Bearing the cost of the American dream: reflecting on street homelessness in America

Parashar P. Ramanuj

This paper is a British psychiatrist’s personal reflection of the treatment of homeless people in American societies. Drawing upon theories of social distance, exclusion, discrimination and internalised stigma, this reflective piece suggests that homelessness is one price that certain societies pay to invest in the notion of individualised success and self-sufficiency. In reflecting on his own dissonance, the author argues that these societal processes exert a powerful influence on us as individuals, even if we as psychiatrists might think that our understanding confers on us a certain level of understanding.

For many, New York conjures up images of the Statue of Liberty, the Empire State Building and the bright lights and signs of Times Square. It does for me too; but having lived there for a year, mixed with these images are signs of a different nature. Some are pleasant: ‘I’m hungry and homeless. Please help.’ Others, prayers: ‘Hungry and Homeless. God Bless.’ Some, simple parables: ‘A good deed is rewarded.’ Others still, reveal something of the person behind the sign: ‘Cold and Hungry. Victim of domestic violence. 3 children.’ And then there are those who need no written signs: those people who are ragged, dishevelled, mumbling, singing and dancing or glowing from sunken eyes but not quite seeing. I would see them every day on my way to work at the New York State Psychiatric Institute in upper Manhattan, on the subways and the streets, until I too stopped seeing.

Un-seeing

Homelessness has a broad meaning. Street homelessness refers to people who ‘routinely find themselves on the street during the day with nowhere to go at night’ (Diaz, 2006). It incorporates the term rough sleepers (people who sleep in the open air or places not designed for human habitation) as well as those who use temporary shelters, prisons and hospitals. Statistics on the number of rough sleepers are woefully inadequate, but best estimates suggest there were between 3000 and 4000 street homeless people in New York in 2016 (NYC Open Data, 2017). This is equivalent to the entire street homeless population of England for the same year (DCLG, 2016).

However, my epiphany came not in New York, but in Skid Row. This is one of the most impoverished areas of Los Angeles, with one of the greatest concentrations of street homeless people in America. I was visiting the (remarkable) Skid Row Housing Association, and my journey through the neighbourhood took me through street after street of simple tarpaulin tents with people in flagrant psychosis outside or intoxicated in the gutters. What was most astonishing was that...
this modern-day Gin Lane (Hogarth, 1751), rest-
ing in the shadow of that great reminder of the
American dream – the Hollywood Hills, was just
two blocks away from the decision makers of
Downtown Los Angeles.

I returned to New York with new eyes. I remem-
ber watching the well-heeled Manhattanites walk
countless homeless people on the street with-
out seeing them. The look of shock followed by
repulsion (and then sometimes compassion) when one was forced to encounter a street homeless
person (for example by requests for money)
emphasised the un-seeing: a process akin to denial,
step beyond ignorance. During my training, I had
worked in an assertive outreach team for the street
homeless in south London, so these reactions were
not new to me, but it was the scale of the un-seeing
in America that was staggering.

Seeing through a sociological lens

Homeless people occupy a third space between
physical proximity and social distance. They are
what the early German sociologist Georg Simmel
called the ‘stranger’: ‘distance means that he, who
is close by, is far, and strangeness means that he,
who also is far, is actually near’ (Simmel, 1950).
Strangers may come into contact with society but
they are excluded from it. Who could be more alie-
nated than the homeless? They are the daily remin-
ders of society’s failures.

There is a strong dissonance in that state-
ment: these are the people that have been failed
by society, but they are also the people that soci-
ety chooses to typecast as ‘failures’. The tragedy
is that homeless people have the additional
perverse burden of bearing the blame for their
own exclusion. Research in people with
mental illness routinely shows that prior experi-
cence of discrimination leads individuals to
expect discrimination and anticipate stigmatisa-
tion, which in turn can lead to a belief that
stereotypes are warranted (Quinn et al, 2013).
Similar pathways to internalised stigma have
been described in homeless people (Belcher &
DeForge, 2012).

Stigma literally means a ‘mark’, and the more
visible the mark, the stronger the stigmatisation.
The homeless people that were most visible to
me were those who were clearly psychotic or
intoxicated. Within the population of homeless
people, 20–35% have a diagnosable mental illness
and the prevalence of psychotic illness and sub-
stance dependence is several magnitudes higher
than in the general population (Rees, 2009). But
social researchers make an interesting point:
they believe in the correlation between mental
illness and homelessness, but not in a direct
link. When the prevalence of mental disorders
among all classes of homeless people (for
example, including homeless families) is com-
pared with the domiciled poor people from the
same geographical area in America, the rates are
almost equivalent (Draine et al, 2002). Could the
marginalisation of homeless people in society,
and to a degree also those with mental illness,
actually be evidence of a wider contempt for the
poor?

Seeing through a societal lens

American society is infused with the idea that any
person can achieve success given the right
amount of ambition and dedication, i.e. that peo-
ple get what they deserve. This is the American
dream. It is a noble ideology, if only it were
true: America has the least socially mobile econ-
omy in the high-income countries of the world
(ollowed by the UK) (Corak, 2006). The story
told by one homeless woman, Mary, reinforced
the damaging gulf between the American dream
and the true reason for her circumstances:
sustaining permanent nerve damage in an indu-
trial accident, she lost her job, her house and
living in her van. For Mary and many
people who passed her by, she was to blame for
what she did not have.

How we respond to homeless people can be
seen as a reflection of how we respond to injustice
generally. The need to believe in fairness is deeply
 ingrained in us; yet the world is a self-evidently
just place. Decades of research has shown
that, when faced with injustice, we will try to
lessen it; but if we cannot do so, we will reassure
ourselves that people deserve what they get.
This is the flip side to the American dream.
The classic experiment that postulated this ‘just-
world hypothesis’ was conducted by Lerner and
Simmons in the 1960s (Lerner & Simmons,
1966). In it, people were shown a video of a
woman receiving ever-increasing electric shocks.
When given the option to stop her punishment, almost everyone did; but if not given this choice,
the witnesses rationalised that she must have
done something to deserve her torture. Her
pain was the proof of her guilt, and so the fairness
of the world was restored. Lerner and Simmons
wrote ‘the sight of an innocent person suffering
without possibility of reward or compensation
motivated people to devalue the attractiveness
of the victim in order to bring about a more approp-
riate fit between her fate and her character’.

Several studies have related similar reactions to
homelessness. Ten years ago, Toro et al (2007)
found that America and the UK had the greatest
lifetime prevalence of homelessness but spent the
least on social welfare and had the least compas-
sionate public attitudes to homeless people.
Respondents from America in particular were
most likely to endorse personal failings as an
important cause of homelessness and the least
likely to support increased federal spending to
help homeless people. Contrary to expectations,
exposure to socioeconomic inequality in unequal
societies has been shown to reduce support for
redistributive economic policies (Sands,
2017). Although both the UK and America share a
’special relationship’ in terms of values, culture
and socioeconomic factors; I think the ubiquity
of street homeless people in America overwhelms
the public’s capacity to intervene and so just-world rationalisations are employed much more.

The American dream is a contract between society and the individual: where society will provide a level playing field on which, by working productively, the individual can achieve success. Homeless people are evidence that this contract is broken and the world is unjust, which is terrifying to a society that prizes individualism above other attributes. Projecting those fears onto another individual, who will then internalise and believe in the dream, is an effective collective defence. Homeless people bear the cost for the rest of America to believe in the dream.

**Perspective**

The moral challenge that homelessness represents applies equally to politicians, religious leaders, voluntary sector workers and healthcare professionals on both sides of the Atlantic. After all, the conservative notion of self-sufficiency and self-improvement in the UK uses similar just-world arguments as the American dream to explain social exclusion. Psychiatrists have a unique role to play in reframing the discourse around these powerful societal processes. There is a clear clinical need to better manage mental illness in the homeless population, irrespective of whether its prevalence is comparable to an equivalent domiciled poor population or not. Mental illness in homeless people acts synergistically with other medical and social illnesses. Psychiatrists, who are conversant in these complex interactions, are well placed to coordinate and within multiple disciplines. Beyond the clinical and organisational considerations, as a profession we have a powerful voice and platform with which to achieve a different settlement for homeless people: one in which not just the quality of life of individuals but also decisions of equity and the cohesion of society as a whole need to be renegotiated. Ultimately, all people are not born equal, but equity is conferred upon us throughout our lives by the actions of others.

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**Evaluation of undergraduate psychiatric teaching in Sudan**

Mohamed El Tahir,1 Abdelghani Elsheikh,2 Abdellrahman Abodoum3 and Mohamed Hassan Ahmed4

1Consultant Psychiatrist, Abertawe Bro Morgannwg University Health Board, Swansea, UK; email mohamed.el-tahir@wales.nhs.uk

2Consultant Psychiatrist, Medical Specialisation Board, Khartoum, Sudan.

Development of an undergraduate psychiatric teaching programme and curriculum is a challenge in the current atmosphere of increasing knowledge and vast literature. However, the curriculum remains the cornerstone for future doctors’ development and career. Doctors need to have the abilities to recognise, assess and manage common psychiatric conditions presenting at different levels of health services. This paper aims to