

**Dublin Business School**

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**An exploration of psychoanalytic and psychodynamic psychotherapy  
with homeless people**

**Thesis submitted in partial fulfilment of the requirements of the Higher Diploma  
in Counselling and Psychotherapy**

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## Acknowledgements

*Foxes have holes, and the birds of the air have nests; but the Son of Man has nowhere to lay his head.*

Luke 9: 58

I would like to dedicate this thesis to Jesus, the Son of Man, who knew homelessness from the inside.

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## **Abstract**

Homelessness is a multidimensional reality with political, socio-economic, familial, psychological and health aspects. How homelessness is thought of shapes how it is responded to. The aim of this study is to explore psychoanalytic and psychodynamic psychotherapy with homeless people. Firstly, the definitions and prevalence of homelessness are noted and the main strategy for responding to it is mentioned. The notion of physical and psychological shelter is introduced and attention is drawn to the problem that some homeless people have relating to a physical space and a possible reason for this is given. A number of different ways of conceptualising homelessness within a psychological and psychotherapeutic frame are described. The different kinds of psychoanalytic and psychodynamic psychotherapy offered to homeless people are reviewed. A recommendation for future research in this area is made.

## CHAPTER 1: INTRODUCTION

*Poor naked wretches, wheresoe'er you are,  
That bide the pelting of this pitiless storm,  
How shall your houseless heads and unfed sides,  
Your looped and windowed raggedness, defend you  
From seasons such as these? O, I have ta'en  
Too little care of this. Take physic, pomp,  
Expose thyself to feel what wretches feel,  
That thou mayst shake the superflux to them  
And show the heavens more just.*

King Lear, Act 3, Scene 4, 27-36 (Shakespeare, 1608, p. 273)

Much of Shakespeare's language is hugely resonant and often anticipates the later insights of psychotherapy. King Lear's prayer for the homeless is spoken in the middle of an imaginative world in which much is simultaneously internal and external. The storm that rages is in Lear's mind as much as on the heath and the window-like holes in the clothes and the "houseless heads" of the destitute which Lear is seeing for the first time speak of psychic vulnerability as much as exposure to the elements. The psychic vulnerability of being homeless is heard even more strongly a few lines later when Lear says to Poor Tom, "Unaccommodated man is no more but such a poor, bare, forked animal as thou art" (Shakespeare, 1608/1997, p. 273). Lear's own head is "houseless" and the shelter he seeks - as with many homeless people today - is not just a physical dwelling but the shelter of love and understanding (Seager, 2011). Although the words "wretch" and "thy" are from a different era, the concept behind Lear's invitation to himself to "expose thyself to feel what wretches feel" could be the self-talk of a psychotherapist today (Shakespeare, 1608/1997, p. 273).

The insight that some chronically homeless people experience psychic vulnerabilities and psychological distress is not new. We see this in literature and in personal observation on the street. In the largely autobiographical *Down and Out in Paris and London* George Orwell (1933, p. 204) describes "tramps" as "the most docile, broken-spirited creatures imaginable". More recently John

Healy's (1988, p. 1) visceral autobiography of alcohol addiction and homelessness begins ominously: "My father didn't look like he would harm anyone." Within a few sentences the six year old is being violently assaulted by his father. There is a sense in this book that if people are not traumatised before they are homeless they become so because of it:

Skippering is illegal; also rough. Some skippers are fair; most are bad. One feature common to both - they are all lousy. It is hard to describe to a clean and healthy person just how uncomfortable and degrading it is to share your clothes with a load of parasites: apart from the terrible irritation there is the nasty feeling of self-contempt. Fights break out in the night; the police come in, nick you or throw you out, depending on their mood; any nutcase can walk in, burn the place down while you're in a drunken stupor. You try to sleep in the attic with the birds but end up in the basement with the rats. (Healy, 1988, pp. 161-162)

### **Prevalence and definition of homelessness**

In 2005 the United Nations estimated that there were 1.6 billion people inadequately housed worldwide which included 100 million who were completely homeless (UN News Centre, 2005, para 1). The 2011 Irish census found 3,808 people were either in accommodation for homeless persons or sleeping rough (Central Statistics Office, 2012, p. 1). In Ireland the definition of homelessness is contained in Section 2 of the Housing Act 1988. This definition includes people sleeping rough and those accommodated within shelters, emergency hostels and bed and breakfast accommodation (Lawless & Corr, 2005, p. 27). Focus Ireland (2010, p. 2) has a more inclusive definition and sees three types of homelessness: visible homeless (as above); hidden homeless (e.g. those involuntarily sharing with family or friends or living in sub-standard housing); and at risk of homelessness (e.g. those who could become homeless due to economic difficulties, leaving prison or mental health problems). This study will deal only with the visible homeless as defined in the Housing Act 1988.

## **Responses to homelessness**

The Irish Government's most recent policy statement on homelessness is a "housing-led approach" which it defines as "accessing permanent housing as the *primary response to all* forms of homelessness." [emphasis added] (Department of the Environment, Community and Local Government, 2013, p. 3). The HSE and some voluntary agencies offer counselling and psychotherapy to homeless people (Department of the Environment, Heritage and Local Government, 2008; Dublin Simon Community, n.d.; First Fortnight, n.d.). Such services are not referred to in the recent Government policy statement though they are mentioned in the Government's strategy to address adult homelessness, *The Way Home* (Department of the Environment, Heritage and Local Government, 2008). *The Way Home's* strategic aim of eliminating the need to sleep rough is thought of in terms of provision of accommodation. There is acknowledgement in the strategy of "a cohort of individuals who are resistant to offers of accommodation and other assistance" and whose wishes need to be respected but there is no exploration of where that resistance might be coming from or how best to engage with it (Department of the Environment, Heritage and Local Government, 2008, p. 8).

## **Physical and psychological shelter**

Writing about homeless services in England Martin Seager (2011, p. 183) states:

When it comes to tackling homelessness we act as if 'getting a roof over a person's head' was more important than what is going on inside their head and as if the physical shelter provided by the roof was more important than any psychological shelter that might be provided under that roof from the relationships formed between that person and the others who live there.

Seager (2011, p. 184) goes on to state that the approach to homelessness is too often "mind blind", focusing on bricks and mortar, food, medicine, skills and finance and not helping people meet their "universal psychological and spiritual needs" to be loved, listened to, belong, achieve, have meaning and hope.

While most people who have become homeless are able to maintain a home when they find one there are some people who have a problem in their relationship to a physical space and usually for these people there is an earlier experience of home as a highly troubled place where they did not feel they belonged (O'Connor, 2005, p. 219). Focusing on the psychotherapeutic dimension of homelessness is not to downplay the important role of poverty, unemployment and lack of housing accommodation in homelessness. Rather it is to recognise the role of psychotherapy as part of a multidisciplinary response to this problem.

A survey of the literature indicates that there does not appear to be any research which explores the range of psychoanalytic and psychodynamic psychotherapies which have taken place with homeless people. The aim of this study is to bridge that gap by exploring how psychoanalysts and psychodynamic psychotherapists have engaged with homeless people in various countries in the last 20 years. To fulfil this aim it will be necessary to look at the ways of conceptualising homelessness within a psychological and psychotherapeutic frame and to see what can be learned from the different kinds of psychotherapy with homeless people. Non-psychodynamic therapies such as Cognitive Behavioural Therapy will not be examined in this study. The method used will be to survey and critically assess the psychoanalytical and psychodynamic literature on engaging with homeless people and to make a recommendation for future research. The emphasis will be on the practical rather than the theoretical. The research will be undertaken on psychology and psychotherapy databases as well as in a number of libraries.

## **CHAPTER 2: CONCEPTUALISING HOMELESSNESS WITHIN A PSYCHOLOGICAL AND PSYCHOTHERAPEUTIC FRAME**

How homelessness is thought of shapes how it is responded to. While poverty, unemployment and lack of affordable accommodation are factors in homelessness there is a lot of research which links homelessness to psychological and psychotherapeutic factors. There are different ways of conceptualising homelessness within a psychological and psychotherapeutic frame. Eustace (2014, pp. 35-41) writes of homelessness as trauma and homelessness in relation to non-containment. The following categories have been selected as most useful.

### **Homelessness and mental health issues**

Research shows a link between homelessness and mental health issues both as a cause and a consequence of homelessness. The mental health issues may be described psycho-socially or located within the individual. The Psychologically Informed Services for Homeless People Good Practice Guide (2012, p. 3) refers to research (Maguire et al, in prep., Cockersell and Rees) that up to 60% of adults living in hostels in England will have diagnosable personality disorder which the guide also describes as complex trauma. Seager (2011, p. 185) states that the same factors cause serious mental health problems and entrenched homelessness: childhood trauma, neglect, abuse and broken attachments. Campbell (2006, para 1) reports that an audit of Edinburgh's homeless population by the Psychotherapy Department of the Royal Edinburgh Hospital found that 66.7% had at least one diagnosable personality disorder, the highest prevalence being borderline and impulsive. Fischer and Breakey (1991, pp. 1115-1116) state that research has found a high prevalence of alcohol, drug, and mental disorders in the homeless population. Finfgeld-Connett (2010, pp. 461-463) states that homeless women suffer from high levels of stress, anxiety, low self-esteem, substance abuse, mood disorders and psychosis. Goodman, Saxe, & Harvey (1991, p. 1219)

state that homelessness itself is a risk factor for psychological trauma because the loss of one's home can be a severe stressor, the conditions of shelter may result in trauma and many homeless people, in particular women, become homeless after experiencing sexual and physical abuse. Bentley (1997, paras 4-8) sees social detachment and helplessness as key clinical features of homelessness.

### **Homelessness and lack of containment**

O'Connor (2003, p. 115) outlines the concept of containment as described by Klein and Bion: the child's anxieties are projected into mother who detoxifies them and gives them back to the child in a more palatable form. Each person's first home is not a house but "the mind of one's mother" (O'Connor, 2003, p. 121). This experience of a containing object is eventually internalised so that the child is able to go through a process of self-reflection which helps him or her to tolerate experiences of absence - though containment from others is always needed to some extent (O'Connor, 2003, p. 116). When containment does not happen or happens to a lesser extent the result is an uncertainty about the world; the child may avoid interactions where anxiety arises, reject the very act of containment or turn to external sources of comfort (O'Connor, 2003, p. 119). In addition, it may happen that the child is used as a container for the unwanted feelings of his or her parents and O'Connor draws the analogy that homeless people "become the victims of a collective projection of all that is unpleasant and unsavoury" and they may come to enact this role (O'Connor, 2003, p. 118). For O'Connor (2003, p. 120) the experience of containment and the experience of being at home are parallel and therefore to be without a home is also to be without a sense of belonging and safety: home is defined by one's relationships and one's emotional connectedness. Some people put up with chronic homelessness because it is a reflection of their internal experience of rejection and disconnection; others seek more intense containments such as prison or drugs (O'Connor, 2003, pp. 122-123).

Campbell (2006, paras 1, 9) describes Rey's concept of the claustro-agoraphobic dilemma which Campbell states is intrinsic to both homelessness and to borderline disorders: this is where the person feels shut in when in an enclosed space and and afraid and abandoned when in the open spaces of the streets. Campbell (2006, para 21) cites Rey's insight that the characteristic occupation of doorways by homeless people stands for an inability to make choices. The doorways become an intermediary space between the 'inner' sense of persecution and the hostile 'external' world where their restricted ability for self-reflection is expressed in their wish to make sense of themselves through other people's responses, drawing passers-by and support workers into fleeting encounters (Campbell 2006, para 21). The contribution of psychotherapy has been to let thinking processes act as a unitary container which allowed those who work with the homeless (who are often recipients of disturbing projections) to learn as a group and to hold firm (Campbell (2006, para 34). Trying to locate both the causes of homelessness and the frailty and the destructiveness only within the people on the street is to miss the fact of society's frequent inability to provide containment in a reliable way (Campbell, 2006, para 38).

### **Homelessness as psychological 'unhousedness' and psycho-social dis-memberment**

Scanlon & Adlam (2006, p. 10) argue that many homeless people - like those with personality disorders - are "psychologically 'unhoused' and psycho-socially 'dis-membered'". Given the level of anxiety among the public on this issue the authors see the problem of homeless as an "inter-personality disorder" or in Bion's words "a disturbance of 'groupishness'" (Scanlon & Adlam, 2006, p. 11). Homeless people with a personality disorder may have a deep sense of not being at home in their body or mind and experience painful unbearable feelings and Scanlon & Adlam (2006, p. 11) ask how someone who feels continually empty in their internal space would feel secure in the external space of a house. The authors cite Bateman and Fonagy who link this

emptiness to lack of success in establishing a secure attachment and they state that in ordinary development the experience of 'home' is linked to the experience of one's self being housed in others', usually parents', minds" (Scanlon & Adlam, 2006, p. 11). The personality-disordered homeless client seeks to refrain from "'being inside' anything" while at the same time wishing to be known and "inside the mind of others" (Scanlon & Adlam, 2006, p. 11).

### **Homelessness and broken attachment**

Seager (2011, p. 186) claims that broken attachments are one of the contributing factors to chronic homelessness and that long term rough sleepers may well be still searching for their first secure attachment in their lives. Smolen (2001) writes that when working with homeless children and parents there must be a clear focus on the early attachment relationships of both the child and the parent. Schweidson (1998, p. 113) writes of traumatised homeless children who when asked to enter a "transitional space" of storytelling act out life-threatening scenes in which shattering of self and others takes place. Homeless children excuse their parents even if it means seeing themselves as monsters who deserve desertion (Schweidson, 1998, p. 117).

### **Homelessness as unconscious familiarity with the street**

Farrell (2010, pp. 243-251) argues that there are three main dynamics which cause people to continue to be chronically homeless even when housing becomes available: an unconscious gravitation towards the familiar homeless environment; difficulty with situations which are structured; and an adjusting to the homeless way of life. The unconscious tendency to gravitate towards the familiar is an example of Freud's repetition compulsion (Farrell, 2010, p. 244). Some homeless people may gravitate to life on the familiar streets in the same way that people in abusive

relationships keep returning to violent situations and there may be unconscious resistance to leaving this way of life (Farrell, 2010, pp. 244-245).

### **Homelessness and failure of self-care**

While socially oriented theories see homelessness in structural terms chronic homelessness can also be seen as involving a profound failure of self-care. Brown's (2015, p. 36) experience as a psychotherapist working with the homeless is that failure to care for one's body may repeat scenarios of early neglect or abuse and this is often communicated through disturbances in relation to dirt and smell. Failure of self-care comes from a traumatised relationship between the person and his or her body in the first instance (Brown, 2015, p. 31). Brown (2015, p. 37) cites Lemma's observation that "the body never ceases to signal the relationship with the mother". Odours, which are unconfined and which unavoidably cross boundaries, prevent us from ignoring the homeless person's distressed mind and neglected body (Brown, 2015, p. 32). Seager (2011) sees long term rough sleeping as indicating an almost complete disregard of the value of the self. Sleeping rough and refusing shelter, particularly in the winter months, comprises serious self-neglect but it is often naively seen as a "lifestyle choice" (Seager, 2011, p. 185).

## **CHAPTER 3: KINDS OF PSYCHOTHERAPY OFFERED TO HOMELESS PEOPLE**

Having looked at some of the ways of conceptualising homelessness within a psychological and therapeutic frame it is appropriate now to explore a selection of the psychoanalytic and psychodynamic psychotherapies offered to homeless people in different parts of the world.

### **A middle path between Winnicott and Lacan: psychoanalysis with homeless people in Philadelphia**

Deborah Luepnitz (2015, p. 151) writes that it was the inspiration of Freud's free clinics and of Winnicott's innovations in theory that led to the development of her psychoanalytical programme for the homeless, Insight for All (IFA) in Philadelphia. Volunteering first with an initially small homeless project (now called Project H.O.M.E.), Luepnitz (2015, p.152) was struck by the situation of those who appeared psychically unable to live indoors and with the agreement of the project leader recruited psychoanalysts - now 14 in number - for the "deep work" that was needed.

Luepnitz (2015) is interested in a middle path between Winnicott and Lacan, having received analysis from both traditions and in her clinical vignette she includes insights from both theorists. There is the idea that the breakdown one fears most has in Winnicott's words "already happened, near the beginning of the individual's life" and the patient needs "to experience this past thing for the first time in the present—that is to say, in the transference" (Luepnitz, 2015, p. 157). Luepnitz (2015, p. 159) also highlights Winnicott's belief that one needs to let oneself be used by the patient and she sees a parallel between this and Lacan's view that the analyst "acts as trash [*déchet*]; his business being trashitas [*il décharite*]"'. From Lacan too Luepnitz (2015) learns the importance of reflecting on language and the value of paying attention to key signifiers. Luepnitz (2002, p. 249) evaluates her 15 year long psychotherapy with a one time homeless woman by the "internal warmth" her patient has cultivated, "allowing her to love and to stand apart". Eloquently, Luepnitz

(2015, p. 159) writes of her way of doing psychoanalysis with homeless people: “We show up. We bear witness and make ourselves vulnerable to the dread, the aggression, the deadness of the patient’s inner world—without abandonment or retaliation.”

### **Lacanian psychoanalysis on the streets of London**

The Lacanian psychoanalyst Harper (1999, p. 84) states that for the homeless person on the street there is little difference between the public and private spheres and no sense of sanctuary or home. To describe this traumatic space Harper (1999, pp. 84-85) invokes Bion’s “nameless feeling of dread”, Winnicott’s “state of endlessly falling” and Klein’s “pure presence without absence, a lack of lack”. Initially, counselling had been offered by Harper’s psychotherapy group in a cold weather shelter for the homeless in London and once relationships had been established there was a demand for a follow-up which resulted in “psychoanalysis on the streets” by a team of therapists outside an Underground station (Harper, 1999, p. 85). As this was pioneering work there was anxiety among practitioners and a realisation that psychoanalytic thinking needed to be adjusted to fit the context (Harper, 1999, p. 85). Harper (1999) describes how he acknowledged the group of homeless people but stood some distance from and did not intrude on anyone he did not know from the shelter. Using Lacanian terms Harper (1999, p. 92) states that to live on the street is to live outside of the Law-in-the-Name-of-the-Father. He describes the emergence and progress of a therapeutic relationship with a homeless woman, Jane, who had been on and off the street for 18 years (Harper, 1999). Fights, suicide attempts, psychotic episodes and deaths took place in this space that was often filled with smells, bodily fluids and loud noises (Harper, 1999). The team of therapists took up a position of silence and non-interference and empty space so as not to impinge (Harper, 1999, p. 87). At one stage two of the homeless group screamed at Harper for 45 minutes while he maintained eye contact and did his best to remain calm (Harper, 1999, p. 89). Harper states in relation to his therapy with Jane that he adopted a position of being empty and not knowing while listening and

allowing the change to happen; he was able to interpret what was being repeated or had been transferred into the present (Harper, 1999, p. 94). Harper states that he made himself available to be destroyed and his survival of the destruction led Jane to transforming her self-destructive behaviours into something that she could live with (Harper, 1999, p. 94). Harper's conclusion regarding the methodology used was that it was unsophisticated and improvised though it did stick to some analytic principles such as efforts to keep a boundary, a regular time and receptive listening (Harper, 1999, p. 94).

### **Psychoanalytically informed psychotherapy with homeless people in New York and Boston**

Alan Felix and Pamela Wine claim that psychoanalytic constructs enable a better understanding of both the patient and the patient/therapist dyad while not advocating formal psychoanalysis for homeless people (Felix & Wine, 2001, p. 30). They state that there is controversy over how to bring services to the homeless particularly as many homeless people do not want to engage with such services (Felix & Wine, 2001, p. 20). Referring to Winnicott's concept Felix states that monthly or even weekly appointments in the typical outpatient mental health clinic do not provide for the homeless mentally ill the necessary "holding environment" which "would allow pathological self/object dyads to emerge" in a safe space (Felix & Wine, 2001, p. 25). Some of the ingredients of the holding environment are an atmosphere of safety, empathy and accessibility (Felix & Wine, 2001, p. 25). What is needed according to Felix and Wine (2001, p. 25) are clinics, day treatment programmes, drop-in centres and staff who will see patients on an as-needed basis and who are able to manage the transference and countertransference particularly the destructive elements. In an earlier article Felix (1998, p. 2) describes what psychoanalysts can bring to a community setting: getting a comprehensive history of the patient, linking present behaviour to events in the past, finding unconscious motives, appreciating resistance and defence mechanisms, understanding self and object representations and identifying transference and countertransference. In a later paper

Alan Felix (2004, pp. 24-27) states that homeless people have experienced a high incidence of trauma and violence during childhood. Outlining psychoanalytically informed techniques to assist homeless people Felix (2004) describes three phases in providing services to homeless people. The first phase is outreach and in order to form a successful alliance with a homeless person there needs to be something similar to Winnicott's holding environment (cited in Felix, 2004, pp. 27-28). Felix (2004, p. 28) also cites Bion's concept of the container which provides safety and boundaries in the tolerance of aggression by the client. The second phase is the client-case manager relationship (Felix, 2004, pp. 28-31). An important aspect of this relationship is the transference and countertransference and Felix (2004, pp. 28-29) identifies some common transference-countertransference pairings which are at work in people with a history of abandonment, violence and neglect, for example, a client who feels powerless may elicit either powerlessness or omnipotence in the case manager. The fear of entering the inner world of an angry homeless person may be perceived as rejection and trigger further anger (Felix, 2004, p. 29). The third phase is transition to the community and it is critical for care to be continuous because it is essential not to repeat the experience of people who have suffered childhood losses and separations which were traumatic because otherwise they may relapse and return from transitional housing to the "mother's shelter" (Felix, 2004, pp. 32-33).

### **Psychodynamic psychotherapy for the chronically excluded in London**

Gabrielle Brown et al (2011, p. 308) write about a pilot project which made up to 25 psychodynamic psychotherapy sessions available to chronically excluded people in 12 different locations across London. These included a homeless hostel, a psychiatric hospital, a forensic rehabilitation unit and a health centre for mental health patients (Brown et al, 2011, p. 308). The therapists were concerned that clients in hostels might experience the offer of psychotherapy as a solution for homelessness as "pathologising and patronising" and the wider structural causes of

homelessness might also go unaddressed (Brown et al, 2011, pp. 311-312). The clients at times put up a fierce resistance to psychotherapy: they engaged with psychotherapeutic thinking but they would not enter the therapist's room, lingering in the doorway, the park, the garden, the corridor, the ward instead (Brown et al, 2011, p. 314). Behind this resistance for some appeared to be an anxiety about being taken over and obliterated, recalling histories of neglect and abuse, and the doorway was the only place they felt safe (Brown et al, 2011, p. 315). There were challenges in these border spaces for both therapist and client: lack of privacy, interruptions, poor weather, frequent uninvited spectators, difficulties hearing and focussing (Brown et al, 2011, p. 315). When it came to supervision there was conflict among the therapists around the personal cost of having an open door policy for everyone and there was recognition of hostility towards those to whom they were trying to offer hospitality (Brown et al, 2011). The therapists came to accept that clients could choose to cross the threshold in their own way and that the terms of agreement had to be a cooperative task (Brown et al, 2011, p. 320).

### **Psychoanalysis with young homeless gay men in New York**

Elisabeth Young-Bruehl (2006) writes movingly of two homeless young gay men she met once a week for psychotherapy when she was working at a New York City LGBT drop-in centre. She states that the treatment was “part psychoanalytic psychotherapy, part sex education, and part social work” (Young-Bruehl, 2006, para 1). A common theme of the histories of the young men was deep humiliation but they had reacted differently: one through reaction formation had converted into a caretaker and the other through identification with the aggressor fantasised about killing people (Young-Bruehl, 2006). The author describes how she was able to work psychoanalytically with the young men, for example, using a story of Anna Freud brandishing a wooden sword after a painful visit to the dentist to illustrate identification with the aggressor (Young-Bruehl, 2006, para 41). She

helped them to identify the patterns in their lives and to understand that if they knew themselves better and deeper they were more likely to survive their situations (Young-Bruehl, 2006). The author started with the situation which was of most threat to them: being homosexual in a society which was homophobic (Young-Bruehl, 2006). After six months funding for Young-Bruehl's (2006) work was withdrawn and she used the last eight sessions to consolidate what they had done.

### **Group therapy with homeless women in the United States**

From personal experience and from researching the literature Joan Berzoff (2013, p. 236) sees group therapy as the treatment of choice for homeless women as it offers psychological and social support, emotional safety, boundaries, psycho-education and confidentiality as well as looking at the systemic causes of injustice and empowering women to take action. Berzoff (2013, pp. 237, 242) cites Bion, that the group leader must act as a container and cites Winnicott that women in therapy groups create a holding environment for each other. However, Berzoff (2013, pp. 242-243) gives an example of where a perceived 'instant' holding environment was a fantasy and led to regression, disappointment and rage. The author states that if the group leader is too distant the members will not be able to identify with her and if she is too immersed in the experiences of members her countertransference may make it difficult to get past their lack of hope (Berzoff, 2013, pp. 240-241). Berzoff (2013, p. 241) finds value in Kohut's concepts of empathy, mirroring and twinship which she sees happening in a reciprocal way in groups, resulting in more sense of connection and of inclusion.

### **Working with the dreams of homeless people in New York**

Merlino (2002, para 14) notes from his experience of working with New York's homeless that many homeless people find it difficult to commit to keep appointments, be on time, delay gratification and tolerate frustration, all of which are needed in psychotherapy. Merlino (2002) found that he had at

best one or a few sessions to be of therapeutic assistance to his patients. Merlino (2002) writes that his analytic training proved advantageous in asking homeless people about their dreams. He found that asking patients about their dreams facilitated the therapeutic relationship, engaged the patient and uncovered important dynamic issues more so than the usual mental health status checklist would (Merlino, 2002, para 15). Merlino (2002) gives seven vignettes of working with homeless patients on their dreams which resulted in significant change.

### **Psychotherapy as part of a multidisciplinary response to homeless people in Dublin**

O'Connor (2005, p. 224) stresses that therapy with people who have been or continue to be homeless should only take place within the context of a broader frame of supports because not to do so could leave the homeless person at risk of being overwhelmed by what comes up in therapy. Seeing a client in a consulting room who then returns to the uncontainment of the street is unlikely to result in beneficial change (O'Connor, 2005, p. 231). Although a flexible approach is important the therapist should try to meet their part of the contract: not becoming slack or reacting when people act out (O'Connor, 2005, p. 224). Many homeless clients will reach the painful realisation at some stage of never having had a home but will try to find a home in therapy and hopefully they will move from the external container provided by the therapist to the internal containment of reflecting on their lives (O'Connor, 2005, pp. 227-228).

## CHAPTER 4: CONCLUSION

Homelessness, as has been seen, is a multidimensional reality. While acknowledging the socio-economic context the issue has been explored here from a psychological and psychotherapeutic perspective. It was noted that how homelessness is conceptualised shapes how it is responded to. Research has shown that homelessness is associated with a range of different mental health issues. Homelessness has been conceptualised as an expression of a lack of containment (O'Connor, 2003, 2005; Campbell, 2006), psychological unhousedness and psycho-social dis-memberment (Scanlon & Adlam, 2006), broken attachment (Smolen, 2001; Seagar, 2011; Schweidson, 1998), a claustrophobic dilemma (Rey cited by Campbell, 2006), a profound failure of self-care and disregard of the value of the self (Brown, 2015; Seagar, 2011) and unconscious gravitation towards the familiarity of street life (Farrell, 2010). These conceptualisations are not mutually exclusive: rather they are mutually enriching. They enable psychotherapists to be aware of possible psychodynamic dimensions in clients' experiences, in particular, in those who are homeless.

Different psychotherapists bring different values to the painful area of homelessness. O'Connor (2005, p. 224) stressed that therapy with homeless people should only take place within the context of a broader frame of supports. However, it is sometimes the case that these other supports are not available. Young-Bruehl took on other roles, characterising her treatment of two homeless gay men in New York as "part psychoanalytic psychotherapy, part sex education, and part social work" (Young-Bruehl, 2006, para 1). Harper's (1999) initiative to bring psychoanalysis to homeless people on the streets as a follow-up to therapy given in a cold weather shelter for the homeless in London took place in a largely unstructured way without the support of a multidisciplinary team. This can lead to psychotherapists being exposed or overwhelmed and Harper recounts when two homeless people screamed at him for 45 minutes while he maintained eye contact and did his best to remain calm (Harper, 1999, p. 89). Brown et al (2011) tested the limits of hospitality in their

outreach to chronically excluded people in London. They found that the clients at times put up a huge resistance to psychotherapy: they engaged at a therapeutic level but they would not enter the therapist's room, lingering on the threshold instead and the psychotherapy in these liminal spaces was subject to lack of privacy, interruptions, uninvited spectators and difficulties focussing (Brown et al, 2011, pp. 314, 315). Having an open door policy for everyone resulted in conflict among the therapists who also recognised in themselves hostility towards those to whom they were trying to offer hospitality (Brown et al, 2011). The therapists came to accept that the terms of agreement regarding what the threshold was and how to cross it had to be a cooperative task (Brown et al, 2011, p. 320).

Winnicott and Lacan featured a lot in the therapeutic approaches examined. One psychoanalyst, having received analysis from both traditions, specialises in “thinking in the space between Winnicott and Lacan” (Luepnitz, 2009). Luepnitz has been able in the Lacanian sense - to act as trash - “without abandonment or retaliation” (Luepnitz, 2015, p. 159). Bion's (1962) concept of the container is used by a number of psychotherapists in this study: O'Connor, 2003, 2005); Felix, 2004; Campbell, 2006; Berzoff, 2010; Brown, 2011). A number of psychotherapists focus on managing the aggression in the transference: Felix & Wine (2001); Felix (2004); Young-Bruehl (2006); O'Connor (2005); Harper (2009). Brown et al (2011) look at the hostility in hospitality, in the countertransference. Some of the psychotherapists wondered about the power imbalance in the therapeutic relationship and whether they should be taking the initiative in seeking out homeless clients: O'Connor (2005), Felix & Wine (2001), Felix (2004), Brown et al (2011). The ingenuity and pragmatism of many psychotherapists engaging with homeless people is illustrated by Merlino (2002) who, finding that he had at best one or a few sessions to be of therapeutic assistance to his patients, asked homeless people about their dreams and he found that this uncovered significant issues.

The work that has been done with homeless people by the different psychotherapists in this study - some of them on a *pro bono* basis - has been challenging and difficult not least because many of the homeless clients have a huge resistance to engaging with psychotherapy. Many of the psychotherapists drew particular attention to the transference and countertransference in the work and to managing the anger and aggression of their hurt clients. The psychotherapeutic concepts by Freud, Winnicott, Lacan, Bion, Kohut and others have been helpful in trying to understand the inner world of this vulnerable group of clients. Some of the psychotherapists in this study have reported significant and beneficial change among their homeless clients. Others have reported modest or no changes. It is to be hoped that in the future the offer of psychotherapy will be extended through state funded and voluntary sectors and will reach more homeless people in need. This study was limited to exploring existing research, which, although rich and varied, is not extensive. A recommendation for future research is suggested: to interview psychotherapists currently working with homeless people to explore and assess their therapeutic practice.

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