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An Anthropological Perspective

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Often lacking in scholarly and policy-oriented discussions of homelessness are contextualized understandings of the problems faced, and the values held, by homeless mentally ill people. This article, using an anthropological perspective, examines issues that arise for homeless mentally ill individuals in making the transition from shelter living to permanent residences. The transition occurs as part of a housing initiative driven by the philosophy of consumer empowerment. Project participants are placed in independent apartments or evolving consumer households (ECH) — shared, staffed residences designed to transform themselves into consumer-directed living situations over time. The effects of an empowerment paradigm on the organization of space, the nature of social relations, and the management of economic resources in the ECHs are discussed to show that consumers and staff sometimes have contrasting views of what empowerment entails. It is suggested that anthropological research can help to illuminate the issues at stake in determining policy for homeless people with major mental illness.

The problem of homelessness, particularly of individuals who are both homeless and mentally ill, continues to grow. Throughout the country, localities are struggling to find effective, and cost-effective, means of coping with the mental health and housing needs of this vulnerable population. Although a substantial body

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of services research data is beginning to accumulate (see, for example, Morrissey and Dennis 1990; National Institute of Mental Health 1991), these data tend to focus on such outcome variables as psychiatric symptomatology and days the individual spends housed (community tenure in a residence). Although useful for planners, these reports do not offer "thick descriptions" (Geertz 1973) of the rich observations and experiences gained in carrying out such innovative programs.

We bring an anthropological perspective to bear on the examination of a "consumer empowerment" approach to providing housing for homeless mentally ill persons. Focusing on the transition from shelter living to permanent group residence for a small number of individuals with major mental illness, we investigate the philosophy of empowerment as it is put into everyday practice in self-directed households involving "consumers" and residential staff. We analyze the effects of an empowerment paradigm on the organization of space, the nature of social relations, and the management of economic resources in the houses to show how anthropological research can lead to a better understanding of the issues at stake in determining policy for homeless persons with major mental illness.[1]

An Anthropological Approach to Research on Homelessness and Mental Illness

Anthropologists take a distinct, not always fully understood, perspective on studying mental illness and mental health. Clinicians define psychopathology and the functioning of individuals as the problem to be addressed, examining how social forces interact with psychiatric illness to influence life course. Sociologists and policy analysts, meanwhile, focus on social and political institutions to ask how these institutions affect persons who suffer from mental disorder. By contrast, anthropologists have traditionally placed *culture* — that socially organized system of meanings, values, language, and social practices that mediate individual thinking and behavior — at the center of their analysis. We investigate personal experience and strivings, as well as the dynamics of group relations and interpersonal life, not simply in relation to larger social forces, but also in terms of the context, meanings, and values of the "local worlds" in which mentally ill persons live their daily lives.

A number of distinct epistemological principles underlie and inform anthropological inquiry and provide theory and method for the ethnographic enterprise. Above all, anthropologists seek to view the world through the eyes of the people they are studying in order to understand how they make sense of their experience. To the extent that what people do is determined by how they interpret what happens to them, grasping the meanings individuals attach to events becomes a way of understanding human behavior. For anthropologists, adopting the "insider's view" of the world is the primary means to this end.

An emphasis on attention to *context* also distinguishes anthropology from mainstream clinical and sociological perspectives. Attending to context means collecting data in and on natural settings while broadening the scope of analysis to include the sociocultural, economic, and political factors that structure and shape individual action. Studies carried out in natural settings reveal that people behave differently in different situations. At the same time, recognition of the complexity of context follows from the delineation of the multiple and interacting layers that it comprises.

Goffman's (1961) classic study of life in mental hospitals and other "total institutions" is a particularly compelling argument for the influence of context on behavior. By documenting similarities in social interaction across seemingly disparate situations, Goffman shows that these similarities stem from commonalities in the formal constraints imposed by the institutional environment, that is, from contextual factors.

Finally, anthropology affirms the importance of studying a situation over time. Insisting that there is no shortcut to understanding (and no better methodology than patience), anthropologists remain in the field for a year or more in order to participate in local activities, develop relationships, and witness the changes that take place in the lives of their subjects. An appreciation of change, like attention to context, is considered essential to the holistic perspective that characterizes anthropological research. The best studies of American street life, for instance, have come from sociologists and anthropologists who lived for extensive periods of time in urban communities and participated in their everyday life (see, for example, Whyte 1949; Rose 1987; Anderson 1990).

These three epistemological principles come together in ethnography, the time-tested anthropological tool for studying people and their behavior. Ethnography is both method and product in anthropological research. As method, it combines participant-observation, being with people to understand and share in their experience, with open-ended interviews in naturalistic field settings. As product, it offers an interpretive, usually book-length, analysis of a situation, a group of people, and a way of life.

Indeed, the holistic and insider knowledge that ethnographic research can produce seems especially important for the study of those who are homeless and severely mentally ill. These people are, in a sense, without voices. Life on the street is not easily understandable for any of us, however benevolent our intentions; as one woman told us, "You live on the other side of the world, you can't know what it's like to be homeless." Similarly, the very nature of major mental illness makes access to the lives of those affected particularly difficult. Not only do mentally ill persons seem less inclined to describe their experiences in the rich verbal and narrative forms valued by mainstream America, they are also slow to form the relationships of trust that necessarily precede frank talk about one's views of the world (Baxter and Hopper 1981; Corin 1990; Koegel, i.p.). The double disadvantage of homelessness and mental illness defines a population particularly vulnerable to being spoken for by others. This alone makes the representation of the insider's view a high priority for research on homelessness and mental illness.

Although the anthropology of homelessness is still in its infancy, several studies exist to illustrate the contribution an anthropological perspective can make to understanding homeless persons with major mental illness. Anne Lovell (i.p.), for example, has shown that different understandings of, and approaches to, the organization of time influence homeless people's adaptive use of urban facilities, a use which reinforces their marginal status. Baxter and Hopper (1981), Hopper (1988), and Koegel (1990), in turn, have shown that the meaning of temporary housing (shelters, single-room-occupancy hotels) for individuals who are chronically mentally ill — as a prison rather than a haven, as temporary and therefore unreliable, as relatively and unnecessarily expensive — helps to explain the rejection of proffered shelter, where it exists, in favor of life on the streets. Hopper (1988) has offered an alternative to "individual deficit" explanations of homelessness among mentally ill

persons, explanations that locate the cause of the problem in the impaired capacities of individuals themselves. He convincingly argues that economic and other structural aspects of social context (increasing poverty, gentrification, the shrinking supply of available housing) must be taken into account to understand adequately the origins of the problem. Finally, Koegel (i.p.) has shown that the constant and fundamental change that permeates the lives of those who are homeless and mentally ill (including their frequently transient lifestyles) can be grasped only by following people over time, a practice which, as we have seen, is a key element in anthropological research.

The Project

This work has emerged out of ethnographic research being conducted as part of a larger, comparative study of the effects of two housing models on clinical status, physical health, length of domicile, and other outcomes for those who are homeless and mentally ill. Permanent housing for 120 people is being provided as part of this research demonstration initiative, which also includes intensive clinical case management for those who choose to take part.

Participants are recruited from three shelters serving homeless people with mental illness in Boston, Massachusetts. Established by the state Department of Mental Health, these shelters accept only individuals with chronic and severe psychiatric illnesses. Residents are often referred to these facilities by outreach teams who work with homeless people in the streets and in other public shelters. Despite the fact that these special psychiatric shelters were originally intended only as *temporary* quarters, many participants had been living there for years when they were offered housing as part of the project. Before that, all had spent considerable time on the streets.

One of the shelters, managed by a private vendor, has been set up on a city-owned island in Boston Harbor in an abandoned structure formerly used as a hospital ward. The leaky, windowless basement of an old building on hospital grounds in a Boston neighborhood is the physical location for the second. The third consists of beds and partitions arranged on a basketball court in a downtown government building.

Having agreed to be included in the project, participants are randomly assigned either to independent living situations or evolving consumer households. Independent living situations (ILs) are studio apartments located in five public housing facilities in the city of Boston. Evolving consumer households (ECHs) are shared, staffed residences intended to transform themselves over time from arrangements resembling traditional group homes to cooperative living situations managed by the consumers themselves.[2] The mechanism mediating this process is consumer, or tenant, empowerment.

Empowerment

We begin to examine the meaning of empowerment by situating the term within the context of research and policy discussions focusing on housing for persons with mental illness. As deinstitutionalization began in the 1960s and services for the mentally ill moved into the community, housing was initially patterned on residences maintained on state hospital grounds. Over the past thirty years, models of halfway and quarterway group homes, subsidized apartments, board-and-care beds, and shelters were developed. These programs, however, have been challenged by

clinicians, researchers, and consumers of mental health services. They have been criticized as being overly regulated and infantilizing, transitional and time limited, and directed too heavily by professionals (Carling et al. 1987; Goering et al. 1990; Goldfinger and Chafetz 1984; Imbimbo and Pfeffer 1987; Ridgway and Zipple 1990).

Recent observers have formulated a number of objections to the routinization and depersonalization of community residence care, calling instead for services that emphasize diversity and flexibility (Boyer 1987; Goering et al. 1990; Cohen and Somers 1990; Witheridge 1990). Diverse and flexible services are those which seek to meet the basic needs of their clients while providing mental health care (Brown and Wheeler 1990; Segal and Baumohl 1988; Shern 1990). These types of services appear to be most meaningful to, and utilized by, difficult populations such as homeless people with major mental illness (Shern 1990; Goldfinger 1990).

These authors assert that the most effective housing programs are those which fulfill the needs and objectives asserted by clients themselves. These range from "home-like environments" in shelters through "consumer-run living centers" to "normal, independent living situations" (Goering et al. 1990; Harp 1990; Keck 1990; Ridgway et al. 1988). The consumer empowerment model is but one of many programs being implemented as part of the recent trend toward supported housing and client-directed residence care (Susser, Goldfinger, and White 1990).

To understand the meaning of empowerment for the Boston project, we may disassemble the general notion into its various constituent parts. At least four distinct but related principles are embedded in the empowerment philosophy as it applies to evolving consumer households.

First, empowerment means self-determination, which in turn means the exercise of control. From the beginning, tenants set house rules on such fundamental issues as whether alcohol will be allowed and what kinds of behavior will be considered unacceptable. Certain personal choices, such as whether to continue to attend a day program, are also left to the discretion of the individuals involved. Over the course of the project, tenants are expected gradually to assume control over decisions, on everything from household policy to when to take a shower; resources, such as money and time; and services received, including the number and activities of on-site staff and the development of goals for treatment. Self-determination, then, means that whenever possible, one defines one's own needs. Although it is recognized that, for some tenants, the need for help and staff presence may be lifelong, the primary goal is to maximize areas of self-determination and minimize unnecessary passivity and regulation.

Self-help is also part of the notion of empowerment. Self-help means learning to secure and administer proper amounts of medication, advocate for one's interests within the household setting and outside in the community, practice proper nutrition and personal hygiene, and manage one's own time — that is, doing for oneself the tasks that formerly required help from residential staff.

Since knowledge is required for the practice of self-determination and self-help, receiving and learning to ask for information is another aspect of the empowerment philosophy. This orientation presumes that tenants should *know* what their diagnosis is; what kinds of medication they are taking, in what amounts, for what purposes, and with what effects; what their income is; how much it costs to supply electricity and gas for a household of six; what is written about them in the daily

house logs, and so on. Such knowledge is considered essential if they are eventually to manage their house, and their lives, successfully.

Finally, empowerment embraces the principle of normalization. Normalization means leaving behind institutionalized housing for mental patients to take up residence alongside non-mentally-ill persons in the community. It means living like everyone else, in the sense of having a residence that does not include the presence of supervisory staff (or at least minimizes staff control and programmatic intrusion into daily activities). Shedding the identity of mental patient or shelter patient and replacing it with a sense of oneself as part of a larger community is also part of the normalization process.

The aim of empowerment, then, is independent living based on the ability, and the freedom, to exercise control and take care of oneself. The path to independence, however, weaves through interdependence. By sharing household expenses, tenants are expected to be able to meet the financial requirements of maintaining a home in the community.[3] At the same time, the ability to break old habits of reliance on residential staff is seen as stemming from the development of mutually supportive relationships among household members. The unit of independence in this model, then, is not the individual, but the "autonomous group" (ECH Program Description, 1).

Nor is the severing of ties from the mental health system implied in the notion of independent living. The fact that ECH tenants suffer from major mental illness is not altered, for purposes of this project, by a commitment to empowerment. To deny this by expecting them to become independent of the need for treatment would be morally as well as clinically irresponsible. The concept of *living* like everyone else, therefore, does not extend to include *being* like everyone else. The presence of serious illness of any kind places limits of personal freedom that healthy persons do not have to confront. "You don't get choices about everything when you have a chronic illness," one senior investigator on the project put it. "If you're diabetic, you get insulin."

The Transition from Shelter to ECH

From a consideration of how empowerment is defined and interpreted in the context of this particular project, we turn to the question of how it is put into practice. Three different aspects of the transition from shelter to ECH living illustrate the implementation of the empowerment philosophy and the changes it brings to the everyday lives of those making the move. Nine months of fieldwork in both the shelters and the ECH households provide the basis for the discussion, which is intended to identify core issues in empowerment for both tenants and staff.

Privacy and the Politics of Space

What does a home mean to the homeless? "Home is a place that you can lock up," one man told us while sitting in a shelter one day. His neighbors tended to agree. Besides being able to lock up one's belongings, a home, for many, also implies owning the belongings themselves. When we asked another man what a home meant to him, he replied, "A stove, a fridge, your own TV." Someone else observed, in turn, that "home is a place to wash one's clothes, cook, and eat." Along with the stress on the *possibility* of doing what one needed to do in order to live (wash, cook,

eat), respondents also emphasized that *freedom* of action was part of the meaning of home. "Home is where you can sleep all day," one woman said in response to our query. These and other comments suggest that having a home for homeless people means, most of all, owning a private space where one can live in comfort and freedom.[4]

For almost all shelter residents, the extensive rules and regulations, in combination with the lack of privacy and comfort, mean that a "real home" cannot be found there. Indeed, the absence of private space is one of the most salient, and burdensome, features of shelter life. In a shelter, all spaces are penetrable by staff. They can enter at will the separate dorm areas of the male and female residents simply by shouting, "Female staff entering the men's dorm!" Several rooms in the shelters are locked, and only staff hold the keys. On entering a shelter, one immediately comes upon the staff desk. Only staff can move into the space it commands, a fact that residents are well aware of.

In contrast to staff, shelter residents are restricted in their movements. There are several places they cannot go, and certain times when they cannot remain in the shelter. Staff influence, to a great degree, what spaces residents may inhabit. For instance, staff can order a guest to take a "time out" if his or her behavior is deemed inappropriate;[5] time out requires leaving the shelter for a specified period of time — an hour, an evening, a night.

These constraints on movement lead to particular ways of negotiating space in the basketball court shelter, where fifty-one beds are arranged in close proximity to one another. Here, sheer numbers often lead to a complaint of no privacy. Each night, every resident must sleep with approximately twenty other same-sex fellows on the same half court; no partitions separate the beds from one another. During the day, all the guests, male and female, share six tables, four armchairs, one couch, and one TV room. Most confrontations within the shelter involve disputes over these limited resources. One shouting match began, for instance, when a man bumped into another, spilling the coffee he was carrying; another took place when a woman intentionally chose a chair in the TV room that she knew another woman preferred to sit in. A typical tense moment occurred when a man sat down at a table where a woman was already seated. "I want to be alone," she said. "Alone?" he responded. "How can you be alone here? Everybody's together. You could be off somewhere by yourself." A minute later, the man left the table.

In fact, being "off somewhere" by oneself is one of the ways in which residents compensate for the lack of privacy in this shelter. Numerous benches, stairwells, and infrequently used hallways dot the shelter building and its surrounding grounds. Residents tend to frequent these "free spaces" (Goffman 1961) in order to be by themselves, sleep, or engage in sexual activity. While these nooks and crannies have traditionally offered at least some protection from constant exposure, recent changes in administrative policy have led to their being appropriated by other offices moving into the building. The former occupants, cautioned not to loiter, have thus found that the free spaces they thought they owned were in fact merely leased to them. Forced to fall back on other forms of privacy, residents erect invisible barriers around themselves, conveying to others through body language the advisability of remaining at a distance. Outside the shelter, they seek anonymity by going to a library, sitting on a park bench, or walking the streets.

The move to an ECH represents the acquisition of privacy for those who make the transition. New tenants move from the island, the basketball court, or the basement to a renovated single-family home or duplex. Well-trimmed grass and shrubbery surround the buildings, most of which are located in quiet, residential neighborhoods.

Upon entering an ECH house, one finds freshly painted walls, new carpeting, floors that have recently been refinished, and working fireplaces. Kitchens boast microwaves, dishwashers, and automatic coffee makers. There are a new television and stereo and comfortable sofas and chairs. Each of the five or six bedrooms is equipped with a new bedframe, mattress, and linens, as well as a chest of drawers.

Most tenants have their own bedroom; the rest of the space is shared with other tenants and staff. Staff as well as tenants watch TV in the living room, eat meals in the dining room, and store their food in the refrigerator. Staff office space is, to varying degrees in varying locations, situated within the common living area of the house, where it is both visible and accessible to tenants.

No longer forced to share sleeping quarters with twenty others, ECH tenants have either a room of their own, or a double — accommodations shared by no more than two persons. The large size of the living areas in the houses, together with the relatively small number of occupants, makes possible easy movement without bumping into, or sometimes even encountering, another resident. Furnishings are plentiful enough to allow everyone comfortable seating at the same time.

The fundamental importance tenants attach to having private space emerges in a number of ways. When asked what they like best about their new living situation, privacy is most often the response. The opportunity of having locks on bedroom doors was greeted with unreserved enthusiasm. Even the large amounts of time individuals spend in their rooms makes sense in light of the privacy these newfound "four walls" accord. Unlike a shelter, ECH living offers the luxury of being off somewhere by oneself without having to leave the premises.

Maximizing tenants' sense of privacy is an integral part of the empowerment philosophy as implemented by ECH staff. We see this in their self-conscious effort to remain unobtrusive by retreating to office space whenever possible, "leaving the house to the tenants." It is evident in the discomfort they express in opening the fridge to store or retrieve a lunch, thereby unavoidably "seeing what the tenants eat." At one house, the idea of organizing part of the basement into a clubroom where tenants could relax out from under the gaze of staff also arose out of a concern for enhancing their privacy. Generally considered off-limits to all but house residents, the clubroom quickly became a popular alternative to the upstairs living area as a space for watching television, playing cards, or simply hanging out.

The clubroom is not the only space that is off-limits, however. Another is tenant bedrooms, which (save for exceptional circumstances) are entered only in the presence of the occupants, and then only with their explicit permission. All other rooms in the house are, however, accessible to tenants, including office space, traditionally the exclusive preserve of staff.

Thus, in seeking to give tenants a sense of home by maximizing their privacy, staff have in effect constrained their own movements. The effort to create as much private space for tenants as possible has resulted in twin injunctions to remain inside office space as much as possible and stay out of some areas of the house altogether. Whereas in the shelters staff can go anywhere but residents cannot, in the ECHs the

opposite is the case. In this instance practicing empowerment means inverting the politics of space that characterize shelter life.

Relationships: From Detachment to Involvement

The significance and need for space and privacy appear particularly salient for the mentally ill persons who inhabit urban streets and shelters. In an anthropological study of illness course in schizophrenia, Corin (1990) identifies a "distancing-and-relating" approach to social interaction as a factor in patients' ability to sustain independent living outside the psychiatric hospital. Individuals who adopt this approach choose to remain essentially detached from the social mainstream, but mitigate their detachment by moving in and out of public spaces — restaurants, shopping centers, city streets — which allow for minimal and anonymous contacts with others. These mediating spaces create an in-between reality in which one is simultaneously inside and outside the relational field — at a distance, but also part of a shared world. Corin interprets this style of sociability as a means of establishing relationships that can be successfully managed so as to avoid threats to fragile personal boundaries.

A similar distancing-and-relating style of sociability can be observed in shelter life. Many residents prefer to keep to themselves most of the time;[6] yet many of these same individuals often seek the company of others in communal silence. Thus two residents often share the same table, smoking cigarettes, without contact or conversation.

When residents do strike up conversations, the exchanges often tend to be superficial and fleeting. One reason for this is that residents find it difficult, at times, to communicate meaningfully and in depth with their neighbors. When asked why this was so, one woman responded, "Would you want to have a conversation with someone who is talking to themselves, who is caught up with their *own* conversation?" While some individuals hear and respond to voices, others "talk ragtime," a slang reference to the tangential or illogical discourse of psychosis. These and other factors (the lack of privacy, the impermanence and anonymity of shelter life, the constant bartering for cigarettes and change) converge to define the shelter as, in the words of one woman, "not a place to make friends." "Everyone here has problems," she added. "Each goes their own individual way. So I have no real friends here." Other residents corroborated her remarks.

In fact, some residents prefer to live in the shelter precisely because it does *not* offer real friendships. "I think the shelter is the ideal situation for me," commented one woman. "Unlike a halfway house, there are enough people around that I don't feel the need to maintain deep ties with others, yet there are also enough people around that I don't get too lonely." This woman, who describes herself as having voluntarily dissociated herself from society when the state took away her child some twenty years ago, spends most of her time among others, reading the Bible, speaking little.

Shelter life offers this woman and others a way of being simultaneously inside and outside the social world. This style of relating may not be the preferred choice of all shelter residents, however. Some would apparently like to form closer relationships with their neighbors, but are prevented from doing so by the difficulties social interactions typically entail. "I have a good day as long as nobody bothers me," said one elderly man who sits alone at a table all day and is known for his gruff demeanor.

A preference for a detached style of sociability may, however, help to explain the initially negative reactions of many shelter residents when introduced to the idea of an ECH. Upon learning that they will be offered either group living or an "indepen-

dent apartment" as part of the project, prospective participants often make it quite clear that they would prefer to live by themselves. The reported rationales for these preferences vary. Melissa, who suffered a nervous breakdown the last time she lived in a group home, felt that if she tried such an arrangement again it would be with the same result. Her inclination to try to "babysit" people and help them with their problems, together with her former housemates' frequent crises and suicide threats, caused her to become depressed. "I've had enough of group homes," she concluded.

Amy reported that she wanted to live alone, "not because of wanting to be haughty in my 'independence,' but because of necessity. I can't look at people." She went on to explain that she causes others to fall ill if she looks at them; therefore, she could not live in a house with others until her eyes got "better." Naomi at first refused her assignment to an ECH out of apprehension at the prospect of developing meaningful relationships with others, particularly men, whom she had known only superficially in the shelter. "They don't talk to me here," she complained, "so why should they talk to me there?" Despite such concerns, Naomi eventually decided to move into the house.[7]

Like other project participants, these three women initially preferred independent apartments because the stress and pressures they associated with group living did not, they felt, suit their best interests. These preferences seemed to reflect a combination of factors: a detached style of relating, personal choice, and a generally negative view of prior experiences with group homes run by the Department of Mental Health.

In making the transition to ECH living, residents leave the in-between reality of the shelter for an environment in which the establishment of meaningful associations with others is emphasized. No longer easily able to remain at a distance, ECH tenants are asked to acquire a group mentality and to learn effective group process as part of their preparation for independent living in the community. Staff repeatedly stress the development of a sense of community through "working together" as a key ingredient in a successfully functioning shared household. Working together may mean pooling financial resources to buy large quantities of supplies at cheaper prices; it may entail developing a system to ensure the equitable distribution of chores; or it may simply refer to collaboration on the planning and preparation of a group meal. Whenever possible, the tasks involved in maintaining a home are conceived and carried out as joint efforts.

Equally as important as developing a sense of community is learning to participate in the group process, which, in this context, means sharing responsibility and decision making. While tenants readily adhere to group decisions leading to greater physical comfort or fewer restrictions on their activities, their response is not consistently positive. "Freedom" appears to be accepted more easily than "responsibility."

For example, one principle of group process which has received considerable emphasis from staff is the idea that tenants should learn to "bring things up." To bring things up is to communicate negative feelings about another tenant's behavior directly to the individual involved. Staff tell tenants that, if someone is leaving dirty pots and pans in the sink, storing too much food in the refrigerator, or making enough noise to keep you awake at night, the way to deal with it is to speak to that person yourself, rather than relying on staff to intervene on your behalf. "This is a self-directed household," one staff person said at a weekly house meeting, "and while it is tempting to ask staff to take over and speak [to people for you], it really

isn't their place. This isn't like the shelter, where when you have a problem, it's the staff's job to solve it. Staff are here to help you learn to run the house. And that's why they can't be asked to step in."

Staff view the ability to bring things up as empowering because it will ideally enable tenants to solve interpersonal problems themselves once staff are no longer on site. Thus, being able to bring things up is seen as a form of both normalization and self-help.

Apprehensions about the implications of bringing things up do not excuse one from the exercise of this responsibility, since, in the words of one staff member, "The way this household is set up means that even if tenants are fearful they still need to speak up, because otherwise we're not teaching them what they need to know to be able to live in the community. If I take care of a situation for you, you haven't gotten anything out of it."

Staff efforts to impart a sense of community and skills in group process have been met with a generally unenthusiastic response. Tenants have made their preference for individuality, rather than community, known in a number of ways. One of the first to emerge was the decision to minimize joint purchases. After a lengthy discussion, only three items — paper towels, garbage bags, and toilet paper — were judged sufficiently generic to be bought with funds from the household kitty. Everything else, from food to toiletries to laundry soap, was assigned to the domain of personal choice.

The rejection of a system for sharing housework also seems to reflect a reluctance to develop group mentality. In one house, tenants have politely but consistently declined repeated suggestions that they distribute assigned tasks as a way of ensuring fairness in the division of household labor. They preferred to adopt an informal arrangement whereby each individual would "see something that needed to be done and do it."

Encouragement to bring things up to other tenants as part of learning group process has encountered similar resistance. A recovering alcoholic, for example, refrained from objecting to the consumption of alcohol in the house, even though he began drinking again as a result. Another individual chose to sleep in the living room rather than ask his neighbor to turn down the radio late at night.

The vehemence with which some tenants resist staff insistence that problems be brought up is illustrated by the following encounter. One individual steadfastly refused to bring up to a housemate the fact that he was finding a particular behavior objectionable, even though the perpetrator himself challenged him to do so and several staff were sitting nearby urging him on. "If you're talking to me, just tell me!" the heated exchange began. "If you've got a problem with *me*, confront *me*!" "I got nothin' to say to you. You don't run this place!" came the controlled but angry reply. "I take issues to staff. *They* run this place! If staff don't say nothin', *I* don't say nothin'!"

Tenants cite a number of reasons for not wishing to bring things up, most of which invoke the anticipated consequences of such an encounter. In their minds, these range in severity from hurt feelings and lost friendships to retaliation and resulting physical harm. Some express apprehension at becoming entwined in a complicated and painful interaction from which they fear they could not escape. Others feel that any efforts they made to effect change by bringing things up would simply fall on deaf ears. "Everybody will just do what they feel like doing anyway," explained one man. "If I say something no one believes me anyhow, so I got nothin' to say."

It is in the sense of being enjoined to think and behave as a member of a *group* that the transition from the shelter to the ECH household represents a transition from detachment to involvement in human relationships. Tenants' resistance to making the changes that will lead to such involvement — developing a sense of community, learning group process — attests to a certain discomfort with the process on their part. As one person put it, "I don't want to get too bound up with people. Getting too bound up with people is the wrong thing to do."[8]

Empowerment and Economics

The transition to ECH living brings with it new financial obligations. In the shelters, all food, rent, and program costs are borne by the Department of Mental Health. Tenants are free to spend or save their income, whose source is generally Social Security or General Relief. In the ECHs, however, tenants pay "rent" calculated at 30 percent of their income as a contribution toward the cost of maintaining the house.

Not only must tenants pay rent and buy food; they must also, as part of the empowerment process, begin the process of taking charge of their funds. In the domain of economics, the principles of normalization, knowledge, self-determination, *and* self-help converge in the premise that tenants should learn to think about and manage their money in ways that will allow them to live within their means.

One of the first challenges tenants face on arriving at the ECH residence is how to procure necessary food and supplies. Those with ready cash at their disposal simply make their way to the nearest convenience store to purchase a few basic necessities — coffee, soda, cigarettes, a TV dinner. This option is not available, however, to those whose financial arrangements leave them with only small amounts of pocket money under their control. Until their agreements can be renegotiated, these individuals are faced with the necessity of sustaining themselves by whatever means they can contrive.

In one ECH, this problem was somewhat alleviated by the fact that tenants with more money bought basic food items that they made available to the house. Without seeming concerned at the prospect of using their own meager resources for the benefit of perfect strangers, and without expecting to be paid back, these people purchased such items as coffee, milk, and sugar for general consumption.

When the time came, however, to organize the finances of the household in a more systematic way, one of the first issues to be raised by staff was that of reimbursing those members of the group who had made contributions to the household out of their personal funds. Allowing those with more to help tide over those with less was defined as a breach of fairness, "fairness" being defined in terms of the principle that people should not pay for what they do not use. Paying only for what you use is construed, in this instance, as a first step toward living within one's means.

A natural next step is learning to budget. Budgeting is considered one of the most powerful tools available to tenants as they work to establish both their personal independence and the financial solvency of the household. For this reason, staff make a point of modeling the budgeting process whenever an occasion arises.

A successful budget can be constructed in one of two ways. One can either begin with an assessment of obligations and needs, then allocate available funds so that as many as possible of those obligations and needs are fulfilled, or choose to start by

determining the total amount one has to spend and move from there to decisions about the distribution of funds. In either case, the point of the exercise is to avoid spending more than you have. It is in this sense that budgeting reflects the more basic principle of living within your means.

For staff, part of the task of guiding tenants toward an economics of empowerment is helping them unlearn spending practices that seem to be at variance with this goal. Tenants apparently bring to their new living situation their own, alternative principles of money management. Instead of living within one's means, theirs is an economics of reciprocity and spending down.

Tenants' willingness to purchase supplies for others until they can rearrange their finances after the move may be understood in these terms. In an economics of reciprocity, people provide for others what and when they can and, in return, expect others to provide for them if they should run short of resources. If tenants were quick to come to the aid of their fellows in need in the early days of the transition, it may have been because they are nice people, but it may also have been because they expected, given an economics of reciprocity, that the same would be done for them if the circumstances were reversed.

Giving when you have, in the context of an economics of reciprocity, becomes an investment in the future, a form of insurance against periodic, and inevitable, hard times. That this is how at least one tenant initially conceived of the household kitty is suggested by his references to it as a "system where we help each other. Not everyone will have enough for every day," he observed, "so you chip in when you can afford to. If you chip in, then you can use."

The principle of reciprocity also explains the economic style of one tenant who, on receiving his weekly shopping money, can be counted on to buy a large supply of groceries, a significant proportion of which he then offers to fellow tenants and staff. If, as is often the case, he runs out of food as a result, he bridges the gap to his next allotment by asking for, and receiving, contributions from other residents.

In contrast to budgeting, in which the primary objective is to avoid spending more money than one has, the spending-down approach to financing involves using the money one has to provide for *immediate* wants and needs. Rather than beginning with a calculation of the total amount one has to spend, and spreading that amount evenly, if thinly, over a specified period of time, those who spend down use as much of their money as it takes to make desired purchases at any given moment, without, it seems, worrying too much about the cost of those purchases or whether they will run out of cash. Here money is a means, not an end. In the spending-down approach to economics, the operating principle is to keep spending until it is gone.

The contrast between budgeting and spending-down approaches to money management clearly emerges in the following illustrative anecdotes.

In the first, a tenant embarked on his weekly grocery shopping accompanied by a staff member, whose assignment was to make some miscellaneous purchases for the house. Each had a limited amount of money to spend. The tenant had his two-week allotment of food stamps, half of which he was supposed to use that day, and half of which, according to his budget, was to be saved for the following week. The staff person had $15 in cash.

On entering the supermarket, the tenant quickly moved to fill his carriage with goods, clearly knowing and seeing what he wanted and removing those items from the shelves. The staff member, however, hesitated, compared, calculated, replac-

ing goods deemed too expensive with cheaper brands. When the two arrived at the checkout, the tenant had spent nearly twice his one week's food allotment; the staff person had spent $14.85. One had stayed within his means; the other had spent down.

The second anecdote involves Carol, a tenant, and Sue, one of the research team, who left one of the ECHs together to do a few errands. On the way back, Carol stopped to buy a lottery ticket. Having made the purchase, she turned to her companion and asked for the loan of some money to buy more. "How much do you want?" Sue asked. "Ten dollars" was the response. Swallowing hard, Sue politely refused.

An argument ensued as the two continued the walk home, with Carol accusing Sue of being cheap and Sue consistently denying the accusation. Carol seemed at a loss to understand why, since Sue had the money, she wouldn't lend it, since she would be sure to be paid back at the beginning of the month. Sue explained that she didn't like to spend so much cash at once. "I prefer," she said, "to use my money slowly." "My motto is, if you got it, you gotta spend it!" was Carol's laughing reply.

Though appearing dysfunctional at the outset, the principle of spending down begins to make sense when viewed in terms of the context in which homeless individuals, those who are homeless and mentally ill, and poor people in general live their daily lives. The notion of spending money immediately begins to be understandable, for example, when we remember that in street life, cash kept on hand is likely to be stolen, borrowed, or made to disappear in other ways. Not to be discounted, either, is the influence of Social Security Insurance, which forces people to spend down by jeopardizing the benefits of individuals who accumulate more than a stipulated amount of cash. Perhaps most important, however, are the effects of poverty, which seem to produce a type of seize-the-moment economic mentality. Budgeting and saving make little sense for those whose income is so inadequate to meet their expenses that they have lost all hope of ever getting ahead. Convinced that they will never be in a position to really afford a comfortable standard of living, they grab moments of pseudoprosperity by spending disproportionate amounts of their income on attractive, expensive, but pleasurable consumer goods. In spending down, tenants may be doing something similar.

The Golden Rule of Empowerment

The practice of empowerment as reflected in efforts to maximize tenant privacy, foster peer relationships, and help individuals learn to live within their means is grounded in what we might think of as the golden rule of staff-tenant relations in the ECHs. In making decisions about how to interpret a particular situation, or what action to take, staff regularly invoke an analogy to themselves, asking, "How would *I* feel?" or "What would *we* want?" if the circumstances were reversed? Thus the demonstration of respect for tenant privacy stems from an awareness of the value one places on one's own; the emphasis on community spirit and group process from staff definitions of the prerequisites for successful dealings with roommates, and the emphasis on not spending more than you have from the standards they set (but admittedly do not always adhere to) for their own behavior. The do-unto-tenants-as-you-would-do-for-yourself principle constitutes the golden rule of empowerment in this setting.

Implicit in the golden-rule approach to the implementation of empowerment is the assumption that "normalization" has the same meaning for those being empow-

ered as it does for those who conceptualize and manage the empowerment process. But is this in fact the case? The anthropological data presented here suggest that staff and tenants may have different conceptions of what normalization entails.

Tenants clearly attach great significance to the acquisition of privacy in making the transition to ECH living, and staff exercise considerable care to protect that privacy once the move has been made. This suggests that the essential role of privacy in establishing a "home" is agreed upon by both constituencies.

The impression of agreement begins to break down, however, when we consider the data on staff-tenant interactions in the areas of relationships and economics. We have seen, first, that tenants have so far tended to resist staff efforts to develop a community spirit among members of the household and impart the skills deemed necessary for effective group process. Evidence of differing philosophies of money management — staff's ethic of living within one's means versus an economics of reciprocity and spending down — also suggests that tenants have their own, alternative ways of arranging their affairs.

Highlighting those domains in which tenant preferences seem inconsistent with staff's inferences about those preferences leads us to the recognition that the golden rule of empowerment may not always apply. While for some issues, such as privacy, the assumption that staff and tenants share a common outlook would seem to be justified, in others acting on the basis of analogies to oneself may not be as empowering as it appears.

To the extent that the golden rule of empowerment proves to have limited applicability, it may be because the living-like-others definition of normalization is not one to which homeless mentally ill persons wholeheartedly subscribe. Alexander (1977) has pointed out the paradoxes that normalization practices pose for the chronically ill — by definition, one cannot be sick and "normal" at the same time. If tenants feel that the ways staff live their lives are of limited relevance to them, they may be expressing realistic doubts about just how normal they can be.

Beyond an aspiration to independent living and a determination to remain in comfortable, affordable housing outside psychiatric institutions, we do not yet know what the notion of normalization or living normally means for those who have agreed to become members of an ECH household. What we do know, and hope we have shown here, is that tenants have a definite and distinctive point of view, which they communicate clearly despite a demonstrated distaste for bringing things up. This point of view determines how they relate to their housemates and how they spend their money.[9]

The anthropological emphasis on privileging the insider's perspective is realized in this context as a rendering of staff as well as tenant points of view. Both may be legitimately construed as insiders. Their outlooks are in some ways similar, but in other ways inconsistent with each other.

This leads us to pose an anthropological question, which both sets the stage for further analysis and highlights the potential of ethnographic research to inform practice in this and other policy-relevant domains. Having documented discrepancies in the perspectives of empower*or* and empower*ee* in the context of ECH living, we may next wish to consider what the implications of such discrepancies might be. Does the existence of an alternative, tenant point of view represent an obstacle to empowerment, or is its very presence a sign that empowerment is taking place? ❧

Notes

1. The research on which this paper is based is supported by a grant to Harvard Medical School from the McKinney Research Demonstration Program for Homeless Mentally Ill Adults, Stephen M. Goldfinger, M.D., principal investigator. The McKinney program is administered by the National Institute of Mental Health.
2. ECH staff who accept positions in the residences do so with the understanding that they will eventually work themselves out of a job.
3. While tenants pay "rent" calculated as a percentage of their monthly income, the costs of operating the ECHs are subsidized by funds from the grant and the state Department of Mental Health. Subsidies will continue to be provided by the Department of Mental Health when the grant period ends.
4. For others, having a home involved, as well, a sense of family: "I ain't never had a home," one man, who spoke of a troubled childhood, told us. "Not even when I was a kid." When we then asked what made a home, the man replied, "My cousins seemed to have something there, being together, that I never had." Others reiterated this sense of a home as a place where people "stay together."
5. Abusive language and touching a staff member or a guest in particular ways are examples of inappropriate behavior.
6. Their preference further underscores the need for, and lack of, private spaces.
7. The ways this woman and other participants have changed their minds about group living are used as a rationale by project advocates when faced with resistance to the idea. As one staff person said to a man who voiced his reluctance to live with others, "Actually, a lot of [ECH tenants] didn't want to live with other people at first, but now they love it!"
8. As noted above, participants' preference for living independently suggests that this is a common sentiment in this group.
9. In making a case for a distinctive tenant point of view, we do not mean to imply that all tenants think the same way. Individuals differ, of course, in the ideas they espouse; here we are speaking at the level of the group.

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