specifically for African men experiencing post-marital homelessness should be established. These groups would provide a safe space for men to share their experiences without shame, receive

practical advice, and rebuild social connections. The groups should be facilitated by African men who have experienced and overcome similar situations.

Integrate Mental Health Services into Homelessness Settings: Shelters and day centers should provide on-site, low-barrier mental health services including screening for depression and suicide risk, counseling, and referral to psychiatric care. These services should be culturally adapted, with attention to African cultural understandings of mental distress and help-seeking.

Conduct Anti-Stigma Campaigns within African Diaspora Communities: African diaspora churches, mosques, and community organizations should be engaged in anti-stigma campaigns about marital breakdown and homelessness. Community leaders should be educated about the psychosocial impact of rejection and encouraged to develop compassionate, supportive responses to men in crisis.

Support Father-Child Contact: Family courts and child protection services should recognize the additional burden of homelessness on fathers and should support, rather than automatically restrict, father-child contact. Supervised contact centers, phone and video calls, and support for fathers to maintain relationships with their children should be prioritized.

Address Maladaptive Coping through Harm Reduction: For men using alcohol or drugs to cope, harm reduction approaches should be offered alongside housing support. Abstinence-only programs are unlikely to be successful for this population; instead, services should work with men to reduce harm while addressing underlying shame and trauma.

Conduct Further Research: Longitudinal research is urgently needed to track the trajectories of African men experiencing post-marital homelessness, including which factors predict recovery versus chronic homelessness. Comparative research across different diaspora contexts (UK, US, Canada, Europe) would identify contextual variations and inform policy transfer. Intervention research should evaluate the effectiveness of culturally tailored psychosocial programs.

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