New England Journal of Public Policy

Volume 8
Issue 1 *Special Issue on Homelessness: New England and Beyond*

Article 60

3-23-1992

The Manufacture of Dependency: Shelterization Revisited

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Shelterization Revisited

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Emergency shelters have been the most comprehensive and enduring response to homelessness in the United States, with New York City leading the way since the early 1980s. Shelters have emerged as a hybrid between a degraded type of "public housing" and a new form of "institutionalization." The persistence of shelter dependency, or "shelterization," is an intractable problem that frustrates policymakers and service providers. Popular among certain circles of professional pathologists is the view that shelterization is a form of "adaptation" to the violent, anomic, and generally antisocial environment of the shelter. This explanation of shelter dependency is theoretically flawed and intentionally leads to suspect practices because it inverts the causal connection between structural arrangements and individual behavior. Following Goffman, this article exposes the institutional origin of the pathologies that are usually attributed to homeless people as self-inflicted. The obstacles that prevent homeless people from rejoining the mainstream are the effects of a state of captivity, not the symptoms of a disease.

"Emergency" Shelters for the Homeless

In various cities across the United States, the most comprehensive and enduring response to the rise of homelessness has been the system of shelters.[1] As an instance of massive displacement of human populations, homelessness is the contemporary domestic equivalent to the plight of exiles and refugees uprooted from their communities by natural or, more frequently, human-made disasters. In turn, shelters for homeless persons replicate the degrading conditions that define the functions of institutions designed to segregate and warehouse populations that are rendered marginal and may be perceived to embody intentional or unintentional dangers to dominant society.[2]

Shelters began as a temporary measure with the manifest function of providing the basic material needs that could not be met in the absence of a home. Shelters perform the material functions of "home," but without the representations and social practices that we normally associate with the idea of "home." At the same

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time, shelters look like refugee camps or institutions of incarceration like prisons and concentration camps. Furthermore, the conditions in many shelters replicate the notorious "back wards" of mental asylums of the past, primarily functioning as custodial institutions where mentally or physically disabled residents are abandoned to the ruthlessness of shelter life, provided, if at all, with minimal specialized services, and are generally victimized by shelter staff and other residents.

Since the early 1980s, the shelter system of New York City has expanded far beyond the confines of traditional skid row areas, that is, the Bowery, which until the late seventies seemed to contain the majority of the visibly homeless and otherwise marginal individuals. During the past decade, shelters of a variety of types and sizes developed into an elaborate institutional apparatus. There are municipal shelters for men, for women, and for families. In addition, a policy of "segmentation" has been enforced since the late 1980s, whereby individual shelters are designated as "specializing" for particular types of clients — for example, mentally disabled, elderly, drug abusers, "employable," and so on. Alongside the municipal system, a network of "private" shelters, usually small in size, has been operated by a variety of nonprofit, mostly religious, organizations. A 1989 survey by the New York Planning Department counted a total of 326 shelters with a capacity of almost 30,000 beds.[3]

By the mid-1980s, the shelter system radiated out into armories, old schools, abandoned hospital wards, and other facilities throughout the city. Most shelters were located in neighborhoods in advanced stages of urban decay where community opposition to the presence of these facilities was minimal or ineffective. By the late 1980s, the municipal shelter system for single men — the ethnographic context for this discussion — included more than fifteen individual sites and on an average night accommodated more than 8,000 men. Shelters became an emergent form of "public housing," and the traditional denizens of New York City's skid row — primarily older, white, and alcoholic — had become a minority in the New York City shelter system. By 1985, most of the users of the men's shelter system (74%) were under forty years old. Seventy-one percent were "black" and 19 percent "Hispanic."[4]

The public debate surrounding the irreversible growth of the New York City shelter system and its intended and unintended uses by both "providers" and "clients" testifies to the complexity of the problem of homelessness: some have claimed that the function of the shelters is to serve as surrogate asylums for the mentally ill or as new back wards — for a while, reinstitutionalization became a fashionable term; advocates have fought a long campaign, with uneven results, to locate the causes of homelessness in the harsh economic realities of the Reagan era and the housing policies promoted by the New York City administration since the late 1970s;[5] mental health professionals have debated the extent to which mental health policies have contributed to a social problem of such magnitude.[6]

During the early phases of the development of the New York City shelter system, individual shelters operated in an ad hoc fashion. Primary among the factors that contributed to the lack of organizational uniformity were the "emergency" designation and makeshift organizational character of most shelters; the degree of reliance on inmate involvement in operating the shelter in view of the chronic shortages in staff and resources; and staff-inmate cooperation in the "underlife" of these institutions, especially in the underground shelter economy of drugs and other exchanges of licit and illicit goods and services. Over the past decade, however, there has been considerable evolution in the organization and functions of the "flourishing shelter industry."[7]

Through the promulgation and more stringent enforcement of regulations primarily aimed at controlling the inmate population, shelters have become increasingly regimented and have emerged as an enduring institutional arrangement. The paramount operational concerns in a public shelter are social control and the minimization of disruptions and the ever-present potential for violence that is endemic in custodial institutions, especially in those where an already impoverished and marginalized population is forced to compete for the dubious benefit of access to generally degrading services and material resources.

Another element that has contributed, sometimes paradoxically and contrary to original intentions, to the institutional maturation of New York City shelters has been the introduction of additional services, usually in the form of on-site clinical programs. The long debate on the connection between mental health policy and homelessness — the role of deinstitutionalization, the prevalence of mental illness among shelter inmates and other homeless groups, the need for on-site clinical interventions, the range of obstacles encountered by such initiatives, to name only a few of the themes — has produced, along with a fair amount of controversy, a definite mental health agenda for these populations.[8] Both inside shelters and in the streets, a variety of clinical programs have been designed. The stated objectives of such programs have been to identify, engage in some kind of treatment, and eventually relocate mentally disabled homeless persons. However, the risk and the paradox is that, instead of fulfilling their objectives in assisting shelter users to find appropriate housing in the "community" and connecting them to adequate clinical and social services, shelter-based programs tend to become part of the shelter and an elaboration and expansion of the shelter's technologies of control.

The overall effect of the enhanced capacities for discipline and control, coupled with the expansion of the range of interventions into the lives of residents through the introduction of additional services, lend these institutions a more "total" character, even when the latter are intended for improving the lives of shelter residents. In these circumstances, then, shelters residents may properly be called shelter "inmates."

Shelters lend themselves to multiple uses. Entrance is theoretically voluntary, although the authorities have made it increasingly difficult for homeless persons to occupy public spaces such as parks, subways, or transportation terminals, thus forcing them to enter the shelter system. Also, there are no formal restrictions on movement between the shelter and the community. Many residents are employed in legitimate or illegitimate work on the outside and use the shelter only as a place to sleep and shower. Collecting returnable cans and bottles, wiping windshields, dealing drugs, defrauding Medicaid, prostitution, or temporary jobs are examples of the "makeshift economies"[9] of the urban poor in which shelter residents participate.

Others visit with family or friends, often trying to repair social ties and be allowed back into the household. Many attend programs such as school, job training, mental health, or detoxification — indeed, there is a whole industry that endlessly prepares people to "reenter society." The scarcity of alternative housing arrangements, coupled with policies that bar homeless persons with histories of psychiatric disabilities or drug abuse from existing housing, make shelters the only available recourse for a significant portion of the homeless population. Also, many mentally disabled individuals prefer shelters over the more regimented, segregating, and stigmatizing option of mental hospitals and other mental health facilities. Thus, in spite of increased regi-

mentation, shelters remain relatively open institutions, a hybrid between a degraded type of public housing and a new form of institutionalization.

Constraints

With few and far between exceptions, past efforts to design programs that would help people escape shelter dependency form a long string of failures and frustration. The success or failure of such efforts depends on contingencies stemming from two separate sets of constraints: first, those imposed by shelter life; second, those set by the "outside" world. This article focuses on the former set, the world of the shelter. The latter set, the political economy of homelessness, is beyond the scope of this essay. However, the intentional and systematic dismantling of the "safety net" that sustained a significant segment of the dependent poor in the community and the paucity of opportunities and absence of resources in today's socioeconomic environment constitute the ever-present context and define the boundary conditions for this discussion. The withdrawal and denial of "community" experienced by homeless persons in general is the overwhelming fact that accounts for both the development of the shelter system and the perpetuation of shelter dependency.[10]

With or without a proper understanding of the role of wider socioeconomic conditions, there is abundant evidence to suggest that efforts to quit shelter life, whether initiated by shelter inmates themselves or through programmatic interventions, encounter significant obstacles *inside* the shelter. Clinicians report immense difficulties in engaging the attention of their targeted populations in pursuing alternatives to shelter living; the social milieu of the shelter is reported to sabotage treatment efforts; social skills conducive to community living are seen as grossly compromised or entirely lacking; social workers often talk of the need to *re*socialize these people; and significant divergence between the objectives of service providers and client uses of program resources has been repeatedly observed.[11]

Shelterization

My ethnographic research and the clinical experience of many professionals with whom I have worked with over the past eight years suggest that the successful engagement into treatment and the possibilities for relocation are seriously undermined by adjustments in behavior and self-perception that mediate the acceptance of shelter dependency.

The process that brings about these adjustments has been described as "shelterization." The term was first adapted to current usage during the design of a specific intervention at a New York City shelter for men.[12] The use of this term was intended to focus research and clinical efforts on the specific type of institutionalization that is brought about by the shelter environment.

Shelterization describes the complete immersion of a shelter resident into the routines of shelter life. It involves the gradual acceptance of the institutional views about oneself and the institutional appropriation of one's short- and long-term objectives. Shelterization becomes manifest through a range of adjustments that include subscribing to the "homeless" identity; striving to secure marginal benefits in the shelter's impoverished and highly competitive social economy; focusing more attention

and effort on immediate, tangible gains, and less on distant plans for escaping shelter dependency; reinterpreting the uses of all available resources, regardless of their intended function, according to current, shelter-based needs.

I have repeatedly observed and confirmed with a variety of professionals the fact that manifest mental health needs were *not* the primary concern that drove many shelter residents to seek services at a number of on-site clinical programs where ethnographic research and service provision have been undertaken. Instead, affiliation with an on-site mental health program has been valued more as a source of securing benefits and services entirely different from the clinicians' original agenda: sanctuary from the chaotic and violent world of the rest of the shelter — a shelter within a shelter; alliances with professional and respected individuals who can intercede on one's behalf in the event of clashes with staff; material benefits such as coffee, food, and cigarettes; access to a telephone; and an overall improvement of one's conditions of existence inside the shelter. The possibility of alternative uses has, in fact, been the reason that a significant segment of clients at these programs has neither needed nor utilized the clinical services offered.

Perhaps the most important dimension of shelterization is the institutional appropriation of one's *time*. The temporal structure of shelter organization dominates the inmates' daily life.[13] The large scale — up to one thousand men, in some cases — and the custodial functions of shelters make time an indispensable regulatory and organizational principle. Curfews, standardized schedules, and waiting in lines — for food, to sign up for one's bed, for toilet paper, to see a social worker — are examples of the daily shelter routine. Keeping up with this routine requires considerable investment of time and effort.

Scarcity and the frequently punitive nature of the way shelter services are dispensed make daily subsistence a full-time occupation. Activities such as eating, sleeping, or taking a shower, which, for those with homes are normally classified as leisure, become the work of homeless people, in general. For those in shelters, this inversion in the meaning of work is institutionally enforced, primarily through the use of temporal instruments of control. By transforming the most basic activities of personal sustenance and reproduction into an all-consuming activity, the temporal organization of shelter life functions as the centripetal force that produces shelterization.

Inversions

Shelterization has already been a contested category. Besides questions concerning its history,[14] the relative popularization of the term as an explanation for the persistence of shelter dependency has been intellectually misguided and clinically irresponsible. Both in the mass media and in professional circles, a variety of professional social pathologists has presented shelterization as a "syndrome" that explains why people remain entrapped in the shelter. The following is an excerpt from an article in the *New York Times*.

> By adapting to the dangers of shelter living, homeless people make the journey back to a normal life even harder . . . life [in the shelter] revolves around trying not to be a victim of crime that is rampant and virtually unpunished, particularly homosexual rape, assault and theft . . . [Shelter residents] may adopt bizarre behavior, like flailing one's arms from time to time, or may cultivate uncleanliness."[15]

In fact, the *New York Times* was popularizing an article published in the professional journal *Hospital and Community Psychiatry,* which belabors these points in somewhat more rarefied language.

> [Shelter residents] learn the importance of strange behavior for deterrence purposes . . . Despite dangerousness and depersonalization, residents do not flee the shelter. Instead, they stay and develop coping strategies that provide them with a feeling of mastery unparalleled on the outside.[16]

Such sensationalist and preposterous caricatures of shelter life are offered as examples of adaptive strategies that define and explain shelterization. According to this formulation, shelterization is seen as a process that reproduces shelter dependency through the gradual adoption of shelter rules of behavior and by focusing inmate attention and priorities away from participation in normal life and into the cultivation of survival skills uniquely suited for the predatory, unsafe, and generally pathological social environment of the shelter. Thus, shelterization is offered as an adaptation to the danger, apathy and social withdrawal, dependency, and general anomie that shelter residents indulge in. In other words, they are adapting to . . . themselves.

The apparently true proposition that shelterization is an "adaptation" to the specific social ecology of the shelter is seriously flawed. It is bogus theory that guides questionable and harmful practices. If the various behaviors (traits) that comprise shelterization are viewed as adaptations to an environment that is shaped by these same behaviors, the argument becomes a tautology — not an uncommon error in the use of the concept of adaptation when applied to social processes. Social processes, however, do not lend themselves to the same analysis through the paradigm of adaptation as biological models do. (The environment that produces shelter dependency is not a neutral collection of ecological conditions where certain traits are randomly "selected for.")

But more than logical consistency is at stake. This version of shelterization ignores the institutional structure and presents the residents as both perpetrators and victims. The proposition that shelterization can be a useful conceptual category in understanding the range of pathologies to be encountered in the shelter depends on a proper assessment of *agency*: if shelterization is to be viewed as an adaptive strategy, the factors that shape the social ecology one is adapting to must be examined. That is, we have to ask, Who is doing what to whom?

Shelterization needs to be analyzed by heeding Goffman's methodological admonition "to understand the social problems and issues in total institutions by appealing to the underlying structural design common to them all," which concludes his best-known essay in *Asylums*.[17] Instead, the emphasis has been on interpreting shelter malaise as a self-inflicted condition. The causal hierarchy is usually inverted and the responsibility in engendering these phenomena is shifted from the institution to the inmates. Also, Goffman's important distinction between "primary" and "secondary adjustments" is also ignored.[18]

Primary adjustments are the direct result of the institutional appropriation of the inmate's time, interests, and perceptions about himself. They are the effects of the "encompassing" tendencies of total institutions. Secondary adjustments, on the other hand, are the domain of the "underlife" of the shelter. They are the "ways of making out" in a degrading institutional setting that, for all intents and purposes, add insult to injury: homelessness as an experience of dislocation and exclusion is

compounded with the direct assault upon the self by the mortifications of institutional life. To give priority to the negative traits that are the symptoms of shelterization is to invert, again, the causal relation between these two types of adjustment.

Unlike the analysis of institutionalization that identifies the logic of the institution as the primary agency effecting the phenomenon of immersion into the roles and identity of the inmate, the popular view of shelterization focuses on the secondary adjustments in the inmate world and ignores the structural dimension altogether.

Neither is shelterization an adaptation to the so-called disaffiliation of the homeless, that is, the alleged loss of normative social values. Disaffiliation may have been an appropriate term in describing the traditional skid row denizens.[19] Homelessness, however, is a condition that affects entire communities, not isolated individuals. It is a social problem, not "personal troubles," as C. Wright Mills would say.[20]

The pathologies that are observed inside the shelter — crime, drug and alcohol abuse, untreated mental disabilities, AIDS — are simply an extension and an intensified form of the collective misfortunes of the marginalized populations that comprise the so-called underclass. The ways in which the activities of shelter residents depart from mainstream values and practices are a reflection of the social exclusion and economic redundancy of these communities, rather than symptoms of pathology. The functions of shelters are determined by the "survival economics"[21] of households in communities subjected to the combined assault of the economic forces of the market and the social neglect of the state. For the most part, shelters serve as collective "community bedrooms" by partially removing the burden of caring for individuals whose behavior and needs present an extraordinary strain on the viability of these embattled households.

My ethnographic experience in several New York City shelters indicates that the residents' loss of community ties is primarily a function of the way shelters operate, rather than evidence of disaffiliation. Frequently, homeless individuals are dispatched to shelters located far from the neighborhoods these men and women come from. Distance and cost of travel contribute to the isolation of residents from networks of relatives and friends on the outside. The end result is prolonged stays inside the shelter and a gradual withdrawal and demoralization.

On the other hand, shelters located amid the poverty-stricken sections of the city tend to recruit their residents from the nearby communities. The majority of residents at these sites are constantly moving between the shelter and the outside, especially during the initial phases of shelter dependency. They do so in pursuit of alternative living arrangements, in search of jobs, and in an effort to maintain or repair ties with families and friends. (This dynamic may be reversed if city authorities enforce more rigorously the policy of "segmentation," by which homeless individuals will be assessed for the type of services they need and directed to shelters designed to provide these services.) The effort to resist shelterization is most evident among new arrivals who distance themselves from the shelter, both physically and psychologically, and proclaim their determination to "not become like the rest of these guys," whom they see entrapped by the routines of shelter life.[22]

Violence and Abuse

New York City shelters are notorious for violence and generally unsafe conditions. Invariably, the violence is attributed to the deviant social nature and psychological

makeup of the population that utilizes city shelters. Frequently, individuals who work in these facilities, from front-line, custodial staff to certified professionals, are eager to relate war stories from the shelter front. Such tales, aimed at impressing captive audiences with the narrator's intimacy with the underworld of homelessness, rarely point a finger at the institutional sources of this anomie or at the regular instances when staff actually perpetrate the violence that is endemic to the shelters.

The organization of shelter routines — waiting in lines with another few hundred men in order to get to eat a miserable meal; being constantly subjected to the mortifications of institutional living; being constantly exposed to the degradations, violence, and arbitrariness visited on inmates by staff — propagates violence and an intense competition, by whatever means necessary, for access to scarce resources. By seeking to account for violence as an intrinsic characteristic of the inmates, the institutional origins of this violence are obscured and the disciplinary and punitive mentality that informs the practices of shelter authorities is presented as an inevitability stemming from the nature of the population itself. The shelter manufactures violence, hopelessness, and all the symptoms of social pathology that the authorities attribute to the very victims of these processes as self-inflicted. Research that fails to account for the structural and organizational factors which engender violence, demoralization, and hopelessness among shelter inmates plainly abuses its privileges by absolving the shelter system of any responsibility for the abuse of its victims.

From a structural perspective, shelterization is not an adaptation to violence, theft, drug dealing and use, "homosexual rape," and the rest of the evils of shelter life. Nor is it coterminous with the behaviors that allegedly prevent inmates from rejoining the mainstream. Shelterization is a state of captivity, not a disease. ❧

Notes

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2. Erving Goffman, "On the Characteristics of Total Institutions," in *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Garden City, N.Y.: Doubleday, 1961), 4–5.

3. David Dunlap, "Listing Shows Homeless Sites to Aid Census," *New York Times*, January 22, 1990, B-1.

4. Elmer Struening, *A Study of Residents of the New York City Shelter System* (New York: New York State Psychiatric Institute, Epidemiology of Mental Disorders Research Department, 1986).
   The quotation marks around these ethnic categories are meant to indicate that these labels are socially constructed under particular hegemonic conditions and that they can become contested, as illustrated by current efforts to replace "black" with "African-American." The dialectics of racism require that those in subordinate positions constantly rename themselves in their struggle for empowerment and destigmatization.

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11. Joseph P. Morrissey, Deborah Dennis, Kostas Gounis, and Susan Barrow, *The Development and Utilization of the Queens Men's Shelter* (Albany: New York State Office of Mental Health, Bureau of Evaluation Research, December 1985); Kostas Gounis and Ezra Susser, "Shelterization and Its Implications for Mental Health Services," in Neal L. Cohen, ed., *Psychiatry Takes to the Streets* (New York: Guilford, 1990).

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21. Morrissey and Gounis, "Homelessness and Mental Illness in America"; Gounis and Susser, "Shelterization."

22. Gounis and Susser, "Shelterization."