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DUBLIN SIMON
COMMUNITY 1971-1976:
An Exploration

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DUBLIN SIMON COMMUNITY 1971-1976:

AN EXPLORATION

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This book is dedicated to the memory of
Anton Wallich-Clifford, founder of the
Simon Community, who died on July 31,
1978.

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General Summary

DESPITE our technological advances and growing affluence many homeless people lead lives of great misery and despair. These are the "winos", the "bums", the dwellers in skid row, that central city nether-region of deserted buildings, parks, crypts and large impersonal hostels. The statutory services find it hard to cope with the needs of these people because their problems are so total, motivation to change has long since vanished, anti-social attitudes have become entrenched and community prejudices are so strong. Voluntary organisations bring with them a greater flexibility and more personalised approach to the problem but even these tend to avoid contact with a certain group of difficult and apparently unmanageable people.

I was interested in any organisation which sought to work with that latter group for two main reasons. First, that is the group which produces the greatest problems in institutions such as hospitals and jails and whose existence leads both professionals and non-professionals to use terms like psychopaths, sociopaths or incorrigibles. Study of the group outside their traditional institutional setting would, hopefully, throw light on their interaction with one another, with the representatives of society and with society in general. Thus insights into the development of their attitudes and behaviour patterns might be obtained. Secondly, any success in relieving their problems, either by consistent work with them over a long period to reduce physical ill health or lessen the degree of maladjustment, or by actually rehabilitating them, would have implications for social work with less deprived and disturbed groups.

The Simon Community provided me with the opportunity to achieve these two objectives. It differed from most other voluntary organisations by focusing on the "untreatables". In return for psychotherapeutic work with the residents it

allowed me use it as a medium for my research. For Dublin Simon I acted as group psychotherapist, staff consultant and committee member. From Dublin Simon I gained a first-hand knowledge of extreme social deprivation. I gained also the opportunity of witnessing efforts to redress that deprivation and the outcome of some of those efforts.

What are the main findings? First of all it was established that a voluntary body like Simon could do a great deal to mitigate the problems of difficult, homeless people—even though this achievement entailed considerable stress for many of the helpers. Full rehabilitation, involving a successful return to the community was, however, largely beyond Simon's resources. The professional assistance required in rehabilitative projects was too costly for an organisation like Simon; moreover, Simon's clients tended to be middle aged or elderly people for whom supportive help was more appropriate than rehabilitation. Work projects did not thrive in Simon.

Secondly, it became clear that detoxification unaccompanied by an effort to deal with the total personality over some considerable length of time was of little use to Simon's people. Furthermore, when they returned to the community on leaving Simon they could not cope with life without some form of social work support.

Thirdly, a group therapeutic approach to skid row people may be useful but needs to be integrated with the rest of the treatment. The overall culture of the project must support the goals of the therapy and for this to be possible the goals of the project have to be clearly understood. Psychotherapy, whether individual or group, can make significant use of concepts such as personal responsibility and the quest for meaning in life with people like skid-row alcoholics. By avoiding a strict medical model of character disorder psychotherapy can avoid increasing dependency needs and reduce public stigma. The problems of Simon's people were social and educational rather than medical.

Fourthly, organisations like Simon which offer their clients a particular outlook on life have much to offer people whose problems are as much emotional as physical. This is

particularly the case at the level of basic caring or shelter work. For many helpers the Simon approach seemed to answer significant personal needs and led in some cases to an increased interest in caring work generally.

Fifthly, one disappointing outcome was the absence of any case of a client who became a satisfactory Simon worker. Thus unlike the Syanon programme in California which used former drug addicts to treat current addicts, Dublin Simon did not recruit new workers from its clients. Moreover, self-government was not a feasible goal for its clients. Presumably most of them were too beset by their problems to be able to help others, at least in a formal treatment sense. This is not to gainsay the very considerable help extended by residents to one another within Simon, more particularly in the therapeutic group sessions.

Sixthly, many of Simon's problems in Dublin arose from the difficulty of establishing a clear pattern of responsibility within the organisation. The more intimate the contact between helper and client the stronger the need for support structures and training courses for helpers. Worker stress occasionally led to conflict within Simon. The fact that an organisation subscribes to goals of care and human understanding does not exempt it from the task of understanding and improving its internal structures. In Dublin Simon's case the philosophy sometimes obscured organisational requirements and at other times set rather severe constraints on the pursuit of organisational effectiveness.

Seventhly, a voluntary body like Simon has a vital need of public support and understanding if it is to accomplish its task. If it breaks links with significant public groups, it endangers its own clients. On the other hand, the needs of its clients may compel it at times to challenge significant public interests. It must therefore retain a capacity for confrontation while linking immediate goals with such long-term goals (e.g., Christian goals) as are accepted by the general community. A very significant part of Simon's work lies in the area of public education—thus countering such tendencies as the tendency for people to see Simon's clients as less than human. At the political level an all party lobby for the homeless is needed. A dangerous situation for a group like Simon is



The Night Shelter at 9 and 10 Sarsfield Quay in 1976

Chapter 1

Introduction

THIS is a study of an experimental venture in caring by a clinical psychologist involved in it. Its primary aim is to describe an attempt to apply a certain type of psychotherapy within the Dublin Simon community. As a secondary aim it concerns itself with the difficulty of reconciling a non-directive, accepting approach to people with practical caring for them and with such issues as the problem of authority in an expanding community with egalitarian ideals.

The Simon community was founded in England in 1963 by Wallich-Clifford. As a probation officer at Bow Street Court in London he had become aware of the rigidity and impersonality of the conventional social services in dealing with inadequate, homeless people such as those who regularly took wine (the "winos") or methylated spirits on the bombed-out sites of the east end. Leaving the probation service, he enlisted the support of a few friends and associates to set up an organisation to help those people. He chose the name "Simon" from Simon of Cyrene, the man who helped Christ carry the cross, to express the essentially Christian orientation of his project. The basic aim of Simon would be to provide down and out homeless people with the necessities of life. These necessities, food and shelter, would be provided freely irrespective of the legal, moral or social status of the individual in need. Particular attention would be paid to groups not reached by existing charitable agencies. Help would be given in a warm and personalised way which would help restore hope to the client through the realisation that someone cared. Helping would not stop at this point, however, and more comfortable accommodation would be made available to those homeless who wished to find work and stabilise themselves in the community. Such help would

be offered only to those who seemed ready for it and would not in any way be forced on people. Wallich-Clifford developed a view of Simon as an organisation with differentiated objectives: for the skid row, unsocialised group it would provide soup runs and a night shelter as a first tier in the ladder back to a more human life; for those who showed a wish to settle down in the community it would provide a second tier, rehabilitative house; for those, like elderly disabled people, who needed ongoing group support, it would provide long term, third-tier houses; and for those who were trying to live in the community it would provide, as a fourth tier, a network of helping associates. It would seek to do all this in a friendly, personalised way, emphasising its clients' capacity to run their own lives. Additionally, it would serve society as an alerting body, informing the public of the problems of the homeless and campaigning for social reforms on their behalf.

Undoubtedly, Simon crystallised much modern thinking about social deprivation. Its characteristic approach, as described by Wallich-Clifford (1974, 1976), is that of meeting people on their own terms and accepting them as they are, of offering rather than imposing rehabilitation. It thus borrows from the thinking of Dorothy Day of the American Catholic Workers Movement, Abbé Pierre of the Emmaus Community, the Reverend Bram Peake (who invited down-and-outs to live in his church at Golbourne, London) and Mario Borelli, who worked with the *scugnizzi* and socially deprived of Naples in the early 1960s. Simon also bears a strong resemblance to Jean Vanier's international movement for the mentally handicapped in that it offers both client and worker the satisfaction of an intense community life. In stressing the therapeutic value of community living it gives expression to some of the ideas of Maxwell Jones (1968 (a), 1968 (b)) who founded the Henderson Hospital, a therapeutic community for maladjusted young people in Surrey. Simon differed from established charities like the Vincent de Paul and Salvation Army in its concern for the rejects of other agencies and in its conception of itself as an alerting body. Like other charities in their infancy, it rejected the idea that the deprived and disturbed

can be handled only by specialised and trained professionals.

The mid-'sixties were conducive to Simon's growth, the economic boom fostering a greater social awareness. Simon, together with the communes, hippies and gurus, made a strong appeal to young people benefiting from, but also protesting against, the general affluence. It spread rapidly through England and Scotland, establishing projects for meths drinkers, winos, homeless alcoholics, travellers and drug addicts. In February 1969 Wallich-Clifford came to Dublin and spoke to students of UCD and TCD. This led to the foundation of Dublin Simon as a soup run based near TCD. Subsequently, the soup kitchen was transferred to a house in Winetavern Street, the property of the Franciscan Fathers. By October 1969 this had developed into a night shelter. Shortly afterwards volunteers began to live in the house on a full-time basis with the clients. About this time Limerick Simon was founded. Waterford¹, Cork and Belfast Simons were started in 1971 and Dundalk Simon in 1973. The Irish communities, although based broadly on Wallich-Clifford's ideas, are now all independent of the original Simon trust, as are most of the English and Scottish communities.

When I was approached by a member of Dublin Simon in the summer of 1970 with an invitation to become involved in the community, I accepted the invitation for two distinct although interlinked reasons. As a social psychologist I was attracted by the idea of studying Simon's approach to the people of skid row and, secondly, I wished to be of some help to the deprived. In late 1965 I had entered psychoanalysis with the intention of gaining first-hand knowledge of psychoanalytic concepts. A project with Simon would, I felt, enable me to apply some of the insights of my experience with analysis in a way that might be both of scholarly interest and of some positive significance for the people concerned. My analysis, which had lasted for five years prior to my arrival in Simon, was begun with Jonathan Hanaghan (1957, 1960, 1966, 1970, 1974), first president of the Irish Psychoanalytical Association. "Jonty", as he

¹Waterford Simon consisted of a soup run which ceased operations in 1973.

liked to be called, was a visionary rather than technician of psychoanalysis.² He had once marched with the Yarrow hunger marchers and he sought to relate the individual's intrapsychic conflicts to the problems of society as a whole. In contrast to many Freudian psychologists he distinguished the ego-ideal, or the creative vision of good to which people freely give assent, from the super-ego, or the automatic controls forced into the psyche through social pressure. Central to his psychology was his concept of the temptation situation. By this he meant those instances where a person is internally confronted with attractive but ultimately disintegrative and devolutionary fantasies to which he may respond constructively or destructively. His teaching was that a person, while rejecting the acting-out of the fantasy, should utilise the energy bound up with it for creative purposes. Since the time lapse between the awareness of the fantasy and the response (which might involve unconscious repression as an alternative to yielding to it) was usually minute, he emphasised developing an awareness of one's fantasies and one's responses to them. I felt that this psychology of free choice, divorced as it was from punitive connotations, had something to offer the people of Simon.

I was also interested in Simon as a potential therapeutic community, as an organisation in which people might learn about their attitudes to life through an examination of their relationships with one another. Accordingly, I was attracted by the possibility of attempting group psychotherapy with Simon's clients. This also offered a way of applying Hanaghan's concepts. My active role would then be as group psychotherapist with Simon residents and my research role would be to use the method of participant observation as therapist to examine the workings of a particular type of therapeutic community. As research this is therefore a

²cf. "The Wisdom of Jonty", p. 87—"If I wanted to deepen my knowledge of life I wouldn't go to the House of Lords but to the asylums. In them resides enough power to create the world all over again. These are the people in whom is the dream, the fire of creative imagination. They are smashed because they have confused the dream with actuality. But I will not give the name of 'reality' to the 'actuality'. 'Actuality' is a post hoc asses to: purely utilitarian. 'Reality' is dream, imagination. It is prior to thought, it underlies all action, all investigation".

quasi-anthropological study with insights culled from psychoanalysis. In addition some use is made of survey data to indicate basic characteristics of residents and workers.

My role of participant observer extended beyond my role of group psychotherapist because as time went on I became more involved with Simon. I served as committee member from 1971 to the end of 1975, as member of the assessment panel for intending workers from 1971 to 1974, as co-facilitator of workers' unstructured discussion or sensitivity groups from 1971 to 1974, and as chairman of the house management committee for Fairview Simon for 1975. Participation in such a wide variety of Simon activities should hopefully reduce any psychotherapeutic bias but, as in any participant observation study, the question of the objectivity of the account must be considered. To help ensure accuracy I have relied heavily on written records. These consist of:—

- (i) Schedules of interviews with residents;
- (ii) Minutes of committee meetings;
- (iii) Questionnaires completed by ex-workers and psychological tests completed by a group of intending workers;
- (iv) Accounts of 60 group psychotherapy sessions written up by me shortly after each session between 22 June, 1971 and 20 December, 1971;
- (v) Tape recordings of group psychotherapy sessions in the Northumberland Square project, Winter 1973/74;
- (vi) Miscellaneous reports from Dublin Simon, Simon Ireland and similar bodies;
- (vii) Policy proposals of groups or individuals within Simon;
- (viii) The internal newsletter of Dublin Simon, "Link";
- (ix) News cuttings about Simon.

One notable lack is that of psychological test results with residents. Psychological testing was avoided because the general atmosphere was not conducive to it and because the group therapy provided, I felt, adequate information about the residents.

To control for bias in Simon's favour in the discussion of public opinion towards Simon, I have tried to present both sides of the picture. I have benefited in this area from the comments of colleagues on the first draft. To reduce the possibility of bias in the account of organisational development, I have asked a number of prominent and long-term members of committee or administration to comment on the original draft. Their views have been taken into account in this final draft.

Certain themes recur such as the tension between an ideology and an organisation or between non-directiveness and directiveness but for practical purposes I have divided the material into the following subdivisions—residents, therapeutic community, workers, organisational development and public opinion. Chapter 2 therefore aims to present a socio-demographic description of Simon residents, their values and their attitudes to work. This chapter serves as a backdrop to Chapter 3 which describes the residents in terms of the group psychotherapy and the dry house for people trying to stay off drink begun at 9 Sarsfield Quay in March 1971. Much of the experience of this house has been described in "A Group Approach to Socially Deprived People" (Hart and McMahan, 1975) and will not be retold here. Chapter 4 describes the selection and training of workers, their attitudes to the work and its effect on them. The problem of worker supervision is examined in some depth, a problem related to the difficulty of exercising authority in a body with an egalitarian ethos. The difficulties encountered by workers in the transition back to the outside world are discussed. Chapter 5 presents an account of the organisational development of Dublin Simon with particular reference to the role of the committee over the period under review. Attention is focused on the consequences of growth in terms of the division of labour and on the rise and fall of the therapeutic community movement within Simon. A concluding section deals with the implications of the organisational problems dealt with, the mistakes which seem to have been made and possible remedies for those mistakes. Chapter 6 seeks to assay the climate of public opinion within which Simon existed and describes successes and failures in

winning over public opinion. Comment is made on the general phenomenon of social prejudice in Ireland and defects in welfare for the homeless. In Chapter 7 the major findings of the earlier chapters are summarised, some suggestions put forward to improve the lot of single homeless people and reference is made to future prospects.

Appendix 1 describes my role in Simon in some detail. Appendix 2 summarises a study by a member of Simon, Justin O'Brien, of the legal aspect of vagrancy in Ireland. Appendix 3 contains an account of the development of medical care for single, homeless people in Dublin, Appendix 4, a brief account of facilities for homeless children in Dublin in the period 1971-1976, and Appendix 5, the attempt by Simon to found a residential house in Chapelizod. Statistical analysis is limited to the use of the chi-square test in relation to attributes of residents in Chapter 2 and pseudonyms for residents are the same as in "A Group Approach".

I wish at this point to emphasise again that this is an account of Dublin Simon from the viewpoint of a clinical psychologist. I also wish to emphasise that it is written with the benefit of hindsight wisdom. Since I was a committee member for much of the period under review, I must bear as much responsibility as any other committee member for any mistakes that were made.

Chapter 2

The Residents

IN this chapter we will describe the kind of homeless people who came to visit Simon's shelters or reside in its residential houses. The survey results will provide a backdrop to the participant observation study of Chapter 3. We will also consider briefly the values, outlook and attitude to work of Simon's people.

As regards the size of the problem of homeless in Dublin, the best recent estimate of people sleeping rough is 72 for mid-July 1971.³ Since the survey was made in high summer, it is probable that the number sleeping rough at other times of the year was considerably smaller. In addition to the 72 it was learned from the hostels for single homeless people that about 150 others occasionally slept rough. Most of the rough sleepers were male, single and middle-aged.⁴ The rough sleepers (or "skipperers" in Simon terms) constitute but a small proportion of the total number of homeless people in Dublin, a reliable estimate of which was made by Leahy and Magee in 1976. They estimated that the total at that time was between 1,200 and 1,500 (cf. Appendix 3). Average nightly occupancy figures for the Dublin hostels in 1975 were:— Iveagh, 360; Salvation Army, 113; Morning Star, 110; St. Vincent de Paul, Back Lane, 90; Simon, 85; Model, 84; Tara Street, 40; Shelter Referral, 12. By 1977

³This estimate is based on a survey commissioned by the Medico-Social Research Board in collaboration with Dublin Simon and directed by Seamus Ó Cinnéide. The survey covered all parts of the city and all hostels with two exceptions. Interviews were carried out by Simon soup runners.

⁴Ninety-two per cent were male, 65 per cent had never married, 21 per cent were married and living with spouse, 10 per cent were widowed and 4 per cent were divorced or separated. With respect to age, 13 per cent were under 25, 22 per cent between 25 and 34, 58 per cent between 35 and 64 and 7 per cent 65 or over.

the number of people who regularly slept rough in Dublin had fallen to about 20 according to the social worker for Dublin Simon. One reason for the decrease lay in the efforts of the Simon Community.

A SURVEY OF SIMON RESIDENTS

To gain systematic information on Simon residents I decided to interview all residents of the three residential houses and a medium-sized sample from the Night Shelter between July 1975 and June 1976. To allow for comparison of residents with non-Dublin residents, I sought similar information on residents in the Simon communities of Limerick, Dundalk and Cork. Interviews comprised 32 items related to such issues as occupational standing, length of unemployment, contact with family and kin, personal disabilities such as heavy drinking, schizophrenia or depression, institutional background and plans or ambition for the future. These are some of the issues considered important by such students of skid row as Anderson (1940), who set up a five-fold typology in terms of work status and residence status, and Bogue (1963) who considered the occupants of Chicago's skid row in terms of disability, age and drinking status. I was also concerned to estimate the proportion who fitted Levinson's (1963) paradigm of the true homeless man, the person who is not a criminal, psychiatric patient, alcoholic or infirm but who has freely opted out of society because of its shortcomings.

The atmosphere of Dublin Simon was not conducive to survey research and precluded any formal pretesting of the interview schedule. Instead I relied on my five years' experience of Simon as a guide for the conduct of the interviews. The fact that I was well known in Simon probably helped many of the residents disclose information they would not otherwise have disclosed. At the time of the survey the Night Shelter had a floating population of about 45 on any one night and the residential houses accommodated 25 people. The sample taken at the Shelter was not a random one as I did not approach residents who were intoxicated or clearly psychotic and some residents were

missed because they had gone to bed when I called. Of 64 residents approached in the Shelter, six refused an interview and some of the interviews obtained were incomplete because individual questions were not answered. Considering the circumstances of interviewing, however, the amount of co-operation was surprising. In the residential houses all but one of the residents were interviewed. Outside Dublin interviews were carried out by local full-time workers with all 29 residents of Limerick shelter, all 11 in Dundalk shelter and all 9 in the residential Cork house.

Survey results for the non-Dublin groups may be obtained from the librarian of The Economic and Social Research Institute, as may additional data on the Dublin group. In the following eight tables we present basic data on the residents of Dublin Simon.

SOME BASIC FACTS

Of 82 residents surveyed in Dublin Simon 87 per cent were male, a proportion close to that (92 per cent) in Ó Cinnéide's survey, and the same as the proportion male in Leahy and Magee's group of 638 clients for medical care from Dublin hostels. The absence of women reflects the universal absence of women on skid row (Caplow, Lovald and Wallace, 1958, Bogue, 1963). Our first table shows the age of the sample.

Table 1: *Age of sample*

<i>Age</i>	<i>Shelter</i>	<i>Residential houses</i>	<i>Dublin Simon</i>
21-30	10	1	11 (13%)
31-40	22	2	24 (30%)
41-50	14	8	22 (28%)
51-60	8	7	15 (17%)
61-70	3	3	6 (7%)
71+	1	3	4 (5%)
			82

The proportion over 70, which is 5 per cent, is very small compared with American findings. Bahr (1973, p. 104)

states that the "proportion of men under 35 ranges from 5 to 15 per cent; there are from two to seven times as many men over 65". Ó Cinnéide's survey showed only 7 per cent of rough sleepers were aged 65 or over and as much as 35 per cent were under 40. Dublin's skid row seems therefore to contain an usually high proportion of young people.

These young people, who were concentrated particularly in the Shelter, as the residential houses were meant for older people,⁵ tended to pose problems for which Simon was not prepared. In 1976 the resident social worker, John Long, rated 23 out of 27 visitors to the Shelter, aged between 17 and 35, as being "in bits" in the sense that they lacked any idea of their own identity or value. Of these 23, 15 had been in Mountjoy and six had previously been in industrial or reformatory school. One of them gave rise to much concern. A boy of 19, who had been in an institution, and used batter his head off the Shelter door when barred until he collapsed in sheer exhaustion. No institution was able or willing to work with him. Appendix 4 presents an account of homeless youth in Dublin for the period under review.

Table 2 gives some idea of the length of time people stayed with Simon.

Table 2: *Length of stay with Simon*

<i>Period with Simon (years)</i>	<i>Shelter</i>	<i>Residential houses</i>	<i>Dublin Simon</i>
0-2	31	6	37 (45%)
3-4	18	17	35 (43%)
5+	9	1	10 (12%)
			82

Those in the residential houses were significantly more likely to spend a long time with Simon. The lengthy residence of some of them indicates their need for group support and illustrates the residential stability of skid row. Blumberg found in his 1960 survey of Philadelphia skid

⁵Dichotomising age distributions at 50, a chi-squared test shows the residential group to be significantly older.

row (Blumberg *et al.*, 1960) that over half had lived in the skid row neighbourhood for five years or more. Caplow also found considerable residential stability in his study of Minneapolis skid row (1958).

Where the origin of a resident was known, the proportion from Dublin city and county was found to be 52 per cent, a close approximation to the Ó Cinnéide result of 56 per cent. The local origin of residents is even more pronounced if we consider people living in the city for a long time as locals. This again squares with American results (Bahr, pp. 107, 108).

About half the sample had been out of work for at least three years and a substantial proportion (19 per cent) for at least six years as Table 3 shows. The unemployment rate of about 95 per cent is much higher than in most skid row groups mentioned by Bahr (1973)—“Studies conducted

Table 3: *Period of unemployment*

<i>Length of time since work of any kind (years)</i>	<i>Shelter</i>	<i>Residential houses</i>	<i>Dublin Simon</i>
0-2	37	3	40 (49%)
3-5	5	5*	10 (12%)
6-9	5	3	8 (10%)
10+	4	3	7 (9%)
<i>Employed</i>	0	4	4 (5%)
<i>Unknown</i>	7	6	13 (15%)
			82

*Including one who had been a housewife.

between 1958 and 1966 found that at any given time between one-third and one-half of the skid row men were gainfully employed” (p. 95). Simon’s clients were almost always the unemployed and possibly unemployable members of skid row. That there was a link between unemployment and length of stay with Simon is suggested by the finding that those in the residential houses were significantly more likely to have been three or more years out of work than

their counterparts in the Shelter. Additionally, if data for all the Simon communities surveyed is considered, those aged under 51 who had spent at least five years with Simon were significantly less likely to have been at work in the last three years than those of the same age group who had spent less time with Simon. It is unclear whether failure to find work prolonged length of stay with Simon or whether living in Simon served as a disincentive to find work. On a number of occasions instances arose of people who seemed to have been refused work because of their Simon address.

Unemployment on its own, however, is not a likely explanation for the lengthy periods spent by many with Simon. No less than 82 per cent of the overall sample from the four Irish communities suffered from some mental or physical disability, such as depression, alcoholism, physical ill health or old age, or a combination of such disabilities. In Dublin the proportion thus disadvantaged was even higher.

The unskilled manual working group formed over half, 63 per cent of the Dublin sample. Only 2 per cent were in socio-economic categories 3 and 4, namely, higher and lower grades of inspectional, supervisory work (Hall-Jones classification). Bearing in mind the high level of disability in the group, these findings demonstrate the vulnerability of unskilled groups to economic change and redundancy.

As regards marital status, about half the sample, as Table 4 shows, had never married. In Ó Cinnéide's survey the corresponding proportion is 65 per cent; in a survey of 187 visitors to the Shelter by the Dublin Simon social worker between August 1975 and July 1976, 80 per cent; in a survey of Cork shelter in 1976, 73 per cent; and in a survey by the Medico-Social Research Board of homeless people admitted to Irish psychiatric hospitals in 1974 ($n = 489$) it was 75 per cent.⁶ The comparatively low proportion single in the present sample suggests a bias in the sample against the selection of schizophrenics, almost all of whom would have been single. Alternatively, many of those rated as single in the other samples may have been separated or divorced.

⁶ Personal communication from Mrs O'Hare, Senior Sociologist, Medico-Social Research Board.

Table 4: *Marital status of sample*

<i>Marital status</i>	<i>Shelter</i>	<i>Residential houses</i>	<i>Dublin Simon</i>
Never married nor in common law union	29	11	40 (49%)
Married but divorced or separated	24	7	31 (38%)
Widowed	2	6	8 (10%)
Married and living with spouse*	1	0	1 (1%)
Unknown	2	0	2 (2%)
			82

*An occasional visitor to the Shelter.

The high proportion with broken marriages is a common feature of skid row. Bahr (1973, p. 89) points out that "Findings have consistently shown that . . . between 30 and 40 per cent are divorced or separated from their wives".

Table 5 sheds further light on the social isolation of the residents. Only about one third had any contact with relatives. Their lack of such contact is fairly typical of skid row groups; only 38 per cent of a sample of rough sleepers

Table 5: *Degree of contact with relatives*

<i>Family and kin contacts</i>	<i>Shelter</i>	<i>Residential houses</i>	<i>Dublin Simon</i>
Marked	2	3	5 (6%)
Some	7	1	8 (10%)
Slight	6	6	12 (15%)
None	42	11	53 (64%)
Unknown	1	3	4 (5%)
			82

Note:— "Marked" contact was defined as an ongoing relationship characterised by regular meetings at least once a week; "Slight" contact was seen as contact involving an occasional letter or a meeting perhaps once in six months; "Some" contact was reserved for relationships of an intermediate nature.

in Britain and 32 per cent of a sample of residents in British Reception Centres were found to maintain contact with

family or kin (National Assistance Board, 1966). Many of the socially isolated had been rejected by families embittered by the results of their alcoholism or who could not tolerate their mental illness. Particularly poignant was the case of George who died in November 1972. He had been thrown out of home as a young man for drunkenness and setting his bed on fire. After being in Simon for 18 months he had gone in late 1972 to visit his mother for the first time in 15 years. His mother would not see him probably because he had drunk on him at the time. Shortly afterwards he fell ill and went to hospital. By the time the family got around to visiting him he was unconscious and dying. Another sad case was that of the woman wino who called out for her children in her sleep. These used pass her by as she begged on the street.

In such cases one's instinctive tendency may be to blame the family but families often had very good reasons for their aloofness. The childlike and seemingly guileless resident had sometimes inflicted great pain on his or her family through immaturity, impulsiveness and lack of sensitivity. The reluctance of some families to expose themselves to being hurt again by their black sheep, when considered along with those families' financial support of Simon (George's family made an offering to Simon after his funeral), epitomises much of society's attitude to Simon. There is financial support for it but a deep reluctance to become personally involved in its work.

As already noted, 82 per cent of the national sample had a problem of mental or physical disability or alcoholism. In this respect Simon residents were very similar to the residents of Chicago's skid row, four-fifths of a sample of whom were found by Bogue (1963) to be thus handicapped. Some 31 per cent of the Dublin sample rated their physical health as poor, rather a low proportion in view of the fact that more than four-fifths had slept rough in the year prior to arrival at Simon. As Leahy and Magee (cf. Appendix 3) point out, the ailments of the homeless—respiratory infections, foot problems and skin afflictions—are intimately linked with the exhaustion of living without adequate shelter, nutrition or routine.

Table 6 reveals that 54 per cent went drinking most nights of the week. In international terms the incidence of heavy drinking is high—Bahr (1973, p. 103) states that “perhaps one man out of every three skid row men is a problem drinker for whom drink is the dominant activity of life rather than an avocation”. Among the heavy drinkers the winos formed a distinct group. Numbering perhaps one-third of the heavy drinking group, they were almost all from

Table 6: *Residents' involvement in drinking*

<i>Degree of involvement</i>	<i>Shelter</i>	<i>Residential houses</i>	<i>Dublin Simon</i>
Doesn't drink	8	5	13 (16%)
Not more than 1 night a week drinking	11	3	14 (17%)
Not more than 3 nights a week drinking	6	3	9 (11%)
At least 4 nights a week drinking †	31	13	44 (54%)
<i>Unknown</i>	2	0	2 (2%)
			82

†Including people who go on frequent binges and those who spend all their money on drink.

Dublin and many had known each other and their families since childhood. Most had been in Britain at some time and about one-third of them had seen active service in the British army. Although they had more often been in jail than the other heavy drinkers and a longer time on the bottle (between 20 and 30 years in many cases), they showed more group solidarity and spirit than the others. This was perhaps because they had entirely abandoned the idea of returning to a normal life whereas some of the other drinkers were still interested in rehabilitation. One of the latter admitted he drank heavily but not the wine. Another said he was “near enough hitting the wine” but never actually did. A wino said he had been 12 years on the beer but the real problem began when he started on the wine three or four

years ago. Drinking the wine, like begging on the street for money for drink, represented for many a decisive step away from conventional living.

Heavy drinking met important psychological needs which, for some residents, became fulfilled instead by the warm atmosphere and group feeling of Simon. One resident, separated from wife and family, told me that drink was not his problem but rather the feeling of loneliness and isolation in his room at night. Another, a woman who lost her corporation house when she and her husband split up 18 years previously and whose four children had grown up and left her, said that drinking dulled her pain—"It drowns my sorrow for a while". As residents like these began to feel accepted in Simon, they usually cut down on their drinking although they were still prone to frequent binges. Heavy drinking allowed others access to feelings of aggression and rage which, consciously, they seemed unable to acknowledge. One resident, James, the self-styled king of the winos, changed from being quiet, serious and tidy when sober to being dirty, violent and repulsive when drinking. Alcohol lifted a heavy weight of self-disapproval from some, enabling them to be more spontaneous and to show unsuspected feelings of warmth and tenderness for one another. One woman amused her friends and startled non-Simon bystanders by leaping onto strangers' laps in pubs when she was a little merry. The group psychotherapy, as described in the next chapter, facilitated the expression of much that was normally inhibited when people were sober and thus removed one of the attractions of drink. For a few, alcohol served to deaden guilt complexes associated with homosexual tendencies. Another attraction of drinking, the camaraderie, openness and well being of the pub atmosphere, was, as already suggested, partially substituted for by the supportiveness of Simon. Without Simon many who would have been "alcoholics" remained merely "heavy drinkers". The distinction is illustrated by the resident who told me he was an alcoholic only when he had £5 on him—"I keep the last £2 (from social welfare) which I don't spend on drink".

Table 7 shows how almost three-quarters of the group had some experience of institutional life before coming to Simon.

Table 7: *Previous stay in institution*

<i>Institution*</i>	<i>Shelter</i>	<i>Residential houses</i>	<i>Dublin Simon</i>
Prison	27	12	39 (39%)
Psychiatric hospital for more than 1 month	10	6	16 (16%)
Institution for children or adolescents	9	3	12 (12%)
General hospital for more than 1 month	1	0	1 (1%)
County home	1	0	1 (1%)
<i>None of above</i>	22	6	28 (28%)
<i>Unknown</i>	1	2	3 (3%)
			100†

*Excluding hostels. †Categories not mutually exclusive.

Many residents were institutionalised in that they found great difficulty in taking responsibility for their acts in the unstructured atmosphere of Simon. Some would undoubtedly have preferred more rules and regulations and their rigidity of outlook made the Simon ideal of participative democracy hard to achieve. Underlying the wish for an externally controlled routine was, in many cases, an anarchic demand for complete freedom of expression. James typified this passive-aggressive attitude. When sober he used take pride in keeping himself and his room tidy—once, after showing me around he told me there was no one like an ex-con for keeping his room clean; but when drinking he collapsed into a snarling, repulsive shambles of a man.

Many like him appreciated the routine of a place like Mountjoy jail. One had even got himself into trouble in order to be sent there during winter. A few of these recidivists were on close terms with the prison authorities and accustomed to doing particular chores around the prison. A kind of tacit bargain existed between them and the authorities who let them do their preferred work in return for conformist behaviour on their part. It was a short step for some to edge around some of the minor prison rules—as James said, “You can get away with anything in the

'Joy if you carry a sweeping brush on your shoulder!' Most of those who had been in prison had been there for minor offences such as being drunk and disorderly: these "guerilla fighters" cost the State a great deal of money through their frequent incarcerations. Attitudes to psychiatric hospitals were somewhat similar in that residents tended to see themselves in a passive role in relation to them. As in the context of prison, residents failed to see such hospitals as opportunities for learning how to take responsibility for their acts. Such passivity was often accompanied by resentment that previous hospital stays had not cured the problem. Accordingly, some residents were unwelcome patients. Fairly typical of the difficult ones was Brendan, a resident of the Shelter in 1975. He asked me to get him into St. Brendan's psychiatric hospital. When this had been arranged and he had been dried out, the doctors thought he might benefit from occupational therapy. He refused to do this, however, but sat in the ward all day playing cards. Naturally the hospital felt he would be as well off in Simon and discharged him. Apart from people like Brendan there was a small group who because of their problem and lowly social state did not get adequate treatment.

Some 56 per cent had previously been inpatients in a psychiatric hospital. Some had been treated for alcoholism but the predominant group consisted of people who were extremely withdrawn, undemanding and careless of dress and appearance. Some of these might be described as suffering from depression, others from schizophrenia, as evidenced by their confusion and delusions, and a few from paranoid tendencies. The Dublin Simon social worker rated 36 per cent of his sample from the Shelter as lacking adequate communication skills: most of these, for example, would not bother asking for free clothes. Among homeless referrals to Irish psychiatric hospitals in 1974, 38 per cent received a primary diagnosis of schizophrenia and a further 27 per cent a primary diagnosis of alcoholism.⁷

⁷Personal communication from Mrs O'Hare, Senior Sociologist of the Medico-Social Research Board, on the results of a survey carried out by the Board. She also informed me that of 8,000 homeless people who passed through the large English Reception Centre of Camberwell in 1970 some 65 per cent were considered to be mentally ill by an assessment team which included a psychiatrist. The single largest diagnosis was of alcoholism.

Committal to an institution in childhood or early adolescence constituted for some an early break with home. It was difficult to gain a reliable measure of the incidence of early committal as many residents were reluctant to discuss their childhood. In the Shelter, however, five had been in industrial or reformatory schools for delinquency, family break up or destitution, two had been in Marlborough House Detention Centre and one had been in St. Patrick's Institution. Two more had been in orphanages or children's homes. Thus about one-sixth of the Shelter group had been in institutions during childhood or adolescence, a proportion much greater than would have been expected on a chance basis.

In assessing the significance of institutions in the development of the residents it is difficult to disentangle the effects of inadequate homes from the effects of institutions. At the least, however, it is clear that in many cases the institution had failed to make up for the defects of home. In at least one case there was definite evidence that someone had been damaged through his stay in an institution. James, who had been in a reformatory as a youth, saw himself as the boy who had never cried in all the beatings he got. He saw himself subsequently, in a kind of natural progression, as the king of the winos.

To summarise the major disabilities of the Dublin Simon residents: 12 per cent were aged 61 or over, 31 per cent rated their physical health as poor, 54 per cent drank most nights of the week and 20 per cent had been in a psychiatric hospital for at least one month. Of the entire national sample of 131 only 18 per cent were without one of the above characteristics. Whatever about the social characteristics of its parent population, skid row, Dublin Simon was much more a refuge for the handicapped than an employment centre for casual or migratory workers. The high level of handicap among its clients suggests that Simon was fulfilling its original purpose of working with those who had trouble fitting into conventional hostels. The following three types of life history recurred frequently among the residents:—⁸

⁸These types are taken with minor modifications from "An Introduction to Simon—Outline Notes", produced by Dublin Simon for new workers.

THE RETURNED ALCOHOLIC:

Born in country . . . family background inadequate . . . goes to England . . . can't cope, lonely, can't communicate, drinks wages . . . arrives in Dublin, down and out . . . drinks more for consolation . . . Simon.

THE ALCOHOLIC HABITUAL OFFENDER:

Illegitimate . . . reared in institution . . . leaves without adequate social skills . . . lonely . . . difficulty in getting job, little money . . . petty crime . . . drinks . . . prison . . . homeless . . . drinks for consolation . . . Simon.

THE SOCIALLY INADEQUATE (OR BORDERLINE MENTALLY HANDICAPPED):

Parents die young . . . placed in institution . . . leaves, lives with older sibling and spouse . . . feels unwelcome . . . leaves . . . unable to care for self on own, illness . . . Simon.

Values and Outlook

One of the problems of assessing the outlook of residents was their inability to articulate values. Their values had to be assessed largely through observation of behaviour. This constitutes a major methodological problem as values, by definition, are not necessarily synonymous with behaviour. An individual's ability to articulate what the priorities are for him in his relations with others and the world in general postulates a certain capacity for self-reflection and abstraction, capacities poorly developed among the residents. Nevertheless, the group psychotherapy and lengthy acquaintance with residents disclosed some values very clearly.

Particularly striking about the residents, but predictable in view of their circumstances, was their low level of aspiration. One item of the interview dealt with plans for the future. Table 8 shows how about two-fifths lacked any plan. A further one-sixth did not or could not answer. Plans were realistically modest in aim. When, in another question,

Table 8: *Plans for the future*

<i>Plans</i>	<i>Shelter</i>	<i>Residential houses</i>	<i>Dublin Simon</i>
Job and/or accommodation	22	3	25 (30%)
Settle down/get back to family	4	4	8 (10%)
Other	4	2	6 (7%)
No plan	20	10	30 (37%)
No answer or answer irrelevant	8	5	13 (16%)
			82

residents were asked to indicate their main need, the most frequent single answer (given by 21 per cent) referred to the need for accommodation outside Simon. Here, again, the residents had scaled down their goals to take account of the real situation. Indeed many seemed to lack any concrete goal other than of survival, or, as one said "Just for God to mind me".

Although most had tried to resign themselves to doing without wealth, few derided it. In a rather similar manner, few when sober espoused anti-social criteria of conduct. Indeed, the tendency of some to apply moral norms in a rigid manner to their behaviour was a factor which seemed to aggravate their difficulties. As one resident told me in the group psychotherapy, a psychiatrist had told him how both he, the psychiatrist, and the priest could forgive him for his drinking but that he could not forgive himself. Even in the small minority of cases where residents seemed to have replaced conventional moral norms with delinquent norms the new adjustment often seemed incomplete. Their reaction formation against the old values, as Cohen (1955) describes this process in the case of young gang delinquents, was never quite successful.

It was usually only when drinking that residents were able to forget their social stigma. Subsequently, of course, the stigma was felt even more strongly. Thus, although the residents might be seen as "opting out", they could do

little to defeat their deep awareness of conventional codes of conduct. In this way some were similar to the Synanon drug addicts described by Yablonsky (1965): one of these, it may be recalled, who on the surface showed no guilt was subject to dreams of being drowned in faeces. What some residents could do, however, was to put off indefinitely any conscious confrontation with guilt. They exercised their freedom not to put effort into their lives, or in Matza's terminology about delinquents (1964), they allowed themselves to drift. It was not so much that they "opted out" as that they did not make the effort to opt in. Levinson's (1963) idea of the drop-out as freely rejecting society because of its shortcomings⁹ seems to postulate a quality of personal integration not apparent in the residents I came to know. For some residents personal freedom seemed a passive process of refusing adherence to conventional modes of behaviour rather than active dissent. One of Jonathan Hanaghan's concepts, that of the delinquent who seeks to prove his freedom from external constraint through flouting conventional morality, provided me with a key to understanding this "passive-aggressive" behaviour.

The fact that many residents lacked personal integration in that their frequent drinking bouts were at odds with conventional norms of behaviour, which provoked guilt in them, does not necessarily make them inferior as human beings to Levinson's romantic "scholar gypsy" type. Many had had miserable lives through little fault of their own. Most had been born in poverty, among large families beset by heavy drinking and quarrelling. As we have seen, a notable proportion had spent some part of their childhood in institutions. Others had contracted disastrous marriages which broke up after much conflict. In 8 per cent of cases the death of a parent or spouse preceded a person's decline into skid row. Modern psychology, starting with Freud, has clearly indicated how such social and emotional stress may affect the total person, not just his conscious awareness. People who because of a disastrous or unfortunate past lack any

⁹O'Connor (1963) offers a more extreme version of this view. He suggests (p. 185) that vagrants, with other "authentic outsiders", may become the nucleus of the kind of society that must one day inherit the earth.

sense of meaning in life need great courage to maintain their values in an active sense. Opting out is for them not so much a conscious decision as the reaching for an anodyne. To the question "Does the chronic alcoholic opt out of society?" we answer, "Yes, but only in the limited sense in which he can be described as opting for anything".

WORK

In general the residents had very poor work records, having had numerous changes of job prior to Simon. In Simon they were encouraged to find outside work after a certain period in the Shelter or after they had moved from the Shelter to a residential house. However, although many worked enthusiastically within Simon itself, helping with the cleaning, cooking, messages and furniture pick ups, most continued to find difficulty in outside work. Failure to turn up for work because of a drinking bout the night before or a conflict with the boss were common reasons for dismissal. One lad of 17 had a habit of addressing his employer by his first name. His dislike of direct supervision was very common among the residents. Because of such difficulties the committee tried to organise work projects within the community itself. A workshop was set up by co-workers in Northumberland Square in Summer 1973. Facilities for candle making and craftwork were provided and it was hoped to use the Simon shop as an outlet for finished products. The residents would thus be recompensed for their labour and Simon for its raw material. However, only a tiny minority of residents used the workshop and not enough pressure was brought to bear on the people of the dry house to use it. The workshop in the Square was abandoned with the Square in 1974. A more successful, but very short term, project was organised in the Square in early 1974. Half a dozen residents worked enthusiastically for a few days on unfinished products brought to them from a textile factory. Such projects which show rapid results and involve the group as a whole seem the most appropriate for Simon-type groups.

The strong emphasis on basic caring, whether in the Shelter or the residential houses, hampered the growth of

adequate work projects in Simon. An offshoot of Simon, Shelter Referral in Booterstown, County Dublin, was much more successful with a work project because its rationale from the start was that residents should work and pay for their keep through the work. A glass collecting and breaking industry was set up and the group supported itself in this way. About a dozen homeless people were accommodated there in 1976. In that year Simon recognised the progress made by Shelter Referral by seeking to undertake a joint work project with the group, Simon to provide the capital, Shelter Referral the management expertise and both groups the labour. The success of Shelter Referral bears out the findings of Fairweather *et al.* (1969) on the importance of communal work enterprises for ex-mental patients in hostels.

In brief the ability to hold a job outside the community seemed beyond most of the residents and those few who could keep a job usually left Simon.

Chapter 3

The Dry House and the Group Psychotherapy

WE aim in this chapter to describe in summary form the group psychotherapy and residential experience of 9 Sarsfield Quay, the dry house between March 1971 and September 1973. We will also consider the events of Northumberland Square, the successor to No. 9, until July 1974. Many of the events of this chapter have already been presented in popular form in "A Group Approach" but our concern here is to consider the group processes of the dry house in a more theoretical light, in particular, seeking to draw implications for public policy towards alcoholic and character-disordered people. The account of the therapy is given for the light it throws upon the residents and their response to a particular approach. We did not seek to evaluate its effectiveness on a strict experimental basis with before and after measures and use of a control group as this kind of approach was inappropriate in Simon. The results of the therapy in terms of my personal evaluation of definite, partial or no improvement are given only to suggest that the therapy, combined with the Simon approach, may have done some good. Because of the lack of a control group the possibility of improvement being due to spontaneous remission cannot be ruled out.

Two themes will be seen to recur in this chapter—the significance for a rehabilitative programme of being part of an organisation concerned mainly with the provision of basic care, and, related to this, the place of rules and regulations within such an organisation.

A PSYCHOTHERAPEUTIC MODEL FOR SIMON

A unique feature of the task confronting me as therapist was the extreme deprivation of the residents. A middle class,

well educated person may undertake psychotherapy to improve his social relationships, vocational prospects or sexual adjustment. The Simon residents had nothing and most were probably going nowhere. It was unlikely that any could look to a future more affluent than that of semi-skilled manual work. As therapist I could not preach such goals of cultivated middle-class society as an elegant home, a beautiful girl friend, academic or social status, to those who would never attain them. The point needs to be considered in some depth. Much orthodox psychotherapy aims at dispelling the client's irrational fear of closer social contact. The Simon residents were, however, quite accurate in their view of others as rejecting them. The therapy had therefore to show the residents some values superior to those criteria which led conventional society to reject them. It was my belief that such values did not lie in a mere denial of the values of conventional society, as some of the earlier Simon workers seemed to think. Hanaghan's emphasis on the hollowness of society's usual criteria of status, combined with his idea of the importance of individual choice for evolutionary or devolutionary purposes, seemed to provide a more dynamic philosophy for the residents than a sterile, unthinking rejection of social values. What therapy based on his philosophy could offer the client was a discriminating response to conventional social values.

My method resembled the psychoanalytic one of drawing out the negative feelings onto myself, and through a lengthy process of interpretation, making clients more aware of themselves and what had happened to them. I took a non-directive approach but differed from the Rogerian approach by encouraging and interpreting the transference of strong negative and positive feelings onto me. I also differed from that school of therapy by confronting residents at certain points with the discrepancy between the rational and the unconscious feeling in a grievance. The aim of the interpretation was frequently to free people from an excessive dependence on authority figures and excessive demands of life. Another aim was to foster awareness of freedom of choice and thus to avoid the situation in which residents felt they were mere pawns of social circumstance. The

awareness of one's freedom is also the guarantee of dignity and hope and for no group is this more important than for the very deprived. This emphasis in my approach was at one with the traditional religious value of individual free choice but ran counter to the incongruous tendency of many religious traditions to bludgeon people into virtue. Hanaghan at one of his Saturday night meetings in Monkstown, County Dublin, once related the story of a man who after a strict upbringing became a tramp, smelly, unshaven and loused-up. He made the point that the man was pursuing the goal of internal psychological freedom through the rejection of externally imposed norms. Those who would forcibly renovate the tramp would remove his power of free choice. In a similar manner Hanaghan developed (1966, pp. 86-91) Otto Rank's account of the "family romance", in which the pre-adolescent imagines he is born of royal parents, suggesting that the child rejects the authority along with the social compromises of the parents in his quest for a superior, or absolute, truth. Cyril Connolly (1961) and Françoise Sagan (1959) also bear testimony to the adolescent's sense of moral absolutes. From this viewpoint some seek for truth despite, rather than with, the assistance of society. I was resolved that my therapy with the residents would not descend into a form of manipulation or social control. That would surely result in an evasion of their personality conflicts. Instead I sought to bring them individually to an awareness of what Hanaghan saw as the temptation situation for each person—the moment of imagined gratification the response to which leads to socially constructive or destructive action. I hoped that therapy would lead them not to avoid thinking about their present situation but through encounter with it to work towards a sense of values which would help them transcend the psychic pain of deprivation. The therapy would therefore be the opposite of the "tranquilliser-type" therapy often meted out to the very deprived.

I saw a related need of many of the residents as that of a loving commitment to them. If they had preserved intact their capacity to search for truth, they had done so at terrible cost. They had cut themselves off from deep relationships with all others and like the delinquents in Matza's scenario

were in a state of drift. They needed a deep and lasting commitment to them, something many probably lacked in childhood.

At the outset I knew I was involving myself in a difficult therapeutic project. The residents' difficulty in verbalising, and their deprivation, made them inauspicious subjects for many forms of psychotherapy. The work of Levinson and Sereny (1969) suggested that insight therapy can do little for chronic alcoholics and the important study of McCourt, Schneider and Cobb (1972) showed that only about one-third of a group of skid row alcoholics benefited from intensive treatment in a half way house after leaving hospital. The McCourt study also suggested that skid row alcoholics do better in a tightly structured programme¹⁰ and that those who benefit most are those who are more co-operative at the onset. Those who disobeyed the rules in that project were expelled from it, a procedure that would have been anathema to many Simon helpers.

A more heartening result was obtained by Sturup (1968), one-time director of Herstedvester, the Danish prison for habitual criminals. Sturup worked with seemingly incorrigible and lifelong psychopaths and showed how it was possible to return the majority of these to the community where they could be maintained through combined psychiatric and social work support. His results are quite remarkable when one considers the institutional and involuntary nature of the treatment and the extreme maladjustment of the adults involved. Studies of therapy with non-institutionalised, voluntary groups of character-disordered people tend to show that the people who benefit most are those who are prepared to put most into the therapy. Invariably, as Haberman (1966) found, those who are poorly motivated drop out. Thus Sturup must have succeeded with some who would have been poor prospects for psychotherapy on a voluntary basis.

Two other projects gave me hope. These were those of Persons (1967) who showed that non-directive therapy,

¹⁰McCourt told me in a personal interview that the structure of the programme developed from being democratic and permissive to being directive and highly structured—"although we began as McCarthyite liberals, we ended up as followers of Governor Wallace."

lasting over 80 hours in all, seemed to improve subsequent adjustment among delinquent boys committed to an institution, and of Briggs (1972) who was able to show how young, violent offenders benefited from group psychotherapy in an open milieu. The Briggs project made use of the therapeutic community concept of Maxwell Jones which has been developed in such British hospitals as Henderson and Dingleton.

It must be acknowledged, however, that studies showing psychotherapeutic success with character-disordered people are much in the minority and that there are reliable indications¹¹ that only some of the character disordered may be helped in that manner. A study which helped prepare me for the length of time involved was that of Strayer (1961). He showed that a non-directive open group with voluntary attendance, which lasted for no less than 11 years, helped to re-socialise a small number of male alcoholics.

The Start of the Dry House and the Group Psychotherapy

In late 1970 the Society of Saint Vincent de Paul got two houses on a caretaker's lease from the Corporation for Dublin Simon. These houses, 9 and 10 Sarsfield Quay, are situated in a dilapidated part of the city, across the river from Guinness's brewery and a short distance from the original shelter in Winetavern Street. There was, even at this early stage of Simon's history, a conflict between the notion of partial or shelter care and full residential care. The chairman and vice-chairman of the committee (Frank Sweeney and Bob Cashman respectively) felt that a night shelter was the priority but the workers wished to establish a residential house. A compromise was arrived at whereby No. 10 would serve as a house for people who did not wish to come off drink or be rehabilitated and No. 9 would constitute a dry house for those who wished to make the effort to get back to conventional living. This compromise, as we shall see, created difficulty for both houses. Residents in No. 9 were

¹¹The Grants (1959) showed, for instance, in relation to young naval offenders in group therapy that those of relatively high interpersonal maturity did better when their therapists were mature and flexible whereas offenders of low maturity did better when their therapists were aloof and rigid.

tempted from sobriety by the presence of the wet house next door and the members of that house were resentful about the better conditions of No. 9.

The possibility of building up a therapeutic project was strengthened by the arrival in Dublin of Dermot McMahon, a psychiatric nurse, who had had two years of intensive group training at the Henderson hospital already mentioned. He wished to make his specialised experience available to Simon. Since I had by this time been co-opted onto the committee, I was in a position to urge that Dermot be offered a live-in position as leader of No. 9 at £15 per week. The committee accepted this proposition and subsequently Dermot, in collaboration with the workers and me, formulated three basic rules for No. 9. First, residents should not be allowed back to No. 9 when they had been drinking but would have to go next door to No. 10 whence they could return to No. 9 when sober: secondly, there should be no drug taking in No. 9 and people taking drugs would have to go next door until they were admitted back; and thirdly, people who were violent would be expelled, at least for a while. There were to be meetings after breakfast each morning to discuss what each resident was going to do for the day and there was to be provision for an emergency meeting which could be held at any time and be called by anyone to discuss a crisis. There would be one house meeting for business matters and three therapy groups, which I would lead, each week. The therapy groups, unlike the house meeting, were to be about values and feelings. The main criterion for admission to No. 9 would be some evidence of a determination to give up, or at least control, one's drinking.

Dermot's appointment on a salaried basis was not made without opposition. The full time living-in workers received only pocket money (£2.50 per week) plus their keep and it was feared that the payment of a salary to Dermot would undermine the principle of voluntary effort. More generally, there was opposition both to the idea of 24-hour day residential care (from those who saw shelter work as a priority) and the idea of modifying clients' attitudes through a therapeutic community. On the other hand, there was a stronger current of support for the view that Simon should

be doing something to improve its clients' capacity to cope with life and not confine itself to helping on a material and short-term basis.

Dermot describes his first day in No. 9 thus (Hart and McMahon, (1975) pp. 9, 10). "I remember well my first day working in Sarsfield Quay . . . I was quite taken aback when I entered the house. A number of dogs were being kept and were not house trained. Although the house was newly renovated, there appeared to have been little effort to keep it clean. I felt that the physical chaos in some degree symbolised the psychological and social disintegration of the residents." Dermot discovered eight young people in No. 9 who were too well established to be moved out right away, a few very withdrawn, middle aged men and a number of alcoholics. Although the youngsters had been moved out by March 1971 when No. 9 officially opened, the presence of young people at later stages in the project together with that of the withdrawn, older men, split the rehabilitative effort of the house.

In March 1971 when I attended the first psychotherapy group there the complement of the house was seven residents and three workers including Dermot. Some of the seven were Martin and Betty, a middle-aged married couple, Paul, in his late thirties with a history of alcoholism, drug abuse and imprisonment, and James, the man who saw himself as the king of the winos. Martin had been in prison more than anyone else, having done more than 30 years inside.

The Therapy Groups

I was determined to continue with therapy groups until some degree of success was evident. Strayer's eleven year epic of group therapy with alcoholics had prepared me for a lengthy passage. The dilution of the therapeutic effort by the proximity of the wet house next door, the mixing of young with old and alcoholics with non-alcoholics, the eventual departure of Dermot and the unsuitability of Northumberland Square, all served to justify my expectation. From the middle of March to the end of June there were three groups weekly. In July and August there were four a week and in September one a week. From the middle of

October until the move to the Square in September 1973, there were about two a week. Fluctuations in the frequency of the groups reflected both the situation in Simon and the amount of time available to me. In all about 300 group therapy sessions were held in No. 9 before the move to the Square. These were usually held in the sittingroom immediately after the evening meal and lasted slightly more than an hour. Attendance varied from three to fifteen, the most frequent attendance being nine or ten. Residents were free not to attend if they so wished. When the main session had finished, the workers, Dermot and I would go upstairs to the workers' room for an "after-group" lasting about a quarter of an hour. The purpose of the after-group was to help workers deal with any negative feelings directed at them in the main meeting and to sensitise them to undercurrents at that meeting.

We shall review the interaction of the group under four headings—complaints and paranoid defences, fixation, dependence and transference, and role development.

Complaints and Paranoid Defences

Much of the group was taken up with the expression of grievances. The amount of feeling expressed in a grievance, particularly by those with drink problems, often seemed excessive and it frequently seemed that residents were simply looking for excuses to justify their bitterness about life. Sometimes a rather minor defect on the part of workers was used to justify anti-social behaviour on the resident's part. In such instances it was difficult to show the resident how the fault was largely in himself and how his willingness to take offence was a consistent pattern of his life. This was one of the reasons why a high standard of behaviour was required of workers. The following excerpt from group No. 60 shows the pattern— ". . . Paul started accusing me of being a sociologist and therefore of mind-bending people. I managed to get him to explain. He feels that what happens in the group is that workers get people to be themselves and then bend them whatever way they want to. He also began to complain that we bent the rules to suit ourselves. I interpreted for him what he had said as meaning that the residents

were responding by trusting the workers but that the workers were disillusioning them by not keeping the rules in all cases. James came in here with the reason why he had wrecked the place last January; it was not just because he was drunk—it was because the workers were not getting up in the morning as they were supposed to . . . Paul now came up with the real reason for his attack on Simon. He said Simon could not cause him any distress because his problems had been caused years ago when his wife left him. From then on he had been embittered". Here we see how the inadequacy of workers may deflect the residents' search for self-knowledge. Also evident is the importance of therapeutic efforts to clarify the deeper feeling behind the complaint.

Many of the sessions started as complaint sessions and only gradually developed into an exploration of feelings. Because the level of deprivation was very great there was much resistance to the evocation of personal feelings. Instead there was a desire on the part of many to appear immune to the effects of personal rejection. An excerpt from group No. 88 (22/11/1971) throws some light on this—"I brought up the idea of a Christmas recreations' committee, pointing out that Christmas was a time when people who had suffered rejection could feel very lonely and take to drink. There was a discussion about Christmas and George asked me what had I got for Christmas when I was a child. I was telling him, as far as I could remember, when Alfred (a boy of 17) mimicked a baby's cry. Immediately everyone collapsed in laughter. Peter was very indignant and asked why people were laughing when all I had done was to try and answer a simple question. . . . The conversation about Christmas did prove useful, however. After the meeting George told Brid (a worker) that all he had got at Christmas was a kick from his father and another from his mother".

Closely associated with an incapacity for tenderness was a very poor self-image with a kind of paranoid overlay. Although many complaints had an attention-seeking air about them, some seemed to have the function of maintaining self-respect by undermining the positions of others. The accusations of double dealing made by someone like Martin exemplified very clearly what Melanie Klein (1957) describes

as the operation of a primitive splitting mechanism. A person who cannot acknowledge weakness in himself projects the "badness" onto someone else to be able to deal with it from a distance, so to speak. Although I came across no pure case of paranoia, as classically described, the paranoid mechanism of attributing one's aggressiveness and irresponsibility to someone else very often hindered the residents' growth in self-awareness. On one occasion Martin had apologised profusely to me for stealing money from Simon just before a group began but during the group launched into a spectacular tirade against me, accusing me of stealing money from Simon. I have no doubt but that he succeeded in momentarily convincing himself of my guilt. When someone like Martin had drink on him, his capacity for self-deception was of course even greater. James when drinking could be very dangerous. When drinking he used identify with the hero of the film "Hombre". Presumably this was his idea of the good side of himself. The bad side was liable to be projected onto anyone who did not take his identification with "Hombre" seriously enough. He would mouth "Hombre" to himself, time and time again, working himself into a fury, seizing unfortunate passing helpers and roaring the name at them. When sober, he demanded that the no-drinking rule be rigorously applied and showed no compassion for anyone drinking.

My therapeutic stance required that complaints be listened to and an attempt made to sort out the feeling that was justified from the feeling that was excessive. In dealing with the more obviously paranoid complaints, humour, although it was sometimes provocative was often useful. I would sometimes challenge the paranoid projections onto me by humorously exaggerating even further my negative image. The "perfidious" Dr. Hart would announce that since he had salted away all the money from the gigantic Simon fiddle in Swiss banks, he was in urgent need of ready cash and would therefore appreciate any kind donation people might like to make at the group! Less self-deprecating but perhaps more inviting of a dig in the jaw was the attempt to get a resident to recognise through a certain amount of humorous interplay the disproportionate feeling he had invested in his complaint.

An instance of this was when Martin, the cook for the house and therefore of great importance, came to a group bearing with him a written indictment of what he described as the great Simon fraud. The night before he had been temporarily barred for drinking. He had written out the indictment in sections like a legal document. These he read out and the reading of them seemed to make him even more angry. Simon was nothing but a fraud and a whorehouse. Ian Hart was making millions out of it. Dermot was just a simple, straightforward crook but Hart was the Godfather! There was no filthy racket that went on in Dublin but Hart got some kind of rake-off from it! When he had read out the indictment, I asked for a copy of it and proceeded to check it for punctuation and spelling errors. Although he got cross, the incident passed off peacefully. I felt at the time that I could most effectively challenge his paranoia by behaving in a similarly absurd manner myself. In retrospect I am uncertain whether I was not adopting an over-aggressive response and should not rather have pointed out that he was simply acting out his annoyance over being barred. Such a counter-aggressive response is an outlet for the therapist but may be poor therapy.¹² The teasing quality of the response, however, may appeal to the human capacity for self-detachment, as noted by Frankl (1977) in the context of the efficacy of the technique of paradoxical intention in treating obsessive-compulsive and phobic neuroses (p. 112). A related question is the extent to which therapists and people like Simon workers should allow themselves to lose their tempers with their clients. In the next chapter we will examine this point in the context of the interaction between workers and residents. For the moment we will note that people who commit themselves to a non-judgemental accepting role with others would seem to move out of role when they get angry with them. There is probably, however, a subtle quality of stigmatisation and therefore judgement in a stance which

¹² A colleague, a forensic psychologist in Philadelphia, has informed me that he finds that character-disordered people benefit from character-disorder on his part! If his psychopathic clients arrive late for their group therapy, he will make a point of arriving late for their next session.

prohibits the expression of anger in all circumstance with clients.

Fixation

The residents expressed their fixations in chronic, repetitive patterns of self-indulgence followed by guilt or punishment. Many seemed to lack a capacity for balanced pleasure in life and to be at the mercy of compulsive tendencies of a self-destructive nature. These were less withdrawn than the psychotics but they held on to certain patterns of gratification with the desperate strength of a frightened child trying to hold on to a rejecting adult's hand. For them the possibility of living more fully had often less attraction than the hope of intense gratification proffered by the fixated impulses. Associated with the impulses was a quality of self-revulsion, a quality which when extreme was usually least constructive.

Understanding, unintegrated with feeling, usually seemed inadequate to loosen the fixation. It was also true, however, that the kind of guilt which depersonalised the resident was of little use. He had to be persuaded to go back over his life in such a way that he regained a sense of responsibility for what he had done. This was where I made most use of Hanaghan's concept of decision in the temptation situation, the idea of actions possessing either a constructive or destructive effect in a personal and social sense. Focusing attention on a symbolic replay of feeling was sometimes effective in helping a person become aware of the underlying trend. One such occasion arose when young Alfred hit George, the little hunchback. I remember Alfred's keen interest when someone told him he had really been hitting his father. He then told us for the first time that he had hit his father just three weeks before he died. He told us about his nervous breakdown shortly afterwards and how, when he heard his father had died, he came out of the hospital and spent the night under the coffin at home. At another group, George, who had on two recent occasions tried to set fire to his bed in No. 9 told us how he had been expelled from home as a young man because he had set fire to his bed. Self-forgiveness was as important for George and Alfred as the

capacity to forgive others and I often thought that the feeling of warmth after a good group indicated a greater readiness to forgive the self—a coming to one's self again.

The broadening or re-awakening of interests was a sign that a resident was no longer so immersed in his habitual patterns of drinking, fighting or stealing. A boredom which many complained of characterised their fixated patterns of living. What "turned on" the residents and gave meaning to their lives entailed a profound libidinal withdrawal from the kind of concerns which capture the interest of less fixated people—raising a family, having meaningful relationships with people, making progress at work and generally developing one's own life. The analytical approach of Hanaghan possessed the advantage of relating the residents' fixated behaviour to the normal course of social development inasmuch as it sought to show how the fixation represented in some way an attempt to cope with a real problem the resident had encountered. Accordingly, there was a possibility of harnessing the resident's native ability for growth. The fixation was to be seen as a temporary flight of the spirit—a tactical withdrawal.

We will examine the results of this approach later in the chapter. We note here that the evidence that Simon and/or the therapy helped a number cut down on their drinking brings into question the idea that "alcoholics" cannot drink in moderation. As the general orientation of some residents changed, their control of drinking increased. One difficulty about an approach which stresses the importance of avoiding all alcohol is that the fixation is further embedded by the person making alcohol central, albeit a negative way, to his life. In an organisation like Alcoholics Anonymous this danger may possibly be countered by the socially stimulating effect of group membership.

Dependence and Transference

The accepting atmosphere of Simon encouraged residents to form a deep dependence on the community. This was a feature of interaction both in and out of the groups. A small number of residents, such as Colm, seemed in a state of chronic negative dependence on Simon. Colm had been with

the Shelter for four years and would lay siege to the door for week after week when barred for violence. He demanded unconditional acceptance of his ways and was utterly opposed to rules and regulations. Yet although he quarrelled violently with Simon, he could not leave it. Part of his hate for Simon must have arisen from his dependency on it. Bandura and Walter's (1958) theory that some delinquents get into negative dependent relationships with authority because of frustrated dependency needs in childhood may explain something of such attitudes.

The residents' dependence on me and the workers in the group reflected their dependence on authority figures in Simon and various institutions before Simon. This passivity was related to their fixations already mentioned. The rehabilitative focus on No. 9 involved getting residents to participate in the committee charged with running the house but none of them wanted to do this as they did not wish to have to bar fellow residents for breaking the rules. As in McCourt's study, things went smoothest when the workers enforced the rules quickly and firmly. Although few residents trusted the workers completely, they looked to them to perform the same roles as previously performed by prison officers or hostel managers.

Onto me was transferred a paternal, headmaster-type image. Dermot, the former nurse, was invested with more maternal qualities. Very disturbed residents may have benefited more from a mother figure, less disturbed ones from a father figure. From the rehabilitative viewpoint it is essential to analyse such transference in order to free the client from them. In the accepting, dependency-creating atmosphere of Simon I found it more difficult to dispel than to create dependency. It should be noted, however, that the dependency of the residents did not mean they always gave me their trust.

Role Development

I was interested in the possibility that the residents in the group would gradually lose their dependent roles and become more assertive in Simon generally. That is what happened in a number of cases. By 1972 workers were finding their

relationships with No. 9 residents quite different from those with No. 10 residents. The people of No. 9 were so much more assertive and critical of workers than those of No. 10, whose predominant reaction was one of gratitude. However, despite their greater capacity for self-expression, the residents of No. 9 had by no means conquered a passive attitude to life. If they were more articulate, they were also more demanding of help and attention. As noted, the house committee did not work because most residents did not want to have to perform unpopular tasks. There were no cases of successful "green-line" workers, Wallich-Clifford's term for the resident who becomes a worker. The therapy groups, it must be noted, were bound to produce a certain regression, acting-out and consequent dependence even though I sought to analyse and interpret such trends. Despite my emphasis on the personal freedom of the residents, there was a danger residents would see themselves as "cases" and therefore not responsible for their lives. It is a potent irony that a technique for developing self-direction may become in some cases an effective method of suppressing it. It is only fair to say, however, that the most significant factors retarding the development of social independence was the proximity of the wet house next door and the presence of a significant number of schizoid or psychotic individuals at the group therapy. These factors produced a pathological context for the group which was very difficult to challenge, even through the therapy. No. 9 and the group psychotherapy in it was a compromise between those who saw Simon in basic caring terms (and the residential houses as a somewhat anomalous development of the shelter level) and those like Dermot and I who saw it as containing provision for a formally rehabilitative venture. The latter saw No. 9 in terms of a second tier community but, and we will return to this point, there was never any conscious agreement in Dublin Simon to set up the kind of tier system described in the Introduction.

The groups both reflected people's previous roles in the community and helped develop new ones. Two residents in particular, Martin and Peter, assumed therapeutic leadership positions. Martin, who already had shown considerable leadership ability in his criminal subculture, became

champion of the underdog as it were, and Peter, who had been very affected by his father's death and mother's drink problem, took on an interpretative, exploratory role. Peter's growth away from drugs and delinquency combined with his role in the groups suggests the possibility that those who have been delinquent may become effective counsellors with young people currently delinquent.¹³

Other Developments in the Dry House

By August the workers in No. 9 had found the strain of dealing with three different groups—alcoholics, young and withdrawn—almost impossible to cope with. As recounted in "A Group Approach" (pp. 37, 38) they therefore tried to restrict the house to one particular group. However, they did not secure the support of the committee and their initiative was defeated. With it went any real hope for No. 9 as a rehabilitative project. In January 1972 the dry house suffered a further serious blow when Dermot moved out and took up residence at the workers' flat in Harcourt Street. His presence on a live-in basis had meant a lot for the therapeutic community since he had shown a high degree of professional skill in using such Hendersonian tactics as confrontation and crisis meetings to cope with the residents' withdrawing tendencies.

Towards the end of 1972 four very withdrawn residents were transferred to another house made available to Simon—12 Northumberland Square. This made the group in No. 9 more homogeneous and facilitated therapy. Nevertheless, most of its members were quite unable to cope with their own transfer to the Square in September 1973. Here the group was disrupted by being distributed over three different houses. Moreover, the move away from the Shelter, which the wet house at No. 10 had become, did not result in a strengthening of the therapeutic community because placements in the Square were not confined to the alcoholic group. In addition to the four withdrawn people in No. 12 some old homeless people were taken in. Thus the anti-

¹³The idea behind the new careers project as described by Briggs and Hodgkin (1972).

therapeutic mix of types was recreated. Residents rapidly fell back and failed to attend therapy groups. Drinking and fighting became much more frequent and the committee hesitated to expel rule breakers from the project. Residents were barred on a temporary basis but there was little point to that as it was easy for residents to get back in through ground floor windows. Moreover, Simon had no control over the public space in the middle of the Square and people barred spent considerable time drinking there. By the time the Square project finished in July 1974 it was clear the therapeutic project had come to an end. Residents had refused to serve on the Square management committee or to make a token contribution of £1 weekly (50p if unemployed) towards their upkeep.

Results of Group Therapy and the Dry House

Of nineteen residents who spent at least four months in No. 9 and attended groups fairly regularly, ten made some gains in so far as they showed less depression, greater ability to cope with stress without resorting to alcohol, less acrimonious relations with authority figures and a more constructive approach to life. Of the ten, only one seems at the time of writing, April 1978, to have shown marked and permanent improvement. In early 1977 six of the ten were living in the outside community; information gained on four of these showed all were doing reasonably well. The nine who showed no improvement included five very withdrawn people and one person under twenty one. Martin, we have rated as showing some improvement because, although he fell back in the Square, he moved out from the Shelter to a job and flat in early 1976. He was surviving quite well in the community in early 1977.

The success rate of the therapy and the dry house resembles that of a number of other projects with skid row people and chronic alcoholics. About one-third of McCourt's skid row alcoholics seem to have benefited. In Nottingham, Corden, Hogg, Wells and Willson (1974) report a similar result, a success rate of 29 per cent for chronic alcoholics at a probation hostel run on participative lines. At the first North American conference on half-way house alcoholism

programmes (1966), success rates averaged 35 per cent. The very small rate of permanent improvement in the Simon project is disappointing, however, and points to the need for ongoing support for people who have returned from such a project to the community. Peter is a case in point. After being two years out of trouble on leaving Simon, he lapsed into drugs and delinquency shortly after a religious discussion group, of which he was a keen member, broke up. Bridget, a resident of one of the houses which succeeded the Square, is another example. When she expressed the wish to leave Simon, a bedsitter was found for her and she supported herself on her widow's pension and a part-time cleaning job. Within a week she began to neglect herself and spend her money on drink. Her family, who had bitter memories of her drinking, did not provide her with much reassurance. Within a fortnight she had been evicted for non-payment of rent and was back in the residential house.

Peter and Bridget exemplify the deep dependency needs of many residents and the kind of problem a rehabilitation project must take into consideration. Rehabilitation should not be thought of as finishing with the return of the client to the outside community. Many of the Simon residents will need practical and emotional support, whether living in the outside community or not, for the rest of their lives. The significance attached to the social environment of young people released from residential care by such researchers as Cornish and Clarke (1975) is worth noting in this context as also is Sturup's view of the value of continued support for the ex-prisoner in the community. Many ex-prisoners and ex-mental patients in the large Dublin hostels lack such support.

Within a rehabilitative programme the possibility of resolving a client's dependency needs is markedly decreased if the stress on reality confrontation is undercut by an over-emphasis on basic caring. The wet house next door symbolised the difficulty of a formal rehabilitative project within Simon.¹⁴ The kind of difficult decisions which would

¹⁴ For No. 9 residents the example of No. 10 residents who were free to return during the day with drink on them was a continuous incentive to go drinking. Any distinction between them and the alcoholics of No. 10 (who had resigned themselves to a drinking life) was regarded by both houses as spurious once they had been demoted to No. 10 for drinking on a few occasions.

have led to some residents being permanently expelled from No. 9 were not made. The therapy groups were never made compulsory. Some helpers saw No. 9 as just another stopgap to solve the housing problem of a varied¹⁵ group of homeless people. Thus the deck was stacked against No. 9 succeeding. It was not Simon's accepting, non-directive philosophy that was faulty. I erred in failing to realise that No. 9 could not constitute an adequate rehabilitative project and Simon in general erred by not planning its growth in a more conscious manner. The result was disappointment for both residents and workers. In the wet house or Shelter, workers also became frustrated at the stagnation of the residents but their frustration was less than that of workers in No. 9 and in the Square, who had been led to expect more. The frustration of the workers in the Square was, as we shall see, displaced onto the committee.

Some Policy Implications

How far do results indicate the usefulness of group therapy for such character-disordered people as habitual petty offenders and chronic alcoholics? We suggest that our results indicate that group therapy within an overall rehabilitative milieu can be useful. If the project was being started again, we would press strongly for a house with a firm rehabilitative policy, catering for one group of clients only, with compulsory group therapy sessions and with someone like Dermot as director on a full-time basis for the full duration of the project. Clients who broke an important rule would be placed on probation and if they broke the rule again would be expelled from the project. The house would be organised about a work project to be established within or adjacent to the house as at Shelter Referral and residents would make a substantial contribution to their keep out of their wages. Before entering the project residents would have the rules carefully explained to them. Within such a house group therapy with an emphasis on discovering the significance of

¹⁵Older residents were critical of the policy of admitting young people as they believed that young people were encouraged in idleness through staying in Simon. Young residents resented what they perceived as the bullying, hyper-critical attitude of the elderly.

one's free will, as in Hanaghan's view of psychoanalysis, could have an important role.¹⁶

A second important question concerns the role of movements like Simon in rehabilitating the character-disordered. Despite what we have said about the difficulty of implementing a formally therapeutic programme within Simon, we wish to emphasise the vital importance of offering a system of lived out values as Simon aims to do. Simon therefore, together with movements possessing similar aims and concerns, has something vital to offer. Technical expertise in psychotherapy is of less significance to the character-disordered than the capacity to offer them a constructive vision of life. Such a vision of life should be implicit in all the guided interaction of a therapeutic community.

Another question relates to the medical status of the character-disordered. *Are they sick in a medical sense? One cannot say they are sick in the traditional sense of suffering from a disorder which exists and takes its course independently of their will. Neither, however, is it true that their free will alone is enough to solve their problem. They are in need of therapeutic support which strengthens without supplanting free will. In this sense, the therapeutic community and psychotherapy are in the role of midwife in that they seek to bring into actual existence things already in potential being. If they err on the side of directiveness they foster dependence and we are in the "Catch-22" situation of setting up a therapeutic project which strengthens dependency needs.*¹⁷

¹⁶It is not necessarily the case as O. H. Mowrer argues in "The New Group Therapy" (1964) that psychoanalysis and therapies derived from it undercut human responsibility and thus merely serve to lessen guilt feelings in character-disordered people. In my view the justification of analysis is that it develops human freedom by fostering insight into the intrapsychic conditions which hinder it.

¹⁷We might well also find that the public has stigmatised our project as one designed for mentally abnormal people. Toch (1969) has the stigmatising tendency of the public in mind when he expresses the view that it is counter-productive to deal with a violent person by therapy with the person as a whole. By singling out violent people for special treatment there is a danger that we will lead others and ourselves to magnify their problem of violence. Yet society will inevitably single out violent people, once they have passed a certain limit, for special treatment which may well, in default of appropriate therapeutic facilities, be exceedingly punitive. By avoiding a medical or quasi-medical

Essentially, psychotherapy with the character-disordered is a type of educational project, the data to be acquired by the student being the experience of living out personal values. One danger in taking a medical approach to character disorder is that it will be seen as untreatable because medically untreatable. A former Minister for Justice may well have been influenced by the tendency to see psychopathy in medical terms when, speaking of alleged misdirections by Courts in recommending psychiatric treatment for people sentenced to prison, he claimed that such misdirection when it occurs "regularly derives from a court not distinguishing between a psychopathic pattern of behaviour (which is neither psychiatric nor treatable) and a psychotic condition (which is both)". ("Irish Times", 17 Dec., 1976, p. 12). Although the Minister distinguished psychiatric from treatability status, his summary dismissal of the possibility of treatment hints at a disillusionment with traditional psychiatric approaches. Yet there is ample evidence (Sturup, Persons, Briggs, Shields, 1962) that "psychopaths" can be "cured", or perhaps as some might put it, that people once diagnosed as psychopaths turn out no longer to be psychopaths because of their response to therapy or treatment. The following description of guided group interaction in a Council of Europe Report (1967, pp. 63-66) further clarifies the treatable but non-medical status of "psychopathy" in the case of young people—"although guided group interaction is undoubtedly a form of group therapy, it is not to be confused with group psychotherapy and the essentially psychiatric connotations of the latter. That is to say, there is no suggestion that all offenders are mentally abnormal or sick, and no suggestion that exhaustive analysis of past material, often presented in symbolic form, is necessary or useful in the treatment of offenders under discussion. Guided group interaction derives to a considerable extent from studies on a borderline between psychology and sociology, notably those concerned with group dynamics. The method entails free and revelatory discussion between a small group

approach and by stressing the social-educational approach it should be possible to minimise dangers of both dependency and stigmatisation for rehabilitative projects.

of inmates under the guidance of a skilled, but not necessarily medically trained, therapist". In the present writer's opinion therapy with character-disordered people of the kind who gravitate to Simon is differentiated from much traditional psychotherapy of a clinical kind by two main features—it must focus on the dynamic sense of values which each individual possesses and the therapist must be prepared to cope with intimate challenges to his own values.

A fourth and related issue is the type of medical, psychiatric support a rehabilitative house should have. At a minimum such a house should have regular visits from a doctor and nurse who would work closely with therapists and staff. There is also no reason why the project should not make occasional use of such products of medical technology as antabuse in the case of alcoholics. Hansen and Teilmann (1954) and Bourne, Alford and Bowcock (1966) describe the usefulness of antabuse with skid row people. Such a drug can provide a temporary breathing space for some alcoholics, particularly those of obsessional, compulsive disposition as Wallerstein (1956) suggested.

It was my impression in relation to back up medical support that a lack of communication existed between the Simon dry house and local psychiatric facilities. Not enough use seems to have been made of those facilities. It must be noted, however, that Simon's people seemed occasionally to be written off by the psychiatric hospitals, a point made at Dublin Simon AGM in 1974. There was a similar lack of contact between Dublin Simon and AA—in marked contrast in Glasgow where co-operation was very good. The only contact occurred when an occasional resident went out to an AA meeting. If AA is to be involved in a rehabilitative project, it would seem preferable for the residents to hold AA meetings in the house as a single group rather than form part of a group outside. AA would also need to be heavily involved in the group therapy.

An important issue is the type and training of staff needed in a rehabilitative house. In my opinion two professionals of Dermot's standing would be required for a group of twelve clients. These professionals should live in the house. There should be an additional group of four full-time volunteers

who would be carefully selected for maturity and commitment. Training should take place on induction and be supplemented by sensitivity sessions, formal lectures and orientation weekends. The volunteers would need to stay at least six months, the professionals for two years, to ensure a consistent framework within which supportive relationships might develop. Such a professional input would no doubt be expensive. Unfortunately anything less would probably make little impact on the problems of chronic alcoholics or recidivists. An alternative approach might be to use staff, who as in Coolmine Drug Treatment Residential Community, have overcome problems like addiction or character disorder themselves. Such a project would be less costly but would still need considerable outside professional support and would be less feasible with older groups of clients.

A final issue is the extent to which the rehabilitative approach combined with psychotherapy can be transplanted to a prison setting. The usefulness to rehabilitation of a social philosophy which emphasises free choice, like Simon or Hanaghan's approach, has been stressed. Such a philosophy is at odds with the directive regime of a penal establishment. Within a prison a rehabilitative project is as much in danger of being undermined by a depersonalised, directive approach as the dry house was by the free and easy atmosphere of No. 10. Consequently, a rehabilitative project would best be provided as an alternative to prison, with prison in the background as the ultimate sanction. Sturup's work suggests that the therapeutic milieu is possible in prison, however, and we should not dismiss that possibility out of hand. Provided staff and therapists work closely together it should be possible to do in Ireland what he did in Denmark. In the previous paragraph we have hinted at the possibility of ex-prisoners setting up their own rehabilitative project on the lines of Synanon and its offshoot, Coolmine in County Dublin, for drug addicts.

Appendix 2 presents data on people committed to prison for begging, wandering abroad and drunkenness. Many of these would be habitual petty offenders, the kind of "inadequate" people who could benefit from a rehabilitative house. In prison these people become more and more

institutionalised, more and more lacking in self-esteem. The 1976 Prison Annual Report (p. 49) shows that 485 (or 20 per cent) of those committed to prison in 1976 have had more than ten previous committals to prison. In 1974 these cost the State at least £60 per head per week (Prison Study Group, 1973). In 1977 the cost must have been almost £100 per week. A comparatively minor expenditure on a number of therapeutic communities would therefore make good economic sense as well as being of obvious humanitarian significance.

Related to the subject matter of this chapter is a detailed consideration of my own role in Simon. Since this would break the continuity of the text at this point, it is dealt with in Appendix 1.

Chapter 4

Workers and Co-Workers in Simon

SIMON'S helpers were its most important resource. It was the workers and co-workers¹⁸ who had to bear the shock of living at close quarters with deprivation and disturbance. It was they who had to convert the Simon philosophy of personalised caring into practical everyday decisions. Their work included cooking, housework, buying and begging food, listening to and counselling the residents, giving first-aid, casework, fund-raising, administration, representing residents in court, visiting people in hospital and prison, taking soup to people sleeping rough, and giving talks on Simon to interested groups. Workers therefore had to perform the functions of domestic worker, counsellor, nurse and manager. Through interaction with the residents they were supposed to give expression to the Simon values of non-judgmental acceptance and respect for individual dignity and freedom. In this chapter we will describe the interaction of staff with residents, the problem of worker and co-worker stress, the service provided by workers and co-workers, the extent to which the various groups felt part of a community, and finally the qualities of a good worker or co-worker.

Interaction of Workers, Co-Workers and Residents

Many workers had no clear expectation of Simon when they began, others saw it as a group trying to help the homeless and a third group associated it with violence and squalor.¹⁹ Despite this lack of preparation for Simon the

¹⁸Hereafter "worker" refers to a full-time volunteer who lives in with the residents whereas "co-worker" refers to someone who gives a limited period, perhaps an evening a week, to helping in a Simon house or on the soup run.

¹⁹In a 1976 survey of ex-workers people were asked for their initial expectation of Simon: 34 per cent did not answer or said they had no clear

predominant response of workers to residents was of intense personal commitment. Among co-workers this response was also common. Thus the Simon goal of personal identification with the client was frequently achieved. In turn most residents were grateful to Simon. The survey of 82 residents in the Shelter and residential houses, part of which is reported in Chapter 2, indicated that only 10 per cent of residents were ill disposed to Simon. Sometimes, however, the helpers' commitment to residents was unchecked by knowledge of the residents' real needs or the helpers' limitations. Consequently, there sometimes arose a vicious circle of giving on the part of the staff and taking on the part of the residents. In such an atmosphere the dependency needs of some residents became still further exaggerated. A 1973 survey of ex-workers showed that 77 per cent of respondents felt exhausted by the time they left while a 1976 survey showed 58 per cent to be exhausted. Women workers were particularly liable to tire themselves, no less than 86 per cent of the 1973 sample saying they felt physically and mentally exhausted on leaving Simon. One referred in her questionnaire to the "deep bitterness and hate in many of the residents, the enormous emotional need which we could not hope to meet, the ambivalent nature of our work and the risk of coming close to them without a personal commitment".

A problem that arose when workers failed to set limits to their giving was that of a backlash against the residents and a subsequent counter-reaction from the residents. The anger that had built up among workers erupted on one occasion, for example, in a dramatic plea to close down the project. That was what happened on Friday, August 13th, 1971, when I arrived for a group. Before I could enter the sitting-room for the group the two workers and Dermot told me there was a crisis situation. In their view the non-alcoholics had withdrawn from any group participation, some of them were being damaged by the group, and it was impossible to mobilise the group behind the house rules. The two workers

expectation, 26 per cent had seen it as a group trying to help the homeless, and 17 per cent had expected to encounter violence and squalor. The results of this postal questionnaire survey, as also those of a 1973 survey, may be obtained from Simon Ireland, Milltown Road, Dublin.

demanded that we close the dry house over the weekend, rethink house policy and re-open the house on Tuesday to cater either for the alcoholic or non-alcoholic group. When I proposed this to the group the reaction of people like Martin was so strong that the proposal had to be dropped. Of course the workers had a legitimate point and only one type of resident should have been catered for in No. 9. But this objective could have been secured in a gradual and far less dramatic way. The proposal to close the house was the workers' retaliation for many minor infringements of rules and provocations in the past. To avert such a backlash there was need for continuous confrontation, as in the Henderson tradition. Because of a lack of training and trained staff such necessary confrontation was infrequent in No. 9 and rare in the rest of Simon.

Another problem that arose from a lack of awareness among the workers of their own motives and the residents' real needs was the hardline approach. This created a tendency among residents to see Simon as just another punitive institution and while some of them welcomed punitive discipline as protection from their impulses the remainder looked for an opportunity to sabotage it. From a purely pragmatic viewpoint the tough approach required long-term consistency to succeed. Invariably the approach failed through some inconsistency. The following account of a riot is a case in point. On November 3rd, 1971, group No. 85 broke up after minutes because some residents, having taken over the wet house next door, began throwing things out the upper windows. When a bed came through a top window and damaged a car outside, Dermot rang for the guards. These came, used the bed as a battering ram, entered the house and arrested five men in it. Some £400 of damage was caused to the house but the guards had to release the culprits because they had no actual evidence against them. The precipitating cause of the violence in No. 10 was the walk-out of the two female and one male worker, who went next door. This was after Edward, a resident who had gathered an anti-social clique about him, attacked the male worker because he was trying to put him out for causing a disturbance. A further cause probably lay in the fact that the

house leader, Karl, a stalwart six-footer who had taken a strong line against rule breaking, had gone on a week's holiday that day. The absence of the house leader usually engendered anxiety in residents and staff alike, an effect which has been noted by Sinclair (1971) in probation hostels. Moreover, Karl had taken over only a few weeks previously from a houseleader with a softline approach so that, as Sinclair points out in the context of probation hostels, trouble was to be expected. The fact that Edward and his friends constituted one of the toughest groups the wet house had ever encountered was of course another relevant factor. Another lesson that Simon learned from this incident was that people who are disturbed become even more dangerous when all possible help appears to be withdrawn. In the situation of abandonment, real or only perceived, it seems that fantasies of violence grow unchecked.

Sometimes strong arm tactics reflected conflicts within the workers themselves. One worker, Doreen, found Martin extremely hard to cope with. She frequently clashed with him at the therapy groups and he seemed to take pleasure in taunting her. During group No. 68 she accused him of stealing food from the kitchen and selling it. At the after-group to that meeting she suddenly seemed to realise why she had reacted so strongly to Martin, as the record of the after-group shows—"At it Dermot said to Doreen that she was over-reacting to Martin. She said that in the last five minutes she had just remembered something enormous. It was that she had stolen books while at the university". Although stealing books at a university is not, objectively speaking, a major transgression, to a person with Doreen's over-scrupulous outlook it may well have seemed a shameful act, an act subsequently to be repressed from memory, the guilt being projected onto someone like Martin.

Neither an entirely passive approach nor a hardline approach was therefore therapeutically adequate. The passive approach led residents to believe that workers supported them in their struggle with authority and produced sudden eruptions of repressed feeling among workers who could no longer by-pass their resentment. The hardline approach, while securing temporary peace, merely postponed

the resolution of residents' unwillingness to accept personal responsibility.

Worker and Co-Worker Stress

The orientation of workers to Simon changed markedly over the period under review. Whereas many workers at the start of the 'seventies tended to see Simon as an alternative way of life for themselves, by 1975 the great majority saw it simply as the task of providing a service to homeless people. The change of emphasis was probably inevitable as it became clear that particular and rather rare qualities were needed by Simon workers. An assessment panel was set up in 1971 which had the effect both of ensuring a more stable worker force and of increasing the psychological distance between workers and residents. The establishment of the panel was part of a tendency towards a division of function and away from the view of the Simon helper as someone who merely had a warm feeling for down and outs. The panel accepted on average about 60 per cent of those who arrived for interview; these in turn constituted about one-quarter of those who initially responded to the advertisement for workers.

The more disturbed residents frequently voiced the opinion that workers were drop-outs afraid to take their place in the world. They were not alone in this fear. Bob Cashman, vice-chairman from 1971-1974, mentioned in an address to ex-workers, "The Ambiguities of Altruism", that Professor Kaim-Caudle had once remarked to him that work for drop-outs attracts people with an element of the drop-out in them. This remark was more apposite for Dublin Simon before the assessment panel was set up. There was the worker who threw a flower pot from a top window in No. 10 and the girl worker who dropped out in company with a male resident. But by and large, once the assessment panel was established and other support measures introduced, the great majority of workers were able to cope²⁰ with the stress of the work.

²⁰Psychological testing of 30 applicants for the position of worker and of 11 current or former workers, using Eysenck's Maudsley Personality Inventory, showed applicants and workers to be within normal bounds for traits such as Neuroticism and Extraversion.

The experience of living with residents presented workers with the challenge of clarifying for themselves the difference between their values and those sometimes displayed by residents. Two methods were set up to help with the process of such clarification. These were the after-groups, or discussions held after the therapy groups, and the sensitivity sessions for workers held once a week in a venue away from the houses. The after-groups were initially for staff only and were meant to clarify feelings which arose in group therapy. I felt, however, that there was a danger of too much distance arising between workers and residents through the exclusion of residents from the after-groups and on a number of occasions was instrumental in enabling residents to attend such groups. The workers always put an end to this after a while, pointing out that they could not express themselves freely in the company of residents. It seems that they could not work effectively with residents unless they achieved some psychological distance from them.

In the sensitivity sessions for workers Dermot and I sought to help workers explore their feelings about residents and one another with the objective of discovering the implications of their commitment to Simon. In the groups an effort was made to dispel guilt feelings arising over resentment at the residents' dependency and manipulateness. Stress was laid on becoming aware of one's feelings about the residents and using these as a guide to one's current state of relationship with them.²¹ These groups, which were attended on a voluntary basis and lasted for one hour and a half each week, helped some cope with the stress of Simon. In the 1973 survey, 78 per cent of those with experience of the groups found them useful. The 1976 survey showed that they were considered less useful by later workers: of that group only 55 per cent found them useful. A probable

²¹In the sensitivities I placed some emphasis on Hanaghan's insight into the genesis of anxiety as a result of emotional withdrawal (Hanaghan, 1970, p. 85)— "When someone I love hurts me I feel pain. For a long while I thought the pain was coming from the other person: but then I found out that it arises from my turning away from him. When I forthflow in love the pain ceases. Libido is touch; mortido is untouch, attack or flight. And there is such cruelty in flight: you will damn well suffer when I have withdrawn from you!"

reason for the decline in their effectiveness lay in the splitting of the worker group with the establishment of the Northumberland Square project in 1973.

Coping with physical violence was a frequent topic of sensitivity groups. Such discussion seemed to help workers remain calm in the face of fantasied violence, perhaps by helping them acknowledge their response to violence. In the following report on a 1974 discussion by ex-workers of the problem of violence in Simon, we can see how group discussion may constitute an important learning experience for staff—"We started talking about violence, especially that most dramatic kind, gang violence. This often occurred through barring people because the house was full up or because of policies excluding people, especially young people out of prison. . . . In Cork and Dundalk the workers role-played being barred and the residents got a great kick out of this . . . gang violence promoted a siege mentality among the workers which produced an immense strain among them . . . your tolerance for normal violence was therefore lowered so you tended to act the heavy in the Shelter at any sign of violence, violence you could normally tolerate . . . so you thus began to provoke violence A certain amount of their violence is therapeutic and represents the working out of their aggression against society. . . . Space is important in a shelter . . . less violence in Cork because more space and they have a place to sit down when they go in. Dublin is more crowded. We talked briefly about individual violence. Violence for some is a language, a form of expression which is valid. We also spoke about verbal aggression, which is also a valid form of self-expression but particularly hard to take over a long space of time".

Co-workers had to cope not only with the stress of working with residents but also with the pressure of a role in which they had responsibility without authority. They had little say in the matter of admission to the houses even though some who had been with Simon for years understood the residents remarkably well and probably much better than workers who had been only a few months in Simon. Workers occasionally resented the relationships some co-workers formed with residents. Other workers disliked the tendency

of soup runners to bring new clients back to the Shelter.²² In recognition of the importance and stresses of the co-worker role the committee introduced a training scheme involving three introductory lectures for prospective co-workers in late 1973. In 1975 a selection interview was added to the lectures. In-service training for co-workers took the form of an occasional lecture or seminar and cannot be described as adequate.

The Quality of Service

How good a service for the homeless was provided by workers and co-workers? The quality of it varied with the changes in the worker group and the length of time workers and co-workers stayed with Simon. Because of the personalised and demanding nature of the work it was probably inevitable that most workers could not last more than six months without experiencing a decline in efficiency. However, towards the end of 1976 it was clear that many workers were staying considerably less than six months. In the first half of 1977 over 70 per cent of new recruits stayed less than three months. The reason for this probably lies in Simon's failure at that time to provide workers with adequate support and guidance. Subsequently, Simon Ireland, the co-ordinating body for all the Irish communities, established a series of orientation seminars and residential weekends and these, combined with the appointment of a project leader on a salaried basis, seem to have produced an increase in the length of worker stay during 1978.

A second problem occasionally arose from the carelessness of workers and co-workers when it came to meeting the practical needs of residents. This was evident from time to time in the Shelter. The workers and co-workers were usually very good at listening to the residents and sympathising with them but occasionally fell down in such matters as keeping the house clean, providing adequate toilet and washing facilities, and making sure that beds and bedding were satisfactory. One of the difficulties lay in the sheer number

²²Another bone of contention between the two groups was the tendency of some co-workers to allow in residents temporarily barred.

of residents who passed through the Shelter every year, many of whom were dirty and some lice infested. Some workers and co-workers gave up in the face of that difficulty and interpreted Simon philosophy to mean that dirt does not matter.

To be fair to Simon, numerous efforts were made to clean up the Shelter and a major programme of renovation, costing £7,000, was completed in the winter of 1975/76. Moreover, the external appearance of the Shelter, in particular the steel plate on the doors, reflects the numerous sieges it has withstood. At the time of writing the Shelter seems to have overcome its lengthy teething problems and at present provides a dry, warm accommodation, plentiful food and a peaceful, contented atmosphere.

In the residential houses the service provided by workers and co-workers was better than in the Shelter. This may be related to the long-term nature of residents' stay in those houses. These houses in the opinion of the social worker, Mr. Long, were probably the greatest achievement of Dublin Simon. Here, perhaps for the first time for many years, a homeless person could finally settle down. As we shall see, however, the hostility of neighbours tended to defeat such projects.

Simon as a Community

Bob Cashman has asserted²³ that there was always too much coming and going in Simon for true community spirit to develop. Yet a certain community spirit was always present. Only 22 per cent of the 82 residents surveyed in Chapter 2 felt that workers did not participate as equals in the community. When ex-workers were asked in the 1976 survey to state what was the most enjoyable element of Simon work, no less than 33 per cent (41 per cent of women, 25 per cent of men) mentioned the warmth, acceptance and humour of the Simon atmosphere. Another 16 per cent mentioned the pleasure they got from working with people while 9 per cent referred to the pleasure of the residents'

²³ Personal communication, 8/8/1977.

company and 8 per cent to that of the workers' company. One respondent to the 1976 survey expressed himself thus—"Whoever said that 'Simon is a way of life' knew what he was talking about. It gave me a completely new outlook. Above all, it showed me that there is dignity in every single human being—whether that person happens to be a drunk, a con-man or one of my family. No one can be dismissed". Another strong indication of the strength of community feeling comes from Gerald Hearn, an ex-worker and contributor of an article on Simon to the "Irish Times" (12 September, 1975). Writing of his experiences as a co-worker, he asserts that people in Simon perform ordinary chores with much more enthusiasm than they would outside because such work is meaningful both at the group and individual level.

The sheer intensity of the Simon experience, which magnified both positive and negative feelings, made it difficult for many workers to adjust to the outside community afterwards. In both the 1973 and 1976 surveys about one-third of respondents expressed the opinion that people leaving Simon need some form of moral support to help them over the period of transition. In the 1974 ex-worker discussion much attention was focused on the difficulties of transition. It is clear from the following excerpts from that discussion that to some workers Simon represented much more than a helping organisation.

Victor: A problem is when you leave Simon. Do you try to form a part of a vocal pressure group or do you try to get together in yourself and through your individual example try to change society?

Edward: My problem is I want to get back the vitality in Simon. When you were in Simon, communication seemed much freer, everyone was together. Afterwards it's very hard to get something going between us.

Maeve: How can we go back to that vitality and use it in our present situation?

Edward: You really have to get deep into yourself and find yourself, what you're all about.

Qualities of a Good Worker

As should now be quite obvious, workers needed considerable patience, commitment and understanding. In answer to a question of the 1976 survey about the human quality most needed in Simon work, 25 per cent mentioned the need for tolerance or patience, 15 per cent the need for personal stability or maturity and 11 per cent the need for compassion or love. The slow pace of progress and the awareness of an inability to help residents were seen as the most distressing aspects of the Simon experience by 33 per cent. One respondent said that what was needed most in Simon was the ability to give everything one had to the work even though one was pretty certain it would be of little avail. Another ex-worker, who had gone back to secondary teaching, found a close similarity between Simon work and teaching . . . "The constant exposure to criticism (voiced or unvoiced), the constantly fluctuating tension which exists between people working at close quarters, the pressures created by personality differences and inconsistencies of behaviour are elements common to both situations. At another level the Simon worker and teacher are comparable in that one finds oneself bridging the gap as it were between the pupil/resident and society. . . . Within the Simon community the worker introduces a note of reality, of normality, hopefully a balanced consistent performance and presence. . . . On the other hand, the worker is the mouthpiece of the Simon community. If Simon is to fulfil its role in social terms, it is bound to make society aware of the situation that makes its existence necessary . . .". The mediating role of the worker was present in all worker interactions with residents in Simon because the third party, with whom the resident was in dispute, was always psychologically present within the resident. Older workers did better because they were usually better mediators.²⁴ This ability was as important in Simon as the capacity for practical chores.

²⁴When the national co-ordinator of Simon Ireland was asked to select one-quarter of the 86 respondents to the 1976 survey as those most clearly above average in commitment and initiative, those selected differed from the remainder by virtue of greater age and longer stay. In recognition of the superiority of

A third much needed ability was empathy. Some workers seemed too uncertain of their values to lower their defences. Therefore they made little impression on the residents. The following account of an interaction in Jean Vanier's centre for mentally handicapped adults (l'Arche) makes the point. Bill Clarke, a worker at the centre, describes (1974, pp. 83-86) an important therapeutic encounter he had with a disturbed client, "David". David's father had died in a concentration camp and his mother had been very disturbed by this. Because of such events and his ambivalent relationship with his mother David became unsure of his own identity and confused about how to receive and express affection. He became unable to function normally within the community. Within l'Arche he had developed some extraordinarily refined techniques for annoying people, which he turned on Clarke. One technique was to approach Clarke face-to-face, putting his two hands around the back of his neck and—"while saying, how much he likes you he would begin jerking your head forward. Thus, looking you straight in the eyes, he could see just exactly how you were reacting to this treatment and he could feel immediately to what extent you were resisting or tensing up as a result of it . . .". The first summer Clarke spent at l'Arche he found great difficulty in coping with David. He would let him go a certain distance with his annoying tactics until he felt he just had to resist him. He tried to use no more force than was necessary and sought to show David that he still liked him. An observer at this point might well have despaired of the effectiveness of psychotherapy with someone of such low interpersonal maturity as David and recommended a very structured, authoritarian regime for him, perhaps in a secure setting. Such a recommendation would seem reasonable to many as Clarke, after all, had demonstrated that the traditional therapeutic mixture of firmness and kindness was of no avail. The story does not end here. Clarke goes on to relate that he returned to the project the following summer for a month's vacation and that David took up with him exactly

older workers the assessment panel decided not to accept very young workers. The result was that the mean age of workers rose from 21 years 11 months in the 1973 survey to 24 years 4 months in the 1976 survey.

where he left off. Clarke, however, experienced an important growth in his own capacity for love during this phase of the relationship—" . . . what I began to realise was that when I resisted him with force, the force was not totally under my control and an expression of my desire to help him. The force always controlled me to some extent, and became a subtle means of inflicting some revenge on my aggressor. Also a conversation with Jean Vanier about this time made me think out and pray about my relationship to David." Vanier pointed out precisely that the role of the assistant was of a peaceful or non-violent presence to absorb some of the anguish that a life of rejection had engendered in the handicapped. Clarke now adopted an attitude of greater receptivity to David, allowing him to do as he pleased with him. He began to adopt a very simple and consistent openness towards David— "The words were the same ones I had always used, but they had a much fuller meaning Now it mattered much less to me that David change. I wanted him to grow but my love for him was not on the condition that he grow". There was no immediate change in David but after a couple of weeks he went into a very quiet reflective mood, during which time he ceased all his annoying habits. This lasted a few days but when he came out of this mood there was still a great change in him— "His annoying tactics were greatly reduced and he seemed to have made a real step forward in being able to relate to people more simply and directly".

As might be expected, most Simon workers and co-workers lacked that degree of empathy. Nevertheless, Simon for many acted as spur to develop such qualities. Many, especially the female workers, left Simon with a greatly increased interest in such areas as social work and child-care. For a number then Simon acted as an important training ground for some type of professional helping work.

Chapter 5

Simon as an Organisation

IN this chapter we will describe the manner in which Dublin Simon sought to organise itself in order to attain its objectives. These objectives, which were more tacitly agreed than consciously formulated, may be summarised as follows:—

- (1) Providing basic help in an unconditional manner to homeless people not catered for by anyone else;
- (2) Establishing residential houses for its long-term clients;
- (3) Supporting former clients who had returned to the outside community; and
- (4) Alerting society to the plight of the down and out.

In the attainment of its objectives it adopted the informal, personalised caring characteristic of English Simon communities. Relationships between management and staff reflected this approach. Accordingly, situations arose where the Simon committee found it difficult to have a decision implemented because of its reluctance to take action against rebellious workers or co-workers. In brief, there was a problem about the exercise of authority. This became more apparent with the expansion of the organisation. As the community grew, the existence of personality differences increased the need for a common policy and the exercise of the committee's authority to implement it. As the generations of workers succeeded each other, it became more and more important for the committee to assert long-term policy. The problem of authority within the organisation of Simon is the focus of the first section of this chapter.

The second issue that we consider are the implications of residential caring for Simon. At shelter level Simon could pursue a non-directive approach to clients because of the limited nature of its contact with them. At residential level Simon had to address itself much more to the clients'

problems of maladjustment, particularly that of dependence.

Apart from the greater burden on workers, the material cost per client in the residential houses was much greater. Moreover, the problem of neighbours' attitudes had to be given much more consideration than in the case of the Shelter or soup run, which were situated in rundown areas. The second section of this chapter deals with the movement in Simon towards, and subsequently away from, 24 hour a day caring.

In a final section we will summarise the organisational challenge represented by a project like Simon with particular reference to the mistakes which were made. We will make suggestions on the kind of organisational strategies a group like Simon should adopt to cope with the problems that characteristically beset its work.

1: Authority in Dublin Simon

The first committee was set up in Spring 1970 and consisted mainly of people invited by workers to serve on it. At this stage the workers were much the most dominant force in the community and the committee represented little more than their attempt to give Simon a respectable face²⁵ in the established community. Little conflict arose between worker representatives on the committee and the remainder of it as the latter generally deferred to the workers' greater familiarity with Simon. The situation changed, however, as the first workers were succeeded by other workers.

In the spring of 1971 problems arose from the presence of some Scottish workers. Like previous workers they had arrived at the project and simply announced they were workers. Unlike previous workers they were inadequate for the demands of the job. They responded with violence to violence and once, during a siege of No. 10 by young people from Benburb Street nearby, one of them hurled a flower pot from a top window of No. 10. The committee sacked them and shortly afterwards set up an assessment panel to prevent

²⁵One of the reasons why the workers wanted, at that time, to get Simon properly registered as a charity was because they would otherwise have lost £1,000 from an anonymous benefactor.

unsuitable people from becoming workers. Since only one worker sat on the panel of three, the establishment of the panel meant that workers had little say in deciding who was to replace them. A further diminution of non-professional worker power occurred with the appointment of Dermot as the head of No. 9.

Nevertheless, throughout most of 1971, 1972 and 1973 the workers were probably the dominant force in Dublin Simon. For much of that time workers occupied 4 of 12 places on the committee, being represented by the house-leaders of Nos. 9 and 10, the worker-coordinator for the two houses and the worker-administrator.

In 1973 an important decision was taken to appoint a paid full time administrator and deputy²⁶ to operate from a new office in Harcourt Street. The organisational reasons for the establishment of these posts were weighty as the projects now included Northumberland Square as well as a group visiting hospitals and prisons and another group doing follow-up work with people met on the soup run. The number of workers at the end of 1973 was about 15 while the number of co-workers approached 200. In 1973/1974 Dublin Simon provided 28,000 bed-nights and spent about £33,000, as compared with about £8,000 in 1970/71. Nevertheless, the establishment of a specialised administrative staff led to a situation in which some workers tended to shelve responsibility for taking quite minor decisions about house management. Situations arose in which workers refused to take the initiative to solve problems which they could easily have solved without the help of administration. A development which weakened the link between committee and workers was the tendency of the committee to hold meetings not in the houses on the Quay but at the office in Harcourt Street.

In the first half of 1974 workers in Northumberland Square were under considerable pressure with the breakdown of the therapeutic project there. Residents openly flouted the rule against drinking and could not be barred effectively because of the public nature of the area in the centre of the

²⁶Their pay was £20 per week, large in Simon terms.

Square. Workers were frequently assaulted apart from being targets for considerable verbal abuse. They complained of a lack of support from the committee at an executive meeting in the Spring. This complaint was well founded as most members of the committee had paid few visits to the Square. One reason for the lack of interest lay in the establishment of a small standing sub-committee with responsibility for day-to-day management. The remainder of the committee were allotted a policy making function or were assigned to three sub-committees, housing, fund raising and public education. In retrospect it is apparent that the creation of the standing sub-committee was divisive for the committee.

In June 1974 Simon was given only three weeks to find alternative accommodation for its 22 residents in the Square. Since the vice-chairman, Bob Cashman, had signed a caretaker's agreement on behalf of Simon, there was no legal option but to move out. The workers in the Square now expressed their frustration with the project and a sense of identification with the homeless by threatening to squat in the Square beyond the deadline of July 1. Pressure was mounted on the committee to support them when the deputy administrator, without authorisation, invited about 20 co-workers to a committee meeting to make known their views in support of the rebel workers. The eventual response of the committee was to dismiss the workers but a division of opinion arose on how to get them out of the Square. When it became clear they were serious in their intention to squat, the chairman and vice-chairman proposed that an injunction to bar them be sought. The remainder of the committee (the standing committee having been re-absorbed into the original executive committee) rejected the proposal, however, on the grounds that it would violate the Simon tradition of settling disputes without recourse to the law.

As therapist-researcher I could not agree with the chairman and vice-chairman. It seemed to me that Simon had to extend principles of caring to its own staff. The upshot of the conflict was that on July 19, when the rebel workers were seen to be in earnest, the chairman and vice-chairman resigned. This was a hard blow for the committee as both had done a great deal of work in making contacts with pro-

perty developers. It was through Bob Cashman that Simon had got Nos. 9 and 10 Sarsfield Quay on loan from the Corporation and through Frank Sweeney that it had got the house in Harcourt Street. Apart from genuine policy differences the opposition to the chairman indicated the strength of anti-authority feelings generated by the helpers' frustration with their work and their identification with residents.

The impasse over the Square was finally resolved in five days of negotiation subsequent to the resignations of chairman and vice-chairman. The rebel workers abandoned the Square on July 24 in return for Simon issuing a public statement on the matter. In this statement Simon expressed sympathy with their cause and acknowledged that they (the workers) were quitting so as not to force Simon to have to take an injunction against them. Simon also gave an assurance that it would support a squatting family²⁷ in their search for new accommodation. One consequence of the resignation of the chairman and vice-chairman was that Simon's hand was weakened in subsequent dealings with residents' associations in Fairview, Ballymun and Chapelizod. It should be noted, however, that those who resigned had many important commitments apart from Simon, commitments which were suffering through the disproportionate amount of their time taken up by Simon.

Further Developments

For a few months after the resignations the committee lacked confidence in giving a lead to Simon. It was also under heavy pressure from residents' associations who objected to the house for long-term clients established in Fairview after the Square closed down and the house proposed for Ballymun. By the Spring of 1975 it had re-established its position of leadership and showed this by rejecting a worker proposal, about that time, to do without a house leader for Sarsfield Quay.

To enable the committee to concentrate more on overall policy, the Annual General Meeting of 1974 established four

²⁷This family had been moved in by a political party in September 1973 when Simon moved into the Square.

house-management committees. These management committees were to be responsible for the daily management of each house. The chairman was to be a member of the executive committee while the other members were to consist of a representative of the residents in the house, representatives of the workers and co-workers attached to the house and, hopefully, a representative of the neighbours. By the end of 1976 the management committees had largely ceased to function, the main reason for this being that they required too much of a commitment from the management committee chairman, who had to serve on the main committee as well.

In July 1975 a trained social worker was employed at the normal rate of salary and in early 1977 it was decided to recruit a suitably qualified person on a normal salary to act as manager for the Shelter. By employing professionals, who were paid at normal salary rates, the committee hoped to provide more continuity of policy for clients and more professional leadership for workers and co-workers. The policy represented a continuance of the trend away from the concept of the autonomous, multi-purpose and probably idealised Simon worker. Bob Cashman's comment²⁸ on the workers of 1976 indicates one possible result of professional leadership—"Since my return to the Committee in 1976, I have been fascinated by the change in the full-time workers. There seems to be far less 'hassle', far less villainy and far less vitality than in the early 'seventies. Whether this is the result of the assessments, changing times or the poachers turned gamekeepers on the Committee is not yet clear to me. Perhaps the quest for balance and sanity has gone too far".

Along with the division of labour, there was a tendency away from the approach of unconditional acceptance. In 1976 a worker pressed charges against two men who broke into and damaged the Shelter. This seems a turning point for Dublin Simon as staff had previously avoided using the law against clients. By late 1976 there was less tolerance in the Shelter and residential houses of chaos and destructive people in general and clients in the residential houses were paying a small sum weekly towards their keep.

²⁸Loc. cit.

This account of authority within Simon would not be complete without reference to the co-workers. Co-workers had founded Dublin Simon with their soup run based near Trinity College, had established Winetavern Street soup kitchen and subsequently played a vital role in Sarsfield Quay, the Square and the houses which succeeded the Square. It was largely through their efforts, especially in the shop, that so much money was raised for Simon.²⁹ As already noted, they had considerably less influence in the running of the community than the workers. It was the workers, not the co-workers, who decided who would be admitted to 9 and 10 Sarsfield Quay in the initial phase of that project. Not surprisingly, co-workers were subject to a high rate of turnover. Over the years the committee made a number of efforts to integrate them more closely in Simon. In September 1973 each co-worker group appointed a co-ordinator and a general co-ordinator was elected to represent all co-workers on the committee. These measures were followed by the establishment in November 1974 of a co-worker council which consisted of representatives of each project and was meant to assist the general co-ordinator. One result of these measures was that co-workers became a more integral part of the general community. Conflict still arose between co-workers and workers but caused fewer rifts than before.

2: Simon and Total Caring

In this section we will review the involvement of Dublin Simon in residential care and then consider the type of organisation needed for such ventures.

We have already described something of the successes and failures of 9 Sarsfield Quay, the dry house. No. 9 was the high point of Simon as a therapeutic community. Between March and December 1971, Simon boasted the most organised therapeutic facility for down and outs in Dublin. There was some opposition within Simon particularly among

²⁹In the year ending 31 July, 1977 total income was £49,471. Of this donations made up £16,526, shop sales £13,957, the Eastern Health Board Grant £5,500, Flag Day contributions £3,679, Carol Singing Collections £2,770 and a Fashion Show £1,886.

co-workers to the venture. It was seen by a few as inimical to the spirit of Simon. Dermot's standing, however, made the project more acceptable, another consideration in its favour being the absolute lack of therapeutic facilities in Dublin for skid row alcoholics. When Dermot resigned as house leader for No. 9 in late 1971, the therapeutic project lost standing in the community. It suffered a further blow with the troubles and disruption of the Square and could be said to have ended with the termination of sensitivity groups for workers in Spring 1975.

The ending of the Square led to Simon setting up residential facilities for a group who appeared to need support for an indefinite period. In the houses at Fairview, Dorset Street and Harcourt Street residents were able to put down roots again. These houses provoked, however, a vehement response from local neighbours. Much of the committee's energy in 1975 and 1976 was taken up with the task of negotiating with residents' associations. Another problem arose from the workers' difficulty in accepting the lack of change among residents—even though rehabilitation was not meant to be the main aim of the houses. An article in the April 1975 issue of "Link" highlights the latter problem—"I accept without question the founding principle that 'Simon does not overtly aim at rehabilitation'. But there must be some position in between *forcing* people to 'pull themselves together' and jollyng people along in a limbo of no hope for the rest of their days. Is it enough to *hope* that change will result from our caring? I think they must be given some positive incentives to go after and recapture their self-esteem". As noted, a rule was eventually introduced in the houses requiring residents to pay something towards their keep. This rule was strictly enforced despite resistance from residents. Thus Dublin Simon moved closer in its residential projects to those English communities in which residents' social welfare payments were paid directly to Simon, the residents receiving pocket money from the community.

By the end of 1976, after the reverse in Chapelizod where local residents prevented Simon from opening a house, some of the committee had lost faith in the idea that Simon

had a unique contribution to make in total residential care. Accordingly, the argument that third-tier houses were too expensive in terms of money, manpower and the investment in public relations gained weight within the community. By 1977 there was considerable pressure to reconstitute Simon at the level of night shelter and soup run. These were felt to be Simon's characteristic projects as they met a need not served by any other agency. In opposition to that viewpoint a small group within the community stressed the degree of progress that had been made with those in the long-term houses. The very fact that the residents of those houses were so attached to them indicated that something had been achieved. They stressed too the impersonal qualities of alternative hostel accommodation outside Simon, a very telling point within the community. In the next chapter we will indicate how social prejudice against Simon's people appeared even in professional workers attached to such hostels.

It is important to note that Dublin Simon did not really practise the tier system. It should not be judged too harshly for that. It moved into total residential care because it did not want to abandon those clients who had come to depend on it. It failed to institute an adequate second-tier project because, among other reasons, it moved people too quickly up from the shelter level to make room for others in the Shelter. It went into Northumberland Square primarily because the Square meant 22 more places for residents in other parts of the community. Because it was dealing not with the homeless as such but the disturbed and maladjusted homeless, who were liable to be rejected by other agencies, it maintained an open door policy which led to continual over-burdening of resources.

One area where Dublin Simon achieved quite a lot was at fourth-tier level. Over the years quite a few clients of the Shelter, and to a lesser degree the residential houses, settled in flats outside Simon, usually in the central City area. Co-workers were particularly effective in providing a network of support for these residents.

3: Some Mistakes and Possible Remedies

Perhaps the first and principal weakness was the absence of planned development. Simon never consciously came to a decision about the tier system even though Dermot and I tended to see ourselves as operating within the context of second tier. For the tier system to have been implemented Simon would need to have located its dry house well away from 10 Sarsfield Quay. Not only was the Shelter next door but the whole area was rundown and neglected. Secondly, a proper rehabilitation project would have required that candidates for it be carefully selected and that adequate professional staff be employed. For a group of 12 alcoholic clients at least two professional staff of Dermot's standing would have been needed.³⁰ As we have noted, Dermot withdrew from the position as houseleader for No. 9 at the end of 1971. In addition, the full-time volunteer staff would need to have specialised in second-tier work and not worked at Shelter level, as sometimes happened. Finally, an adequate second-tier house for a group such as chronic alcoholics should have been built around a work project which could have been set up in or near the house and involved the group as a whole. This blueprint for a second-tier house could not have been implemented by Simon with its limited resources but this limitation was not consciously acknowledged.

There was also the mistake over Northumberland Square. Simon should not have taken possession of it or, if it had, it should have used the houses not as a partial continuation of No. 9 but entirely for quiet and elderly people. The only residents to benefit from the Square were the latter group.

Arising from the stresses of the Square came the rebellion of the workers in it when the time came for Simon to move. It is my opinion that the committee opted for the best course in pursuing negotiations with the squatters. Given the pressures on the workers and their belief that the committee

³⁰Salaries of such professionals would of course make the project quite an expensive one. Nevertheless, the difficult problems of chronic, socially deprived alcoholics, problems which are both personal and social, are unlikely to yield to a less intense approach. One spin off effect of such a project would be the training of voluntary workers, some of whom, like the workers of Simon, might go on to professional social or therapeutic work.

had not given them adequate support, some other rebellious act was likely to have occurred even if Simon had not received instructions to move out. In the circumstances the resignations of the chairman and vice-chairman were unfortunate, at least from Simon's point of view.

Preceding the worker revolt and subsequent to it was the centralisation of power in Dublin Simon through the growth of the administrative section. As the organisation expanded, the need for a division of labour increased. We have seen how the committee chose to employ long stay professionals to provide stability in the community. Much of the progress that has been made could not have been made without the consolidation of the committee's power. At present there are stronger arguments for maintaining the centralisation of power than for undoing it. Jim Murray, vice-chairman, makes a strong case for stabilisation within the community in an article in the Simon Ireland "Newsletter" of October 1977. He writes—"Having been a full-time worker seven years ago, it is depressing to see how little has changed. There has not been a build-up of expertise from one generation of workers to another because workers come and go in an arbitrary fashion. After seven years' experience of running night-shelters and community houses we still don't know how to lock a door against intruders while also allowing easy evacuation in case of a fire. Many of the practical problems of running a house have been solved at one time or another in Simon's development but each time they arise, they have to be considered all over again". Until the problem of rapid worker turnover is solved and until a corps of long-term workers, professional and non-professional, is established, there seems little point in devolving power to the workers and local communities. If such problems were solved, however, there would be a strong case for devolution, each project forming an autonomous part of a loose network co-ordinated by a central committee supplying social work, fund-raising and secretarial services.

Related to the problem of staff turnover is that of staff training. Unless this is solved, staff will not be able to sustain their initial idealism. To quote Jim Murray again—"The way to keep workers lies in limiting the numbers we are trying

to help, in proper induction procedures after acceptance, in giving new workers defined and concrete duties under supervision, and in making it clear that caring requires discipline and on unrelenting commitment to doing ordinary day-to-day practical things". In brief, what is required is a productive balance of "doing" things for clients and "feeling" things with them. Over-emphasis on the latter has created a need to pay more attention to the former.

One area where a dynamic central committee is sorely needed is that of public education. Because Simon itself was uncertain about the different goals of its various projects, it failed to convey those distinctions to the public which therefore developed the notion that all of Simon's work had to do with "winos" or criminals. We will now turn to a more detailed review of Simon and public opinion.

Chapter 6

Attitudes to Simon

So far our main emphasis has been on people and events within Dublin Simon. We will now consider the attitudes of the public, the professionals and Dublin Corporation to Simon and note the consequences for Simon of those attitudes. We will also review some of the successes and failures of Simon in influencing public opinion and discuss briefly the general problem of the resettlement of stigmatised subgroups in Ireland.

The Public

The attitude of the general public to Dublin Simon was extremely ambivalent. It was from the public that the workers and co-workers came and it was from the public also that the vast bulk of Simon's annual income, about £40,000 in 1976, came. On the other hand, the opposition of residents' associations to Simon moving into their areas was very marked, people tended to shun those of their relatives in Simon and employers were loath to take anyone from a Simon address. Bob Cashman³¹ in commenting on the ambivalence asserts that the task of winning assent for Simon in residential areas is a long drawn out process—“Simon has to come to terms with this. When these people, as they do, applaud Simon's efforts to care for homeless people, they are sincere; no doubt many of them put money in the flag-boxes. When they reject residential houses, they are equally sincere. Like the rest of us, they just want to have it both ways. . . . The general public is not anti-Simon; in fact it thinks Simon is doing marvellous work. It is anti-Simon

³¹ Loc. cit.

only when Simon buys houses next door to them; this is a different issue”.

The amount of money donated to Simon, which included a number of £1,000 cheques from private individuals, almost certainly served a distancing function. The public were prepared to support Simon so long as Simon kept the homeless people well away from them. They were not generally interested in personal contact with or real understanding of the down and out. Mary Cummins' article in "The Irish Times" (17 October, 1977), "A Few Coppers, Mam", which recounts her experiences dressed up as a beggar woman, illustrates the pattern. She describes how no one looked her directly in the face—"A young man, perhaps in his early 20's, opened the next door. 'A bitta help, sir, a few coppers . . .' His eyes averted to some spot over my left shoulder. I'd come to expect that". She describes how through error she called on the house of a woman she knew but escaped detection because her acquaintance did not really look at her.

The aversive or distancing response of the public to Simon's clients goes with a tendency to attribute personal failings to them. This was illustrated in a study by Marie Lynch, an ex-Simon worker. She questioned a random group of 50 Dublin people on their view of homeless people in the course of her Master's Dissertation (1975). In answer to the question "What is your concept of a dosser?", 60 per cent saw dossers as lazy people of no fixed abode. One may argue that such attribution of personal failings is not justified but, as Bob Cashman notes, it represents an important social reality. Nor should people be disparaged because their fears lead them to reject personal contact with Simon's people. In some people the fear may be based on first or second-hand experience of living with someone with an alcoholic or personality problem. For their relatives and associates an aversive response to character-disordered people may arise from frustration and irritation in coping with them in the past. Many such relatives and associates understandably feel they have done enough and wish to avoid further suffering. It is also true that the less affluent working class are more frequently asked to bear with the presence of people who

are character-disordered and that those who criticise them for intolerance are unaware of the difficulty involved. Others distance themselves because they fear their children may be corrupted.

Such fears show the need for a form of education to help people appreciate the differences between deprivation, social non-conformity and anti-social behaviour, and, moreover, in the case of anti-social behaviour, to see how all, in one sense or another, are delinquent. Such social education should seek also to develop people's belief in their capacity to act independently of their social milieu, and thus their tolerance of social pluralism, and their awareness of positive rather than negative goals for their children.

Simon discovered that popular prejudice against "dossers", in particular the attribution to them of significant personal defects, extends to such groups as psychiatrists and social workers. The following case history of a social worker's response to a client of Simon illustrates in rather extreme form the irritability which lies behind some aversive or distancing responses.

A Social Worker's Problem

Simon first came in contact with Frank, an alcoholic aged 73, through the soup run in early 1974. He was at that time staying in a hospital (for incurables) on the south side of the city. He was quite happy there although somewhat frustrated by the company of senile patients. He was a very intelligent man with a very active mind. Frank's ejection from the hospital occurred after a few disappearances of short duration when he would return loudly and happily drunk and upset the quiet discipline of the hospital.

Frank returned to a hostel run by St. Vincent de Paul where he had stayed previously. Ruth, a Simon soup run follow-up worker, discovered he was being frequently barred from the hostel. When she approached the manager of the hostel to find out why this was so, she was told Frank was a nuisance— "He apparently made a habit of turning up after closing time, merrily drunk and would sit at the gates when he could not get in, thus drawing public attention and casting aspersions on the good people of St. Vincent de Paul.

He would then have to be penalised for his behaviour by being refused admission on subsequent nights".³²

Since Ruth and other co-workers discovered that Frank found it very difficult to walk, they brought him down one Monday night in February 1975 to 10 Sarsfield Quay to be seen by the Simon doctor and nurse. Following this the Simon doctor arranged with Miss "X", a social worker in St. Paul's hospital, to have him admitted to the hospital with a view to drying him out and referring him on to St. David's hostel as the hospital had the necessary contact with that hostel. On the following Saturday Ruth and a co-worker brought Frank to St. Paul's hospital and he was admitted. On the Monday morning, as had been agreed with Miss "X" through the Simon doctor, Ruth rang Miss "X" about Frank but could not contact her in the hospital. Instead she was put in contact with Miss "Y", also a social worker, who did not appear to know anything of the case. Ruth asked her to see Frank and let Ruth know what she thought of the prospects of his being transferred to the hostel. Ruth also asked that if he were released she be informed immediately so as to be able to meet him. Her name had been entered on his admission sheet as next of kin.

Miss "Y" contacted Ruth, having seen Frank, and said the question of moving him into St. David's hostel did not arise as he himself would not consider it. Ruth explained Frank's relationship with the hospital for the incurables to her, mentioning that he had originally vehemently opposed the idea of going there but on arrival lived very happily there, so much so that he asked constantly to be let return. She told Miss "Y" that she thought if she could introduce the idea of the hostel in a gentle manner to him, he could be persuaded to give it a try. At this juncture Miss "Y" agreed to further the matter if this was the case.

After Ruth had seen Frank a few more times he agreed to go to the hostel. Ruth's verbatim account follows. "I rang Miss "Y" immediately. What followed in the conversation was a tirade of abuse, totally unexpected by myself, when she said St. David's was no place for a man like this and that

³²From Ruth's account.

she would certainly not like to put respectable people, i.e. her mother and father, into the same house 'with his sort'. She said that I should put him in a shelter, such as Simon's, which was as good as his type deserved, and when I tried to explain that such a gentle and cultured man could not survive in such an atmosphere, even if an alcoholic, she dismissed it by saying they were all the same. She made equally scathing comments about Simon workers and accused me of being naive, childish and totally emotional about my problem. I have not exaggerated her comments but in fact feel I could not do justice to the torrent of abuse she hurled against Frank's type or myself and my 'type'. Neither was it warranted nor invited from anything I said myself as I was completely unprepared for her comments and thus defenceless. Finally, she agreed to see him that day (her second time *only* since he was admitted). She did not ring me back and when I eventually managed to contact her she told me Frank DID NOT want to go to the Home and that finished the matter as far as she was concerned.

I went to visit the unfortunate gentleman that day to be told by him of the visit from Miss "Y". He said that he regretted his change of mind but that 'that lady' told him that the home was not a place for someone like him and that he would be better off returning to the St. Vincent de Paul Hostel. I could not *but* believe him because in describing what she had said, he unwittingly repeated word for word one of her objectionable statements made to me on the 'phone which left me in no doubt as to what she had told him. The next day, Frank was released without my being informed—I learned of this a day or two later when he was seen by a fellow Simon co-worker very drunk in Thomas Street.

I might add that this man is a well educated and cultured gentleman who, when sober, speaks knowledgeably on many subjects, not the least of which is literature. He always maintains his dignity drunk or sober and his strength of character, one aspect of which is single-mindedness and obstinacy, which apparently members of our social services cannot cope with or come to terms with - - - It's the lambs not the sheep that fit into the pattern. When drunk, he is impos-

sible to understand—he can be quite loud and obstreperous but has never been known to be violent or rowdy”.

Apart from some social workers many other professionals seemed indifferent to the problems of Simon's clients. In the confrontation with local residents in Chapelizod, politicians with one or two notable exceptions remained uninvolved or even somewhat opposed to Simon. The judiciary displayed a range of attitudes to Simon's people, from understanding and interest to testiness and dismissiveness. The local clergy in places like Fairview, Ballymun and Chapelizod tended to stay out of the dispute. Thus a significant body of professionals in contact with Simon's people defined Simon's problems as peripheral to their own roles, if not wholly irrelevant. Such professionals abdicated their social leadership function and passed up an opportunity for professional development. Fortunately, not all professionals were so minded.

Simon found that Dublin Corporation, although sympathetic to its soup run and shelter activities, lacked understanding of its residential houses. It failed, in Simon's eyes, to understand that Simon required permanent housing in fairly settled areas for its long-term clients. The Corporation was prepared to help Simon find temporary accommodation in rather segregated settings or else in the city centre but was not really prepared to countenance Simon's schemes for radically improving its clients' lot by re-integrating them within a community. That Simon was in bad odour with some Corporation officials by Spring 1976 is clear from a report, in "Link" (February/March 1976), on an unpleasant meeting between committee representatives and some senior Corporation officials. The meeting was about a complaint from a neighbour to the Shelter about damage to neighbouring property caused during a large scale renovation of the Shelter. The atmosphere of the meeting recalls the kind of distrust which developed between the Civil Rights Campaigners in the United States and the forces of "City Hall" (cf. Marris and Rein, 1967). Part of the account in "Link" is as follows— "From the word 'Go' this was a stormy meeting. Mr. 'X' set the tone when he sneeringly asked us 'Do you not understand English?' inside the first minute. They

threw everything they had at us, going back about four years for some accusations and distorting and exaggerating others. We were accused of being dirty, of being a nuisance everywhere we go and failing to rehabilitate people. We were told with explosive vehemence that Mr. 'X' had remained with the Corporation only because he is a Christian committed to his job . . .". The committee representatives had been summoned to the meeting because they had failed to inform the Planning Department of the Corporation of their intention to renovate the Shelter. They had mistakenly supposed that their application for a grant to renovate the Shelter, which had been made to the Grants Department of the Corporation, had conveyed their intention to the Corporation. Some officials used the meeting not just to correct the committee but to dress them down in a hurtful and intemperate way which seriously hindered the growth of a constructive relationship between Simon and the Corporation. The most senior Corporation official present did, however, make a determined effort to keep the meeting on a productive course.

Impact on Simon

For Simon as an organisation the problem of public prejudice arose most strongly with the attempt to introduce residents *en bloc* into settled communities. The resistance of local communities created a severe strain on Simon's resources by absorbing much of the committee's energy from 1974 on. A second consequence of the public's attitude should be noted. The public's tendency to monetarise their relationship with Simon residents led the residents in turn to monetarise their relationship with the public. The public expectation of them became a self-fulfilling prophecy. The fundamental insight of Simon, which is that people need someone's interest at least as much as any material thing, bore little fruit at first with some residents because of this monetarising tendency.

Some Simon workers became more and more critical of outside society as they saw how the residents were rejected and stereotyped. For some this meant the breaking of old friendships and the forging of new with more kindred spirits.

Undoubtedly, their awareness of the lack of a caring community outside Simon, that is, "caring" in the sense of taking an interest in people without ulterior motives, made it hard for many ex-workers to re-adjust to outside society. The attitude of the general public prompted some to identify with the residents' resentment of authority but most workers who stayed for more than a short period avoided such identification: as time went on they became more aware of the social maladjustment of the residents. Some workers undoubtedly experienced a backlash of feeling against residents on leaving Simon. Such found themselves in sympathy with popular prejudice against the down and out and experienced great difficulty in visiting any of the projects afterwards. Such a backlash was more common among men than women: in the 1976 survey 37 per cent of the 43 males, as against 16 per cent of the 43 females, broke all contact with Simon.

With the passage of time Simon became more respectable as an organisation. Respondents to the 1973 survey mentioned opposition from parents or friends when joining Simon in 48 per cent of cases³³ whereas only 28 per cent mentioned such opposition in the 1976 survey. The public image of Simon as an organisation thus seems to have improved, although the improvement obtained only in respect of males, opposition remaining about constant in the case of females. One reason for the improvement may lie in the growing middle class bias of Dublin Simon: the 1973 survey indicated that 20 per cent of workers had been unemployed or in casual labour prior to entering Simon whereas the 1976 survey indicated a corresponding proportion of only 5 per cent. Another factor may have been the influence of ex-workers on public opinion. When in the 1976 survey ex-workers were asked if they perceived any change of attitude to Simon among relatives and friends as a result of their (the ex-workers') Simon experience, 43 per cent noted a positive and definite change and a further 15 per cent a positive and slight change.

³³Total of respondents was 56.

Simon as Educator of Public Opinion

Simon sought to influence public opinion more by its caring work at grassroots level than by direct political lobbying. In November 1975 an Education and Information sub-committee was set up but its brief was more to publicise what Simon was doing rather than to educate public opinion in a formal sense on the causes and circumstances of homelessness. Despite letters to the paper by Simon personnel and favourable coverage from the media, Simon, like the Itinerant Settlement Committees, seems to have made little impression on public opinion in some areas. A notable cause for concern among many people about Simon lay in a tendency to see Simon's residents purely in terms of winos and violent people. Little effort was made to remedy this mistake until the establishment of three residential houses to replace the Square in 1974.

One reason for some of the adverse publicity about Simon arose from its dependence on temporary housing from which it sometimes had to move very rapidly. In the case of Northumberland Square it had only three weeks in which to move its residents.³⁴ A consequence was the location of the house in Fairview. This was not satisfactory because the house was in a terrace and lacked privacy. Nevertheless, it was the best choice available at the time.

Some Simon-type houses outside Dublin have met with greater acceptance. In Cork a residential house for elderly residents on Boreenmanna Road has enjoyed consistently good relations with its neighbours. This project started when soup runners began to visit some old, poor people who were staying in an old lady's house for nominal rent. It transpired that she had been someone else's housekeeper and when her employer had died she had been permitted to stay on in possession of the house. She had taken lodgers not for remuneration but for company. When the soup runners began to call, she asked Simon to run the house for her. Some time afterwards she fell sick, went to hospital and died. Simon, Boreenmanna Road, represents therefore not

³⁴At the time of writing Dublin Simon is in a much stronger position as it now owns two residential houses.

so much a movement of Simon into a community as a development by Simon of what was already there. As such it enjoys good relations with its neighbours and epitomises the Simon tradition of developing what already exists in the way of self-help. Perhaps if Dublin Simon had been prepared to wait for similar opportunities to present themselves, it would have encountered less opposition. Such a policy would, however, have required Simon to wash its hands of most of those residents who found themselves threatened with homelessness whenever a property developer gave Simon notice to quit.³⁵

A second project with good public relations is that at 130 St. Columb's Wells, Derry. This is outside the Simon umbrella but deals with the same groups of people. It started with one house in the Bogside, Derry, to cater for alcoholics and homeless men. The function of the house is simply to provide a bed and meals, with as much involvement of the local community as possible. Every penny spent is raised by the community and the workers are locals who give their spare time. There is no formal work force and virtually no organisational structure. The meals are cooked by housewives who later go home to cook for their own families. A committee of sorts is responsible for finance and works with the Bogside Community Association which provides sponsorship but does not control the project. Such a project, which arose from the effort of the local people and clergy to meet a local need, is almost guaranteed good public relations.

Popular prejudice may therefore be overcome if the local community can be got to identify with the project. The fear behind the prejudice is dissipated by the realisation that the homeless are not monsters but only human. Overcoming fear seems essential if prejudice is to be overcome. Much of the public's fear of Simon residents related to the fear of violence. The public tended to see the residents according to the stereotype of the drunken, possibly violent, wino. Simon failed to get across the idea of different treatment for different groups—perhaps because it had not formulated

³⁵As happened in Harcourt Street in 1974 and Dorset Street in 1975. The Chapelized project, described in Appendix 5, was begun as a substitute for Harcourt Street Simon.

policy in a sufficiently conscious manner. Another fear, that of rejection by one's friends for associating with Simon people, or in material terms that one's house would depreciate through the close proximity of a Simon house, shows the need for the education of the public in social values.

Social Prejudice in Ireland

Michael MacGréil S.J. in his doctoral thesis points to an association between deprivation and social prejudice in Dublin (MacGréil, 1975). Old, relatively uneducated, widowed females, for instance, showed more prejudice in his study than young, well educated, married males. For alcoholics, heavy drinkers and drug addicts, three groups frequently encountered by Dublin Simon, prejudice was greatest among those in the poorest groups. One would expect therefore that resistance to a Simon residential house would be strongest among the less affluent, or perhaps among poor people with social aspirations. More affluent groups may be more tolerant although the liberalism expressed by them on questionnaire-type measures might rapidly fade if they found Simon groups living in their midst as has been the experience of less affluent neighbourhoods.

The difficulties of housing travellers in places like Ragoon, Castlegar and Bohermore in Galway, the mentally handicapped in Maynooth and other Simon groups such as that in Limerick, show that the prejudice encountered by Simon in Dublin may be expected all over Ireland. The stereotype of the Irish as an easy-going, tolerant community rapidly breaks down where there is a prospect of serious inter-group conflict. In this context Bob Cashman's views³⁶ on the way in which De Valera helped end the boycott in the 'fifties at Fethard-on-Sea are relevant. He points out that apart from the effect of his moral leadership, De Valera's counsel carried weight because the circumstances were unusual and unlikely to be repeated elsewhere. Therefore the vast majority of people were unlikely to be involved in situations like that at Fethard and unlikely to be asked to give practical

³⁶Loc. cit.

effect to his sentiments. In contrast, a resettlement project for homeless or travelling people might, or so many people fear, be launched in any neighbourhood. For politicians a higher order of moral courage is required in such circumstances.

On the other hand, however, there is evidence that patient negotiations, as at Bohermore, and an ability to work closely with local residents, as in Boreenmanna Simon, are eventually efficacious in overcoming popular prejudice. Furthermore, it is apparent that communities like the Bogside, whose members find unity in the face of a common threat, may be stimulated to a heightened awareness of the homeless and rootless.

How far does Ireland's traditionalist social structure, derived so recently from a rural way of life, explain the dislike of involvement with travellers and Simon's people? It might be argued that Irish society is characterised by what Durkheim (1964) called mechanical solidarity. Its way of life might thus be described as not far removed from that of a folk society where relationships are seen not in terms of economic interdependence but more in terms of conformity to social and religious values which have a high degree of acceptance throughout society. Hence social deviants such as wanderers would be blamed for their rootlessness and poverty. Irish society would presumably become more tolerant as it became more industrialised. This is a plausible explanation of the prejudice Simon encountered but on examination is seen to be inadequate. In more industrialised societies, such as England and the United States, which presumably are examples of Durkheim's view of societies characterised by an organic solidarity, Simon and such organisations as Synanon for drug abusers have met similar hostility.³⁷ The tendency to ascribe personal guilt to social deviants is not peculiar to "folk" societies.³⁸ More relevant

³⁷Synanon found itself in legal dispute with the local municipal authority in California which claimed it was in contravention of the planning act which required "treatment" centres for addicts to be medically registered. Simon encountered fierce opposition to its first residential project near Canterbury.

³⁸Another anomalous instance from Durkheim's perspective is of course the Soviet Union. Here social deviants are seen as individuals of unsound mind. Yet

as an explanation is the influence of a particular type of institutionalised Christianity. This is ambivalent in relation to the homeless and rootless. There is, on the one hand, the traditional Christian emphasis on personal responsibility, on the other, the traditional Christian emphasis on forgiveness and turning the other cheek. What social prejudice in Ireland shows is not so much a folk society as an unbalanced emphasis on personal accountability. Much remains to be achieved by the Churches in Ireland in the area of public education, in particular, in stimulating people to explore the social implications of the Christian virtues of forgiveness and forbearance.

Public and Legal Prejudice Against the Homeless

In this study we have not specifically examined the system which provides a social context to the problem of homelessness. We have not adverted to what some would regard as inadequate welfare payments, discriminatory housing policies, defective retraining programmes and unequal employment opportunities. Such aspects of the lives of hostel dwellers and rough sleepers merit a separate research study.³⁹

Our picture would be incomplete, however, if we did not note that despite some improvement in the welfare system with the improvement of the Home Assistance Scheme, the difficult financial struggle of the homeless remains largely unchanged. Redundancy at work has spelled disaster for many casual labourers who qualify for assistance but not for benefit through lack of insurance stamps. These have in many cases found their way to the hostels and Simon shelters. Public prejudice adds a further burden to the financial one.

the Soviet Union is, par excellence, a society based on a recognition of the primacy of economic relationships between people.

³⁹c.f. John Long's contribution to the National Conference of the Irish Simon Communities at Gort Mhuire Conference Centre, Ballinteer, 18 February, 1978— "Hostels to live in are crowded, impersonal, not social service orientated and are isolated physically from local communities. Hostels and local communities in the inner city are cut off from the mainstream of industrial and housing development and the social amenities of the rest of Dublin County and the country. And to add insult to injury, because one stays in a hostel and is unemployed, one is labelled as a dossier, vagrant, tramp, down and out or derelict".

Getting a job from a hostel is usually difficult, from sleeping rough almost impossible. There is the problem of one's clothes which are filthy as a result of being unchanged over a long period, or from sleeping out. There is also the problem of not having a "proper" address or the "wrong" address in the opinion of a potential employer.

In Appendix 2 we present some statistics on the operation of the Vagrancy Act according to which poor, homeless people are regarded as criminals. This law, which originated in the need of employers for settled labour, is widely regarded among the Irish legal profession as offensive but no move has yet been initiated to remove it from the statute book.

Chapter 7

Retrospect and Prospect

IN this final chapter we will review some of the issues arising from our findings, confining ourselves to what seem the most important. We will then make detailed proposals and seek to evaluate the prospects for such organisations as Dublin Simon in our community. Some proposals for rehabilitation have already been made at the end of Chapter 3.

Perhaps the most important finding concerns the difficulty of combining caring and re-educational aims within the one organisation. In the previous chapter we noted the ambivalence of the Churches to the down and out. On the one hand, they offer him compassion, on the other, they reproach him for a lack of responsibility and independence. Dublin Simon had also to wrestle with that ambivalence. Caring for the victims of society got in the way of teaching those victims to stand on their own feet. Concern over the injustices suffered by the clients, in particular their stigma, made it hard to focus on the clients as individuals possessing, at least potentially, responsibility for their acts. Yet successful rehabilitative projects with people like alcoholics and addicts, as in Synanon, always presume there is some inadequacy within the individual which he has to learn to overcome. Such rehabilitative projects emphasise individual responsibility and refuse to be deflected by considerations of social injustice, present or past. Some of Simon's clients were not just victims of society requiring basic care. Many were victims who perpetuated injustice in their dealings with others and were therefore in need of re-education. This view of some of the residents is not a fascist sentiment and

those who see it as that are ignoring an important aspect of human deprivation. People who have been stunted or twisted through tragic circumstances develop a specific need for re-education which does not exist among those more fortunate in life. As children they have suffered not just material deprivation but a form of psychological deprivation arising from a lack of that combination of kindness and firmness which so much research has shown is necessary for the moral development of children (cf. Hart, 1974).

Assuming that the resources and rehabilitative commitment had been present, how successful would my type of psychotherapy have proved? This is an imponderable issue but on balance the results justify hope rather than despair. Considering the disabilities of the clients in No. 9 and the adverse conditions of treatment, the limited gains are impressive.

With regard to the clients' disabilities it is clear that short term detoxification is of little use. What is needed is a project for clients who will spend months rather than weeks in treatment. Drying out an alcoholic on skid row is pointless unless there is some attempt to treat the underlying maladjustment. Such treatment is more a form of re-education than of medical practice. My experience with the drinking habits of the Simon residents has led me to question the concept of alcoholism as a medical disease. Such a concept obscures the part played in heavy drinking by the individual's overall orientation towards life. For a number of "alcoholics" I met in Simon, heavy drinking was a trans-rational response to stress. I use the term "trans-rational" because their drinking was neither a rational nor irrational response to difficulties. It was trans-rational in the sense that it constituted an attempt to impose meaning on life. The stress to which it was a response affected the individual through removing his sense of meaning in life. Therapy must aim at helping the individual find a new meaning to his life, a meaning which will make sense of what he has gone through. As an individual begins to find meaning again so he will begin to control his drinking or, for that matter, his anti-social behaviour. Viktor Frankl (1977) shows explicitly how chronic delinquents and addicts are beset by a sense of

meaninglessness in life⁴⁰ and how their rehabilitation may be affected by helping them discover or re-discover a sense of meaning through what Frankl calls the application of logotherapy. Specifically, Frankl refers to the work of Alvin Fraiser at the Narcotic Addict Rehabilitation Centre at Norco, California (p. 101) and Dr. Louis Barber with juvenile delinquents (p. 105).

We have noted in Chapter 3 that successful therapy with youngsters ("guided group interaction") avoids in-depth interpretations and focuses on the "here and now" situation. It is also notable that such recent approaches as reality therapy (cf. Glasser, 1965) which seems to produce pro-social results among the character-disordered, place a significant emphasis on confrontation with the present social situation. Our psychotherapeutic approach, on the other hand, emphasises the value of insight, of the ability to make sense of one's experiences. Some therapists might therefore see it as weakening the client's already diminished sense of responsibility. Their argument would probably be that the delinquent is encouraged by this approach to find unconscious reasons and therefore justifications for his actions. They would probably see this type of therapy as based on a clinical rather than a social model, the latter being seen as leading to therapies which confine themselves to the client's conscious mind. But in our view, and our experience of Simon has not disproved it, there is in the unconscious a force for human growth and development which, when encouraged, more than compensates for any temporary sense of powerlessness or crisis of identity. It is the same force for growth and maturity that was activated by the Synanon project described by Yablonsky. This, rather than the explicit confrontation with actuality, is in our opinion what produced results in Synanon. Our approach is therefore not clinical in the sense of pre-occupation with pathology, it is only clinical in the sense that it recognises the significance of unconscious factors—constructive and destructive.

⁴⁰cf. Black, W. and Gregson, R., "Time Perspective, Purpose in Life, Extraversion and Neuroticism in New Zealand Prisoners" (1979), *British Journal of Social and Clinical Psychology*, 12, pp. 50-60.

It is clear that in an organisation like Dublin Simon attitudes to clients will affect attitudes to staff. Where goals have not been spelled out there is a danger that tension will develop between management and helpers. What seems all important is that management presents workers with clear goals, whether these be that of basic short-term caring or long-term support. It is not enough to present workers with general rules and expect them to get on with the job. In the Simon situation, where there is a rapid turnover of workers, this attitude is disastrous. Although it is desirable that workers take as much responsibility as possible for their projects, it is a disservice to them not to provide adequate supervision.

An important issue is that of the viability for Dublin Simon of the tier system as described in the Introduction. The residential houses were neither second nor third-tier projects but, with the exception of the dry house which in 1971 bore some resemblance to a second-tier house, were long-term projects for groups such as alcoholics (Dorset Street and later Sean McDermott Street) or ex-mental patients (Harcourt Street) who had started in the Shelter and had a strong identification with Simon. An adequate therapeutic project, as we have described this, is probably beyond Simon's resources but what may be possible is a transitional house to prepare certain residents of the Shelter who are not severe alcoholics, chronic mental patients or recidivists for return to the community. Clearly this group of reasonably well adjusted people would be much a minority in the Shelter. A therapeutic or second-tier project would probably best operate within the statutory services although two such centres, the Rutland Centre in Clondalkin for alcoholics and Coolmine for drug addicts, are voluntary bodies. Another area where Dublin Simon made a very significant contribution was at fourth tier, the network of support for ex-residents in flats. This hopefully will continue.

It is clear that a certain amount of rehabilitation has occurred in Dublin Simon apart from the efforts of the dry house. Basic caring may in itself be therapeutic. But it is important to note that those who successfully returned to

the community from the Shelter were not often chronically alcoholic, schizophrenic or recidivist.

A movement like Simon should strive to make itself redundant if really concerned about the homeless and disturbed homeless. We have seen how family disruption and childhood stress foreshadowed adult maladjustment in the case of many residents. Poverty also played its part. Improved welfare payments and better family support systems may have some effect in preventing the problems that give rise to Simon but it is unlikely that skid row will disappear. Indeed, the trend to industrialisation may well lead to an increase in the number of homeless and socially inadequate people. Unless the structure of Irish society is radically changed, the problem of the single homeless will remain with us.⁴¹ The following proposals are based on the assumption that little change will occur in the structure of Irish society in the foreseeable future.

Proposals

Statutory involvement should aim at reducing as far as possible the population of the large central city hostels and rough sleepers in Irish cities by a programme of research, individual assessment and resettlement on an individual or small group basis within the local community. We have already indicated the need for a study of such variables as welfare measures, retraining schemes and employment opportunities in the context of single homeless people. Careful study should also be made of housing needs and ways of meeting them. These researches should be organised and co-ordinated by

⁴¹To quote Frank Cluskey, speaking about poverty at the 1978 National Conference of Simon— "... it cannot be denied that the causes lie within the economic and social structures as they have been developed and as they are now operating. Unless we are ready to accept the full implications of this we will never get to grips with poverty and we will never end the situation in which men and women are homeless in our cities and towns", and "People are, in general, poor and homeless not because of faults in themselves as human beings. They are suffering in this way because of the lack of regular work—the consequent absence of a reasonable and steady income, poor educational facilities, bad health directly connected with bad housing conditions and so on. In very many cases it is a virtual impossibility for a young person who is in poor circumstances to reach out of the poverty which seems to be his heritage" (Simon Ireland Newsletter, April 1978).

some central body such as the Department of the Environment. They should advert to possibilities of reducing the recruitment of new members to the central city hostels by such measures as, for example, requiring local authorities to incorporate flats, chalets or small group homes for such groups as single homeless or elderly within all new local authority housing projects. Individual assessment of health, vocational training and social needs should be made available to all interested hostel members by the same central agency as that responsible for research with a view to resettlement in the local community. Such resettlement would necessitate adequate social work support for those resettled and would have to be effected in such a way as not to impose an undue burden on any group or area in the community. Most large hostels would hopefully be replaced by small group homes within the local community. These would be managed by some body such as the local Health Board which would remunerate whatever staff was needed with the exception of voluntary workers from the local community. Specialised hostels of a second-tier type would cater for specific groups such as alcoholic or other character-disordered people. For all these hostels, whether simply for single homeless people or for the rehabilitation of a disturbed group, care would be taken to specify the aim of the hostel and to involve the local community in its management.⁴² The responsibility for initiating and establishing the programme would, however, remain firmly with a centralised body such as the Department of the Environment.⁴³ In this manner it should be possible to formulate a national plan to decrease drastically the population of urban skid row, most of the central city hostels possibly being converted to vocational training centres. Such a plan, to be fully effective, would require to be coordinated with national plans for itinerant resettlement.

⁴²Consideration would need to be given to the possibility of special housing development grants to neighbours of local hostels in order to offset depreciation of property because of the proximity of the hostel.

⁴³Responsibility for maintaining the programme might be given to the Community Care Sections of the Health Boards. In this context it is of interest that the Chief Executive Officer of the Mid-Western Health Board has declared that the Board has a statutory obligation to care for the homeless (cf. *Simon Ireland Newsletter*, February 1978, p. 1).

Given such co-ordination, appropriate political determination and statutory involvement, there is no reason to suppose that a major reduction cannot be achieved within a few years in the ranks of the few thousand homeless.

Voluntary organisations for the homeless would continue to have a role within the plan by contracting with a body such as the local Health Board to run hostels with agreed upon policies in particular areas. Some voluntary organisations, for instance, Prisoners' Aid through Community Effort and Simon itself, could specialise in work with particular groups. Some of these specialised hostels might have to be segregated somewhat from the local community but all would have to accept a significant degree of local involvement to qualify for a grant. At the level of first tier or shelter work, which would be of crucial importance for those members of the present hostel population who opt not to be resettled in a local community, voluntary organisations like Simon would have a particularly important role. They would seek to provide in a humane and accepting manner an essential modicum of food, shelter and human warmth for rootless people in central city areas. Coupled with such a service would be the very important day centres and food centres at present in existence and an "outreach" service based on soup runs and hospital and prison visiting groups. Organisations involved in such invaluable first-tier work, where the service is brought to the homeless or else offered to them with no question asked, would receive adequate funding from the central body suggested above and could provide it with essential information on trends and numbers involved. They would also make their clients aware of the possibility of resettlement, where the clients seemed receptive to the idea of such a move.

As regards the immediate development of Dublin Simon a strong central committee is needed to lay down clear goals for each project and provide support and leadership for the voluntary workers. The residential houses should be retained as Simon projects because they present a goal for many members of the Shelter to work towards. Members of those houses should be moved into the care of other agencies when appropriate vacancies occur. It should be made clear,

however, that the houses are neither second nor third-tier projects. A farm, which could act as a third tier, providing long-stay residents with an occupation, would be highly desirable. New projects in the suburbs should only be undertaken where significant local support can be anticipated and, if possible, be grafted onto existing projects as in the case of Simon at Boreenmanna Road, Cork. If local support can be anticipated confrontation with some local residents should not necessarily be ruled out.

In the event of a general improvement in services for the homeless, as for instance in the context of the plan suggested above, each Simon project might become largely self-governing and form strong links with the local community. In such a situation the central committee would function largely as a co-ordinating, advisory and general support body.

Prisons

A type of development urgently required is the expansion of second-tier hostel care for homeless and rootless ex-prisoners who are recidivists. Such hostels could also serve as an alternative to prison, an offender being given the option of residence in the hostel or prison. Within prison itself there is need for experimentation with the therapeutic community concept, particularly in the case of prisoners seen as too dangerous to be dealt with in the community.

Public Education

At the level of public opinion there is a need for institutions such as the Churches to re-examine their methods of teaching such virtues as forbearance, compassion and tolerance. Such virtues have relevance in the area of community relations generally. Voluntary groups like Simon need to put more effort into educating public opinion—not just for the sake of their few hundred or few thousand clients but because these represent the tip of a vast iceberg of personal suffering. The melting of the iceberg requires the raising of the temperature of the surrounding water, or the whole body of social expectations, judgements and attitudes. There is a danger in a group like Simon that too much contact with the consequences of deprivation may

lead to a passive acceptance of it. Simon needs to reaffirm its belief in the importance of actively combating the causes and results of deprivation. Apart from basic caring another prong of its attack should be a programme of public education.

At the National Conference of the Irish Simon Communities at Gort Mhuire, Ballinteer (18/2/1978), a proposal was passed for the establishment of a united front with other concerned organisations to combat the causes and consequences of homelessness. This move is not before its time. The co-ordinating group should seek to create an all party lobby in the Dail and in whatever political assembly emerges in the North of Ireland. These lobbies, along with other aims such as the abolition of the Vagrancy Act in the Republic, should press for the development of an overall plan for the homeless of the kind suggested above. Alleviation of the problem of homelessness would help with a social problem which, if not large, is an extreme problem for those individuals involved.

The Future

As a voluntary body Dublin Simon shared in the great burgeoning of interest in voluntary associations that occurred in Ireland throughout the 'sixties. Yet as Simon's activities began to affect the public directly, it encountered quite virulent hostility. The economic recession almost certainly cast a shadow over Simon's growth and the concern of the general public with violence and crime was another adverse factor. At this point it behoves organisations like Dublin Simon to take stock of themselves and attempt a fresh diagnosis of how best to achieve their original aim. Anton Wallich-Clifford thought of Simon as a social work commando that deals with an emergency situation and goes on to other projects once the statutory services move in. In Dublin the statutory services have been slow to move in so that Simon has been left, with the other hostels, to perform a difficult task. The voluntary bodies must now decide where statutory involvement is most urgently needed and where they can best make their own contribution. Such

deliberations require close contact with the Eastern Health Board and the Corporation.

Like other new organisations Dublin Simon will probably develop its approach in a number of ways. It would be unfortunate, however, if through organisational pressures it lost its personalised mode of caring. It would be unfortunate, too, if any readers of this account went away with the impression that Dublin Simon had achieved little. It wrestled not merely with material deprivation but with distortions of personality produced by spiritual poverty. It strove as much with angels as with powers and thrones. The love shown by many of its helpers was of that unconditional kind immortalised by Shakespeare, as Hanaghan noted in 1966 (p. 79), in the following terms:

“ love is not love
Which alters when it alteration finds,
Or bends with the remover to remove,
Oh, No! It is an ever-fixed mark,
That looks on tempests and is never shaken;
It is the star to every wandering bark,
Whose worth's unknown, although his height be taken”.

BIBLIOGRAPHY

- ANDERSON, N., 1940. *Men on the Move*. Chicago: University of Chicago Press.
- BAHR, H., 1973. *Skid Row: An Introduction to Disaffiliation*, London: Oxford University Press.
- BANDURA, A. and R. WALTERS, 1958. "Dependency conflicts in aggressive delinquents", *Journal of Social Issues*, 14, 3, 52-65.
- BLACK, W. and R. GREGSON, 1973. "Time Perspective, Purpose in Life, Extraversion and Neuroticism in New Zealand Prisoners", *British Journal of Social and Clinical Psychology*, 12, 50-60.
- BLUMBERG, L. *et al.*, 1960. *The Men on Skid Row*, Philadelphia: Department of Psychiatry, Temple University School of Medicine.
- BOGUE, D., 1963. *Skid Row in American Cities*, Chicago: University of Chicago, Community and Family Study Centre.
- BOURNE, P., J. ALFORD, and J. BOWCOCK, 1966. "Treatment of skid-row alcoholics with disulfiram", *Quarterly Journal of Studies on Alcohol*, 27, 42-48.
- BRIGGS, D., 1972. "A transitional therapeutic community for young violent offenders", *Howard Journal of Penology and Crime Prevention*. 13, 171-183.
- BRIGGS, D. and N. HODGKIN, 1972, *New Careers for Ex-Offenders*, London: Howard League for Penal Reform.
- CAPLOW, T., K. LOVALD and S. WALLACE, 1958. *A General Report on the Problem of Relocating the Population of the Lower Loop Redevelopment Area*, Minneapolis: The Minneapolis Housing and Redevelopment Authority.

- CLARKE, B., 1974, *Enough Room for Joy*, London: Darton, Longman and Todd.
- CORNISH, D. and R. CLARKE, 1975, *Residential Treatment and its Effects on Delinquency*, London: HMSO.
- WALLICH-CLIFFORD, A., 1974. *No Fixed Abode*, London: Macmillan.
- WALLICH-CLIFFORD, A., 1976. *Caring on Skid Row*, Dublin: Veritas.
- COHEN, A., 1955, *Delinquent Boys*, Chicago: Free Press.
- CONNOLLY, C., 1961. *Enemies of Promise*, Middlesex: Penguin.
- CONTACT, *Annual Reports*, 1973, 1974, Dublin.
- CORDEN, J., D. HOGG, T. WELLS and A. WILLSON, "Teetotal Democracy", *New Society* (31-1-'74).
- COUNCIL OF EUROPE, 1967, *Short-Term Methods of Treatment for Young Offenders*, Strasbourg.
- DUBLIN SIMON, *Annual Reports*, 1972-1976, Dublin.
- DURKHEIM, E., 1964, *The Division of Labor in Society*, New York: The Free Press.
- EYSENCK, H., 1952, "The effects of psychotherapy: an evaluation", *Journal of Consulting Psychology*, 16, 319-324.
- EYSENCK, H., 1955, "The effects of psychotherapy: a reply", *Journal of Abnormal and Social Psychology*, 50, 147-148.
- EYSENCK, H., 1959, *Manual of the Maudsley Personality Inventory*, London: University of London Press.
- EYSENCK, H., 1961, "The effects of psychotherapy", in *Handbook of Abnormal Psychology*, H. Eysenck (ed.), New York: Basic Books.
- FAIRWEATHER, G., D. SANDERS, H. MAYNARD and D. CRESSLER, 1969, *Community Life for the Mentally Ill: An Alternative to Institutional Care*, Chicago: Aldine.

First North American Conference on Half-Way House Alcoholism Programs, June 1966, St. Paul, Minnesota: Granville House Inc.

FRANKL, V., 1966. *The Unconscious God*, London: Hodder and Stoughton.

GARDA COMMISSIONERS, *Annual Reports on Crime*, 1962-1976, Dublin: Government Stationery Office.

GLASSER, W., 1965, *Reality Therapy: A New Approach to Psychiatry*, New York: Harper.

GRANT, J. and M. GRANT, 1959. "A group dynamic approach to the treatment of non-conformists in the navy", *Annals of the American Academy of Political and Social Science*, 322, 126-135.

HABERMAN, P., 1966. "Factors related to increased sobriety in group psychotherapy with alcoholics", *Journal of Clinical Psychology*, 22, 229-235.

HANAGHAN, J., 1957. *Society, Evolution and Revelation*, Dublin: Runa.

HANAGHAN, J., 1960. *The Sayings of Jonathan Hanaghan*, Dublin: Runa.

HANAGHAN, J., 1966. *Freud and Jesus*, Dublin: Runa.

HANAGHAN, J., 1970. *The Wisdom of Jonty* (ed.) R. Cameron, Dublin: Runa.

HANAGHAN, J., 1974. *The Courage to be Married* (ed.) B. McGann, Cork: Mercier.

HANSEN, H. and K. TEILMANN, 1954, "A treatment of criminal alcoholics in Denmark", *Quarterly Journal of Studies on Alcohol*, 15, 246-287.

HART, I. and D. McMAHON, 1975. *A Group Approach to Socially Deprived People*, Dublin: Runa.

HART, I., 1974. *Factors Relating to Reconviction among Young Dublin Probationers*, Dublin: ESRI.

HILL, M. and H. BLANE, 1967, "Evaluation of psychotherapy with Alcoholics", *Quarterly Journal of Studies on Alcohol*, 28, 76-104.

- HOPE, 1976. *Children Sleeping Rough*, Dublin.
- Interim Report of Task Force on Child Care Services*, 1975, Dublin: Government Stationery Office.
- JONES, M., 1968a. *Social Psychiatry in Practice*, London: Penguin.
- JONES, M., 1968b. *Beyond the Therapeutic Community*, Yale: Yale University Press.
- KLEIN, M., 1957. *Envy and Gratitude*, London: Tavistock.
- LEAHY, A., 1974. *Medical Care for the Vagrant in Ireland*, Dublin: Simon Ireland.
- LEVINSON, B., 1963. "The homeless man: a psychological enigma" *Mental Hygiene*, (October), 47, 596.
- LEVINSON, T. and G. SERÉNY, 1969. "An experimental evaluation of 'insight therapy' for chronic alcoholics", *Canadian Psychiatric Journal*, 14, 2, 143-146.
- LYNCH, M., 1975. *The Dublin Dossier—An Evaluation of the Provisions Made for Dossers by Voluntary Organisations in the City of Dublin*, Master's Thesis, N.U.U.
- MCCOURT, W., L. SCHNEIDER, and J. COBB, 1972. *The Vocational Rehabilitation and Resocialization of Chronic Male Alcoholics*, Boston: Massachusetts Mental Health Research Corporation.
- MacGRÉIL, M., 1975. *Intergroup Relations in Ireland—An Analysis of Intergroup Attitudes in Dublin with Particular Reference to Social Prejudice*, Doctoral Thesis, N.U.I.
- MARRIS, P. and M. REIN, 1967. *Dilemmas in Social Reform*, London: Penguin.
- MATZA, D., 1964. *Delinquency and Drift*, New York: Wiley.
- MOWRER, O. H., 1964. *The New Group Therapy*, Princeton, New Jersey: Van Nostrand.
- NATIONAL ASSISTANCE BOARD, 1966. *Homeless Single Persons*, London: HMSO.
- O'CONNOR, P., 1963. *Britain in the Sixties: Vagrancy*, London: Penguin.

- PERSONS, R., 1967. "Relationship between psychotherapy with institutionalised boys and subsequent community adjustment", *Journal of Consulting Psychology*, 31, 137-141.
- PRISON ANNUAL REPORTS, 1962-1976, Dublin: Government Stationery Office.
- PRISON STUDY GROUP, 1973. *An Examination of the Irish Penal System*, Dublin: Department of Psychiatry, UCD.
- SAGAN, F., 1959. *Aimez-vous Brahms?*, Paris: Gallimard.
- SHIELDS, R., 1962. *A Cure of Delinquents*, London: Heinemann.
- SIMON IRELAND, *National Coordinator's Annual Report*, 1973-1976, Dublin.
- SIMON IRELAND, *Newsletter*, October 1977, February 1978, April 1978. Dublin.
- SINCLAIR, I., 1971, *Hostels for Probationers*, London: HMSO.
- STAUNTON, D., 1970. *Report on the Unattached*, Dublin: Comhairle le leas Óige.
- STRAYER, R., 1961, "Social integration of alcoholics through prolonged group therapy". *Quarterly Journal of Studies on Alcohol*, 22, 471-480.
- STURUP, G., 1968. *Treating the "Untreatable": Chronic Criminals at Herstedvester*, Baltimore: Johns Hopkins Press.
- TOCH, H., 1969. *Violent Men*, Pelican.
- TRUAX, C. and R. CARKHUFF, 1966. *Towards Effective Counselling and Psychotherapy*, Chicago: Aldine.
- WALLERSTEIN, R., 1956, "Comparative study of treatment methods for chronic alcoholism: the alcoholism research project at Winter VA Hospital", *American Journal of Psychiatry*, 113, 228-233.
- YABLONSKY, L., 1965. *The Tunnel Back*, New York: Macmillan.

Appendix 1

MY OWN ROLE IN SIMON

It should be clear that this study differs from many social researches in at least two ways. As a participant observation study it differs from the majority of empirical surveys. Secondly, since I participated in such active roles as therapist with residents, facilitator in staff discussions, committee member and finally as chairman of Fairview Simon, my style of participation differs from the kind of passive participation common in such studies.

Underlying my active role in Simon was the research role which to me was synonymous with the task of seeking to understand what was going on in the organisation as a whole. There was a potential conflict between the research role, with the goal of understanding, and the therapeutic role, with the goal of promoting desirable change in people. This conflict was more potential than real, however, as my model of therapy was based on the necessity of self-understanding. To the residents and the workers I identified myself as a psychologist interested in examining the usefulness of group therapy as a means of promoting self-knowledge which, combined with knowledge of others, made for greater self-integration. If one sees the goal of both therapy and research as the understanding of social phenomena then there is, at least in theory, no essential conflict. I believe that the kind of insight which has emotional ramifications has both considerable therapeutic and research significance.

There may of course be a division of opinion over the usefulness of such research data. Such results are not empirically based because they are not obtained by commonly agreed procedures and are not open to verification by other researchers. So far as the understanding of social events is concerned, however, empirical studies in-

volve a similar epistemological jump from hard "scientific" data to conclusions about the world of actual people if their findings are to be socially useful.

A specific conflict which arose from my therapist-researcher role came about when I told the residents in Winetavern Street shelter that I was a psychologist. The worker in charge was going to ask me to pay no further visits to the house until he decided that for a psychologist I was doing quite well! I refused to disguise my professional background on the grounds that the residents' perception of me in terms of my background would, in itself, provide scope for useful therapeutic comment. A similar conflict arose whenever workers or residents asked me to abandon my professional role and live in the house as a Simon worker in order "to see what really goes on". I believed that such a step would have involved too great a change from the therapist-researcher role.

As group therapist I was usually accepted by the workers although some found it hard to tolerate my refusal to side with them automatically whenever a clash arose between them and residents. A factor which facilitated the integration of the groups in the life of No. 9 was the presence of Dermot. When he left No. 9, communication between the workers and me, the visiting professional, became less satisfactory.

In 1975, when the therapeutic community movement in Dublin Simon was well past its peak, I agreed to act as chairman of the management committee for Fairview Simon, one of the three residential houses which succeeded the Squarc. This constituted too much of a change of role and I found difficulty in reconciling my interpretative role as therapist with an executive role. In particular I found it extremely difficult to get the residents to pay a small weekly sum towards their keep. My other roles in Simon, that of staff consultant and committee member, presented fewer problems since I was able to function as consultant and committee member without losing my identity as therapist-researcher. This is not to say I did not take controversial policy stances while on the committee. The stances I did take reflected, however, my view of the way conflicts should be resolved in a therapeutic community. I saw no point in

seeking to foster insight and participative democracy among residents unless the committee of Simon constituted a similarly democratic and learning experience for its members. In Chapter 5 reference is made to one of the difficulties of such a view of the committee.

I have no doubt but that my experience of psychoanalysis made it possible to bear the conflicts which arose from the therapist-researcher role. Moreover, the analytic experience allowed me distinguish the aggression meant for what I represented to the group from that meant for me personally. Another factor which helped me cope with Simon was the awareness that the therapy had helped some residents become more integrated. The residents' acceptance of me, which underlay the negative transference, was something else which improved my morale. One of the residents expressed his feeling for me as follows. The occasion was after a period of absence by me from the house—"You're missed! One night we were all sitting down and I said 'Y'know, if Hart was here, he'd stir up some trouble, y'know'. After about a week when you didn't come down, I'd be saying, 'I'm glad that f— b— hasn't come down!' and then, after two weeks, 'Maybe he went off with a quare one!' and after three weeks, 'Maybe he got knocked down!' I rang up Harcourt Street and they didn't know where Ian Hart was".

The above is a brief account of my role conflicts and gratifications within Simon. I was affected also by various perceptions of me outside Simon. Some researchers felt I was wasting my time, doing therapy not research. Others thought I should be doing this "charitable" work in my spare time. There were also those who worried lest I use, or appear to use, the residents as experimental guinea pigs. One researcher wondered if the Economic and Social Research Institute was covered for damages if it was sued by a resident for malpractice on my part. When I discovered that the psychotherapy with the residents could not be systematised and operationalised, I became rather anxious about the gulf that was developing between my research and the empirical research more characteristic of my institute. Yet it gradually became clear to me that useful systematic research on therapy is very difficult. Experience with the residents and

also with the workers as group facilitator taught me that, practically speaking, there are almost as many schools of psychotherapy as there are psychotherapists. The interaction between therapist and client, in particular the manner in which the client's dependency needs are first therapeutically mobilised and then eventually resolved, is crucial to the course of the therapy and, ultimately, unique in each case. This being so, Eysenck's finding of no demonstrable effect of psychotherapy (1952, 1955, 1961), which is based on the aggregate results of a large number of psychotherapists, is predictable. Some therapists because of their lack of integration will probably harm their clients but how many therapists are going to record and publicly analyse such interactions? The findings of Truax and Carkhuff (1966) to the effect that "good" therapists are characterised by empathy, non-possessive warmth and genuineness indicate that empirical research can make a useful contribution to the understanding of therapeutic processes but the question remains unanswered as to how a therapist develops and manifests such desirable qualities. A therapist cannot pretend to have genuineness, by definition. The problem of assessing and then developing personal integration is that there are as many kinds of integration as there are people. From this perspective a Jungian therapist may be better than a Freudian because of a higher level of personal integration, or vice versa. My experience of Simon teaches me that what goes on in therapy, with the possible exception of behaviour therapy, is more a product of therapist-client interaction than the therapist's affiliation to a particular school of therapy. The extent to which a therapist has genuinely struggled with the concepts of his particular school and the extent to which he has made them his own does, however, reflect the level of his personal integration. To Hill and Blane's criticism (1967) that many, if not most, studies on therapy with alcoholics fail to meet criteria of experimental research we add the observation that the great majority of studies on therapy fail to throw light on the hidden values of the therapist, on his handling of the dependency situation and on his usual mode of counter-transference.

Apart from extensive training with an emphasis on self-

knowledge, therapists with disturbed and deprived people clearly need the support of their peers. This is one reason why I consider that two professionals on a full-time basis are needed for a small rehabilitative house.

Appendix 2

VAGRANTS AND THE LAW

Originally it was the intention of Justin O'Brien⁴⁴ who carried out this particular study to confine his attention to the workings of Part 3 of Section 4 of the 1824 Vagrancy Act. Part 3 designates persons found "wandering abroad and lodging in barns" without visible means of support to be "rogues and vagabonds" and thus liable to conviction for an offence. This is the most contentious and discriminatory part of the Act. However, O'Brien's experience of Dublin Simon showed him that most of Simon's clients were convicted not for vagrancy but for begging, which is also dealt with under Section 4, and for a variety of other offences, such as being drunk and disorderly, larceny and burglary, which are dealt with by other Acts. He therefore widened his scope to consider the legal system as it affected socially inadequate people in general. Table 9 is taken from O'Brien's study and indicates, over 15 years, the numbers proceeded against for begging and other offences under the Vagrancy Act, such as wandering abroad without visible means of support, loitering with intent, being found in an enclosed premises and being in possession of a housebreaking implement with intent. Also given are the numbers of cases where the charge was dismissed, withdrawn or adjourned, the numbers of cases where an order was made without conviction and the numbers convicted. The table is updated to 1976.

Begging is one of the very few offences which declined in respect of the number of people prosecuted for it during the period 1962-1976. "Other offences" increased in the same period. One offence which in 1975 made up more than one half of the "other offences" category was loitering with

⁴⁴Chairman of Dublin Simon 1975-1977.

Table 9: *Numbers charged under Vagrancy Act and outcome of case, 1962-1976*

Year		<i>Number proceeded against</i>	<i>Charge dismissed or withdrawn</i>	<i>Charge proved and order made without conviction or adjourned sine die</i>	<i>Number convicted</i>
1962	a	496	35	93	368
	b	439	39	141	259
1963	a	436	39	74	323
	b	458	69	142	247
1964	a	327	20	54	253
	b	477	51	126	300
1965	a	385	18	93	274
	b	612	20	220	372
1966	a	303	26	62	215
	b	714	98	189	427
1967	a	435	31	95	309
	b	1,083	160	257	666
1968	a	499	67	105	327
	b	920	110	185	625
1969	a	379	52	52	275
	b	744	99	154	491
1970	a	318	20	62	236
	b	1,072	142	212	718
1971	a	386	39	46	301
	b	1,361	190	249	922
1972	a	419	11	65	343
	b	964	110	113	741
1973	a	347	38	82	227
	b	1,410	260	203	947
1974	a	231†	33	38	179
	b	1,365†	290	257	1,042
1975	a	262†	25	43	241
	b	1,100†	257	190	847
1976	a	211†	28	29	154
	b	529†	126	98	305

†Number of offences in which proceedings taken.

Code:— a—begging; b—other offences under Vagrancy Act.

Source: *Annual Reports of the Garda Commissioner.*

intent, an offence more often committed by juveniles than adults. Begging has a high conviction rate which often exceeds 80 per cent. About one-fifth to one-quarter of those convicted are dealt with by the Probation Act. The other offences under the Vagrancy Act have high conviction rates although not so high a rate as begging. Again, between one-fifth and one-quarter of those convicted are dealt with by the Probation Act. Table 10 shows the number of males and females committed to prison for the years 1962-1976 for the offences of begging, wandering abroad without visible means of support and drunkenness. This table is taken from O'Brien's Report and updated to 1976.

Table 10: *Males and females committed to prison for begging, wandering abroad and drunkenness, 1962-1976.*

Year	Begging		Wandering abroad		Drunkenness		Total
	Male	Female	Male	Female	Male	Female	
1962	96	35	14	9	102	57	313
1963	85	30	14	7	103	53	292
1964	31	39	31	10	96	60	267
1965	28	46	68	11	117	80	350
1966	63	9	24	23	109	89	317
1967	101	34	16	8	117	71	347
1968	82	35	27	6	95	75	320
1969	55	14	3	13	71	42	198
1970	28	17	37	5	54	26	167
1971	55	20	3	8	115	44	245
1972	62	33	10	4	127	53	289
1973	50	17	5	0	144	32	248
1974	23	10	2	0	103	27	165
1975	30	14	—*	—*	123	22	—
1976	3	0	20	7	136	25	191

Source: *Annual Reports on Prisons.*

*No separate heading for vagrancy or wandering abroad.

Numbers committed to prison for the offences of begging and wandering abroad without visible means of support have declined from 1962 to 1976. Committals for drunkenness have declined in the case of females. Since the prison population has risen considerably in the same period, the percentage of prisoners committed on conviction, excluding those sentenced to penal servitude, constituted by people committed for the three offences, declined from 19 per cent in 1962 to 7 per cent in 1976.

For many of the vagrants, beggars and inebriates, prison, as O'Brien indicates, is probably a home from home. It provides a break from the life of the streets, something very welcome in the winter months. Yet prison is highly unlikely to lead many of this group to change their ways and is extremely expensive for the taxpayer, costing perhaps £100 per week per head. There are strong arguments for considering alternatives to prison for this group. At a meeting that Simon organised on April 11, 1973, with members of the legal profession the idea was put forward of changing the law on begging, wandering abroad and being drunk and disorderly so as to allow the justice to refer a person, with their consent, to a facility other than prison.

The facility would be an assessment panel which could refer a person to a residential centre (set up by a voluntary or statutory organisation) which the panel and the person considered suitable. The idea behind this proposal was that people caught in the vicious cycle of drinking, begging, arrest, prison and drinking again would be persuaded to undergo a process of self-assessment whenever convicted. The representatives of the law did not give this idea too much support however, seeing it as a "sociological" measure outside their competence. Where there was general agreement, however, was that the procedures whereby a justice can refer a person somewhere else than prison should be set down more clearly in the laws. If justices were made more aware of such procedures, they would presumably be more likely to require a vagrant or a beggar to stay in a hostel with a rehabilitative approach as a condition of probation or stay of sentence.

Of course prison fulfils a social welfare function for many

such people and will continue to do so until more suitable alternative institutions are established. It is undesirable that such alternatives should be located within the penal system to judge from the unhappy history of the detoxification centres for alcoholics in Britain. The idea of referral to an assessment panel, with the consent of the person involved, and subsequent treatment and self-assessment, has much to commend it, provided the treatment facility is not confused with the penal system. The fact that a person might feel he was coerced into treatment does not constitute a decisive argument against the treatment facility although it underscores the importance of treatment being of a developmental rather than repressive kind.

Appendix 3

MEDICAL CARE FOR DUBLIN'S SINGLE HOMELESS PEOPLE

In late 1973 regular weekly visits by a doctor and optician were organised for Northumberland Square. Shortly afterwards a system of voluntary cover was set up by a number of doctors for the Sarsfield Quay project. Before that, and subsequently, Simon made extensive use of general and psychiatric hospitals for its clients. Sometimes its clients were difficult patients, however, and sometimes medical care was less than adequate. Some instances of inadequate treatment of its clients led Dublin Simon to criticise the Eastern Health Board at the AGM press conference in 1974. The problem, while not an extensive one, was certainly not negligible.

During that year medical services for Simon's clients and the homeless in general were assessed by Alice Leahy, an ex-worker (Leahy, 1974). A sample of hostels, hospitals, medical social workers and GP's was surveyed. She used also the result of a pilot project involving a doctor and nurse team who visited Dublin Simon's houses on Sarsfield Quay and the soup run over an eight-month period. Her long-term recommendations include involvement of GP's, trainee doctors and nurses in the provision of preventive services through regular visits to hostels, the building up of medical records on vagrants from such visits, the provision of medical cards for all vagrants encountered in the hostels, and communication to the hostels of information on the medical services available, these being co-ordinated by one staff member responsible for medical care. These proposals were made in the context of the establishment of a network of small night shelters in each Health Board region, the shelters being augmented by day centres. Within such a structure of accommodation it would be possible to switch the treatment

approach to after care and, ultimately, rehabilitation. Short-term recommendations included the establishment of a central co-ordinating body with overall responsibility for medical care for the vagrant under the sponsorship of the regional health board, full co-operation from the health boards, hospitals, hostels and local services in the free flow of information and suggestions through this body, greater involvement of GP's and medical social workers in preventive and aftercare treatment for the vagrant, and immediate organisation of a rota system of ambulances and hospitals to handle emergency cases.

An important finding was that although hospital staffs and voluntary groups provide an adequate service, most vagrants are unable to make proper use of the services. Consequently the services should be brought to them rather than that they should seek them out. Medical problems frequently noted among vagrants by respondents were chronic respiratory conditions, ulcers, malnutrition, scabies, vermin, skin rashes and alcoholism. These conditions were seen as linked with the life style of the vagrant. Effective medical treatment on an outpatient basis was seen as requiring a perseverance and degree of mental organisation which was sometimes lacking, although a reason for the lack of follow through on the vagrant's part may well have been that no one bothered to explain to him the exact purpose of the medication. Attitudes to vagrants among casualty officers in hospitals varied from great concern at one extreme to revulsion at the other. A significant problem was the lack of detailed background information in many cases. Such an absence arose from the nature of the vagrant's life and it was clear that until they settled down, medical services for them would at worst be inadequate and at best require a structure of delivery particularly geared to their life style.

In general, hospitals, medical social workers and GP's found voluntary social workers in Dublin and the provinces co-operative if rather "starry eyed". From the viewpoint of the hostels, particularly the Dublin ones, the picture was not so good. Only 2 out of 9 Dublin hostels had a visiting doctor (Simon and Regina Coeli). One Dublin hostel found great difficulty in getting their clients into hospital. The reasons

they gave for this were the "acute shortage of hospital beds" and the change in administration of their local hospital. None of the hostels, with the exception of Simon and Shelter Referral, had come in contact with another vital link in full medical care—the medical social worker. Dublin Simon was critical of the time lag after the arrival by ambulance at a hospital. They also had experienced attempts to get rid of the vagrant from hospital and difficulty in getting appointments at the Eye and Ear Hospital.

This report, published by Simon Ireland at the end of 1974, produced a rapid response from the Eastern Health Board. Many of its recommendations were adopted in principle. As a result the Eastern Health Board employed Alice Leahy in March 1975 to develop a medical service along the lines of those recommendations. She was assisted in the work by a voluntary nurse and a small group of voluntary doctors. In November 1975 a private charitable trust was established, called "Trust", with the aim of serving homeless people by promoting services to meet their immediate and long-term needs. The foundress of this organisation was a philanthropic ex-Simon soup runner who was suffering from a terminal illness at the time. Trust's first task was to develop broad medical care for single homeless people. It employed a doctor full time for an initial period of six months. This doctor joined with Alice Leahy employed by the Eastern Health Board to provide a new medical service for single homeless people. In February 1976 the Special Hospital Care Programme of the Eastern Health Board made available the services of a psychiatrist to the project.

In March 1976 a Report on the activities of the new service was produced.⁴⁵ The service is based on the hostels and day centre, sessions being held in these at appointed times each week. In general the efforts of the team met with a very positive response. Members of the team noted that "*once communication and trust is built up with our clients, which at times is a slow and patient process, and when the various facets of social and medical services are clarified for*

⁴⁵Information from this Report may be sought from "Trust", Eastern Health Board, James's Street, Dublin.

them, they are only too anxious that problems in relation to their health and social conditions are solved. This seems to be borne out by the figures where we see a high percentage of people successfully availing of services and treatment" (p. 17). This impression is quite at variance with the widespread belief that vagrants will not do anything for themselves. Characteristic of the team's approach was the attempt to work with the total human being "taking into consideration the person's external and internal environment" (p. 17). In this way they seek to avoid a situation in which they distance themselves in a "professional" manner from the vagrant and seek to affirm his sense of independence by encouraging him to take more responsibility for his health.

Three defects in the provision of services for the homeless are noted in the Report. Firstly, the absence of adequate hostel provision for homeless women is noted. Only one out of 9 Dublin hostels catered for women and only one more (Simon) was a mixed hostel.⁴⁶ Secondly, the Report mentions the social isolation of many former long-term mental patients in hostels— ". . . *how much* does one have to stretch the imagination to consider that the discharge of people into the hostel network bears any relationship with the notion of being cared for by the community?" (p. 14) and "*Hostel accommodation may seem the easy way out in the short term, but in the long term, it spells disaster*" (p. 15). Instead, more effort should be put into day centres and group homes which would be supported by experienced psychiatric community nurses. Thirdly, there is reference to the problem of the under-twenty homeless group. These are seen as a group neglected by both statutory and voluntary organisations.

The authors place their clients in three categories. Their findings shed light on our findings in Chapter 2. First, there are those in their twenties and thirties. These make up the largest group. They have no particularly dramatic problems but have little education and are unskilled—"Many come from the city ghetto areas. They are the product of broken

⁴⁶ A related need, not adverted to in the Report, is that of adequate hostel facilities for homeless families.

families and deprived communities. A number will have had brief contact with the law, usually in relation to petty crimes. They come from backgrounds whose hallmarks are apathy, despair, chronic unemployment and an inability to make ends meet. Many come from rural areas seeking employment. They have arrived with no friends or contacts and little money. Most are quickly entangled in the vicious casual labour market. When they have work, they can afford reasonable accommodation. When the job is terminated, they quickly find themselves turning to cheap hostel accommodation. Factors such as loneliness, apathy, depression, the inability to form ongoing relationships, the misery of the dole constantly threaten the ability of the individual to remain in any way integrated and capable of coping" (p. 12).

The authors described a second group who were somewhat older than the first and more engulfed in the vicious circle of homelessness. They live more frequently in the hostels and less frequently seek employment—"They come in contact more frequently with such institutions as hospitals, both general and psychiatric, and the prisons. Their lives are lonely, frustrating and lacking in real love. The will to battle for many is ebbing under the growing addiction of alcohol and deepening despair . . . The isolated individual tends to neglect himself from every aspect. He is also cut off from the regular range of services which we all take for granted". (p. 13).

At the extreme of deprivation the authors describe a group who are chronically homeless and alienated from society. These constituted the smallest group of their clientele. They are sensationalised by the media as the wino, bum, the dregs, etc. Many have lost any sense of time beyond the capacity to distinguish night from day, nor do they have much appreciation of where they are. Their lives revolve about the consumption of cheap alcohol and most suffer from chronic ill health which is rarely given constructive attention. They spend their time between the streets, the prison and the casualty department—"We could go on interminably describing the inhuman plight of this group, but let it suffice to say that they are all integral dignified people who suffer terribly in their despair and loneliness and who crave for real love and human understanding". (p. 13).

Appendix 4

HOMELESS DEPRIVED YOUTH IN DUBLIN

Comhairle le leas Oige, the statutory youth authority for Dublin, commissioned a study of unattached youth by Denis Staunton in 1970. The figures in his report are no longer accurate but one of the conclusions is still valid— "The best service that can be offered to the 'unattached' is the presence of an understanding adult who has become a significant person in their lives and with whom the young people could feel free to talk about anything at any time. . . . The physical needs of this group must first be catered for in the form of hostels. . . . But these hostels must be free, they must make no demands on this group who have rejected all the institutions of the society".

Little was done for these youngsters,⁴⁷ some of whom were sleeping rough, until Contact, an advisory service for young people was opened towards the end of 1972. In the first year of operation, the centre, which was set up by the Sisters of Our Lady of Charity as an experimental project, had 543 clients, 327 of whom were girls, 216 boys. The great majority were aged between 15 and 25, and hailed from the city centre or Corporation housing projects. The principal presenting problem was unemployment although for many this was the result rather than the cause of maladjustment. Associated with unemployment was a low standard of education; 209 clients had a minimum of education, having left school at 14 or 15 years of age. Contributing factors to their difficulties in finding employment were—personality problems, some being of solitary, depressed disposition and a

⁴⁷Some hostels such as Los Angeles and Our Lady's Hostel for Homeless Boys did sterling work for homeless children around this time. We are concerned here, however, with those youngsters who would be too disruptive to be tolerated in those hostels or who would not stay in them.

number receiving psychiatric treatment, adolescent difficulties, drug abuse (38 had received medical treatment for drug addiction), and finally such family problems as overcrowded homes, unemployment at home, alcoholism, parental separation, step-parent problems and lack of recreational facilities.

For young people with these problems Contact offered assistance in the areas of employment, accommodation and information. As a referral centre it was handicapped by a lack of facilities to which to refer young people with problems. A certain amount of personal counselling was carried out but this aspect of the service was usually secondary to the furnishing of information on jobs and accommodation. In 1975 groupwork was begun on the basis of two groups weekly. These groups had to grapple with the barriers of anonymity, apathy and despair that are used by so many alienated youths as defences against painful feelings. With the introduction of groupwork Contact was clearly moving towards a more therapeutic role. Another report of Contact, for the period August 1974 to June 1975, states there were 541 individual callers to the office, 337 females, 204 males. New callers comprised 427 of these. The age group most strongly represented was the 18-20 year group which constituted 33.8 per cent of the girls and 32.8 per cent of the boys. Most callers were known to have originated in the Dublin area. Of the callers 173 (31 per cent) had no fixed abode at the time of their first visit. The educational standard of youth with no fixed abode was mostly primary school level and the great majority of the no fixed abode group were unemployed. As might be expected, known cases of court convictions, prison sentences, institutional history and drug or alcohol abuse were more prominent among males than females with no fixed abode. In the case of youth who lived at home the report observes that "Problems presented were personal, unemployment, no accommodation. These were taken at face value by the Contact workers, but as time elapsed—in some cases after a few visits and in other cases after many—it became apparent that underlying the presenting problems were deeper 'emerging problems', mainly personal and social" (Contact Annual Report, Summary, 1974). In 1978 Contact expanded its casework potential by moving into larger premises.

The large volume of work done by Contact is partly explained by the failure of Comhairle le leas Oige to sustain its unattached youth programme so well begun by Staunton in 1970. Relevant also is the difficulty experienced by such statutory bodies as the Eastern Health Board in providing a service for unattached, drug prone youth. A day centre operated by the Health Board fluctuated for some time between a "clinical" policy which repelled many youngsters and a "permissive" policy which attracted youngsters but resulted in such chaos that it had to be abandoned. Eventually, a modified "clinical" policy was adopted which involved a considerable restriction of intake. In 1973 a Simon report stressed the need for a hostel in Dublin for those in the 18-25 year group. These young people had to use hostels like the Iveagh which catered primarily for adults. Unattached and homeless youngsters who came in contact with the law were sometimes sent to St. Patrick's Institution or Shanganagh open institution but in neither institution was an adequate counselling service provided. On the credit side, however, the educational and welfare service of the Department of Justice was rapidly expanded between 1971 and 1977. This provided supervision for delinquent youngsters living at home or at a probation hostel.

Another reason for the pressure on Contact was the delay in setting up the often promised therapeutic facility at Dundrum for drug abusers. This had been delayed through lack of funds and the greater importance attached to other projects. The problem of young unattached people was highlighted in early 1975 when some travelling youngsters burned down an important bookshop. The problem of young travellers was growing rapidly at the time and prompted a number of references in the Interim Report of the Task Force on Child Care Services (1975). The Dublin Itinerant Settlement Committee set up a house for 15 travelling children in early 1976 in Co. Wicklow but the problem of rough-sleeping non-travellers remained. Winfried Schickle, a German student, collaborated with an ex-Simon worker to set up an organisation called Hope for these youngsters. The intention of Hope, at its first public meeting (September 29, 1976) was to open a night shelter for children sleeping

rough. It was envisaged that such a shelter would operate on informal lines and serve as a referral centre. Children would not be permitted to remain beyond a certain time and, where it seemed in the child's best interest, would be asked to return home (Children Sleeping Rough, 1976). At the time of writing Hope seems to have succeeded in making a very significant contribution to the problem of homeless youth in Dublin.

In this way a voluntary organisation was prepared to cut the Gordian knot of parental responsibility for the children, a problem that the statutory authorities could not solve unless parental authority was transferred to them by court order and unless they had adequate resources of manpower and the support of residential institutions willing to work with disturbed children. In this situation Hope has something to offer. In the long term, as laws and statutory services are improved, there should be less need for Hope. Its emergence reflects a decision in 1973 by Simon not to move into the area of deprived youth.

Simon is ideologically bound to give Hope all the support it can. That said, it would be a pity if Hope did not learn from Simon's hard won experience that a combination of professional and amateur effort may be very valuable. Hope might well serve as a pick-up and preliminary assessment centre for disturbed youth whose rehabilitation would be furthered by casework and counselling provided by the Health Board for them and their families. A need remains, however, for a therapeutic residential facility with provision for secure containment, if needed, for delinquent youth as recommended in the Interim Report of the Task Force on Child Care Services.

Appendix 5

THE CHAPELIZOD PROJECT

The committee decided in December 1975 to buy a house in Chapelizod to replace the house in Harcourt Street as they had been asked to leave that house by its owner. People living in Chapelizod heard about this decision through "Link" and held a meeting in a local school the following month to announce their opposition to the plan. They were encouraged in this stance by members of the Fairview Residents' Association. Members of the Simon committee, who had been invited to the meeting, tried to explain that the house would not be a night shelter but their attempts to reassure the people were fruitless. About this time local residents placed a picket on the shop of a brother of the owner of the house but were forced to withdraw the picket when an injunction was brought against them.

At the end of January the committee reaffirmed the decision to buy the house and one-quarter of the money was paid as deposit. It emphasised in a letter to the Residents' Association (after the contract had been signed) that the house would be for six of their quietest residents and offered the Association a say in the management of the house. The house stood in its own grounds, unlike the Fairview house, and was some distance back from the road. A lane which passed by it was used by children going to school and this increased people's fear that Simon's clients would molest, or be a bad example to, their children.

In early February a spokesman for the Residents' Association wrote to accuse Simon of reneging on an "assurance" to the TD present at the January meeting⁴⁵ that they would

⁴⁵Representatives of the committee at that meeting were not empowered to, and collectively did not, give such an assurance.

await the outcome of his motion to the Health Board before they purchased the house. The committee sent letters to TDs, local councillors, and the Press about their plans for the house at this stage. They also invited the spokesman for the Chapelizod Residents to visit Harcourt Street house to meet the people that Simon proposed to move to Chapelizod.

This letter was not acknowledged. At a meeting towards the end of February with two TDs the committee decided that they would not move any of their residents into the house before further discussions had taken place but that Simon would take possession of the house. It was also agreed with the TDs that they would arrange a meeting between the Chapelizod Residents' Association, Simon and the Eastern Health Board, the meeting to have an independent chairman. A letter was sent to the Chapelizod Residents' Association by Simon indicating the result of the meeting with the TDs and this evoked a letter in return stating that the Residents' Association would not agree to Simon taking possession of the house. On March 19 the Eastern Health Board informed Simon they were prepared to offer them a house on the North Circular Road in exchange for the Chapelizod house. On March 24 a meeting was held in the office of an official of the Eastern Health Board between three representatives of the committee and nine representatives of the Chapelizod Residents' Association. This was the meeting which one of the TDs had agreed to arrange. Instead of an independent party chairing the meeting, however, the TD, who had strong connections with the Chapelizod area, chaired it. The general theme of the meeting, which was probably inevitable in view of the non-independence of the chairman, concerned the withdrawal of Simon from Chapelizod. The Residents' Association reiterated their objection to Simon taking possession of the house and there was no discussion of what people's fears were about Simon moving in or the possibility of guarantees to restrict the use of the house in a particular way. At the end of the month the committee decided to accept the Eastern Health Board offer of a house on the North Circular Road. Shortly afterwards another meeting was held with the Chapelizod Residents' Association who were informed that Simon

proposed not to move in any residents but to take possession of the Chapelizod house. They refused to acknowledge Simon's right to do this, saying that they would take responsibility for its safety and that committee members could inspect the house from the outside. The committee agreed to inform the Residents' Association of when they intended to take possession.

On April 2 Simon was informed by the Eastern Health Board that the offer of the house on the North Circular Road no longer stood but that six places would be made available in the Health Board's group homes instead. The committee felt that it would be wrong to split the Harcourt Street group and therefore did not accept this offer. On April 3, Saturday, the decision was made to complete the deal over the Chapelizod house and take possession of the house. Letters were posted to TDs, local councillors, the Residents' Association and local clergy at 5.30 p.m. in the GPO the following afternoon, Sunday, informing them of this decision. At 4 o'clock on the afternoon of April 5, Monday, four members of the committee and administration went to the house to take possession. A siren which had been rigged up by the neighbours went off bringing many angry people to the scene. Two members of the Simon group scaled a wall and gained entry while the other two were stopped by an angry crowd. The latter two members went to the local Garda station and returned to the house with an inspector and eight gardai. The combined party was still prevented from gaining access and, after a few minutes, the two Simon representatives asked the Gardai⁴⁹ not to use further force as this would permanently embitter the local community. The local residents believed that Simon had tried to gain possession of the house without notifying them of their intention. Some said they would allow the two Simon people still outside the house to visit the house under their escort. This offer was refused after consultation over the telephone with other committee members at the office and, instead, a

⁴⁹Who were prepared to use force if the Simon people requested them to. However, the inspector pointed out to them that 25 men with riot helmets would be required.

temporary injunction was obtained to stop the blockade, pickets and the use of the siren. The injunction was served on the crowd at 11.30 p.m. but they still refused entry and Simon were not prepared to ask the Gardai to use force to obtain an entry. Nor would the Gardai deliver food to the two members of the group inside the blockaded house, and, after the telephone line had been cut, the two abandoned it the next day.

At a committee meeting a few days later it was decided that a letter should be sent to the Residents' Association apologising for not giving them more notice of the decision to take possession, insisting on Simon's right to occupy its house, asking them to list their objections to Simon using the house and informing them that Simon was prepared to enforce the injunction as a last resort. By the end of April a full injunction had been given to Simon but they had been asked by a member of the government not to take possession of the house until after an Eastern Health Board meeting in early May. At the Health Board meeting they were informed that a sub-committee of the Health Board was being set up to meet a sub-committee of the Corporation housing department to try to find alternative housing for Simon. At this stage there was considerable pressure for immediate action by some members of the committee, particularly as there was evidence⁵⁰ that a number of people in Chapelizod supported the idea of Simon moving in. However, the intervention of ACRA (the Association of Combined Residents' Association) with an offer of mediation caused further delay at this point. Despite the misgivings of some committee members, who pointed out that the Chapelizod Residents' Association were not likely to accept any guarantees about the use of the house, as they had not accepted a previous offer by Simon to have Eastern Health Board psychiatrists screen the proposed occupants of the house, the committee decided to accept ACRA's offer of mediation.

⁵⁰A resident in Chapelizod sympathetic to Simon asked locals to sign a petition in support of Simon. Of 43 people asked, 40 signed the petition, 9 of these living in the immediate vicinity of the proposed house. However, it should also be noted that at one public meeting about Simon in Chapelizod only 3 people voted for Simon moving in. Most of the remaining 290 voted against.

ACRA asked Simon not to take possession while negotiations were in progress and Simon agreed to this even though on May 27 ACRA informed Simon that the Chapelized Residents' Association were not willing to accept ACRA's mediation. Simon then drew up a covenant according to which a management committee for the Chapelized house would comprise two members of the Simon community, two members of the Chapelized and District Residents' Association and two other members to be nominated by those parties by agreement. According to the covenant the sole function of this committee was to be—

- “(1) The right by a simple majority to comment generally on the conduct of persons occupying the premises and
- (2) The right to advise (by a four/two majority) that in the opinion of the Committee a nuisance is being created by the user of the premises in a particular manner at any particular time”.

A further section of the covenant was as follows— “In the event of the Committee by a four/two majority deciding that a nuisance is being created in the use of the premises by reason of the conduct of persons in relation to the premises, and so informs Dublin Simon Community, Dublin Simon Community hereby covenants with the Chapelized and District Residents' Association to take immediate steps to abate said alleged nuisance, and in the event of the Dublin Simon Community failing to abate said alleged nuisance to the satisfaction of the Committee on a four/two majority within three months from said notification, then to cease using the premises as a home for homeless persons”.

At a committee meeting of June 23 it was decided that a draft of the covenant be sent to the Residents' Association as a discussion document with a covering letter stating that if a positive reply was not received within 10 days, Simon would circulate their proposal more widely and feel free to use the house at their discretion.

Some members of the committee continued to believe there was considerable sympathy for Simon among Chapelized residents, particularly those involved in voluntary social work, and they hoped that local clergy would

encourage parishioners to practice the Christian virtue of forbearance. Such beliefs were not substantiated by any change of attitude to the Simon proposal as the months passed. The fact that the great majority of politicians standing in the local elections about that time had avoided supporting Simon should have been sufficient warning to Simon that they were standing very much on their own. Another factor making for delay was that Simon's own philosophy made it impossible for it to contemplate lightly the prospect of causing the imprisonment of those involved in the blockading of their house. It would have violated its own tradition if it had sought to gain its way through force.

On July 2 a letter was received by the committee from the Chapelizod Residents' Association contending that Simon had not been prepared to discuss the matter with them and asserting that the Eastern Health Board, the Corporation and the Department of Health were all actively looking for a solution. A meeting was arranged with the Residents' Association for July 12 to discuss the proposed covenant but at the meeting the Residents' Association avoided discussing the covenant, instead broaching the possibility of the Eastern Health Board running the house. Simon had informed them that they would be prepared to use any Health Board back-up services in the operation of the house but had intimated they would not agree to the Health Board running the house. Simon clarified the matter further with the Health Board in August and wrote to the Residents' Association informing them that the Health Board would not be prepared to run the house but would provide back-up services. The next letter received from the Residents' Association after the July meeting was on August 19 and related not to the proposed covenant, which they had agreed to consider, but to the question of Eastern Health Board involvement in the house. The committee's resolve had now been worn down through the masterly inactivity of the Residents' Association and in October, Dublin Simon announced it would not be moving into Chapelizod.⁵¹ Sub-

⁵¹Like a coup de grâce, the Minister for Local Government informed Simon in the following month that it might be in breach of the Planning Act if it used the

sequently, its Chapelizod house was vandalised three times. The Chapelizod residents said they did not know who had damaged it but were ultimately responsible for the damage in so far as they had denied Simon possession of the house. On January 31, 1977, the ground and first floor were badly damaged by a fire probably caused by intruders. The house, fortunately, was insured. While the Chapelizod drama was being enacted, Simon had to move its residents from Harcourt Street. By December 1976 two of those five residents had been placed in residential Simon houses and three were in non-Simon hostels or sleeping rough. The Chapelizod episode highlights the advantages to Simon (in the absence of a national policy of resettlement) of moving quietly into a suitable area and subsequently developing relations with neighbours. People's fantasies about Simon residents could then be checked by the physical presence of suitably chosen residents.

Chapelizod house for its purposes. The point at issue here is whether the use by Simon of a house, formerly in private ownership, as a residential house changes the use of the house. In its residential houses Simon has so far retained the interior physical structure intact. This is associated with its view that it runs houses for people not institutions like psychiatric hostels.

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