Homelessness is more than houselessness: a psychologically-minded approach to inclusion and rough sleeping

Martin Seager

Abstract

Purpose – This paper seeks to identify and remedy a fundamental absence of psychological thinking in the current conceptual framework underpinning services for homeless people.

Design/methodology/approach – After describing the psychological limitations of current approaches to homelessness, an attempt is made to define what a psychologically-minded service culture would look like and the concept of “re-homing” is introduced. The concept of “psychologically informed environment” is explored as one important practical development in this direction. A brief case study is used to illustrate the power of re-homing.

Findings – Findings and observations relating to the lack of psychologically-informed practice within current approaches to homelessness and mental health are reported.

Originality/value – The originality of this paper lies in its identification of a clear psychological basis for limitations within the current service paradigm for homelessness people and its provision of a new and pragmatic concept of “re-homing” based on the psychological-mindedness that is already to be found in other aspects of human society and culture.

Keywords Homelessness, Rough sleeping, Psychological-mindedness, Attachment, Re-homing, Psychologically informed environments

Paper type Viewpoint

The limitations of our current approach to homelessness and rough sleeping

“A house is not a home”. This famous phrase taken from the title of the Burt Bacharach/Hal David song (1964) is telling us something obvious, a psychological truth that we all know from collective personal experience. However, when it comes to service models and practices for homeless people we seem to become blind to this simple truth. When it comes to tackling homelessness we act as if “getting a roof over a person’s head” was more important than what is going on inside their head and as if the physical shelter provided by the roof was more important than any psychological shelter that might be provided under that roof from the relationships formed between that person and the others who live there. Given the way we behave towards the homeless, it would, therefore, be more accurate and honest if we renamed them the “Houseless”. By the end of the Bacharach/David song the obvious truth is pointed out that it is love, relationships and emotional attachments that make the difference between a house and a home. Indeed, it is love relationships and emotional attachments that make all of us who we are and make our lives meaningful and worth living. The artist Vincent Van Gogh, when writing to his brother Theo, said “the most effective medicine is love and a home”. He did not say “food and a house”. Likewise, Oliver Twist had several houses but no real home until the end of the famous Dickens story, and Harry Potter’s real home was the Hogwarts School until he created his own family with Ginny Weasley. These simple and obvious truths about the importance of relationships are to be found throughout everyday human life, art, literature and religion. They can also be read on or between the lines of all scientific researches into psychological or mental health.
For example, it is clear from a dispassionate reading of the scientific evidence (Wampold, 2001; Norcross, 2002) on psychotherapy outcomes that the quality of therapists and the attachment relationships formed between them and their clients contributes more to any therapeutic effectiveness than the particular brand of therapy being offered.

Even people who end up killing themselves (including prisoners) usually have had a physical roof over their head and enough to eat to survive physically. What they have lacked is a sense of worth, identity, purpose and belonging that is nurtured and maintained ultimately by emotional attachments and love relationships. In short, therefore, our approach to homelessness can still all too often be “mind blind”[1], too concrete, too bio-social, too materialistic, based on bricks and mortar, food, medicines, skills and finance. What can be lacking in our approach is any informed sense of how to help human beings meet their universal psychological and spiritual needs. Universal psychological needs are not that hard to define once we start to look for them. They are implicit in the wisdom that is contained in much of everyday life, human art, literature, psychological writing and religious practices over the ages. Different authors over time have contributed to this body of knowledge. More recently an attempt to summarise these core needs has been made within the “Human Givens” approach (Tyrrell and Griffin, 2004) in the USA and in the UK also by the National Mental Health and Well-Being Advisory Group (Seager et al., 2007) which came up with a list of universal psychological needs that have been simplified as follows by Seager and Manning (2009):

- to be loved;
- to be listened to;
- to belong;
- to achieve; and
- to have meaning and hope.

In short, we are talking primarily about the conditions that create psychological nutrition and development which, in contrast to the teachings of Maslow’s famous hierarchy, are every bit as fundamental to survival as physical nutrition and development. Human beings from infancy to later life, from the neglected baby in the Romanian orphanage to the bereaved and lonely older person in an understaffed “care” home, can be physically fed and sheltered, and yet fail to thrive and even die prematurely if these universal psychological needs are not met. It is relationships that meet these needs, nurture people and create mentally healthy human beings, and it is ultimately only relationships that can repair emotional damage, combat a profound sense of inner alienation and lead to something that can truly be called “inclusion” in the human world. Indeed, “inclusion” is by definition a relationship-based concept.

No human being can ever begin to feel “included” without experiencing at least one “inclusive” secure and stable emotional attachment[2]. Attachment has even been shown to be important in other species (especially non-human primates) whose developmental periods are much shorter than our own human childhood. The process of attachment and relationship in humans inevitably begins with the family. A sense of inclusion comes originally from being securely attached to a caregiver and belonging to a family, and it should not surprise us that it is precisely those people who never experienced an inclusive family life to begin with who are most likely to end up becoming the most entrenched rough sleepers, living on the edge of society in what is in effect a self-imposed “exclusion zone”. Family life at one level provides the first exposure to a mini-society that teaches people about their social position in the world. But at a deeper level, emotional attachments in families actually create the conditions in which the individual human personality first develops or falters. It is not so much social or physical exclusion, therefore, as psychological exclusion that is the biggest problem when trying to help our most entrenched homeless people.

It should equally not surprise us then that there is a massive correlation between entrenched homelessness and severe mental health problems. What is more surprising is that we even feel the need to test such a redundant hypothesis in the first place. It should be clear enough
that it is precisely the same factors (early trauma, abuse, neglect, broken attachments and family dysfunction) that both cause the poorest mental health and also lead to the most entrenched homelessness in our society. Of course, sleeping rough is not just the result of severe mental health problems, but also a further cause of those problems. Even previously “mentally healthy” people who have voluntarily tried rough sleeping for even a brief period have not surprisingly found their sense of mental health, security and well-being very quickly and significantly compromised by the experience[3]. However, the difference is that no previously “mentally healthy” person would feel threatened by or suspicious of the offer of genuine physical shelter and social support if they fell on hard times. Someone with a more secure background would more quickly seek help, more quickly respond to help and more quickly recover. They would not get so powerfully caught up in a vicious cycle of exclusion:

It is a myth to believe that long-term homeless people generally don’t come off the streets because there are no facilities or shelter available. They don’t come off the streets in truth because of their past experiences and damaged personalities that make them alienated from themselves, distrustful of others and unable to relate to wider society.

The homelessness of the entrenched rough sleeper or of the person who flits from one failed hostel placement to another is primarily a mental health issue or else it would indeed be very hard to explain why this problem is not more easily solved by the physical and social facilities on offer both from statutory services and the numerous non-governmental and charitable organisations dedicated to this “big issue”. Conversely, all severe mental health problems are a variation on this theme of “psychological or inner homelessness”, even when people are not so damaged as to be unable to live inside the everyday social world. This kind of emotional exclusion and alienation is not restricted to those from economically and socially deprived backgrounds. People can still be seriously emotionally alienated even when they come from wealthy or privileged backgrounds because, as so many songs and poems have expressed it, “money can’t buy love”. This idea of inner or mental alienation is also the essential message behind the important concept of the “un-housed mind” (Adlam and Scanlon, 2005). Rough sleeping or entrenched homelessness can, therefore, be thought of as the most extreme and powerful physical manifestation of “psychological homelessness”. Entrenched rough sleeping signals an almost complete neglect or absence of any core valued self/identity, coupled with a “paranoid” level of distrust and a dogged determination to deny and reject the need for dependency on others. Rough sleeping also normally takes place very visibly on the streets of our major cities and this creates a powerful conflicting double-message: “leave me alone!” vs “look how needy I am!” Sleeping rough and refusing the offer of physical shelter, especially during the cold winter months also constitutes an obvious form of severe self-harm and self-neglect, but it is still all too commonly viewed naively as a “lifestyle choice” rather than an obvious symptom of a damaged and self-destructive mind:

It is important therefore to get away from the concrete or “mind-blind” thinking that leads us simply to believe that physical homelessness is itself the primary problem rather than being a symptom of a much greater psychological problem. This kind of thinking can only lead us back into trying to give people houses or “soup and shelter” rather than genuine homes.

Psychological exclusion means above all not having any secure or stable sense of self, identity or belonging. No human being can get to the position of having a secure or healthy personality if their own feelings and needs were never recognised and met during their earliest developmental years. This is not the place to enter into the micro-science of how empathic relations between infants and caregivers within family environments help to nurture and create the foundations of the human personality. The science is there, much of it within developmental psychology and also the psychoanalytic tradition, which alone amongst the psychotherapy schools has troubled to study infant-caregiver emotional life in the detail it deserves. A powerful integration around these themes is also now developing around the concept of “mentalisation” (Fonagy and Target, 2006).

The most important question then is that if attachments and relationships are so important as the foundation for all our lives, why do we ignore them so much when providing care
services, especially for those very vulnerable people for whom early deprivations and damaging relationships are the root cause of their problems in the first place? A year or more of working both with the “Big Issue” and also on the front line with the St Mungos Charity for homeless people, taught me rapidly that these people are probably the most emotionally damaged group in our society. They also have the most damaged or disrupted developmental backgrounds in terms of abuse, trauma, neglect and broken attachments. However, when offering services to this group, we still offer, in effect, a care system that is un-psychological, based on short-term and fragmented care relationships, where it is difficult even to think about, let alone meet, the core psychological needs described above.

It would be hard enough for such vulnerable, damaged and suspicious people to build up any real sense of secure attachment and belonging in the best of care systems and environments. However, what in practice is offered to them is a care system consisting of multiple agencies with a high-staff turnover, multiple assessments, brief funding/commissioning contracts with short-term targets, medical/diagnostic models of “treatment” needs, short-term placements, rapid handovers and referrals from one agency to the next, and highly stressed workers who are not trained or supported to understand that their relationships with clients are the key ingredient in making a real difference. We offer hostels that cannot provide therapy and brief hospital admissions that cannot provide a place to live. For the many that get hooked on drink and drugs to escape their mental torment, we offer detox without therapy or therapy without detox. To almost all homeless people we offer brief treatments and interventions, not enduring relationships and we offer physical shelter, not homes. In effect, we often unwittingly create for homeless people yet another dysfunctional family experience, only this time a dysfunctional professional family[4] in which past rejections, abandonments and relationship patterns can all too easily get re-enacted.

Towards a psychologically-minded approach

I hope it is clear enough from what has been said so far that the essence of a psychologically-minded approach to homelessness is to offer a home and not just a house. But what might this mean in practice? As part of the normal, healthy life-cycle, children in our society grow up and leave home to lead independent adult lives, but they are only equipped to make this transition to adulthood when they have had the foundation of a secure home and secure attachments in the first place. Our services, however, to this day remain focussed on achieving such a transition to adult life for homeless people without actually providing them with that initial foundation of a home or family environment:

    Psychologically, it is impossible to leave a home that you have never had. In other words, it is impossible to grow into a healthy adult personality if you have never been adequately nurtured as a child. Homeless people therefore will continue to be driven by their unmet human need for “inclusion”, “home” and “family” and will only experience premature attempts to house them or make them “move on” into adult life as further “exclusion”.

Contemporary homelessness services are full of mission statements using language and concepts that indicate an underlying bio-social philosophy of care embracing primary aims such as “treatment”, “recovery”, “rehabilitation”, “independence” and “moving on”. However, for people who have never functioned or enjoyed a healthy personality in the first place it is impossible to “recover” or be “rehabilitated”. Such people are still looking to get started in life, to meet their original psychological needs. In this way, entrenched rough sleepers or “hostel hoppers” may very well still be looking for their first secure attachment in life. Furthermore, they also need help to undo the damage done by past relationships before they can even begin to trust new ones. Past relationship failures have left them hurt, distrustful, defensive and often aggressive. Past relationship failures have left them with massive emotional defences against further human contact and massive defences against the pain of further rejection and abandonment. Such defences also will often include the use of alcohol and other drugs to blot out an unbearable reality. This means that for someone sleeping in a cardboard box on the street, the approach of a care worker, however, “nice and kind” they might be in reality, will often not be trusted or welcome. The first step then cannot be simply to try to provide a new house or even a home, but to recognise that the cardboard
box or the archway is a place of refuge and the nearest thing, the person has to a home. This refuge could never be given up voluntarily until some genuine trust has first been established on the streets[5].

Breaking through such barriers of pain, distrust and defence on the streets takes time, psychological skill, energy and consistency of relationships. Formal psychological therapies, even where these are available, are by definition unlikely to be any use for such a vulnerable and damaged people who cannot easily engage with the idea of coming off the streets, let alone talking to a therapist. What is needed is a psychologically-informed approach which means building up a consistent relationship with homeless people on the streets until enough trust develops for the idea of trying out a residence to become less threatening. To this day, however, this kind of developmental psychological thinking does not sufficiently inform the care approach, general living conditions, care systems, cultures and environments in which we expect homeless people to turn their lives around. Even where such front line relationships do succeed, there are precious few therapeutic “home environments” in the care system to repair emotional damage and meet emotional needs.

From “re-parenting” to “re-homing”[6]

It sounds simple enough and in some ways it is [...] If someone is in a homeless state, they need an actual home, not just a house. But what is a home and how can we define this psychologically? One clue lies in the concept of “re-parenting” that underpins most models of individual psychotherapy. This concept can easily be broadened to that of “re-homing”, thus incorporating the universal human developmental need to be part of a nurturing and structured home environment. Some progress in this direction has now been achieved with the new concept of the “psychologically informed environment (PIE)” (Johnson and Haigh, 2010, 2011)[7], which partly represents a revival of valuable ideas from the social psychiatric tradition of the “therapeutic community”. In a recent document (Seager, 2011), I attempted to elaborate in psychological terms the essential ingredients or characteristics of a PIE. The most crucial of these can be summarised as follows:

- Prioritising consistent and stable attachments between staff and residents.
- Having no more residents than a very large family (8-12) so that the staff can get to know them and “hold them in mind”.
- Including all staff (i.e. even the cleaners and receptionists) in a “professional family”.
- All staff are trained to take a consistent approach to residents and to have a shared grounding in how to meet psychological needs.
- Rules, boundaries and discipline are applied empathically (i.e. to socialise residents rather than to discharge the frustrations of staff or to meet arbitrary external targets).
- Sufficient time in residence (one to two years) to enable relationships to have an impact and for genuine psychological development to take place.
- Providing staff with supportive attachments to supervision and management so as to contain the intense emotional impact on them of their work with residents.

In essence then a “PIE” is nothing more than a homely, caring and containing environment where there is a healthy “family atmosphere” and where universal psychological needs are addressed. Psychologically, it can be seen that under these conditions residents would indeed be more likely to develop as human beings to a point where they could in time truly be ready to “leave home” and “move on”. The promotion of and research into the provision of such “homely” residential environments, therefore, promises a better chance of tackling homelessness in our society and of reducing the high cost of the “revolving door” syndrome.

“Re-homing”: an important case example

WB is a boy aged 8-9 years, who came to the attention of psychiatric services in a suburb of London following an incident where he had been found abandoned at home by his severely
mentally ill mother and locked in an under stairs cupboard. He had been found holding onto the body of his baby sister who was discovered to have died of malnutrition. The whereabouts of the mother were unknown. No father or any other family member could be identified. There was an older man (Mr O) at the scene who was not a relative but claimed that he had temporarily been WB’s guardian and that WB had been living with him in his country cottage. WB was evidently malnourished, traumatised and appeared to have a history of abuse and neglect. He was taken to hospital for physical treatment and it was planned to transfer him to a children’s care home or orphanage where he could receive the best psychiatric attention. However, the boy subsequently went missing from hospital and it appears that he was “kidnapped” by Mr O and taken back to his home.

A joint case review meeting was then held at Mr O’s home which was attended by a child psychiatrist from the care home, a representative of the local community and also a member of the Home Office. Given that it was now known that the mother had killed herself, the medical advice was repeated that WB needed proper professional care in a children’s home. Against medical advice, however, it was decided to allow Mr O formally to adopt WB. Mr O claimed that he “loved” WB and could provide him with a real home. WB also stated that he wished to live with Mr O and equally felt that this was his true home. A subsequent follow-up review indicated that the outcome of this intervention appeared to have been successful and that the old man and the boy had indeed created a close attachment and a family unit. Mr O, who had previously lost a wife and small son to the disease scarlatina or scarlet fever, was observed to treat WB like his own son and WB now referred to Mr O as “dad”[8].

Notes
1. To extend Simon Baron-Cohen’s concept describing empathy failures within the autistic spectrum.
2. Attachment is a universally accepted concept originally developed by John Bowlby (1907-1990) and expanded by others over decades of research.
3. As illustrated for example by John Bird’s BBC documentary “Famous, rich and homeless” broadcast in July 2009.
4. The concept of the “professional family” is part of a wider concept of “psychological safety” first described in Seager (2006).
5. There is also a case for sectioning people compassionately under the Mental Health Act, but rough sleeping is still too often seen as a lifestyle choice rather than as a sign of severe emotional damage. Even when sectioning does take place this usually only leads to a “revolving door”, because the person is rarely taken to a place of residence that can address their psychological needs.
6. It is striking that when it comes to pets and animals, we in the UK traditionally use the psychologically richer term “re-homing”, but when it comes to people, we still only talk of “re-housing”.
7. See also the Mental Health Good Practice Guide “Meeting the psychological and emotional needs of homeless people” National Mental Health Development Unit (May 2010).
8. More discerning readers will observe that this case study has been adapted from the TV film (1998) of the wonderful children’s novel Goodnight Mr Tom by Michelle Magorian (1981).

References


About the author

Martin Seager is a Consultant Clinical Psychologist and Adult Psychotherapist, who spent 25 years providing and managing psychological services in the NHS; undertook a further year in the voluntary sector working in the homelessness field; and is currently a mental health activist and campaigner, clinician, lecturer, author and an adviser to the national and Central London Samaritans. Martin Seager can be contacted at: mjfseager@tiscali.co.uk