

Psychoanalysis and Homelessness in Philadelphia

In the 1980s, Philadelphia had one of the highest rates of homelessness in the US; now it has one of the lowest. Credit for the turnaround goes to two women: a nun named Mary Scullion, and her best friend, Joan Dawson McConnon. Outraged by the plight of the very poor in the world's wealthiest nation, and with no institutional backing, they simply invited 50 homeless men into an abandoned recreation center. The results were so encouraging that the two women acquired government and private funds. Their fledgling effort has become a huge organization known as Project HOME, which consists of 17 fully-staffed apartment buildings all over the city that homeless people never have to leave. In 2005, I sat down with Sister Mary to talk about the mental health needs of her residents—and asked permission to bring psychoanalysis to Project HOME. When she gave the green light, I began recruiting colleagues to a small, zero-budget group we call IFA (Insight For All).



IFA takes a 3-pronged approach. We have one analyst-on-the-street who sees only people who have not yet come indoors, either because they are on a waiting list for housing, or because they prefer not to live inside. She sees some people occasionally, and others several times per week. Sessions are sometimes used to discuss housing, but also as ordinary analytic/therapeutic hours.

The second thing we do is run groups for residents and staff. The most remarkable of these was a group for the children of Project HOME, which ran 4

times per week for 7 years, and provided the best facilitating environment of their young lives.

What most IFA members do is to offer individual treatment, pro bono, for as long as the patient wishes, and there is no red tape. A Project HOME staff member simply calls with a referral, and I make a match within 48 hours so that the treatment can begin immediately. Early on, the patient was given a clinician's address, but that resulted in many no-shows. Leaving the protective skin of Project HOME for a stranger's office was not psychically worthwhile for many. We decided that the early sessions (i.e. a few weeks to several months) would occur onsite, in some vacant office. This places an extra burden on the therapist, but results in fewer no-shows. We wait until the patient says: "Where is your office? Why can't we go there?" to make the change, which invariably results in a deepening of the transference. What we offer is not classical analysis. Typically there are 1-2 weekly meetings, sitting up, although perhaps 20% of formerly homeless patients prefer the analytic couch.

As for theoretical commitments, most IFA members are steeped in British Middle Group thinking and/or American relational psychoanalysis, and there have been a few Lacanians. Donald Winnicott's work has been essential, as well as that of contemporary writers who use it. The idea that the first home we inhabit is the mother's body (Campbell, 2006) has been a starting point in understanding 'shelter resistance'. Ideally, the womb is a space where all needs are met. But what if the pregnant mother is hungry, psychotic, or being punched in the stomach? For such infants, the intrauterine environment is more like a chamber of horrors, and any future homes or enclosures will recall the original chaos and fear.

We at IFA have come to think of three psychological categories of homelessness. First, homelessness can be an expression of breakdown. This is the conventional view; it means that one's resources have been exhausted. Second, as Brown (2019) describes, it can be a defense against breakdown. To these we add a third possibility, following Winnicott (1963): Homelessness can be an expression of the breakdown that occurred in infancy, but was not experienced. It would be a great oversimplification to say that these three map onto the diagnostic categories of neurotic, borderline, and psychotic. However, one can reasonably

think of them as reflecting increasing levels of trauma and dysfunction. An example of the first would be Maria, an upper middle class woman who fled an abusive spouse to the safety of a friend's home. Until a divorce was settled and courts released her bank accounts, she found herself moving every few weeks, and ended up temporarily in a homeless shelter. This kind of situation—as well as natural disasters like Hurricane Katrina—remind us that we are all one step away from being unhoused.

The 2nd category would include Gavin, who walked out of his house because the family atmosphere was so toxic. He always referred to himself as “homeless by choice.” Although he nearly ruined his health living on the street, he maintained it was the best decision possible. I believe that, had he stayed, a psychotic breakdown would have been likely. Unlike Maria who desperately wanted safety indoors, Gavin declined services for a year, and came inside only when physical injury required it. Seven years of treatment allowed him to process his traumas, and live in supportive housing.

In the 3rd category is Lenore, whose mother suffered a post-partum psychosis when she was born. When she herself gave birth, she re-lived the trauma, and had a breakdown that led to giving up her own child. Events later in life triggered feelings for that child and—carrying a diagnosis of schizophrenia—she became street homeless. Her sense of self-exile was so strong that only an endless wandering was bearable. She would feel grateful spending one night in a warm shelter, yet be found the following night on a park bench, as her voices instructed. Treatment lasted less than one year, but close work in the transference allowed her to move in with a benign family member (Luepnitz, 2015).

Working with those who are unhoused—both in body and mind—poses the challenge of vicarious trauma for the analyst. We draw comfort from a reflection by Paul Daly on Beckett's *Waiting for Godot*, and its famous last line: “I can't go on, I'll go on.” This, as Daly points out, is the lived experience of both the unhoused, and those of us who would care for them. It has never felt truer than in these days of the pandemic.

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Deborah Anna Luepnitz, Ph.D.
Philadelphia