

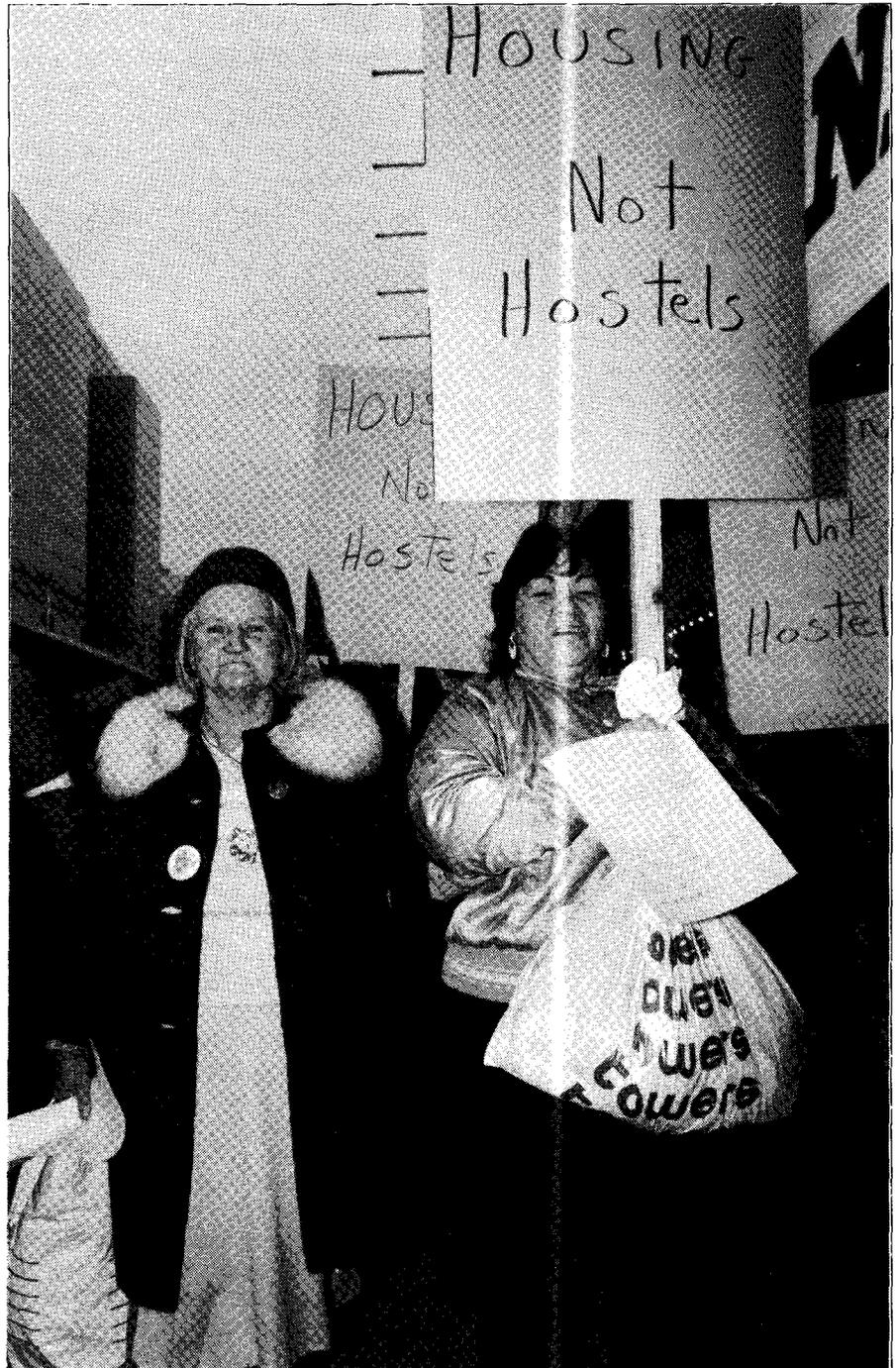
Psychiatric Labels and Homeless Women

by Brenda Doyle Farge

Those who are marginalized in our society, especially those who are homeless and who have been labelled "mentally ill" or "psychiatrically disabled," are often denied recognition and acceptance at a basic human level. Psychiatric labels perform a variety of functions in our modern medicalized world. They support and legitimize what has become big business for not only doctors but also for pharmaceutical companies. They also explain certain kinds of behaviours or attitudes within a scientific discourse. This explanation allows a putting to rest of what would otherwise be especially perplexing questions about many people.

Behaviour that is explained as stemming from a source which has been hived off by the psychiatric profession is not then viewed as being understandable within the kinds of terms that we ordinarily seek to know one another. In an encounter with someone whom I wish to know or understand, I employ a variety of senses to read them. I look at them, I listen to them, at a subliminal level, I smell them. I might touch them, and if the encounter is sexual, I would even "taste" them. All of my senses allow me to absorb, to take in the person, and to form in complex manners my awareness and understanding of him/her. This process involves also a considerable amount of identification with/differentiation from the other person, as I sort out those elements in his/her being, story, behaviour which are like or different from myself. The development of any relationship is an intricate dance of absorption, of sorting, of acceptance and acknowledgment.

The processes of relating are, for most people, truncated by the application of psychiatric labels. If I have faith in the psychiatric model, then I am, in a sense, relieved of the necessity of making the difficult effort to come to know and understand the person. If I have been told that his/her behaviours stem from the mystical depths of some as yet to be con-



December 1986 march to commemorate the one-year anniversary of Drina Joubert's death (see photo of the Drina Joubert memorial and accompanying caption on p. 9)

Photo: Peter Sibbald

quered chemical imbalance, then the matter is clearly outside my own human competence. The tools which I apply in normal situations are of no value to me in this one. The best that I can do with this person is to contain his/her behaviour, to be kind, where possible, to encourage visits to the psychiatrist and the taking of prescribed medications.

The psychiatric label, like any form of stereotyping, thus becomes a formidable barrier to human interaction. Rather than attempting to absorb and to sort out my reactions to the person who has been called psychiatrically disabled, I refer any incoming information to the label itself.

His/her actions are thus explained in its terms rather than in my own. The effects upon the person so labelled by this process are not only dehumanizing, but they actually set up the conditions under which s/he is driven further into an isolation which can result in further examples of bizarre behaviour. The process is then itself a self-fulfilling prophecy.

In my work as a counsellor at a hostel for single women in downtown Toronto, I have encountered many women who have come under the jurisdiction of the psychiatric profession. Like all institutions of care, this hostel operates with its own constraints. The staff on duty at any one time are considerably out-numbered by the residents with whom they must deal. There are schedules, rules, and programs to be administered, phones to be answered, reports to be written, appointments to be made, and a house to run. Within this hive of activities, the staff attempts to get to know and if possible,

"to counsel" the current residents. Within a context like this, the short form of the psychiatric label too often provides an escape clause for an already over-loaded worker. There simply is little leisure to be with these women in any manner which could produce meaningful interaction, let alone anything resembling therapy. A worker is more likely to select out for her counselling effort someone with whom she can more closely identify.

In fact a great deal can be known and understood about the women who circulate through our psychiatric/community facilities, if one is able to suspend one's labelling reflex. This is not always an easy

thing to do. One day I sat with and listened to a tirade from a homeless woman about the various landlords, relatives and acquaintances who had cheated and exploited her over the last several years. The other workers told me that this woman would tell the same story to anyone who began to speak with her about anything. To address her on the simplest matter seemed enough to unleash her furies, to turn on another round of recrimination and complaint. She spoke entirely in a monologue, with great energy and conviction. Some of the details of the story were confused. As she spoke, she would become more and more worked up, less

forgotten.

Later, when I reflected on this encounter, I felt that this woman in some manner was using her story and her anger to protect herself from an intimate encounter with me. It is not that I think the story was a fabrication. Undoubtedly there is much truth in it. It simply seemed to me that these details were not the essence of her communication. So long as I was sitting closely with her and attending to her, she put out a powerful field between us and I could not penetrate it. That field was her energetic recounting of her story. She was so entirely hidden by the field that she lost any awareness of me as



Photo: Peter Sibbald

and less in contact with her listener.

As I sat with her I could feel myself trying to defend myself from the onslaught of her angry energy. Words like "paranoid," "personality disorder," "confused time line" flitted through my mind. I had to make a conscious effort not to dismiss her and what it was that she was communicating to me in this manner. After about ten minutes both of us were becoming exhausted. I stood up and said to her, "I have to go now." Her demeanour changed completely. She relaxed and smiled at me. She said a few of the commonplace goodbye phrases that we give to one another. Her story was completely

an individual. Once I let her know that I was leaving her alone, she no longer needed its protection.

My sense of this woman was that she had indeed been exploited and damaged and hurt. Her energies are continually expended in this protective fashion at a very basic level. Intimacy is so threatening to her that she has constructed this rather elaborate, exhausting means of warding it off. This kind of mechanism is, I believe, very common among those whom we have labelled as the psychiatrically disabled. Its manifestations vary greatly depending upon the individual and her history, but it is easy to see com-

mon threads in many of those women who use facilities like our hostels.

Last winter I travelled to six cities in Ontario as part of a research project to discover the kinds of emergency facilities which are or are not available for single women in crisis. I asked the directors and workers at all of these shelters about the amount of abuse which had been reported to them by their clients. All responded that incidents of sexual and physical (to say nothing of mental) abuse were extremely prevalent in the stories of the women with whom they work. Many said that up to 75 or 80% of the women reported such stories. It has also been my experience that the women who have confided in me in my role as counsellor have almost invariably had experiences of incest and/or of physical violence in their backgrounds.

If a hostel worker begins her quest to know and understand the women with whom she works from this vantage point much of their behaviour can immediately become more accessible. Those who have experienced severe abuse are wounded in the area of personal relationships. Some women are withdrawn, some depressed, some devious and secretive, some angry and abusive. Some present only a one-dimensional, narrowly-defined personality. They will allow us to view only discretely chosen aspects of themselves. Everything else is hidden in silence and denial.

The very fact of being homeless itself places these women under enormous physical and emotional strain. The home-

less woman experiences herself as isolated and vulnerable. She must find ways to deal with these realities of her life in order to salvage her equilibrium. These methods, which may be to her adaptive, can seem bizarre to others. At a meeting at the hostel where I worked a group of women were asked what being homeless meant to them. Their answers reflect some of the emotional issues with which they must deal:

"Being plain scared — you are out on the street and plain petrified because you don't know what is going to happen to you."

"Having no self worth."

"Having no place to go — being on the street ready to collapse."

"It makes you feel that you are stupid because there is nothing you can do about it."

"Great frustration."

"Alienation — you feel cut off from all of your former connections."

"Anger toward an uncaring and insensitive society."

"A loss of friends — they don't have the energy to help you because they have their own problems and so, before long,

the people whom you always counted on as your friends just aren't there anymore."

"The homeless lifestyle drains all of your resources and energy to make any changes."

"You feel that you have no rights. You try to fight the system and you can't."

"Society's attitude toward homeless women is very degrading. People take the attitude that if you are homeless that there is something wrong with you or that you have been bad in some way."

This list of statements eloquently chronicles the stresses with which these women must constantly deal.

Assessing their behaviour in terms of an alienating medical formula, rather than with a human "you and me" context, can only further add to their isolation and stress. What facilities of care must offer to these women is some element of compassion and acceptance. Without these, homeless women are driven further into their constructed worlds of defense against pain and exploitation. Workers must learn to trust their own instinctive fellow human/ fellow woman sense of the communications, fears and longings of the women with whom they work. It is in relationships that most of these women have lost their way. It is only through relationships that they can ever find hope of being found once more.



This bench at Toronto's City Hall is a memorial to Drina Joubert, a forty-one year old transient woman who died of exposure in the cab of an abandoned pick-up truck in December 1985.

The labels placed on Drina during her life-time followed her into the 1986 inquest into her death and were used as "explanations" of the tragedy.

Photo: Peter Sibbald