

## **Deviance and dwelling space: notes on the resettlement of homeless persons with drug and alcohol problems**

BY KIM HOPPER

*Kim Hopper is a visiting assistant professor of anthropology at the New School for Social Research (66 West 12th St., New York, NY 10011) and a member of the board of directors of the National Coalition for the Homeless. He has a forthcoming study of homelessness in New York City, past and present.*

Despite stubborn indications to the contrary, homelessness has traditionally been perceived as a problem of troubled—and troublesome—individuals. The terms of accusation have changed over the years, from the allegations of barbarism favored by 19th-century reformers to the diagnosis of impaired capacity for social connectedness offered by contemporary sociologists, but the logic has not. Whether by predisposition, slow decline or sudden trauma, these people are damaged, and their homelessness serves merely to confirm and compound that fact.

**AUTHOR'S NOTE:** *I am grateful to Jim Baumohl for thoughtful comments on an earlier draft, and especially for policing my syntax and metaphors.*

© 1990 by Federal Legal Publications, Inc.

I would like to suggest that this is misleading (on both historical and present-day grounds) and dangerous, although not without a rationale. For it locates the marginality we seek to understand and correct—not in the elemental needs-meeting mechanisms of the society, but in the subsistence strategies and coping styles of those surviving at the periphery. These strategies, in turn, are typically stigmatized as abnormal, deviant, or seditious. Whether cast in terms of the half-savage nature of the 19th-century tramp or the deranged biochemistry of the contemporary street-dweller, the argument is that a social niche is best explained by invoking the distinctive traits of its occupants.

This argument of course finds its recent focus in attempts to account for the contemporary crisis of homelessness by pointing to the failures of deinstitutionalization. Without denying those failures, a number of analysts have argued—on ethnographic, epidemiological and historical grounds—that it is unfair to blame the emptying of the psychiatric hospitals (and the subsequent tightening of admittance criteria) for the rapid growth in the street and shelter populations. In brief, so long as housing resources in the community were plentiful enough, and the applied social norms forgiving enough, even severely disabled individuals (some with disturbing behavioral habits) could be accommodated. Whatever their hardships—and nothing in this argument should be taken as minimizing their difficulties—they were suffered for the most part silently and invisibly. Even when they were forced to move, vacancies in poor-quality but cheap housing meant that replacement quarters could usually be found.

But under the combined forces of gentrification and abandonment, decent affordable housing has grown scarce. As household incomes have declined at the lower end of the spectrum, competition has intensified for what housing remains. Under such circumstances, “undesirable” tenants become expendable nuisances; dilapidated housing becomes

a commodity to be “warehoused” against its future exchange value rather than prized for its immediate utility; and the displaced poor are on the run.

The purpose of this article is to explore the relevance of this argument—and, more generally, the perspective of an anthropology of dwelling space—to the situation of those homeless persons with alcohol and drug problems. Before doing so, however, a few preliminary remarks are in order.

Owing to limitations of space and my own inexpertise in these matters, I will bracket a number of critical methodological issues in the remarks that follow, trusting others to give them their just due. Consideration of such vexing distinctions as those between “alcoholism,” drunkenness, “problem drinking,” “alcohol-related problems,” addiction, and so on I leave to the experts, paying only the scant courtesy of heeding the usage of the authorities I cite. More to the point, I evade serious engagement with the issue of the causal connection between alcoholism or drug use and homelessness, except to assert that alcohol and drugs are neither necessary nor sufficient causes of homelessness. I assume for argument’s sake that the same methodological questions that plague the field of mental illness and homelessness—the definition of core terms, fixing of causal sequence, definition of functional impairment (as distinct from underlying disorder), and the discriminatory power of explanatory variables—will apply here as well.

Instead, I will concentrate on what seem to me some of the distinctive dimensions of the problem of resettlement raised by the practices of alcohol and drug use among homeless people. That done, I will argue why (the densities and complexities of these afflictions and their treatment notwithstanding) service providers will need to consider the provision of housing as a *sine qua non* of rehabilitation.

### The anthropological legacy

The anthropological legacy in alcoholism research is a lively and largely unhappy one. Traditionally, field workers have been anything but shy in giving their readings of the uses, rituals, and functions of alcoholic beverages in various host cultures. It is worth recalling that much of this work—at least until the last 15 years or so—was ad hoc in character, of only peripheral concern to the ethnographers themselves at the time of their fieldwork.<sup>1</sup>

Nonetheless, a number of lessons can be drawn from the anthropological literature that pertains to this discussion. It may be instructive to imagine these observations as occupying a three-dimensional ethnographic space, the axes of which are defined by the terms *utility*, *meaning* and *power*. A cursory review of the studies to date suggests that:

1. Cultures (and subcultures) vary markedly in their patterns of alcohol use and in the means (including formal authority, community rituals, and group solidarity) that they employ to regulate such use.
2. Alcohol use is not inevitably accompanied by various pathologies; nor, where it occurs, is alcoholism something to which certain races or peoples are biologically disposed; nor, further, are patterns of group alcohol abuse fixed in some self-perpetuating cycle once they develop.
3. Even though recognition of what constitutes “problem drinking” varies widely, it is still the case that cultural attitudes toward “problem drinkers” (especially as expressed in stigmatization, exclusion, willingness to welcome back after repeated failures) in all likelihood affect prospects for rehabilitation; the mechanisms by which this is accomplished, however, remain obscure.<sup>2</sup>

4. However “natural” or “biological” the affliction may appear, drunken comportment expresses not only highly specific cultural rules and values, but relations of power as well; specifically, alcohol may be an instrument of oppression (in intimate and group conflict) or a modality of resistance or insubordination, as well as a vehicle of celebration and release.

But the limitations of this literature are just as clear:

1. From outside our tribal circle, the anthropological focus on “constructive drinking” (Douglas 1987) has proved vulnerable to various misreadings as well as to some sound criticisms. Clinicians are wont to see the emphasis on group cohesion, social integration and the “adaptive” functions of even excessive alcohol use as a hopelessly naive (if not perverse) approach—a classic case of theory-driven (usually functionalist) academics bent on seeing the cultural forest while remaining willfully ignorant of the pathological trees. Even so friendly and informed a critic as Robin Room (1984) found the discipline’s legacy as a whole to be one of “problem deflation.” Room then had the grace (or the temerity, depending on one’s perspective) to consider a number of reasons why such a bias developed—from strategic decisions to provide corrective texts to racially biased accounts, to the unconscious bent of a “wet generation” of ethnographers, to certain methodological blinders inherent in participant observation procedures themselves.

2. Even within the discipline, it is widely recognized that the emphasis on the vagaries and subtleties of cultural control of drinking has worked to the detriment of our appreciation and assessment of the individual costs of adhering to such cultural controls. Public drinking to the point of excess as an aggressive, competitive assertion of self may constitute one

mode of cultural regulation—but at what price to individual health? Emphasis on public instances of ritual heavy consumption among drinking partners may miss the private, domestic consequences for spouses and children (Room 1984:172).<sup>3</sup> Note, though, that this is not an inevitable limitation of the ethnographic method itself, but rather of the field of its deployment (Bennett 1984; Marshall 1984). Similarly, consideration of the inclusive functions of group drinking is incomplete without attention to the fate (and the coping/aping behavior) of those excluded by such practices. Nor is it always clear what kind of problem “alcoholism” is defined to be, for whom, or in the service of what interests. We still don’t know much about how young people are “enculturated” to prevailing drinking beliefs and practices; about the processes of addiction and family transmission; or, for that matter, about the dynamics of recovery or control. Finally, for followers of a discipline that prides itself on discerning the unacknowledged in the everyday, we know surprisingly little about how so many “problem drinkers” manage to avoid detection until some crisis occurs. (See, generally, Madsen 1984; Sargent 1984; Douglas 1987; Heath 1987).

Curiously, the early (advocacy) ethnography of “urban nomads” has come in for special criticism. The work of some early students of the skid row alcoholic was cited by one of our tribal elders as seemingly designed “to earn the reproaches of their medical colleagues for their unwillingness to recognize pathology where it seems obvious and for their horror of ethnocentric judgments” (Douglas 1987:6).

I would suggest that such problems are not merely incidental to the anthropological approach to “social problems.” Arguably, they may even be indicative of its richness. This heritage of close (if incomplete) observation, careful (if not always self-conscious) documentation, and corrective (if sometimes wistful) argumentation is in the main the yield of a discipline fiercely committed to the comparative method and

smitten by the genius of the human project under wildly varying and often hostile circumstances. But it also suggests a subfield's early stage of development. Medical anthropology still lacks a persuasive, "paradigmatic" resolution of such core issues as the relationships of mind and body, nature and culture, personal practice and social structure, and "adaptation." Should we wonder, then, that its performance in so troubled a field as alcoholism is less than captivating?

To sum up, then: What some would construe as the hopeless equivocality of the ethnographic venture—and others would dismiss as simply one more instance of the "Rashomon effect" in anthropology (Heider 1988)<sup>4</sup>—is more fruitfully seen as reflecting the multidimensionality of cultural practices themselves. Not the addled mind of the anthropologist, but the formidable "thickness" of cultural things, makes it so. It is no accident that our best "readings" of these social texts are invariably contested, either by the players or by others in the professional audience. Here there are no simples. War, marriage, work, worship; birth, death, illness, recovery; a wink, a blink or a nod—the messages conveyed and the multiple utilities served by these commonplaces beggar any simple explanatory effort.

And so, much ado later, to the point. Excessive drinking can be both adaptive and destructive: salving social wounds while deepening personal ones; dulling inner pain while wrecking domestic life; ensuring a modicum of sociability while slowly shutting down the metabolic faculties of vital organs.<sup>5</sup> What I am driving at is that any remedial effort that ignores one or another of these animating forces or their unwitting consequences may doom itself to failure. Any approach that defines in advance the nature of the problem without first looking at the in-built assumptions of its own disciplinary bias or the (quite likely) highly divergent views of those on whom it is to be tried is asking for a comeuppance.

Put simply: There is no privileged perspective on “social problems.” What counts as the “best answer” in a given instance depends on how the question is put, on the context of interrogation, and on the pragmatic and symbolic issues at stake. Utility, meaning, power: they don’t always add up to a neat or coherent package.

So it may (*pace* elder Douglas) be thought more important to redeem the wretched image of the skid row bum than to puzzle out the riddle of his incentive system, the better to lure him to treatment. It all depends.

### Homelessness and alcoholism: what the literature shows

Although lengthy, the association between alcoholism and homelessness is not quite the marriage made in hell that both popular stereotypes and the skid row literature of the 1950s and 1960s at times seemed to suggest. Still, the evidence on alcoholism and drug use (I concentrate here on the former) as persisting problems among homeless populations today is formidable. Let me highlight just a few of the recent findings:

1. *Prevalence*: The classic skid row studies reported anywhere from 15% to 86% prevalence rates—with a midpoint about 33%—for serious drinking problems. Estimates among contemporary homeless singles for “alcohol problems” (variously defined) range from about 20% to nearly 60% (Fischer 1987:9). Some analysts, reviewing the historical record of the past century, are more impressed by the hype than by the substance of the charge of chronic alcoholism among homeless males. Stark (1987), for example, sees this as a classic case of stereotyping, linking an available (and conveniently imprecise) diagnostic category to civil judgments about appropriate public comportment.



**2. Profile:** By now it is a truism that the profile of today's homeless departs in significant ways from that of their counterparts in the 1950s and 1960s. A demographic and pharmacological divide also separates those homeless individuals with alcohol problems: while traditional unalloyed skid row alcoholics may still be found,<sup>6</sup> they have been joined by a younger, more ethnically diverse population whose drug-using habits are more indiscriminate and who often suffer from a psychiatric disorder (Koegel and Burnam 1988; cf. Ridgely et al. 1987). The rituals and functions of alcohol and drug use in these two groups, it should go without saying, are likely to differ quite markedly.

**3. Co-factors:** Where problems with alcohol are found, the studies suggest, other troubles are likely to exist as well. Compared with even their compatriots on the streets and in the shelters, the homeless with alcohol problems appear to be in poorer health, with fewer friends or family contacts and longer durations of homelessness (Fischer 1987). Compared with the poor but housed alcoholics, the differences are even more pronounced: the homeless suffer from more psychiatric disorders, longer bouts of drinking, and more serious impairment of social functioning; they are also more likely to have experienced run-ins with the law and violence (Koegel and Burnam 1988).

**4. Dynamics:** Although the causal relationship between drinking and homelessness "remains undetermined" (Fischer 1987:28), it clearly plays a major role in the dispossession of some. Twenty percent of the Bowery men whom Cohen and Sokolovsky (1988) interviewed ranked problems with alcohol in first or second place among the factors responsible for their living there; the indirect role of alcohol in the impoverishment or "family problems" that others cited as reasons was probably much greater.

Whatever its putative role as a precipitant of homelessness, the position of alcohol in the daily round of life on hard-scrabble corridor remains firm. Its utilities are many: as a badge or a ritualized affirmation of (even a disgraced) identity; as a functional adaptation—an anodyne—to the emptiness and listlessness of street and shelter life; as a modality of self-medication for both physical and psychiatric ills (Fischer 1987:28). It is alcohol's cultural value as a currency of sociability and token of identity—its utility and meaning—that I want to emphasize here, because the implications for intervention efforts seem to me profound.

Ecological considerations notwithstanding—there are only two functioning taverns left on the Bowery—Cohen and Sokolovsky's work among the men living there has convinced them that

the role of alcohol in the everyday interactions of many of these men makes it nearly impossible to abstain. For many . . . ceasing to drink means ceasing to have friends (1988:191).

And again:

Drinking is a commonality that binds skid row men together. . . . Those men who stop drinking cut themselves off from human companionship and acceptance (1988:196).

How widespread this is may, of course, be questioned. The Bowery man himself may well be an endangered species as his urban niche gives way to the engines of deindustrialization. But the phenomenon they point to has, it seems to me, broader ramifications. Before discussing those, the issue within whose compass all these others must be situated—housing—needs to be met head on.

### **The housing dynamics of homelessness**

Nowhere is the low-income-housing crisis clearer, nor its dynamics more closely studied, than in New York City. Here

combined forces of gentrification and abandonment, abetted by public incentives for the destruction of unsightly residential hotels, have wreaked havoc on the availability of low-cost dwelling. At the same time, a pattern of polarized growth has set in. New jobs are increasingly concentrated at either end of the salary spectrum (with many at the lower end being part-time). Income disparities have widened, residential patterns are increasingly segregated, and the quality of urban life has taken on the character of an open struggle between haves and have-nots.

The implications for housing for any but the affluent are, shall we say, unsettling. The growing polarization of income means that more and more households occupy the poor and near-poor brackets; at the same time, affordable housing has been shrinking in supply and deteriorating in quality. Wherever location permits, property values have been driven up by speculative interests or well-heeled prospective tenants. The net effect is intensified competition for an increasingly scarce and costly good.

Details of this analysis are available elsewhere (Hopper et al. 1985). For purposes here, the thrust of that work may be summed up as positing a kind of "trickle-down poverty"—with serial displacement and, not uncommonly, homelessness among its many consequences. It does not require a keen diagnostic eye to see that individuals with social disabilities are especially vulnerable.

To put it plainly: Under the rental housing conditions now prevailing in such cities as New York, anyone with an uncertain income flow, poor habits of punctual rent payment, or a disagreeable and, at times, belligerent demeanor may find himself at a grave disadvantage in securing or holding onto housing. These are neither inevitable nor medical consequences of "substance abuse," and such considerations pertain to housing in which one has formal tenant

status as well as to dwellings in which one has only informal occupancy.

Nationally, the trends—while not generally as severe as those in New York—are nearly as disturbing. Let me concentrate solely on those households poised at the brink of homelessness but not yet showing up at the shelter's door:

Median "rent burdens" (the percentage of gross income expended on rent) among single-parent (female) households rose from 38% in 1974 to 78% in 1986.

During the 1970s and early 1980s, median rents increased at twice the rate of median income.

Fifty percent of American households earning less than \$15,000/yr. pay over 35% of their income for rent; a quarter of them pay over 60%.

A paltry 28% of officially poor households benefit from federal housing assistance programs, while the loss to the U.S. Treasury each year from homeowner deductions on taxable income amounts to more than the entire HUD budget (more, too, than the sum total of federal spending on low-income housing over a fifty-year period (Dolbeare 1983)).

In fact, if one looks at the absolute number of affordable units<sup>7</sup> that disappeared from the housing stock between 1974 and 1983—owing to rent increases, demolition, abandonment, conversion—over a million units have been lost. It is worth noting that in its entire 50-year history in the field of public housing, the federal government has supplied only about a third that number (Zigas 1988).

With such figures and trends in mind, it is not difficult to discern the relevance of the resource-scarcity argument outlined at the outset of this paper to those homeless persons with alcohol problems.

### **Application of the resource scarcity argument**

By now it should be clear that the point made above with respect to the deinstitutionalized mentally ill is a broader one

and extends to populations other than the most vulnerable and/or disabled, though it is perhaps most telling there. It is that *absolute resource scarcity*, coupled with intensified demand for that resource, increasingly plays a determining role in the genesis of homelessness. This is why the faces of today's homeless are so many and varied. Politically, at least, the problem of the deinstitutionalized could be confined to the service-delivery sector, so long as ex-patients were housed, however miserably. The problem of unemployment remained one of manpower deployment, retraining, and "full employment" schemes, so long as the jobless were not on the streets and in the shelters. The problem of inadequate public assistance benefits could safely be relegated to the thickets of "welfare reform," so long as recipients could still find housing and make rent payments. And the problem of the skid row alcoholic could be confined to that grubby corridor of urban life that for the past century has been the sole province of evangelical groups, charitable organizations, experimental public programs (most of them failures), and errant academics.

But once the supply of even poor-quality affordable housing was depleted, these and related problems (domestic violence, for example) quit their assigned places as the social problem of discrete "special populations" and found common expression in homelessness.

This is not, of course, to say that homelessness is simply a housing problem. Rather, it is to suggest that in the absence of housing, living circumstances that had been tenable, if only marginally so, become highly precarious. That is, under conditions of a severe housing shortage, the mills of impoverishment are more likely to produce recurrent homelessness than had been the case in the past.

Let me be clear about this: I am not arguing that the absence of a place of one's own is a sufficient cause of homelessness.

Displacement does not necessarily lead to homelessness. Nor is an analysis of the housing dynamics of homelessness exhausted by reciting statistics on scarcity. *Relative access to informal dwelling resources must be considered as well.* Under prevailing economic circumstances, a variety of makeshifts characterizes the livelihood of poor communities, especially with respect to dwelling status. The use of public shelters is one such makeshift, but it is not the only or even the most prevalent of such strategies.<sup>8</sup> Taken in the generic sense of lacking a settled place of one's own, homelessness in some communities is fast becoming not the exception, but a routine feature of coping with life at the margin.

There are some intriguing recent findings in support of such a view.

### Research on episodic homelessness

Direct and indirect support for the critical role of housing in the configuration of today's homelessness:

1. *Early indicators:* As early as the late 1970s in New York City, it was apparent—though not appreciated—that the vast majority of the new arrivals at the city's shelter (who made up half of the annual caseload) were gone within a month of their arrival, never to show up again in the ensuing year. This was puzzling: the sociological literature of the day taught that these men were essentially loners, lacking any but the most perfunctory and instrumental of social ties. How, then, did they manage when not at the shelter? The late 1970s were a period of fiscal cutbacks and contracting services; this was a time that saw the local labor market grow increasingly hostile to unskilled and ill-educated men, and especially those of minority status. At best, only a tiny percentage would have been receiving relief. And the city's SRO housing stock (the standard dwelling resort for such men) had been officially declared an endangered species. Nor were these men

typical of the usual additions to shabby retirement communities such as the Bowery. Their age (three-quarters were younger than 40) suggested that they probably did not fit the typical career line of the traditional skid row man (for discussion, see Hopper 1987).

Such observations proved only the leading edge of a number of recent research studies that would (again) challenge the notion that homelessness should be viewed as an impairment or the eccentric preference of those who practiced it. Equally important, it became clear that this new homelessness was not a dead end, the terminus of a lifelong tour of marginality. Nor, it turned out, were studies of shelter or street populations sufficient to reveal the relevant dynamics of their dispossession.

## *2. Second generation studies:*

In Los Angeles, Koegel and Burnam (1987), working with a representative sample of the city's homeless population, found that recurrent episodes of homelessness, or "cyclical" homelessness, was emerging as the most common pattern.

Rossi's team in Chicago discovered that the homeless individuals they interviewed had been without jobs or apparent means of support for a much longer period of time (four years on average) than they had been officially homeless. Clearly, the team concluded, a host of improvisations must have been resorted to in advance of showing up at the shelter (Rossi 1989).

A later study in Chicago (Sosin et al. 1988) comparing "very poor" populations with the manifest homeless found that half of the former had been without homes in the past; many, in fact, "had long histories of sporadic homelessness" and were still vulnerable to displacement.

In Boston, Bassuk and Rosenberg (1988) found that what was distinctive about the homeless families they studied was less the traits of the individuals than the poverty of their informal networks of support (though how much of this is consequent rather than antecedent to that bout of homelessness remains an open question).

Similarly, researchers in Chicago, Minneapolis, and New York have found an unusually high prevalence of foster-care placements

in the histories of single homeless men—suggesting, at least, that such people are at a special disadvantage when it comes to turning to kith and kin in times of trouble. (See Sosin et al. 1988; Piliavin 1989; Susser et al. 1987).

At a meeting of directors of demonstration projects for the homeless mentally ill in Washington, DC, in October 1988, outreach workers in Mobile and in Albuquerque reported that the prevalence of black and Hispanic people, respectively, on the streets of those cities is disproportionately low, owing to the strength of their extended family supports.

My point is the obvious one: that the true story of shelter today is not simply that shelter rolls in some areas have surpassed Depression records. It is that the untold, uncounted and, for that matter, largely unrecognized efforts of ordinary poor folks caring for—and coping with—their own is a much larger story still. By conservative estimates, in New York City the volume of informal shelter provided (doubling up) for families in public housing alone is at least 20 times as large as the official toll in emergency shelters. No one has ventured a comparable figure for homeless individuals.

### Implications

For purposes here, the decisive feature of the ethnographic perspective is its insistence on reading practices and beliefs in their relevant contexts. Not only is there great variation in the sequellae of problem drinking (whether measured in productivity loss, dollars devoted to treatment, physical and/or psychological impairment, or social and familial disruption), but it also appears that many of these outcomes are mediated by cultural rather than pharmacological factors (Heath 1987). For an understanding of the specific contribution of alcoholism to homelessness (and vice versa), I have suggested that access to dwelling space on a formal or informal basis is among the most important cultural variables. It is also the factor that has changed most radically in recent times.



At least four areas of implications for the resettlement of homeless persons with problems involving alcohol and drugs may be sketched in closing.<sup>9</sup> As a general rule, whatever strategic plans for resettlement we develop, we will need consciously to combat the received images of incompetence, diffidence, “undersocialization” and isolation that still cling to the figure of the homeless person.<sup>10</sup> Aside from the historical obsolescence of such tags, they beg the important question of the trait/state distinction.

1. If the anthropological legacy has any relevance, it is clear that we will need to extend our gaze well beyond the clinical (and quasi-clinical) confines of detoxification and rehabilitation. We will need, in Koegel and Burnam’s fine phrase, to fix our attention and target our resources on “the creation of environments”—not “programs”—“capable of supporting sober individuals in low-income housing once formal treatment ends” (1988:1017).

2. I gather from an observation of Friedner Wittman (Wittman, this issue of *CDP*) that this will mean running counter to what might be called the “front-loading” tendency of alcohol-recovery programs.<sup>11</sup> We have already seen the folly of an overinvestment in the acute clinical needs of persons in crisis in the community psychiatry field. We need not replicate such errors.

Put a little differently: What we will increasingly have to commit ourselves to is the creation of communities, even subcultures, where certain elemental amenities can be assured, at the same time as we tinker with the contingencies and incentives of treatment and recovery. I note only in passing that the idea that certain troublesome and stigmatized populations should have their basic subsistence needs met as a matter of right is, shall we say, a contested one in today’s political climate.

3. In our choice of avenues of intervention, we will need to be increasingly inventive. The most obvious and ill-appreciated area is housing development. In line with the remarks above, this may have to include not only the built environment—the bricks and mortar of dwelling space—but the design of modalities of support and local norms of conduct. Again, we probably have a wealth of (mostly untapped, undocumented) experience in this regard from people who have been engaged in making such experimental communities happen for some time.

Equally important is the issue of preventive intervention. As I suggested before, episodic or intermittent homelessness is fast becoming the modal type of homelessness. Far from being a life sentence or trait, homelessness increasingly is a sometimes thing. Accordingly, attention ought to be paid to how best to intervene effectively at the interepisodic points: support to friends, families, lodging house operators; assistance with managing money and coping with the strains of daily hassles and forbidding bureaucracies; better discharge planning and provisions for long-term supportive housing by local psychiatric facilities; and so forth. At the very least, we need better to understand—the better, one hopes, to enhance—how such informal, often kin-based systems of support work when they do.

4. Finally, there is the larger, and at times determining, issue of community resistance. The first thing to note is how poorly we understand the wellsprings of such resistance, even as we devise means for circumventing or overcoming it. Laced with old-fashioned racism, riven with the fear of and contempt for the indigent that has long been part of the Western tradition of assistance to the poor, it may be more than that as well. At times, one can sense a desperate, ill-grasped and poorly articulated attempt to say something about the stake people have in their home communities and about their frustration at having fundamental decisions about life-space made for them. Resentment and insecurity

are not emotions that surface intact and complete, with their causes, targets and animating concerns ready-made and easily discerned. They are, at least on some occasions, inchoate and primitive responses to a situation of threat. Exactly what it is that threatens, what it is that takes refuge in bigotry, may well be worth our attention.

That said, it isn't hard to see how such concerns may be construed by advocates for the homeless as unaffordable luxuries. The depth psychology of racism need not be divined before taking effective action to surmount it; nor do the subjective underpinnings of stigma need to be subjected to scholastic dissection before effective anti-bias legislation can be devised. Simpler prior questions—like the right to reside where one sees fit—may well suffice to settle the issue practically.

Such considerations acquire specific moment when it is realized that for purposes of subsidized housing we are no longer living in the era of "exceptions." We don't have the opportunity of "educating" communities to the special needs of particular populations of concern; we no longer have the advantage of arguing the merits of particular projects. As a rhetorical device, special pleading on behalf of exceptional programs is largely dead. Instead, a kind of cross-stigmatization has set in, linking in the public mind such troublesome issues as dependency, disability, crime and drug use. We argue the merits of transitional housing for homeless families; the public hears the threats of drug-trafficking on suburban streets, crack houses and open prostitution, crimes against persons and property, and—invariably, these days—AIDS.

And so, our special projects will have to be linked with comprehensive development schemes, with neighborhood security provisions, and with regional planning for "fair share" distribution of "undesirable" programs.

## Conclusion

In an obscure drug and alcohol newsletter some years ago, in a paper dealing, I believe, with the application of the epidemic model to heroin use, Robin Room remarked: "Every epidemiologist carries in his knapsack the handle to the Broadstreet pump" (Room 1973). The reference is, of course, to the famous outbreak of cholera in London in the mid-19th century and to the brilliant sleuthing work of the physician and epidemiologist John Snow. Snow convincingly demonstrated that every cholera case but one came from the neighborhood that drew its water from the pump on Broadstreet.<sup>12</sup> Hence the sheer, commanding intelligence of the act of removing the pump handle. It was every researcher's dream: to trace out the web of causality and nip the fatal strands at their point of origin.

The lesson—badly misread by at least one of my anthropological colleagues (Heath 1984:181)—is not simply the vanity of a profession that, condemned for the most part to the arid wastelands of cross-tabs, beta-coefficients, F scales and p values, still longs, in moments of Walter Mitty reverie, for the chance to act out the street-level heroism of one of its ancestors. After all, as vanities go, that one is fairly harmless. No, Room's adage is more pointed, and his intent more mischievous.

As every epidemiologist knows, by the time John Snow trekked down to Broadstreet to disable that loathesome pump, the epidemic had already run its course. No further deaths were prevented. The gesture, for that is what it was, had all the practical utility of those paste-on decals of Roman shades and potted plants that we put on the sealed windows of vacant buildings in New York City, to make it look like someone is home. They fool no one and are prized (by the few who defend them) solely for their symbolic value.

And yet, to the extent that we researchers are content to see our analyses and findings confined to the safe precincts of journals and conferences, we would do well not to reckon our influence on policy too highly, however we might fancy it otherwise. To borrow an insight from Peter Berger's analysis of civil religion, the risk we run is that of having purchased our legitimacy at the cost of being ignored. For all the display power potentially at our command, it could well be that our irrelevance will be our social utility.

- Notes
1. Heath (1975:60) comments on the "almost uniformly incidental or casual conception" of ethnographic studies of alcoholism studies pre-1970; in the decade that followed, however, the situation improved considerably (Heath 1987).
  2. Tellingly, only a handful of studies of Alcoholics Anonymous has been done by anthropologists (Bateson 1971; Madsen 1984; Antze 1987)—and the first of these was a brilliant but utterly idiosyncratic application of cybernetics and information theory to the twelve-step philosophy.
  3. This is at least in part owing to the androcentric bias (as current terminology has it) of the discipline in the past.
  4. This refers to the film by Akira Kurosawa in which four parties (including a ghost) to an alleged rape in the woods give accounts of the event that are wildly at variance with one another. What "really happened" remains indeterminate, inextricably bound up with the self-serving interests of the four narrators. "Bias" is thus inherent in reality as we know (i.e., construe) it. The term "Rashomon effect" is sometimes used to voice the suspicion that if what passes for cultural truth in the eye of one beholder may be another thing altogether in the view of the next, what possible claim can ethnography have to scientific status? Or, alternatively, it can be cited to bolster the claim that anthropology itself is a deeply interpretive venture, more akin to the critical reading of "texts" than to the reliable measurement of ions.
  5. This should come as no surprise; it is by now a truism that some street-dwelling people in our own society deliberately cultivate a noxious odor, bizarre gestures, and a filthy, disheveled appearance as a defense against predators. It is also clear that the combination of such practices, whatever their security value, can be isolating and health threatening. Any analysis that misses the suffering, or the risks to physical and psychological health, in favor of a fo-

cus on the "adaptive value" of such behavior is short on comprehensiveness.

6. These "pure" alcoholics" tend to "retain the characteristics and lifestyles" of the classic skid row denizen in being "older white ex-married males who rely on missions, shelters and soup kitchens to meet their subsistence and, perhaps, social needs . . ." (Fischer 1987:18).
7. Those renting at less than \$300/month, or roughly 33% of a \$12,000 annual income.
8. A recent study of public assistance families "at risk" of homelessness in New York City found that roughly three-quarters of those who had "lost housing" in the past made do with friends or family until finding replacement quarters (Towber and Flemming 1989:6).
9. Before doing so, it may be useful to note that we will need repeatedly to remind ourselves what problem we are attempting to solve. Resolving an individual's homelessness has no automatic remedial spillover effect into other areas of trouble, though it may be a precondition for progress there.
10. In this regard, it is worth noting that when Maxwell Jones set out to establish his experimental "therapeutic communities" in the 1950s, homeless vagrants—the paradigmatic instance of "disaffiliated" outsiders—were among his original recruits.
11. Wittman was drawing on an observation of Schonlau, to the effect that such programs typically have focused on "the early stages of recovery to the detriment of longer-term programs and facilities . . . the system rewards drunkenness rather than recovery" (see Wittman, this issue of *CDP*).
12. The telling exception, one Susannah Eley, had moved away from the neighborhood some time before. But her family so preferred the taste of the water from the pump on Broadstreet that she had continued to draw her water there.

## References

- Antze, P. 1987. Symbolic Action in Alcoholics Anonymous. *In Constructive Drinking*. M. Douglas, ed. Pp. 149-181. New York: Cambridge University Press.
- Bassuk, E. L. and Rosenberg, L. 1988. Why Does Family Homelessness Occur? A Case Control Study. *American Journal of Public Health* 78:783-788.
- Bateson, G. 1971. The Cybernetics of "Self": A Theory of Alcoholism. *Psychiatry* 34:1-18.
- Bennett, L. A. 1984. Comment. *Current Anthropology* 25:179-180.

- Cohen, C. and Sokolovsky, J. 1988. *Old Men of the Bowery*. New York: Guilford Press.
- Dolbeare, C. 1983. The Low Income Housing Crisis. *In America's Housing Crisis: What Is to Be Done?* C. Hartman, ed. Pp. 29-75. Boston: Routledge & Kegan Paul.
- Douglas, M. 1987. A Distinctive Anthropological Perspective. *In Constructive Drinking*. M. Douglas, ed. Pp. 3-15. New York: Cambridge University Press.
- Fischer, P. 1987. Alcohol Problems Among the Contemporary American Homeless Population. An Analytic Review of the Literature. Report to the Committee on Health Care for Homeless People. Washington, DC: National Academy of Sciences, Institute of Medicine.
- Heath, D. B. 1975. A Critical Review of Ethnographic Studies of Alcohol Use. *In Research Advances in Alcohol and Drug Use Problems*, Vol. 2. R. Gibbins, Y. Israel, H. Kalant, R. Popham, W. Schmidt, and R. Smart, eds. Pp. 1-92. New York: John Wiley. (As cited in Heath 1987)
- \_\_\_\_\_. 1984. Comment. *Current Anthropology* 25:180-182.
- \_\_\_\_\_. 1987. A Decade of Development in the Anthropological Study of Alcohol Use, 1970-1980. *In Constructive Drinking*. M. Douglas, ed. Pp. 16-69. New York: Cambridge University Press.
- Heider, K. G. 1988. The Rashomon Effect: When Ethnographers Disagree. *American Anthropologist* 90:73-81.
- Hopper, K. 1987. *A Bed for the Night: Homeless Men in New York City, Past and Present*. Ph.D. Dissertation, Columbia University.
- Hopper, K., Susser, E., and Conover, S. 1985. Economies of Make-shift: Deindustrialization and Homelessness in New York City. *Urban Anthropology* 14:183-236.
- Koegel, P. and Burnam, M. A. 1987. Traditional and Nontraditional Alcoholics. *Alcohol Health and Research World* 2(3):28-33.
- \_\_\_\_\_. 1988. Alcoholism Among Homeless Adults in the Inner City of Los Angeles. *Archives of General Psychiatry* 45:1011-1018.
- Madsen, W. 1984. Comment. *Current Anthropology* 25:183.
- Marshall, M. 1984. Comment. *Current Anthropology* 25:183-184.
- Piliavin, I. 1989. Stayers and Leavers Among the Homeless: Some Recent Findings. Paper presented at the NIAAA/UCSD conference on Homelessness, Alcohol and Other Drugs. San Diego, February 2-4.

- Ridgeley, M. S., Osher, F. C., Goldman, H. H., Talbott, J. A. 1987. Chronic Mentally Ill Young Adults with Substance Abuse Problems: A Review of Research, Treatment and Training Issues. Submitted to ADAMHA and Dept. of Health and Mental Hygiene, State of Maryland.
- Room, R. 1973. The Epidemic Model and Its Assumptions. *The Drinking and Drug Practices Surveyor* 8:16-21.
- . 1984. Alcohol and Ethnography: A Case of Problem Deflation? *Current Anthropology* 25:169-178.
- Rossi, P. H. 1989. *Down and Out in America*. Chicago: University of Chicago Press.
- Sargent, M. 1984. Comment. *Current Anthropology* 25:186.
- Sosin, M. R., Carling, P. and Grossman, S. 1988. *Homelessness in Chicago: Poverty and Pathology, Social Institutions and Social Change*. Chicago: University of Chicago, School of Social Service Administration.
- Stark, L. 1987. A Century of Alcoholism and Homelessness: Demographics and Stereotypes. *Alcohol Health and Research World* 2(3):8-13.
- Susser, E., Struening, E., and Conover, S. 1987. Childhood Experiences of Homeless Men. *American Journal of Psychiatry* 144:1599-1601.
- Towber, R. I. and Flemming, C. 1989. *The Housing Alert Program: One Year Evaluation*. New York: City of New York Human Resources Administration.
- Zigas, B. 1988. *The Low Income Housing Crisis and Homelessness: The Impact of Federal Policies 1981-88*. Washington, DC: National Low Income Housing Coalition.