RESISTANCE AND COMPLEXITY:
SOLUTIONS TO URBAN CRISSES OF HOMELESSNESS AND
PSYCHOPATHOLOGY THROUGH PSYCHIATRY, ARCHITECTURE AND
PHILOSOPHY

by

EDWARD LEE DURGAN

M.A., Katholieke Universiteit Leuven, 2000
M.A., Seattle University, 1998

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Abstract

This is an interdisciplinary attempt to analyze the ongoing and progressive urban crises of homelessness and psychopathology. It intersects three disciplines: architecture, psychiatry, and existential-phenomenological philosophy. I have coined the phrase ‘anarcha-existentialist’ to describe a method of questioning political and epistemological authority. It extends work on schizophrenia conducted under the supervision of Roger Burggraeve. Primary philosophical sources include Emmanuel Levinas, Martin Heidegger, and Jacques Derrida. I used descriptive and interpretive phenomenology with thematic analysis in qualitative research on the subjective experience of severe mental illness across dwelling types on Vancouver’s downtown eastside. Emergent themes included a struggle for fundamental human rights, distressed personal time, and a relationships between homemaking and management of mental health. Histories of psychiatry and asylum architecture reveal their inseparability from the state. I carried out architectural case-studies of the Woodsquat, the Woodwards redevelopment project, and the Olympic Tent Village that took place during the 2010 Winter Olympics. The crises in question are intractable and existing interventions cannot succeed comprehensively. The disciplines in question appear as auxiliaries to a capitalist-state apparatus to which they are fettered. In architecture, dialectical narratives of modernity are perpetuated. Psychiatry acts to reify the American Psychiatric Association’s diagnostic and statistical manual (DSM5). Together they succeed in re-institutionalizing chronically mentally ill adults and youth while reducing social housing and low-income rental stock.

Contemporary architecture theorists and architects have appropriated philosophical concepts to fabricate ethical narratives that justify the gentrification (or class
transformation) of urban environments. Vancouverism is an example of the neoliberal economic collusion of civic government, the developer class, and clinical psychiatry. Criminalization of poverty in Vancouver is part of a North American trend. Behavioral genetics and genetic counseling are disciplines bearing direct methodological/ideological lineage to eugenics that inform public policy in Vancouver and elsewhere while aspersions are cast on them by a growing consnsensus of scientists. Complex theoretical models and non-pacifist modes of resistance are recommended to stem the crises. Revolutionary transcendence of nation-state models and establishment of worldwide socio-political relationships based on anarchism portend the diminishment of psychopathology in the world population while providing adequate homes for all.
Preface

Dr. Erin E. Michalak of the University of British Columbia Department of Psychiatry and the Collaborative Research Team on Bipolar Disorder initiated the grant application and acted as Principle Investigator on the study from which data has been drawn for this essay. Erin also advised on the research design, data collection and initial data analysis on that study. That study was titled: Subjective Experience of Quality of Life Amongst Chronically Mentally Ill Adults in Vancouver’s Downtown Eastside Across a Variety of Dwelling Situations. The study was approved by the University of British Columbia Behavioral Research Ethics Board and assigned the number: H08-00977. The sponsoring agency was Mathematics of Information Technology and Complex Systems (MITACS) – Networks of Centres of Excellence. The study took place between June 12, 2008 – June 12, 2009.

The Downtown East Side Resident’s Association (DERA) and Vancouver Area Network of Drug Users (VANDU) facilitated the study by helping to recruit participants and provide space and further advising for the individual interviews. Kim Kerr, the executive director of DERA, as well as other staff members were helpful in the design of the questionnaire for the semi-structured interviews that appears in the appendices of this essay. Twelve residents of the downtown east side directly participated in the study and they will remain anonymous to protect their confidentiality.

A preliminary analysis of the results from this study, which was done under Dr. Michalak’s supervision, was presented in poster format at conferences including UBC Psychiatry Research day, 2010 and the College for Interdisciplinary Studies/Interdisciplinary Studies Graduate Program poster competition in 2010. The
research poster won a silver award for excellence in research at the Canadian Student Health Research Forum in June, 2010 in Winnipeg, Manitoba. An abstract for that poster appears in the booklet that accompanied the conference: “Infectious Disease and Global Health.” The poster was designed with the help of Matt Filipiak who also helped with data analysis. Some information that was included on the research poster was reproduced below.

Appendix one contains a semi-structured interview composed of a series of questions co-authored by myself, Erin Michalak and Kim Kerr. Appendix two contains twelve word-for-word transcriptions of those semi-structured interviews that I conducted with each of the twelve pseudonymous volunteers also known as ‘participants’ in the study. Joe Guppy helped with editing and re-writing of some passages in the document in order to bring it into closer compliance with general rules of grammar. I am the sole author of all other writing, except where other authors and images are cited.
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Acknowledgments

Dr. John Beatty accepted my application for entry into, what was then known as, the Individual Interdisciplinary Studies Graduate Program. As chair of the IISGP they were a tireless advisor, administrator, and advocate in the bewildering forest of grad studies at UBC. Each time I met with Dr. Beatty to decide my continuing advancement I could see from the look in their eyes that I did not ‘look good on paper.’ In retrospect I know that Dr. Beatty’s strength was care and empathy. On every occasion they showed faith in this project and gave me the benefit of the doubt. Thanks to them I am on the threshold of completion.

I must also acknowledge the unwavering patience and guidance of my supervisory committee. Dr. Tania Le Comte, at UBC psychiatry, was the first person to agree to support this project. They also hired me as research assistant in the Methamphetamine Psychosis Study (MAPS). That RA position was crucial for my success in two ways. First it allowed me to secure a modest, but substantial income that made it possible to survive in North America’s most expensive city for the first year after my move there from Seattle. Second, it helped me to gain a familiarity with all of the area hospitals, their emergency room staff and procedures, as well as some of the residents and housing programs in the downtown east side (DTES). The DTES would have otherwise remained more or less impenetrable for me as a solo researcher years later when I confidently approached those who would be my allies in the following research endeavors. Dr. Le Comte resigned as my supervisor after taking a position at another school. That may have signaled the end of this project if Dr. Alasdair Barr had not
agreed to take their place. Thanks to them I was able to keep my place in the department of medicine through the schizophrenia research lab. Dr. Barr guided my work through comprehensive examinations as well as most of my scholarly research on Schizophrenia.

Dr. Steven Taubeneck has been my primary advisor for the past six years. I count them among a few of the most influential mentors I have had in the Continental Tradition of philosophy, especially Existential-Phenomenology. Interdisciplinary scholarship produced many unforeseeable challenges and Dr. Taubeneck helped to overcome many of them. They also provided the employment opportunity that helped me gain a teacher’s assistantship after I left the yearlong MAPS RA position.

Dr. Sherry McKay of UBC school of architecture (SOA) was the second of three faculty members from whom I gained crucial support. I had never studied architecture before coming to UBC and through two years of intensive coursework in the SOA, including Dr. McKay’s history of modern architecture course, I came to an understanding of architecture that is presented here. The depth of historical instruction at SOA set my mind to a deeper historical examination of psychiatry and philosophy. The sharp rise of modernity, unmistakable in urban architecture, sets up the problematic of this essay across disciplines.

Dr. Erin Michalak holds position in UBC psychiatry that includes founder and coordinator of the Collaborative Research Team on Bi-Polar Disorder (CREST-BD). They appeared at ISGP with a grant proposal from Mathematics in Technology and Complex Systems program (MITACS). The grant called for a faculty level researcher to collaborate with a graduate student and a community-based program to conduct original research, which would advance of the graduate student’s work. Dr. Beatty alerted me to
the opportunity and made online introductions. I wrote the grant application together with Erin and sympathetic community based service providers. We were granted the funds and I was recruited to CREST-BD before I knew it. For the next year my study was facilitated from their offices in UBC’s Detweiller pavilion, the home of the psychiatry department and mood disorders clinic. The other locus of my research was a world away in Vancouver’s downtown east side.

Kim Kerr was the executive director of the radical renter’s union known as Downtown East Side Residents Association (DERA) when I approached them with the idea for our study. Kim was enthusiastic from the beginning and saw the project as an opportunity to gain insight, and raise awareness of the ongoing and increasing crises of homelessness and mental illness. The eventual coordination with the Vancouver Network of Drug Users (VANDU) was initiated by staff at DERA. I was able to collect the data that is partially presented here over the course of a year, prior to the 2010 Olympics and midway through what I now view as my ‘Vancouver period.’ Additional inspiration and materials were generated and given to this project by grassroots organizers in the DTES including the indefatigable Wendy Pedersen and the vociferous genius Ivan Drury. I hope my efforts meet with their satisfaction.

I am also indebted to the various individuals and organizations that have permitted me to use images including: Henriquez Partners Architects, the Carnegie Community Action Project, Murray Bush/Flux Photos, The Olympics Resistance Network, Warrior Publications, and the Friedrich Wilhelm Mirnau Stiftung. I acknowledge them with thanks.
A lot of personal friends and family supported me over my six year stay in Canada. Hope, Crystal and Trevor Bath were my first housemates and they were like a second family at times. Lizabeth Morrow was my personal angel who’s kindness supported me at crucial points of my journey through this project. John and Pamela Grinter also sponsored my efforts at important moments when financial security disappeared. I was put to work on Mark Lennin’s Atlantean cleaning crew counted me amongst their laborers, like Sisyphus, for a summer. Mack Honey, the sous chef and rapper, also helped me to gain sustenance through work. Carlos Vinas was a kind sponsor and thoughtful interlocutor at various points from the beginning of these efforts who helped frame the problems in terms of phenomenological and revolutionary praxis.

It was at UBC in 2007-2008 where I fell in with a group of militant feminist activists involved in organizing the UBC Students for a Democratic Society (SDS) to resist the rapid neoliberalization of the university. SDS successfully employed a diversity of tactics, including direct action, in efforts to save the UBC farm and last green student common area next to the student union building known as the Grassy Knoll. By the end of 2008 my scholarly research and radical activism led me to the conclusion that no systemic reform would ever protect the most vulnerable members of society; the crisis of mental illness and homelessness was accelerated by neoliberal capitalism and had no solution. The irrepressible spirit of dissent, embodied by the UBC SDS opened the perspective that another world is possible and my hypothetical solutions shifted from ‘reformist’ to ‘revolutionary.’

Many artists and musicians took the stage at the protest/concert Knoll Aid 1 and 2.0 as SDS exploded on our campus. At those events I learned that artists must make
hard choices between endorsing and adding power to systems of oppression, or remaining independent. I remained aware of those tensions until my eventual departure from Vancouver. I am thankful for the lesson that democracy is only possible where artists can create and perform/share their work freely. Their ability to actually stand up and express profound and complex truths about the state of affairs in the world inspired the courage I needed to express the most original ideas presented here. So, many thanks go to the Fur Bearing Animals, Spring (formerly SSRIs), Trike, Robb Hill Band, Brujo, Jake Money and Chinois Blanc, Matt Filipiak, RinjustRin, Say LaVie, Carthage, Cry of Silence/Ed Lam, Alexico, Matt Filipiak, and the UBC Guitar Club.

Through gains made by my predecessors in the Teacher’s Assistant union, Canadian Union of Public Employees local 2278, I secured three years of full time employment within UBC’s Philosophy department, a position usually reserved for philosophy graduate students. CUPE 2278 represents teaching assistants, language instructors, markers and tutors at UBC. Our members conducted a strike and savvy negotiations with UBC some time before I became a graduate student. Without that contract, I could not have made it through those very lean years in Vancouver. Finally, the PhD tuition waiver, also procured as part of the strike settlement, together with the international student tuition award were essential to my success.

When I returned to Seattle in fall of 2011, I did so having depleted all of my financial resources. I was able to call on some relatives and old friends for help. My cousins Pat Kristovich and Jeannette Ocampo provided hospitality while I made the transition back to the U.S. They also counseled me and encouraged me in a way that only family can do. Pat and Jeanette had taught me how to grow up on the deck of a
purse-seine fishing boat off the coasts of Washington and Southeast Alaska long ago. Now they have taught me how to continue to grow in what has somehow become ‘middle age.’ Without their unconditional love I would have folded, like a pocket-knife, two years ago and these words would never have found the page. My dear friends Joe and Nancy Guppy also extended helpful hands. Eventually I wound up in residence with Pauline Guppy, Joe’s octogenarian mother, in her mansion house in the heart of Seattle. Pauline, who is a great matriarch and accomplished science fiction writer, has graciously allowed me to stay free of charge while I finished this project. They know how difficult it is to complete a doctorate and so has extended this sponsorship in the spirit of charity.

The final draft of this essay has benefited immensely from feedback given by my examination panel. A lively discussion was had at the dissertation defense, facilitated by the patient staff of the Faculty of Graduate Studies in the Koerner house. My friend and colleague, Miguel DeGreiff, has read this manuscript and provided critique and encouragement on a few occasions that has been very helpful. I am indebted to the thoughtful feedback of my external examiner, Dr. David Seamon as well as my university examiners, Dr. Tom Kemple and Dr. Barbara Weber. I have attempted to respond to their suggestions as thoroughly as I could.

Special thanks to my brothers, sisters, nieces and nephews who always had kind words of support and forgiveness for all the holidays and birthdays I missed while away at school over the years. Dedicating this essay to my mother, Marcia Ann Durgan would be redundant because I dedicated all my efforts in life to her memory when she passed away some two years ago; may she rest in peace. If the faith that carried my Mother...
fearlessly from this world be true then I may yet see her again, some day, alongside my father Edward Leroy Durgan.
To Mieke Schappe with Gratitude
CHAPTER 1: Introduction

1.1 Anarcha-Existentialism

Our society bears a crisis of immense and growing magnitude; the crisis of homelessness and severe mental illness (SMI). Since the first time I visited a large city I wondered why this was and whether this crisis could ever be solved. How can housing be provided for all? When I came of age, I pursued related questions through training and research in psychology. Later I approached it through the philosophical tradition, eventually combining them in existential-phenomenological psychotherapy. SMI occurs at higher rates in cities and often accompanies homelessness, so psychiatry and architecture became the necessary interlocutors with philosophy. Like heralds, these three led me to many branching paths of thought and practice that converge here for the first time.

Nearly every inch of the urban environment is built by human hands. Architecture (and related engineering and ‘planning’ practice) is the discipline through which human intentions take shape as dwelling places. Psychiatry is the medico-scientific discipline deployed in response to SMI in a given population; the state’s steward of scientific knowledge and medical efforts towards the cure for SMI. Despite the mastery of material and form, the ever-renewed modern metropolis is a terrain of uneven privilege. And despite the multi-billions of dollars profit of the pharmaceutical industries and technique sharpened to molecular accuracy, the modern mind eludes psychiatric healing. Given the scope of the crisis at hand, no disciplines have failed more spectacularly than these. Everyone will readily agree that it is of the utmost importance to know whether we have been duped by authority.
I started this project by doubting all accepted authority on the questions at hand. As a result, and by the words of one preliminary reader, the project itself is homeless. Maybe this is another way of understanding interdisciplinarity. It is obviously a critique of psychiatry and architecture, but also of the very concepts of the psyche, the self, the individual. Notions of health and mental illness fragment and fall apart very quickly without these frameworks. The concepts of the social systems known as the ‘city,’ and the ‘state’ follow into the space of radical doubt. If this anarchist impulse saves us from unconscious slavery, then face-to-face dialogue saves us from ultimate meaninglessness. Phenomenology achieves the doubt of all knowledge through a description of human existence founded on such a dialogue. Phenomenology, since *Being and Time* (Heidegger, 1927/1962) and as I will discuss below, is existential-phenomenology.

*Anarcha-existentialist* best describes the method that I have contrived as an academic vagabond; like a gadfly buzzing about between academic departments, the stricken cities of the West, and the receding horizon of a dying empire. Dear reader; I invite you into this new terrain with these disclaimers: if you find yourself torn and confused, left alone and abandoned to find your own meaning and reasoning by the following content please remember this key phrase. And if at some point along the way your heart breaks as I hope it will, please do not turn back to the patriarchs that promise to protect you from the unknown. Go forward with me towards justice, like black-clad militants with rage in their hearts, and smash the beguiling façade of the global city!
1.2 Hockeystick: At Home with Homelessness

My speculations and those of other researchers must be constantly checked against the supreme experts on SMI and impoverished or homeless dwelling; those people themselves. Hockeystick¹ was a male-bodied aboriginal, radically homeless person, 30 years old, who carried a hockey stick and a tennis ball when we met in a back room of the Downtown Eastside Residents’ Association (DERA) administrative offices. He was the first participant to volunteer for the study presented here. By ‘radical homelessness’ I refer to people who have been called “street homeless” or “absolutely homeless” (Hales, p. 8). This includes people that have no place to call their own. They dwell and sleep in places that are not meant for human habitation such as garbage dumpsters, cardboard boxes, or doorways. They may also sometimes spend nights in emergency shelters, squats, tent-cities or hidden camps. Hockeystick slept most nights in the doorway of the building we were in, facing Hastings street – the busiest thoroughfare of the neighborhood and one edge of ‘the blade,’ the area of the city of open drug and sex trade. Filthy, he was dressed in a pair of beige colored sweats and a white t-shirt that was also dirty and discolored. The room where we met doubled as DERA’s break-room and a soup kitchen pantry oft utilized by the anarchist street-feed collective Food-not-Bombs. I hoped we would be uninterrupted when I sat down at a table opposite him while he remained standing at first. While I prepared the study questionnaires, by laying them out on the table, he put the tennis ball down on the floor and took the stance of a hockey

¹ I use pseudonyms for participants that somehow impressed upon me the unique character of the particular person in order to code them in my records. I came up with this mnemonic device during the year I assisted in the methamphetamine psychosis study on the DTES. It helps satisfy the ethical requirement of preserving the anonymity of participants, but also to recall more vividly the quality of our meetings.
player. Although he wobbled, he pushed the ball back and forth a few times, showing stick control, before he reached down and picked it back up. He pulled out his chair and sat down putting the tennis ball on the table and laid the stick down on the floor. He looked up at me briefly and made eye contact. I can still clearly picture that immeasurable moment when I like to think that we established a genuine rapport, he trusted me and I respected him.

At the start of the interview he spoke in brief, almost startled, utterances. I could see that one side of his face hardly moved as he spoke. When he blinked, his eyelids were out of synch with each other. His face seemed to droop on his right side and his lips turned slightly downward while his mouth was slightly agape when he was silent. A trail of dried blood started inside his right ear and ran down his neck where it disappeared under a brown splotch on the dirt stained collar of his t-shirt. His right hand was swollen and seemed permanently cramped into a fist. He had grasped the hockey stick with his thumb on that hand, so it appeared he could not open it. He had difficulty grasping a pen as he scrawled his signature on the study’s consent form.

The initial interview included the administration of a neuropsychiatric inventory (known as the ‘MINI’) that was designed to specify any of the DSM IV’s axis one disorders. These disorders include the severe and chronic disorders that are among the main concerns of psychiatry. I was looking for signs of schizophrenia, bipolar disorder, major depression, and substance abuse or dependence among others. These diseases are mysterious and require a specialized branch of medicine to address them. Unlike other diseases they have no definite physical markers and cannot be detected with a blood test or x-ray. Diagnosis in these cases, the prerequisite for all medical treatment, requires
psycho-social assessment.

As we made our way through the questions, Hockeystick began to pause at intervals, more and more frequently gazing into the corner of the room or looking up at me while repeating the questions. He validated my sense that he was honestly engaged in the interview by insisting, eye-to-eye, on clarifications. His physical gestures were often exaggerated, and he spoke in the deep-voiced accent of the Coast Salish. He had been the witness to, and victim of, violence many times over many years and had been homeless for more than four years. He used heroin almost daily, as well as cocaine and alcohol less often, but frequently. He reported alternating constantly between states of depression and anxiety.

When probing for signs of psychosis I asked if he had had any extraordinary experiences, like receiving messages from the television or hearing voices that other people don’t hear. He said “No,” but when I asked if he had ever felt that he had been possessed by a demon, his expression changed. I had struck a nerve. He said that he had at times been possessed by a demon. Through my experience in the field I knew that moments like this can be damaging to the client’s, or in this case the research participant’s, well being. I dutifully marked down his response and continued to the next questions, being careful not to validate or invalidate his experience of this. I wanted out of that situation before I opened a can of worms that neither I, nor the research design, was equipped to deal with.

Once we scheduled the next interview he grabbed his stick and ball, and headed for the door. I asked him to wait a moment so I could pay him the twenty-dollar stipend and get his signature on the receipt. He was ambivalent about accepting the cash,
expressing that he appreciated the opportunity to contribute to this important study. I said that I was required to pay the stipend. Inculcated by UBC’s culture of research, I had assumed he was participating for the money. He finally took the money and signed the receipt, surrendering the dignity of voluntary participation, and giving me more insight into my own prejudice.

The results of the interview showed that Hockeystick exceeded diagnostic criteria for Major Depression, Generalized Anxiety Disorder, Post Traumatic Stress Disorder, an unspecified Psychotic Disorder, and Substance Abuse/Dependence according to the MINI. We met the following week for the second, final interview. For well over an hour he spoke to me in low tones to an internal down-tempo metronome that seemed to keep perfect time. He stopped talking when he nodded out a few times, perhaps lulled to sleep by his own heartbeat. Slowly a description of life as a homeless hard-drug addict on Vancouver’s Downtown East Side (DTES) emerged. For over ten years he had lived in cardboard boxes and hustled money to score dope, managing to stay high most of the time. He had grown up on one of the many impoverished reserves in B.C., and had not paid rent in his own apartment since his late teens. He declined to discuss further his experience of demon possession, except to say that sometimes when he was using or seeking drugs “a demon would take over.”

Hockeystick displayed a keen awareness of his life and its contingencies. He made this, as well as his conviction that he had chosen this lifestyle, clear throughout: “For the most part I spend a lot of time being on guard. There’s a lot of danger in this lifestyle that I’ve chosen to live… It is a life or death situation in a lot of ways. And a lot of fucking people that I choose to spend time with … some people will get in a dispute
over a ten-dollar crack deal and somebody ends up dead.” He had a complex understanding of himself based on a multi-faceted anthropology: “There’s the physical me, my mental state, my emotional state, and then there’s the spiritual that makes me who I am, and this is a physical disease that I have. It affects my physical, it affects my mental, and it affects my emotional. Obviously it turns me cold.” Very quickly, it occurred to me that I was learning some very special knowledge. This stuff is hard to get and even harder to know what to do with.

Towards the end of our meeting I felt that I had witnessed a profound account of survival on the streets just outside the door. I was fascinated and began to sense the growing burden of responsibility; Hockeystick was entrusting me to witness, analyze and share his life experience. He included a description of a repeating cycle of behavior: “I’m either in hot pursuit of my next fix, or else I’m stoned out of my mind after I get that fix. Or I’m sleeping and then I wake up and I’m sicker than a dog and I need to have that heroin or cocaine. So that’s basically the four states of my being: being stoned out of my mind; sleeping; looking for a fix; or sick.”

Having established his dis-ease, I just had a couple more questions.

“So do you feel at home where you live?” I asked, expecting an answer in the negative.

“Yes” he replied.

Incredulous, I slipped. “You do?” I asked. I struggled to reset my brackets, check my prejudice and reaffirm an openness to outcome: “What makes it feel like you are at home? What makes it a home to you?”

“Basically, like I said, I guess it’s the way I carry myself. I try to respect people
to the best of my ability,” he responded.

“So you are in a community where there is a familiarity with other people?” I said.

“Exactly,” he assured me and continued: “Yeah, you know it has become a home by way of, yeah, people are used to seeing me in the doorway now.”

“So there is a social familiarity with the place and that makes it your home?” I asked.

“Yeah they even call it [Hockeystick’s] place sometimes,” he said in an ironic tone.

I struggled with this point. My assumption, based on years of direct service positions and research was that sleeping in a doorway facing a busy downtown east side street would surely qualify as homeless, by any measure – especially the subjective. However, according to Hockeystick’s own account, I was wrong. He felt at home-in-community. This was partially due to his own effort of carrying himself, and the community’s acknowledgment and acceptance of his own personal space. I see it now as a socio-linguistic network that affirmed personal dignity and was centered on the recognition of the individual’s personal place by his own name. This is precisely what the existential philosophers would predict, but the tradition had never been read into the special case of urban homelessness. We are not merely animals that depend on physical dwelling; we also dwell poetically, linguistically – always navigating a co-constituted reality in a mutually caring community by way of personally meaningful decisions.
1.3 Dwelling and Human Existence

Regression from the natural attitude to the lived world is the goal of phenomenological method. If I had not managed to finally bracket my assumptions about Hockeystick being homeless, I would not have reached the *epoche’* – the way the at-homeness in his experience showed itself in my awareness. This *epoche’* of consciousness allows what is perceived to be known for what it is. A description of the fundamental existential conditions of dwelling is then possible. The natural attitude, a comportment of prejudiced interpretation, reigns in every day life; and it reigns in the scientific approach to gaining knowledge. The epoche’ can be a suspension of biases in theories that frame scientific questioning. The natural science method begins questioning into homelessness and mental illness from a theory, or a set of theories. The phenomenological method begins this questioning from descriptions of homeless dwelling, and descriptions of mental illness, taking existence as a starting point. This method can be seen as an anti-method that allows special epistemological claims.

It is worthwhile to highlight differences between this method, founded by Edmund Husserl (1859-1938), and certain other methods of inquiry such as psychoanalysis (Freud, S., 1913; Lacan, J., 1958); structuralism (Titchener, 1902; Levi-Strauss, C. 1955); and functionalism (James, W., 1890; Searle, J. 1980). Respectively these presume to reveal an ego hierarchy, a psyche, or effective causes in personal existence. Phenomenology does not reveal these, nor does is assume a transference of energy, collectivism, or will power in social existence as they do. Instead it reveals a concerned perspective and a *nascent logos* in flux with a body’s sentient, unmediated encounter with reality (Merleau-Ponty, M., 1964; Behnke, E., 2011).
The lack of rigorous descriptions of homeless existence is a blind-spot in psychiatry, psychology, and phenomenology. The position that “… people are not viewed as just objects in nature. Rather, the existential-phenomenologist speaks of the total, indissoluble unity or interrelationship of the individual and his or her world” (Valle, King, and Halling, 1989, p. 7) stands in stark contrast to mainstream reductionist/materialist models. And yet, existential-phenomenological psychology has made some of the same mistakes. All of these positions accept the clinic as a neutral territory where psychopathologies, such as schizophrenia, will show in their pure form – as if they existed in what philosophers of science refer to as ‘natural kinds.’ They also make the mistake of assuming that the homeless person is on equal ontological footing as the domiciled person. My rejection of these assumptions at the outset of this essay offers a novel phenomenology of dwelling and psychopathology.

*Being and Time* (German *Sein und Zeit* 1927/1962 English translation) is the milestone essay by Martin Heidegger (1989-1976) that originally brought the methods of phenomenology to bear on the questions of existence. Phenomenology had already produced a new approach to epistemology (Husserl, E., 1931/1960), while existentialism had produced an altogether new morality and anthropology (Kierkegaard, S., 1843/1992; Nietzsche, F., 1882/1974; 1886/2003). This philosophical movement allowed a renewal of the questioning into ontology, or the emergence of subjective consciousness of ‘being-in-the-world.’ ‘Homelessness,’ or *Unheimlichkeit*, is an aspect of our basic mode of being and one of Heidegger’s most stunningly original concepts. It is often translated as uncanniness. Dwelling, or being at home, is seen here as a temporalizing event while homelessness always threatens to plunge the individual into the immediacy of perception.
It threatens all possibilities because it disrupts personal time. Thus it reminds us again and again of death! Dwelling then is seen, from the phenomenological perspective, as the ceaseless activity of creation of bulwarks and fortification against the dread that encroaches on subjectivity.

In the home I find everything that I live for and live from. Even the things, people, and events of the world that lie beyond the threshold of my home are present. Objects are pregnant with meaning that echo a deeply embodied attunement with the personally historic world. The beloved Other is there as kin or partner, ever present in corporeal or phantom form and, sometimes, even relics. The spaces where I prepare and share food, and lie down for sleep are cultivated places. Here the tasks of existence are given over to the physical frame of the dwelling. This is especially true of the bed, or base, where I abdicate the vigilance of consciousness and give over my existence to place in sleep (Levinas, 1947/1978). Through these acts my subjective sense of time and self arises (Heidegger, 1927/1962). Freedom is the opportunity to go beyond the ego and its private solipsistic version of reality. Transcendence of the self is granted by the appearance of the face of the autonomous Other which gives me the opportunity to act for the sake of something other than myself. Ethical action in the form of altruism is synonymous with freedom (Levinas, 1961/1969).

In the appellation ‘Dasein,’ Heidegger describes a human being that is radically temporal. I am thrown into my existence, inheriting certain inescapable facts that are not given by a mediating rationality or a metaphysical form, as in Kant or Plato, but by the things that I encounter themselves. Essences shine forth, self revealing, in a field of being. However, they take on significance as part of my always-already-active and
ongoing plans. My ability to respond to what the world gives to my perception, greatly depends on my comportment. While Heidegger describes a person as always with others and never alone, I am always concerned for my own-most projects. Existential anxiety is rooted in the fact that I always face the potential for the impossibility of all possibilities: death. Other writers in the tradition suggest that my efforts can best serve, not my ego, but the needs of other people.

The greatest tensions generated within the existential-phenomenological tradition are between Heidegger’s ontologically-based morality, and Emmanuel Levinas’ pre-ontological ethics. I am exploiting this tension to examine the special case of homelessness and SMI. Levinas suggests that my responsibility imposes itself as my most primal decision to respond to the given situation of the world for the sake of other people, and not just for my own sake or for my projects as in Heidegger’s account. The appearance of the face of the Other person is an epiphany that calls my actions into question. They are without edges, and unfathomable. While the rest of the world calls me to respond in whatever way I will, the Other calls me to respond to his or her needs. The kernel of the argument is that arbitrary decisions appear to be free, but are actually contingencies of a self-obsessed madness. The face sets me free from solipsism; free from my personalized desires and reflexive attempts to meet them.

This essay is an attempt to respond to my research participants and those who share their plight – people often labeled as sick, insane, junkies, whores, prostitutes, hobos, bums, schizophrenics, bi-polar, addicts/drug users, sex workers, transients, homeless, and criminals. These labels limit the person’s existence to categories that generalize them into a certain classes, stripping them of individuality and damning them
to generalizations. This is often referred to as ‘stigma,’ and whether it is culturally or technically imposed it is equally dehumanizing. Each of my participants suffered from severe emotional stress and lived in impoverished conditions and yet they participated in the study with the intent of helping other people. Their efforts offer novel access to the basic nature of psychopathology. For Levinas, the regression to the lived world follows a ‘trans-ascendance’ towards the face of the Other, always higher than my own. I approached the case-studies and semi-structured interviews presented later in the spirit of Levinas’ ethics of the face of the Other.

BT is a work aimed at the elucidation of a fundamental ontology, being-in-the-world, which characterizes our existence. This key phrase and concept for Heidegger maintains central significance in all of his later works. It has had an enduring resonance within holistically oriented social sciences and existential psychotherapies. It is an antidote to the dualist tradition that began with Descartes’ supposed mind-body split, and lead to the current state of affairs in modern thought. Heidegger’s use of this phrase stems from an etymological analysis and he argues that dwelling is already embedded in any utterance of the word ‘being.’

"In" stems from innan, to live, habitare, to dwell... The expression "bin" is connected with "bei" "Ich bin" means I dwell, I stay near... the world as something familiar in such and such a way. Being as infinitive of "I am"; that is understood as an existential, means to dwell near... to be familiar with... Being-in is thus the formal existential expression of the being of Da-sein, which has the essential constitution of being-in-the-world (BT, p. 151).

This shows that ‘dwelling’ has the highest importance in Heidegger’s philosophy. The emphasis is on the verb to dwell and its equivalence to the infinitive of ‘being.’ The mind-body split is overcome through this finding which shows that we are inseparable
from the world and from the other people we share it with. There is no mind, or thinking thing that is distinct from the body. I am a being immersed in a world that I cohabitate, or dwell together in with neighbors.

The passage also alludes to the ontic/ontological distinction revealed by Heidegger’s existential analysis of being. The existential ‘I am’ is not extended into the world like a tree or rock, but stands out as distinctly temporalized from the immeasurable flux of time. It is the qualitative distinction between human beings and all other beings. Dwelling is an essential attribute of an ecstatic being and to dwell means to have time, as past, present and future as an attribute. It is ability to recognize the facts of reality: the past events that precede the present; and the potential consequences of my actions on the future state of affairs. The dwelling space is like an always-transforming sculpture. We learn how to clean, and how to order our environment as children. ‘Clean your room/put your toys away’ are common parental instructions in some homes, for example.

I think of this essay as an introduction to metaphysics for psychiatrists, psychologists, therapists or anyone working with homeless and/or mentally ill people. Regardless of whether one presumes a psyche, mind, or merely behaving organism, the accomplishments of dwelling precedes all of these. What is accomplished in dwelling?

1.3.1 Poetic Dwelling

In this section I present Heidegger’s account of poesis, or poetry, in dwelling. Dasein never leaves behind the multi-faceted angst that underlies all mood. We make decisions whose value diminishes with time, or that disappears entirely if we do not act upon them. In at least three essays Heidegger emphasizes how these existential facts unfold in and through dwelling: Being and Time (referred to below as BT), Poetically
Man Dwells (1951, referred to below as PMD), and Building, Dwelling, Thinking (1951, referred to below as BDT). It is important to understand Heidegger’s concept of poetry in order to apply it properly to later parts of this essay. ‘Poesis’ should be understood, not merely in reference to literary poetry, but also in the ancient Greek sense of the word which meant ‘to make.’

These last two of Heidegger’s essays are directly concerned with dwelling; they read as some of the clearest and broadest statements of his anthropology. He wrote BDT for the ‘Symposium on Man and Space’ held in Darmstadt, Germany in 1951 (BDT, p. 344). After recapitulating his position on dwelling he adds: “We do not dwell because we have built, but we build and have built because we dwell, that is, because we are dwellers” (p. 350). Architecture, i.e. that which is built, is an inevitable product of the being of humanity.

PMD was written in the same time as Building, Dwelling, Thinking. It is a careful analysis of some lines from the poem “In Lovely Blue” by the great German poet Friedrich Hölderlin (1770-1843). Heidegger seems to see him as a kindred spirit, and envy him for his eloquently written voice. I believe that Heidegger sees in Hölderlin’s work an earlier iteration of the main thesis delivered in Being and Time. His interpretation includes an account of the appeal to the divine; something greater than humanity. It is part of a fourfold of existence, which he articulates with the help of this poem. Here dwelling is never a mere set of behaviors. This fourfold is: being on the earth; being under the sky; being with other people; and measuring oneself against the divine (PMD, p. 352).

While each fold is distinct, they each always imply the others. Furthermore, "To
dwell, to be set at peace within the free, the preserve, the free sphere that safeguards each thing in its essence. The fundamental character of dwelling is this sparing” (PMD, p. 351). This is accomplished at the moment of ontological becoming, which equals care: “Mortals dwell in the way they safeguard the fourfold in its essential unfolding” (PMD, p. 352). The free preserve for my research participant Hockeystick is not merely the doorstep where he sleeps, but the community of people in the neighborhood. Those people preserve and safeguard him in the essential form that his existence is becoming. In turn he carries himself in such a way that preserves his space and preserves other people’s comfort and dignity. This mutual caring has the characteristic of setting free. "Mortals dwell in that they save the earth... to save properly means to set something free in its own essence.” This saving of the earth is not to exploit it. Safeguarding is our authentic relationship to earth (PMD, p. 352). To exploit other mortals, or use up the earth, is to hold back the revelatory unfolding of the fourfold of existence. This unpoetic dwelling style, in turn, forestalls the wait for divinities.

In near poetic prose Heidegger stated, “Mortals dwell in that they await the divinities as divinities… They wait for intimations of their coming and do not mistake the signs of their absence. They do not make their Gods for themselves and do not worship idols. In the very depth of misfortune they wait for the weal that has been withdrawn” (PMD, p. 352). He is describing a spirituality that is free of nihilism and humanism, grounded in the dwelling. This spirituality is given when the spirit is broken, and when I have used my last resource and my fortune still wanes and I face the ultimate humility of impotence – I must wait. Weal is related to both whole and heal by its etymology. The divine arrives to heal and restore wholeness of the being at home within the essential
unfolding of existence.

For Heidegger, our task is not to choose between theism or atheism, Christianity or Islam, etc., but to discern what is divine and give our life’s energy to it. If the idea was latent in his early work, he brings it to fruition in these later essays. True divinity is distinct from mythical idolatry. It beckons toward healing, fulfilled existence and beyond to the great mystery. Here he calls for us to give up the customary notion of dwelling as a set of behaviors that can be isolated for analysis. Most importantly, we attain to dwelling by a poetic creation, or building (PMD, p. 266).

*Full of merit, yet poetically, man dwells on this earth.*

This line further bears the essence of Heidegger’s concept of dwelling. It means that dwelling is merited *a priori*. It does not rely upon evidence other than its appearance, and no further evidence can refute it. The mere inhabitation of space, existence itself, merits dwelling. Poetic dwelling also brings me to earth, beneath the sky. The expanse between earth and sky is "… measured out for the dwelling of man…poetry is a measuring… with which man measures out his dwelling, his stay on the earth beneath the sky” (PMD, p. 271).

The accepted, western concept of place relies on a naïve realism, or objectivism that posits an ‘out there.’ Things in the world are reached and utilized by a remote, rational and autonomous subject. Heidegger describes a radically different state of affairs. I am immersed in an irreducible and unfolding nexus of relationships. Space as devoid of meaning, or as an abstraction, is dismissed by phenomenology. There is no

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2 Granting that mere existence merits dwelling and therefore a just society must provide homes for all becomes the basis of my ultimate conclusion in the essay.
‘empty space’ or terra nullius. Phenomenology reveals instead, locales; places of free inhabitation.

Following Heidegger further leads to suspension of the ‘means to end’ relationship between building and dwelling. He points out that “… to build is already to dwell” (BDT, p. 348). Dwelling both precedes and constitutes building. This implies that dwelling is pre-reflective and pre-cognitive, and that building actually constitutes the mind or thought. As in the title of Heidegger’s essay, building, dwelling, and thinking are inseparable activities. Building does not cease after the ‘construction’ of a place is done; it is carried on by its inhabitants. This helps explain the reasoning of Freud’s arche-tectonic ego structure, Plato’s cave, and even Theresa of Avilla’s Interior Castle. Consciousness is congruent with the dwelling space and they are built simultaneously through poesis. Building, dwelling, and thinking are inseparable activities. To be is to build.

Later in this essay I consider one architect, Gregory Henriquez, who’s stated intention is to make architecture into a poetic expression of social justice. His mixed-use attempt at ethical architecture in the DTES, the Woodwards redevelopment project, actually increased social injustices. If anything his dismal failure points out what Heidegger was already telling us in the essays on poetic dwelling: it will be impossible to dwell poetically, or build ethical architecture, as long as it is meant to serve an elite class that does not recognize the a priori merit of every person to dwell freely.

In conclusion, Heidegger blames the decidedly unpoetic state of affairs in western civilization on a frantic excess of calculating. Only kindness will allow us to heed the fourfold. He said, “As long as this arrival of kindness endures, so long does man succeed
in measuring himself not unhappily against the Godhead. When this measuring appropriately comes to light, man creates poetry from the very nature of the poetic. When the poetic appropriately comes to light, then man dwells humanely on this earth” (p. 227). The humane society is a concept that I return to in my final conclusion.

1.3.2 Dwelling and Language

Heidegger repeats one point in both of the essays under consideration: "Man acts as though he were the shaper and master of language, while in fact language remains the master of man. Perhaps it is before all else man's subversion of this relation of dominance that drives his essential being into alienation” (BDT, p. 348; PMD, p. 213). Alienation, homelessness, ‘unheimlichkeit,’ is the result of a built-in error in cognition that assumes we are on top of language like a winning wrestler, when language is on top of us. Strange distortions appear in our existence as we are driven into alienation.

When language becomes only expressive instead of poetic, it decays to the point of becoming a relic that does not speak. Authentic speaking happens when it responds to the appeal of language to be spoken (PMD, p. 213). In my reading, this provides one way to distinguish between the psychological and the existential modes of being. The difference between response and reaction is the difference between a free choice and a conditioned behavior, the difference between the human person and the human animal. The emphasis Heidegger places on this point is unmistakable when he adds: “Among all the appeals that we human beings, on our part, can help to be voiced, language is the highest and everywhere the first” (PMD, p. 213).

Jacques Derrida’s (1930-2004) autobiographical essay: Monolingualism of the Other; or, the Prosthesis of Origin (1998) further elucidates this problem. It is his
personal description of experiences of growing up under linguistically restricted conditions as a Franco-Maghrebian Jew in French-Colonial Algeria. His personal case throws into relief the ontological conditions of the person in general as a dweller in the linguistic. Language has us, we do not have it. Derrida takes this to be the supreme condition of our existence. These conditions include the paradoxical linguistic law: “We only ever speak one language… (yes but) We never speak only one language” (p. 10). He is wary of the effect this paradox has on us. He suspects that it, as well as language itself, is mentally ill, and that it is “… the unique place and first condition of madness” (p. 10). If language is the condition for mental illness, and language is a dwelling, we may already understand mental illness as a problem with language. This is most interesting in regards to those psychotic states during which such phenomena as ‘word salad’ and ‘loosening of associations’ manifest themselves. It also applies readily to cases of rigid personality, to obsessions and compulsions in speech, act and in dwelling.

Derrida makes himself at home within the language of Levinas and Heidegger. He occupies a space in-between and overlapping the two philosopher’s work. Language leads the ego out of the ‘boundless’ of Levinas. I inhabit language similarly to how I inhabit my dwelling. Both forms of inhabitation provide conditions for the possibility of personhood. Language cannot be surpassed or avoided because I am always in language before I arrive anywhere. This is because of the inescapability of the Other. I am always already in transcendent interpersonal relationships that precede even my own subjective relation with myself. One finds oneself coming after language, having been thrown beyond its origins. It is constitutive of the ‘I-ness of the I’ or ipseity. “My monolingualism dwells, and I call it my dwelling; it feels like one to me, and I remain in
it and inhabit it. It inhabits me” (p. 11). The primal “I can” here is not the hypostatic self of Levinas, it is more a nascent sovereignty over hospes. This word has etymological branches linking it with both hospitality and hostility (p. 14). For Derrida this is the very ipseity of the “I,” ambivalently hostile and hospitable. This is a hospes within language, not in a house etc. as it is normally understood. This ambivalence will almost inevitably give rise to ““disorder of identity” in all its seriousness, without excluding its psychopathological or sociopathological connotations” (p. 14).

This understanding of ourselves in relation to spoken language should be extended to architectural language. My thinking occupies a position overlapping these three thinkers. The language of architecture, as I will show in inner-city projects like the Woodwards complex, is ambivalently hospitable and hostile. Architecture is built form with a syntax that we rely upon to interpret and express meaning (Alexander et. al, 1977). Heidegger emphasizes our inverted relationship to language in the context of dwelling and architecture. Except for the poets, like Hölderlin who know their place as a being subordinate to language, we have not yet learned to speak. He correctly concludes BDT by asserting that mankind has not yet learned to dwell. If taken in terms of the fourfold, humankind has not yet produced an architectural arrangement that allows the essential unfolding of the earth, the sky, the divinities, and the Other person. Just as our relationship to language is inverted, so is our relationship to architecture. We have not yet found a way to dwell together.

The post-modern movement in architecture has offered some resistance to this ancient and ongoing failure. According to Otero-Pailos (2010) the inspiration of phenomenology helped bring post-modern architecture to fruition. However,
architectural phenomenology has carried on ambiguously and without a proper definition of itself. Heidegger, along with Hölderlin, suggested that we could heed the beckoning of language. “The more poetic a poet is, the freer (that is, the more open and ready for the unforeseen) his saying…” (PMD, p. 214). The more engaged one is in the fourfold, the wider the horizon of possibilities and the more likely one will have the ability to respond. Instead we find ourselves dwelling “altogether unpoetically” (PMD, p. 225).

Dwelling can lead to building, but not through technical architecture, construction engineering, or some combination of the two (BDT, p. 361). Authentic building, the primal form of which is poetic, can occur as long as poets are at work in the architecture of dwelling structures (PMD, p. 225). They should respect the aspects of the fourfold that affect the site.

1.3.3 Dwelling and Ethics: Levinas and the Crisis Respite Program

Although I was introduced to the work of Emmanuel Levinas (1906-1995) as an undergraduate in psychology around 1990, it really began to speak to me while I was a case manager in the crisis respite program (CRP) for homeless, mentally ill adults in downtown Seattle from 1997-1999. This was initiated through an extension of my Master’s level, clinical psychology training at Seattle University. *The Embodiment of Emotion Through Dwelling* was my speculative Master’s thesis, written at KU Leuven, on a number of hypotheses that might inform praxis in such an environment. It was my first attempt to explain the severe mental and emotional disturbances I observed among homeless people. Levinas describes the person as they emerge out of an undifferentiated
boundlessness of general being. The horror of anonymity precedes, and is far worse than, the anxiety of being as described by Heidegger. Horror portends something more threatening. Anxiety coincides with the ‘possibility of impossibility’ (i.e. the inevitability of death) and for Levinas, horror accompanies the more radical apprehension of the dissolution of a self that can die, or the ‘impossibility of possibility.’ Only an ‘I,’ or self with an identity can die. John Doe does not leave a will. This description appeared in Levinas’ first major work Existence and Existent (1945, referred to below as EE) and it was advanced in Totality and Infinity (1978, referred to below as TI).

Emergence from boundlessness remains without meaning until the face of the Other appears. The uniquely human epiphany of ethical service frees an existent by giving it options that lie outside its own ego’s motivation.

Seattle’s Downtown Emergency Service Center (DESC), where I worked in the CRP, remains the largest shelter in the city, located at the base of hill renowned as the original ‘skid row.’ The main shelter space was a ballroom that had hosted gigantic parties of loggers, fishermen and longshoremen through the first half of the 20th century. While it retains its cavernous layout, the building is now one of the last refuges for Seattle’s most vulnerable, providing emergency meals, showers, toilets, and shelter 24/7. Large folding tables would cover half the old ballroom during breakfast and dinner. At night, the tables were stacked aside and specially-made sleeping pads, resistant to all

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3 According to a personal conversation with a close protégé of Levinas, Roger Burggraeve, the thought of the Presocratic philosopher Anaximander of Miletus (Circa 570 BCE) was very helpful in the development of this concept. Anaximander said that the first element, from which all elements arise and to which they return, was the apeiron (Waterfield 2000). This is translated as ‘boundless’ and when Levinas refered to the ‘element’, il y a, (‘there is’ in English), or ‘being in general’ he was modifying this ancient cosmological theory and applying it to the personal-ontological sphere.
kinds of contamination, lined the floor from wall to wall, evenly spaced out and equally open for the hundreds of people who would spend the night.

I was part of a small staff of social workers piloting a new program, called the Crisis Respite Program, that was an augmented shelter within the DESC. We were set up following years of federal and state funded research by DESC staff in outreach and shelter assessment. Our primary purpose was to house homeless mentally ill people who had been discharged from the psychiatric emergency room at the King County hospital (also known as Harborview) with no place to go. With increasing shortages of clinical beds, these folks did not qualify for long-term commitment, although they all carried diagnoses of SMI including schizophrenia, bi-polar disorder, and substance abuse disorders. This, in addition to the fact that they were homeless, still did not qualify them for long-term treatment.

I saw and assessed countless exhausted, drug addled, traumatized, psychotic, depressed and homeless people there. I had already spent the better part of an academic year training in outreach psychotherapy as it has been developed by Dr. Craig Rennebohm (2008). I hypothesized that it is the place and act of dwelling (noun and verb senses of the term together) that separates an individual from the elements and allows for a passive and reflective mode of being to occur. These people had to be able to sit back, relax, rest, reflect and finally sleep in order to go on. This physical-subjective quality, the inner relation one has with oneself, precedes the cognition or psychic processes that is normally taken for granted.

For Levinas, to dwell was to accomplish the ontological adventure and a victory of consciousness over anonymity, a state of powerlessness over the dissembling forces of
being-in-general (EE). Furthermore, overcoming this horror, this vertigo at the edge of
the abyss, leads to enjoyment of the world or element (TI). This position had support in
existing Levinas scholarship with the notions of affective intentionality; a bodily felt
sense of meaning (Tallon, 1995) and that of the inter-twining of the body and the places
of inhabitation (Jager, 1985).

Besides the primal event of the overcoming of ceaseless flux of time, inhabitation
of the dwelling space allows the careful articulation of a personal life. It is the act in
which experience becomes possessed through reflection, and especially the activities of
homemaking. The world, and one’s existence within it, takes on meaningfulness special
to the individual. It is also the place where the subjective aspects of experience that
cannot be articulated outside of dwelling are cultivated. One comes to be, and to know
oneself, simultaneously. Over time the personality, biography and hospitality of the
person is developed and expressed in the dwelling. Guests are hosted, intimacy is
enabled and indulged there. Peaceful solitude is had in this personal place. The most
basic act being that of lying down on one’s own bed and giving over the fundamental
tasks of existence, protection and support to the architectural situation of the dwelling.
Sleeping is one of the basic events that characterizes dwelling. In sleep one’s being is
suspended while physically resting (EE).

I proposed that the result of this cycle of lying down in bed, sleeping, getting up
and going out; then returning home at the end of the day is what establishes mood: the
bringing of the psychic and the somatic forces into harmony. This mood, a general state
of feelings (i.e. how one ‘feels’ or how one’s body feels), is the sentience that acts as a
template for experience. Mood is the embodiment of emotion that sustains a person with
a distinct past, a secure present and a future, to which one may realistically tend. It follows that certain deficits in dwelling spaces or the activity of dwelling could lead to the fragmentation of mood by interrupting psychological and physical processes of homeostasis. This fragmentation does not correspond to the ‘bad mood’ which we are so often acquainted with, such as when our favorite sports team loses. This is the disappearance and absence of mood, stripping bear the existent person, which leads to anxiety at best, terror and horror at worst.

I took the case of radical homelessness to be the most severe challenge to the embodiment of emotion. This disruption of dwelling leads to the breakdown of the temporal sense that arises from the enjoyment of the element and normal embodiment of mood. The loss of mind and the experience of horror follows when one can no longer distinguish the past, present and future. Memories from the past, what is currently impinging on the senses, and what one imagines may happen in the future, all flash before consciousness with equal validity. When psychiatrists and other clinicians witness ‘word salad,’ or ‘loosening of associations,’ they assume this is evidence of a thought disorder. I argue that it is more accurately understood as a mood disorder, as a breakdown of dwelling and the inhabitation of language. The self disintegrates, becomes disordered and resorts to mythical interpretive themes to maintain linguistic coherence. Levinas called this state of prolongation of being in the elemental the “reign of mythical gods” (TI 142). From social perspectives, the person then appears to friends and family as mad, crazy, or insane. Through the clinical process they will be ‘diagnosed’ psychotic, delusional, or schizophrenic (American Psychiatric Association [APA], 1994).
My reasoning set me at odds with the APA and concomitant social-services system. I was doubtful of the effectiveness of diagnosis, but the system depended upon it. Our goals in the Crisis Respite Program included medication stabilization, connection to necessary services (especially medical, psychiatric, and drug and alcohol recovery programs), and a transfer into short term or long term housing – none of which could be done without a diagnosis. Clients are faced with a complex array of services from welfare to criminal justice, medical and mental healthcare, and shelter or social housing (housing situations that are fully or partially paid for by some level of government and that provide services of various kinds) that they must navigate. In many cases we would receive large files for the client from other service providers in various institutional settings such as hospitals, half-way houses, and the foster-care system. Sometimes the files were three to six inches thick, dating back for several years. Other times we wouldn’t get anything more than a one-page fax from Harborview that included a psychiatric diagnosis and a prescribed medication regimen. We considered these materials in conjunction with the assessments that we performed, which included qualitative and quantitative measures. Over the course of about a year, our team completed nearly a hundred such assessments.

I observed that some clients who had significant history in the system had been diagnosed with more than one major mental disease over the years. These included, but were not limited to, the severe ‘Axis I’ disorders such as bipolar disorder, schizophrenia, and major depression. Psychiatrists and other medical doctors, as well as front-line workers, generally assume that each mental disorder has biological origins distinct from each other disorder. Therefore multiple diagnoses of this kind for one individual could
not be correct. Experienced advisors I consulted in the field responded to this observation in two ways. Social workers blamed psychiatrists whom, they would say, see a client for 15 minutes once a month in order to write a prescription. They are prone to mistakes because they simply do not care enough, or take enough time to do a proper diagnosis. Furthermore, certain MDs prefer to prescribe certain medications. They may be acting on quotas from pharmaceutical distributors and, in some cases pursuing rewards or kickbacks (cash bonuses or special reward packages, including flights to exotic locations for informational seminars about the product, for instance). They may invert the order, making a diagnosis based on which meds would be indicated for treatment. In short the fluctuating histories of diagnosis may depend on indifference, etiological prejudices, or pharmaceutical trends. Psychiatrists, on the other hand, would blame social workers and cite a sort of slop in the system. Their understanding was that the system was overburdened and understaffed with poorly trained personnel.

The prison industrial complex, psychiatric inpatient and community based programs, and homeless shelters, were connected by revolving doors. No one questioned the existence of the diseases, or the diagnostic system itself. Some assumed ineptitude on the part of under-qualified, or neurotic front-line staff who had risen from the ranks of the population under treatment. Others would cite inadequate funding and systemic mismanagement of programs by city, state and federal authorities; and they reasoned that if there was more money, then there would be adequate services. I was not satisfied with any of these explanations.

I was hearing something like an echo of observations made in D.L. Rosenhan’s study: *Being sane in insane places* (1973). To carry out that famous study, 8 researchers
posed as mental patients and gained admission to psychiatric hospitals by falsely reporting experiences that assessors interpreted as signs of psychosis. After admission research participants proceeded to behave as normally as they could. Their length of stay ranged 7 to 52 days, and the average stay was 19 days. Although some of the real patients in the settings recognized and called out some of the researchers, none of the clinical staff ever detected the pseudo patients. The researchers found that once a mental health patient was admitted to a locked inpatient facility and given a diagnosis, clinicians interpreted all of the client’s behavior in terms of that diagnosis. Furthermore, when pseudo patients approached clinicians with normal questions such as: ‘When am I likely to be discharged?’ they were largely ignored; most nurses and psychiatrists would avoid eye contact and move on without responding. Rosenhan also found that psychiatrists in the study tended to presuppose patient’s biographical details to fit the accepted theories of schizophrenia. The findings of the study shook the status-quo of clinical practice and observers were left with the question, “who is crazy here, anyway?” (Hock, p. 221).

The combination of the prejudice of assessors, the diagnostic trends that are influenced by the pharmaceutical industry, and blind faith in the assessment instruments, gave rise to a dogmatic belief system. Behind the revolving doors, the multiple diagnoses, and the class-like antagonisms between social workers, nurses, and psychiatrist is a complex set of assumptions. The patriarchal power structure and monumental architecture begs comparison to religion, but I will not attempt that in this essay. Clinical methods of assessment, diagnosis, and treatment have now shifted to homeless and impoverished inner-city dwellers. Absent the rigid treatment schedules enforced by clinical staff, and the concrete architectural conditions of the hospital, we have a
completely different picture of the human face of madness. Out there, away from the clinic, in homeless shelters and on the streets, there is an ambiguous state of pathology that does not fit neatly into diagnostic categories.

Since the histories that appeared in client files were *clinical* histories, everything recorded there had taken place in a specific architectural form. Some of our clients had even spent time in state mental hospitals that resembled the classical asylums in which the clinical psychiatric syndromes were first elaborated. Clinics are characterized by architectures of control, administered by medically trained personnel with authority over patients. In these places, staff regularly employ physical restraint and coercion when patients were difficult to control verbally. Existential-phenomenological psychology suggested a different, more satisfying explanation for these discrepancies.

In the cases we saw in the crisis respite program there had been a history of dwelling types ranging from total regimentation, like prison or jail, to extreme impoverishment or homelessness. Once institutionalized, these people had very little privacy or control of their dwelling spaces. Whether it was a jail, a hospital, a psychiatric facility, or a homeless shelter, they were unable to cultivate their space with any expectation of permanence or duration. They did not even wear their own clothes in some cases, but homogenous uniforms instead. Furthermore, their activities and length of stay were unpredictable and sometimes arbitrary. In those settings, no one really knew when someone’s stay might end. Clients might be aged out, kicked out, get out on ‘time served,’ or get bumped out so more severe cases could be moved in. They could be deemed fit for discharge by a psychiatrist or other mental health professional. An entire program could get shut down, and everyone housed there would be turned out on to the
street. This experience of chaos could account for some of the variation across psychological assessments for a given individual.

It occurred to me that the major psychiatric disorders might be iatrogenic, caused by the treatment itself. It followed that the manifestation of pathology, also known as the ‘phenotype,’ results from a combination of physiological predisposition, trauma (associated with becoming homeless or involuntarily institutionalized), and the physical and social conditions of the clinic itself. This is predicted by a phenomenology of the body, such as that provided by Levinas, in the case of failed ontology and an immersion in the boundless there is. Anyone setting foot into almost any urban core will see concrete examples of this type of severe mental illness for themselves. One need not be a clinician of any kind to witness this all-too-human suffering.

This theory challenges the validity of ‘schizophrenia,’ the APA diagnostic model’s keystone disorder, because it questions its veracity as a distinct psychological disease. The notion that each case of schizophrenia has a common origin, course, and predictable outcome is based on assumptions stemming from a medical theory of the disease. However, if thought of as a problem in dwelling, different theories arise. From this perspective, I predict SMI to follow from homelessness or severely impoverished dwelling. Furthermore, I predict that constellations of symptoms, designated as diseases such as schizophrenia, depend largely on the architecture, interior design and the administrative structure of the facility in which the designation happens. This leads to the continuum model of mental diseases represented by Figure 1.
Levinas argues that enjoyment, not anxiety (Heidegger), is the most fundamental feeling that arises through dwelling. Applying this to my observations in homeless shelters resulted in a simple understanding of the relationship between dwelling and the manifestation of mental illness. Inadequacies or restrictions of dwelling hinder or condition psychic genesis (i.e. the ontological event), with homelessness posing major obstacles to its achievement. As dwelling becomes impoverished, dangerous, or lethal, enjoyment is interrupted and fragmented. It is displaced by horror, dread, rage, social alienation and paranoia, under the reign of mythical gods. The impoverished dweller is drowned and dispersed in the immediacy of space and time. Drugs, whether prescribed by an MD or a street-corner pusher, impinge on the body in such a way as to replace the absent comforts of home. Using hard drugs or alcohol becomes an effective coping
strategy to maintain coherence of the ego in the case of homelessness. What appears as psychopathology to the domiciled, is a survival mode for the radically homeless. My perspective sees patterns of mood and meaning in the lived experience of severely mentally ill homeless people as intentional directed toward existential fulfillment.

When a person is clinically assessed, the architecture, whatever combination of drugs (illicit and prescribed) the person happens to be on, the administrative structure of the organization, the empathetic abilities and prejudices of the assessor all combine with the biography and dwelling contingencies of the person assessed. A given disorder is given such as ‘bipolar.’ When this complex of contingencies changes the person may be labeled ‘schizophrenic.’ Clients would often arrive at the CRP with a ‘provisional diagnosis of psychosis; not otherwise specified’ or ‘schizoaffective disorder;’ diagnoses vague enough that a shift one way or the other wouldn’t be surprising.

The system maintains a progressively downward trajectory through elaborate checks and balances. Errors in diagnosis are nearly impossible with justifications that shift with the wind. Psychiatrists and MDs maintain the hierarchy of authority, making diagnoses and prescribing meds. In every city in North America there are a handful of psychiatrists with legal powers comparable to civic or supreme courts judges. They can order the involuntary incarceration of individuals into a variety of locked facilities, based on psychiatric assessment. Front line workers control everyday dwelling spaces, monitor medication consumption, and engage in behavior modification regimens with clients. Together, medical doctors, nurses, and social workers condition the lives of clients in these spaces. The treatment of clients depends on their conformity to the rules of the place, and expectations that follow from the diagnosis.
About a year into my tenure at the DESC CRP, we received news of the death of one of our earliest clients. It had been several months since we saw or heard from this person. They had been discharged from our program, after ninety days, into the general shelter and homeless population. Our efforts to place them into stable housing had failed. The news was devastating to everyone on our staff except for our supervisor. After more than 20 years of direct service experience, he was used to that result. Although our program was created to prevent those kinds of deaths, I was naïve to think that every one of our clients would make it out. I was learning that there was a formidable mortality rate for the population we were serving. The primary question became one of life or death. Can reforms to the system improve life expectancy of the homeless up to the level of the domiciled? How would that be possible? The only possibility for that would be to house every homeless, mentally ill person. For the first time I was contemplating the possibility of total system change. I was also having thoughts that resonated with those of other phenomenologists since the beginning of the tradition.

1.3.4 Phenomenology of Dwelling

In one of his clearest polemics, known as the *Paris Lectures*, Edmund Husserl stated: “Philosophy is the supremely personal affair of the one who philosophizes” (p. 43). He proposed that any person professing philosophy as their life’s pursuit must, at some point, follow Descartes’ example of systematic doubt. It is work done subjectively, on one’s own. It requires that one “… withdraw into himself and then, from within attempt to destroy and rebuild all previous learning” (p. 44). All that is known, or sensed, should be cast into doubt and not taken for granted. This turn to radical doubt is a way to

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4 The *Paris Lectures* were delivered at the Sorbonne in 1929. They would later be expanded by Husserl and published under the name: *Cartesian Meditations* (1931).
empiricism and can be understood as a first step of phenomenological method. What I present here should be seen as a partial account of my personal process of this.

When I was introduced to phenomenology I was at the end of my baccalaureate studies in psychology at Western Washington University. I began to question whether the theories of psychology I had learned about by then had been built on mistaken and unexamined assumptions. The systematic bracketing of assumptions, judgments, constellations of knowledge, vocabularies etcetera demanded by phenomenology. This was a new and welcome idea. This was challenging on a personal level since I had built an identity that was wedded to academic psychology, and the accompanying power structures inside and outside the academy. I felt at once liberated and threatened by the thought of setting aside assumptions and models that referred to a ‘psyche’ or ‘mind.’ It means the suspension of all anthropological, metaphysical, epistemological, and ontological positions. Many guardians of the tradition balk at the prospect of a purposefully destructive endeavor. This “… ubiquitous detachment from any point of view regarding the objective world we term the phenomenological epoche” (Husserl, p. 48). At that time I merely saw it as part of the position that I and my colleagues in the existential psychology branch of the discipline adhered to in the paradigm wars.

Instead of substituting one model for another, this principle for that principle, we were called to suspend them all indefinitely while phenomena presented themselves. It is the very extreme insistence of this unrelenting pursuit that ultimately separates Husserl from Rene’ Descartes (1596-1650). Descartes’ Discourse on Method (1637) and Meditations on First Philosophy (1647), both of which famously advocate radical doubt of everything, had no intention of abandoning the assumption that there was a grand
Husserl argues that Descartes made a fundamental error: he did not follow systematic doubt to the point where the epoche' happens. Instead, Descartes posits the ego cogito and its transformation into an independent human animus, one that has only to infer the rest of the world through deductive powers innate to the ego (p. 49). Descartes’ position can thus be understood as a transcendental realism, in which the ego is separate from reality and the mind separate from the body. The legacy of this branch of modern philosophy can be seen in the various scientific disciplines and in the dominant Western worldview. Proponents of the western narrative of manifest destiny and the ascendancy of civilization argue that in the so-called hard sciences there has been an undeniable and unceasing ‘progress,’ but the foundations of these disciplines have only become more and more obscure (p. 49). This is an observation of Husserl’s in the Paris Lectures as well as a major focus of his later works.

But what if radical doubt is pursued to the point that even the psyche is not assumed to exist? The epoche’ reveals no “I”, no psyche; only pure capacities like the capacity to abstain from judgment. The ego of the ‘human being’ is reduced to the transcendental ego, through which “…the being of the world, and for that matter, any being whatsoever, make sense to me...This is the meaning of the phenomenological reduction” (p. 51). Early in his scholarly career while studying in Vienna, Husserl was greatly influenced by his psychology professor, Franz Von Brentano (1838-1917). Teaching from the late 19th to early 20th century, Brentano would also count a young Sigmund Freud (1856-1939), the founder of modern psychoanalysis, among his students. Well-trained in the scholastic tradition, Brentano singled out the medieval philosophical
concept of the intentionality of consciousness. His was a descriptive psychology that began with the observation that human consciousness is always consciousness of something, never a consciousness in general, or without an object (Moran, 2002). Husserl accepted this proposition and his life’s work amounts to an exploration of the implications of it for the philosophical and scientific traditions. The *epoché* reveals that consciousness always has an object, and it is phenomenology’s only endeavor to describe accurately these contents, these *intentions*. As Husserl stated then: “The essence of consciousness, in which I live as my own self, is the so-called intentionality” (p. 53), and furthermore that “The tremendous task placed on description is to expound the universal structure of transcendental consciousness in its preference to and creation of meanings…” (p. 55).

This eruption of original thought reawakened questions of meaning, being, and ethics. The new phenomenology would challenge positivistic science’s dogmatic insistence on establishing causality, society’s unquestioned traditional views of ethics and morality, and philosophy’s splintered post-modern mission to find clear and distinct ideas. Husserl saw phenomenology as a method that could replace the scientific disciplines as we knew them. He rightfully saw them as ego-centered narratives, blind to personal prejudices, and deeply embedded in equally mistaken, biased socio-cultural traditions. Phenomenology has had broad, but attenuated application. Besides more or less dominating philosophical discourse in Europe in the twentieth century, phenomenology has also been applied to art, literature, architecture and the social sciences. To my dismay, in nearly every case, these applications are merely examples of appropriation of the discipline, not for the advancement of humanity in general, but for
the sake of select classes, races, and nations. The most egregious example of this is its application to psychotherapy. Instead of helping the most vulnerable, the most highly trained and skilled therapists use phenomenology for the benefit of their neurotic, upper class clientele.

1.3.5 Existential Analysis of Dwelling and Good Mental Health

Existential Analysis (EA) is a form of therapy based on the work of Viktor Frankl (1905-1997), a follower of Heidegger. It has been subsequently advanced by my teacher on the subject, Alfried Laengle\(^5\) (b. 1951). This model provides a robust psychotherapy with wide ranging implications. EA recognized four fundamental existential motivations that all people have and that I elaborate below. The goal of therapy is to reach a fulfilled existence through the optimal fulfillment of the four fundamental motivations (4FMs). The means to the goal is the careful dialogue with a trained existential analyst. I have found EA to be a helpful tool to critique our culture and the nation-state model, which ultimately hinders the fulfilled existence of all people living within its domain, but I will return to that below.

Psychotherapy training almost always focuses on training in the use of a method or technique. The contemporary dominant paradigm cognitive-behavioral therapy (CBT) is the prime example. It is a method based, in part, on behaviorism and the conditioning of behavior. In part it is also based on cognitive theory, and aims to modify thought patterns associated with pathology. Depending on the diagnosis (criteria according to the

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\(^5\) This section lacks citations of Dr. Laengle because I am repeating what I learned in EA training and sharing some information from my training notes. Much of the information that is presented here should be credited to Dr. Laengle and can be found on his website, or on other websites that are linked to it. Please see this for further information - http://www.laengle.info/
American Psychiatric Association) CBT provides a number of pre-designed treatments. While training it is common for would-be therapists to be given scripted talking points to later respond to certain expressions a patient may voice. Strategies are practiced, symptoms are targeted and specific results are strived for. Simply put, CBT attempts to modify behavior and thought patterns through the employment of reinforcement schedules with no regard for the meaning that the troubling thoughts or behaviors represent.

Existential-phenomenological theory rejects the false certainty of diagnosis, the rigidity of scripted vocabularies, and merely technical approaches to therapeutic work. Instead, the person of the therapist is a highly trained veteran of personal therapy who enters into a dialogical relationship with the client. EA is a form of therapy focused on the client’s search for meaning as a fundamental motivation. It should also be understood as a phenomenologically based attitude of relationship. As such, it retains Husserl’s discoveries of the intentionality of consciousness and the phenomenological epoche’ as its starting points. I will consider the 4FM and how they may be affected by the condition of homelessness. Motivation should be understood as “the totality of forces which mobilize human behavior and determine its direction” (Laengle). The 4FM can be understood through four existential facts and the immediate questions that arise with them:

- I am. Can I be?
- I am alive. Do I like to live?
- I am myself. May I freely be myself?
- I am here. What should I be here for? What do I live for?

The first fundamental motivation arises out of the bare fact of existence.
Along with many writers of the tradition, I understand this as the *primal ‘I can.’* It refers to the fundamental dwelling situation, the ontological being-in-the-world and the taking up of being itself through the occupation of a “‘here’ from which all “there’s” are “there;” a locus of distinct sensations that can only be felt firsthand and a coherent system of movement possibilities allowing us to experience every moment of our situated, practical-perceptual life as pointing to “more” than our current perspective affords (Behnke, 2011). Perception of the factual, physical conditions and the possibilities thereof is an essential event of the first FM. The home provides protection and an open space for being. Under the best conditions it is a supportive (comfortable) environment. This concentrated stay among things in the home affirms the fundamental trust of the “I am” and answers the question: Can I be? with a “Yes”, or *inner consent* to be in such and such a situation. Protection, space and support of the dwelling, in their requisite proportion, provide the conditions for personal activity. Levinas wrote “Dwelling is the very mode of maintaining oneself…, not as the famous serpent grasping itself by biting onto its tail, but as the body that, on the earth exterior to it, holds itself up… and *can.* The “at home”… is not a container but a site where *I can,* where..., I am, … free” (TI, p. 37). Deficiencies in the dwelling impede motility and ability. Insecurity, anxiety, fear and horror dominate experience of inadequate dwellings. The clinic is a dwelling space and part of its essence is the control of behavior. From this perspective I predict the ‘ambivalence’ that is often witnessed in clinical psychopathology. If my motility is not under my own control, basic decisions about movement fail to retain meaning. I regress to immobility, sometimes to the point of catatonia. This is one of the pathologizing effects on the individual predicted by EA in a clinical environment.
The second FM has to do with the fact of living and whether one likes to live one’s life. Life does not simply happen to us; it is subjectively experienced and felt by a specific person with a unique and dynamic identity. Being alive has this ‘pathic’ dimension, conditioned by relationships. In EA it means to enjoy and/or suffer through life’s events. In Levinas’ work this is the “Love of life.” When he refers to it he says: “At the origin there is a being gratified, a citizen of paradise. The ‘emptiness’ felt implies that the need which becomes aware of it abides already in the midst of an enjoyment – be it the air that one breathes” (TI, p. 144-145). This is in stark contrast to his description of horror, which appears in his earlier work and in his earlier life in a prisoner of war camp during WWII. Horror inevitably finds us after a prolonged exposure to the elements, outside of the dwelling. We lose sight of the things we live from in the dwelling; they merge into indeterminacy. “There is no determined being. Anything can count for anything else. In this ambiguity the menace of pure and simple presence, of the there is, takes form. Before this obscure invasion it is impossible to take shelter in oneself, … One is exposed… The rustling of the there is… is horror” (EE, 54-55). As the pleasure and comfort of adequate dwelling is stripped away by poverty and homelessness, one struggles to like living.

Husserl’s principle of embodied personhood overlaps with the third FM. It has to do with being a self. What is my identity? Am I free to be myself? This is constituted by my subjective experience of my self that is always in tension with what Heidegger call the “‘they’ [das Man]” (BT, p. 164). This was already discussed as part of the fourfold above and it refers to the ‘being with’ of the person. Autonomy is anything but given when I always have to reckon with the they.
This Being-with-one-another dissolves one’s own Dasein completely into the kind of Being of ‘the Others,’ in such a way… that the Others,…, vanish more and more. In this inconspicuousness and unascertainability, the real dictatorship of “they” is unfolded. We take pleasure and enjoy ourselves as they [man] take pleasure; we read, see, and judge about literature and art as they see and judge; likewise we shrink back from the ‘great mass’ as they shrink back; we find ‘shocking’ what they find shocking. The “they”, which is nothing definite, and which all are, though not as the sum, prescribes the kind of Being of everydayness (BT, 164).

Still, in these relationships I can feel close to other people, I can give to them and enjoy relationships with them. The more I can ‘turn’ to other people, the more I can live life. Diminished capacities for relationships are diminished potentials for life. I can locate this finding in the work of Husserl as well, with the help again of Elizabeth Behnke who reminds us that: “Husserl shows that embodied experience is geared into the world as a communal nexus of meaningful situations, expressive gestures, and practical activities” (2010). This is the fact of the ipseity of the I. That ‘I-ness’ distinguishes me from all other people. For fulfillment, this fundamental motivation requires self-esteem and the esteem of others. It requires that I have the ability to express myself in ways that are free and open and supported by my environment and other people. Only when I do so can I respect myself and earn the respect of others as a unique individual. For this I need a community and all of its many resources. My personal dwelling place must be nested in an inclusive community. Aggressive ‘revitalization’ of neighborhoods include the imposition of zones of exclusion, segregation, or apartheid. These are examples of impingement on this motivation.
The 4\textsuperscript{th} FM is the question of existential or spiritual meaning. It is the question of the meaning of life. EA stays close to Frankl’s fundamental observations on this question: “What does this hour want from me, how shall I respond?” (Frankl, p. XV). It is important to acknowledge here what the best decision is for me, but also for the world. As we have seen, the world means the entire cosmos of my existence, whether it is something like the fourfold or the element. Responding means responding in this whole context. This is fulfilled by attaining to the highest value of the situation, in an ethical and responsible sense. Laengle defines meaning as “the most valuable, realistic possibility of the given situation, for which I feel I should decide myself.” Once again, this follows from Husserl’s notion of embodied personhood.

Fulfillment in life, fulfillment of the four fundamental existential motivations requires a fourfold consent. This means an inner consent to all four questions. As this is accomplished, the affirmation of being takes place. The four come together concurrently and act like the four legs of a table upon which the ground of being is affirmed. Existence, freedom, self-transcendence and fulfillment and meaning in life, need to find a four-fold affirmation: a yes to world, a yes to life, a yes to personhood, and a yes to meaning. When dwelling conditions indicate drug-induced oblivion or suicide as the most valuable option, a re-evaluation of our efforts is called for.

1.3.6 Architecture of Dwelling with Severe Mental Illness

Those known as mad or insane have been controlled by civic and state structures since early recorded history (Plato, 437 B.C.E.). Ancient Greek and Roman cities had laws that utilized architecture to separate the common from the mad by incarceration inside the home of the affected person’s family. Social structures rely on laws that must
be observed and equally applied to all citizens. In the case of the mentally ill the laws cannot apply. Insanity, or mental illness, is anathema to a civilization such as ours.

I have traced the concept of madness to pre-historical, or mythical, stories. According to Henry Burdett (1847-1920), in his opus *Hospitals and Asylums of the World* (1895) this concept has gone through at least four identifiable periods: Mythical, Greek, and Roman; Assyrian and Egyptian Period; Lunacy in sacred history; and finally, the Medical and Scientific period. Each period frames the problem in terms of its own world-views and social conventions and architectural conditions. The peak of the medical and scientific period is marked by monumental hospitals/asylums like Burgholzli, in Zurich, Switzerland and Riverview hospital in Port Coquitlam, British Columbia, Canada.

The mythical character Aesculapius and the historical account of the physician Melampus, are some of the earliest known references to the treatment of madness. Burdett points out that we do not know much about the treatment of the mad before the ‘Christian Era’ for a few reasons. It seems clear that these people were not incarcerated for the better part of human history. Before the mid 1800’s the practice was to hold people in private homes “… unknown to anyone except their friends, and also because there was neither a systematic inquiry nor any general desire to ascertain the truth as to the proportion which the insane bore to the whole population of a country” (Burdett, p. 2).

The treatment of insanity with medicine is first related in a mythical account of the person of Melampus. He was a Greek physician at Argos who was contracted for care of three princesses who had neglected their tribute to Bacchus. Melampus found
them in a pasture acting like cows, convinced that they had been transformed by the slighted god. Melampus produced and administered a series of drugs which led to full recovery. The mythical Greek physician and god of medicine, Aesculapius, seems to have had his first paid work as a physician in a case of madness. The king of Thebes hired him to attend his wife who had become insane and publicly repudiated her husband, to his family’s disdain. Aesculapius later secured a position as physician on the expedition of the Argonauts, as told by Homer. These myths, among many others, are evidence of madness occurring throughout human history (Burdett, 1895).

The practice of confining those suffering psychopathology seems to have begun in the classical era. The Greek philosopher Plato wrote on the management of lunacy in *The Laws* (437 B.C.E), a book that imagined a utopian city: Magnesia. “Lunatics must not be allowed to appear in public; their relations must keep them in custody in private houses by whatever means they can improvise.” And that if they fail to do so: “They must pay a fine of 100 drachmas for a member of the highest property-class (whether it is a slave or a free man that he fails to keep an eye on), eighty for a member of a second class, sixty for the third, and forty for the lowest” (p. 32).

He prescribed harsh punishments and coercive measures to assure complete subservience to the city-state (p. 34). He also recognized that madness was not a crime, but the failure of guardianship was and should be punished. He opined on causes stating: “There are several kinds of madness, brought on by several causes. The cases we have just mentioned are the result of illness, but there are some people with an unfortunate natural irritability, made worse by poor discipline…” (p. 35). These latter have no excuse or exception from legal strictures of the society; the former should be kept inside
so as not to unwittingly break the law. Plato foresees a problem of civilization: the impotence of a rational legal system to deal with an irrational segment of the population. The state’s need to control public space began when public space appeared. In the Greek and Roman polis, public space was political space, dedicated to the public good. Dissent, as in the case of Socrates, endangered state power. With Plato’s proposed legislation disordered behavior was not allowed.

In C.E. 533, under the guidance of the emperor Justinian, the Roman *Pandectae* (or *Digests*) was written. Passages on ‘Madmen and Lunatics’ stated that madmen (translated from the Latin *furiosi*) and lunatics (Latin *menti capti*) were not responsible for wrongful acts; they were incapable of having a wrongful intent. They were also forbidden enter into business transactions, act as debtor or lender, give consent for their daughters to marry, or write a will. They were to have a *curator* (the guardian of a minor) into adulthood (*Digest, 50, 17, 111; cited by Burdett, p. 112*). The *Pandectae* retained its statutory force into the middle ages and throughout the Byzantine Empire. This marks the beginning of civic and state practice of incarcerating the severely mentally ill. It is inextricably linked to the architecture of state institutions, private care facilities, and private homes.

Before the crucial interventions of Louis XIV of France (1638-1715) the *Medieval Inquisition* crafted demonologies of madness through its de facto Witch-Hunting handbook: the *Malleus Mallificarum* (1486). The text prescribes remedies for those who have been influenced by witchcraft. It is sometimes compared to the contemporary diagnostic manuals DSM and the International Code of Diseases (ICD or ICD 10). Sponsored by a Papal Bull the ‘Witch’s Hammer’ appeared in late fifteenth
century in Germany. Instead of a psychology per se, the *Malleus* offered a demonology. All aberrant behavior that might be attributable to madness was seen as being influenced by demons and/or Satan himself, and so possibly amenable to exorcisms. The systematic application of the tome and its prescriptions locked the treatment of madness into the architecture of the Christian Church.

Exorcisms were routinely performed at the sacred shrine of St. Dymphna in the Flemish village of Geel (founded ca. 7th century A.D.). After fleeing her bereaved father’s delusional and incestuous advances, Dymphna was captured and beheaded at the site where the chapel now stands. Upon choosing death over the madness of incest, she became the patron saint of the mentally ill. Geel was a pilgrimage destination for mentally ill people from all over Belgium and Western Europe. Priests at the shrine administered exorcisms on the afflicted individuals that lasted for weeks. The village accommodated pilgrims by putting them up for short periods while they awaited exorcism. In return, guests worked on the farms of the small agrarian community. The farmers became dependent on the labor of the visitors and tenancy grew longer and longer. Eventually a foster-care-style system was established wherein households would adopt people to live their lives as members of the household. Today the Geel system has been secularized and adapted to modern psychology and psychiatry while still preserving the household adoption model.

Burdett’s third historical period is called “The period of Brutal Suppression, Ill-Treatment and Cruelty: A.D. 1750 to 1850.” This period includes the advent of what I refer to as *asylum architecture*. In the 1960’s, Michel Foucault argued that Louis XIV’s France typified a continent-wide ‘great confinement’ of the mad (Porter, 2002, p. 92-93).
This was characterized by a large-scale street-sweeping operation that saw the incarceration of countless people. It targeted those touched by ‘unreason’: “Paupers, petty criminals, layabouts, streetwalkers, vagabonds, and above all beggars… but symbolically their leaders were the insane and idiotic… by the 1660’s some 6,000 such undesirables were confined to Paris’s General Hospital” (Porter, p. 93). For Foucault this symbolized the de-mythologization of madness. Western society began to lose its mystical fascination with madness as afflicted people lost their freedom. Madhouse inmates were treated as wild beasts, amounting to a negation of their essential human attributes (Porter, 2002).

In 1792, The French Revolution brought the targeting of Salpêtrière, Paris’ general hospital, by working class rioters bent on releasing the sex-trade workers and street people imprisoned there. Shortly thereafter Philippe Pinel (1745-1826) made his first interventions at the hospital when he famously struck the chains from inmates. Around the same time the Quaker philanthropist William Tuke, together with the architect John Bevans, built a new kind of facility in England. The Retreat at York would rise above the madhouses to model a new paradigm called ‘moral treatment.’ An explosion of ideas characterizes this period. Emergent paradigms took shape that influence, and are influenced by, clinical or asylum architecture and the rise of institutional care. In 1803 Christian Reil (1759-1813) coined the term psychiatrist, meaning ‘healer of the mind’ (Schiller p. 27). The 1880’s would see the rise of Francis Galton’s (1822-1911) interdisciplinary approach to statistics and behavioral genetics, or eugenics, which would dominate social science and state policy for half the century in the
west. This is Burdett’s last period of hospital and asylum architectural history that he
dubbed *Medical and Scientific*.

Burdett observed: “Few things are more astonishing than the contrast between the
enormously prolonged period which has been required for the idea to take root that
lunatics are not criminals to punish, but patients to cure; and the rapidity with which,
having once taken root, it has developed and borne fruit” (Volume I, p. 61). He
distinguished four asylum types that were distinguished by architectural quality: the
“conglomerate or irregular style; the corridor style; the pavilion style; and the corridor-
pavilion style” (p. 66).

Since the inception of institutional care there has been a tension between rigid
control of space and people versus an open and caring attitude that would empower
patients. Consider the contrast between the Retreat at York and the corridor style
Kirkbride asylum in Trenton, New Jersey. William Tuke (1732-1822) founded the first
care facility for the mentally ill based on *moral treatment* principles in 1791. Three
generations would follow, each leaving an account of the history of the Retreat including
Daniel Hack Tuke. To say that William Tuke was influenced by Quaker, humanitarian-
philanthropic principles is a bit of an understatement. The efforts embodied by the
Retreat at York are models of these ideals. This collaboration between an architect and a
superintendent amounts to a new paradigm of ethical architecture. Translated from the
Latin by D. H. Tuke, the cornerstone of the structure reads: “The charity or love of
friends executed this work in the cause of humanity” (1892, p. 19). The collaboration is
detailed by the contemporary writer Barry Edgington (2003). Tuke and Bevans believed
that “…architecture had the ability to heal and that the architects of mental institutions
have an ability to integrate in design the purpose of care and treatment…” (p. 103). A Quaker’s anthropology includes the acceptance of certain sacred truths. People were guided by an ‘inner light’ characterized by faith, hope and reason (Edgington, 2003). Assuming that mentally ill people lacked this guide, the physical characteristics of the place should nurture it. D.H. Tuke remarked that the most important feature of the Retreat was its “…homishness – the desire to make it a family as much as under the peculiar circumstances of the case is possible” (1892, p. 37-38). Physical restraints should be used at a minimum. Good living and complimentary approval would encourage a return to normal life. It should be a cheerful space with room for physical exercise lest “…disorders may be generated by their confinement that might prove more fatal and dangerous than what they were put in for” (W. Tuke to Bevans, January 1794, as cited by Edgington p. 114). The Retreat left marks the first example of ethical architecture as a treatment modality.

When the Hanwell Asylum, opened in 1831 in London its architect, John Conolly, wrote that it “… was the product of this movement. It was proud to boast of the reformers that the adoption of their program, based on the new system of moral treatment pioneered by the Tukes at the York Retreat, did away with the cruelties previously visited upon the insane and replaced them with a regime based on kindness and forbearance” (as quoted by Edgington, p. 114). The Retreat shows one side of a tenuous relationship between two opposite asylum management styles. There are many counter examples of coercive techniques, authoritarian styles, and outright megalomaniacal programs as well.

The emergence of the Kirkbride asylum model in the U.S. was among the most influential in the history of institutional architecture. With the wave of new construction
came new professionals. Psychiatrists and nurses staffed the state-run institutions. In October of 1844, thirteen ‘superintendents of institutions for the insane’ gathered in Philadelphia. The group was christened the ‘Association of Medical Superintendents,’ but would undergo another name change to the American Psychiatric Association (APA), the publishers of the DSM. They first published standards in 1851 for all associated asylums. They covered many aspects of hospital design including the Kirkbride architectural plan for their construction. It would be constructed of brick or stone and consist of a central building with symmetrical wings emanating from both ends (Baxter, p. 30).

Thomas Kirkbride (1809-1883) was also influenced by the architectural principles of Quakerism. He believed that architecture played a crucial role in recovery. While the Tukes emphasized ‘homishness,’ Kirkbride emphasized comfort and feelings of security. The ‘Kirkbride plan’ dominated mental health treatment in the United States beginning in 1840 through the 1880’s (Yanni, 2003). Through the early 1900’s moral treatment spread throughout the western world. Dorothea Dix (1802-1887) appeared as a prominent figure in the campaign for patient rights and improved quality of living. She successfully lobbied for the construction of 32 mental hospitals. Dix’s model combined the use of a supportive, compassionately attended environment and prompt treatment. In all cases it led to a higher cure rates for mental illnesses in general (Baxter, 1994).

As the saying goes, the road to hell is paved with good intentions. The New Jersey State Lunatic Asylum, a Kirkbride-style asylum which was designed on a much larger scale and ended up looking more like a prison than a retreat, was founded by Dix in 1848. It eventually and infamously, came under the supervision of Dr. Henry Cotton (1876-
1933), who would prove to be literally a “mad doctor. This case demonstrates one potential outcome of the architectural conditions of the grand corridor asylum. It also points to a paradigmatic difference between other emerging treatment models, specifically eugenics or genetic theory versus focal sepsis or pathogenic, etiological theories.

Contrasting the history of the Trenton hospital with the York Retreat is a comparison between megalomaniacal control versus compassionate leadership. Cotton, an early skeptic of the Eugenics movement, believed in the theory of *focal sepsis*. The theory stated that insanity is a form of infection or un-cleanliness, that there was an infection somewhere in the body. The infection spread germs into the bloodstream, which then traveled to the brain and caused insanity. For decades Cotton employed available technology, such as x-ray machines and the latest surgical techniques, to perform arbitrary surgeries. He often began by removing the teeth of insane individuals who were admitted to his hospital, believing them to be the source of infection. If people did not recover after that, he would proceed to remove the tonsils, parts of the lower intestine, the colon and in the case of women, the uterus. Cotton falsified records for many years claiming a high recovery rate when, in reality, he was having about a 70% mortality rate (ironically mostly due to infections following surgical procedures). When he came under scrutiny he was defended by medical officials and his colleagues, but it still drove him mad. He had his own teeth removed and claimed a full recovery (Scull, 2009).

The Retreat and the New Jersey State Psychiatric Hospital illustrate the two extremes of a pendulum swing readily apparent in the history of care for the mentally ill: brutal suppression on the one hand and compassionate and professional care on the other.
I submit that the architectural design contributed to the way the spaces were administered. Given that one is comparable to a personal home and the other to a penal institution, it is reasonable to believe that staff would act accordingly.

It is not until current times that mentally ill folks have been turned out into the streets in mass numbers. Deinstitutionalization (the shift from asylum based confinement and treatment to community based programs) began in western countries in the 1950’s and 1960’s, corresponding to the discovery of powerful antipsychotic medications, as well as to the civil rights movement. The beginning of the current epidemic of homelessness and mental illness can be traced to the Reagan/Thatcher era (Nieto et al, 2008). Now the homeless are an amalgamation of types: racial and sexual minorities, indigenous, immigrants, poor folk etc. At every turn they are denied essential needs like healthcare, fair pay, and safe workspaces. They are criminalized, hounded and harassed by police and other state authorities. They are put in jail and prison and are involuntarily committed to psychiatric lockdown.

Ultimately they are completely physically displaced, evicted. The cost of living at their traditional dwelling places is much beyond their ability to pay. They are our cities’ most vulnerable. They have been referred to as a new class of global citizen created by Neoliberal policies, and they work usually in a series of short term jobs with no security and with the looming threat of homelessness : the precarious class (also known as ‘the precariat’). They survive, but only precariously. The one thing they have in common is their lack of stable and adequate housing – in essence a lack of a personalized and private dwelling place (Standing, 2001). At the point of dwelling precariousness all of the
physical, genetic, and social vulnerabilities are compounded by this last vulnerability: homelessness.

The architectural crisis at hand was predicted at the beginning of the modern architecture movement by Le Corbusier (1887-1965). He proclaimed a new spirit in architecture brought on by the industrial revolution. (1924/2008). He stated that this new era brought with it a “law of economy” that, if adhered to, would allow for his visionary architecture to address the desires of all people to have a home and a family. He thought that the most fundamental problem of the era had to do with the family house, something that was more likely to be inherited than to be bought on the open market. The first obligation of the new architecture would be to “bring about a revision of values, a revision of the constitutive elements of the house… we must create a mass-production state of mind… for living in mass-production housing” (p. 254). The houses would promote good physical and mental health. It would be an aesthetic revolution attuned to an artistic sense of dwelling, set in stark contrast to the styles of the pre-industrial past. He argued that the social order of western civilization was deeply disturbed by these universal revelations (whether conscious or unconscious) and that it was “… a primal instinct of every living being to ensure a shelter… the working classes of society no longer have suitable homes, neither laborers nor intellectuals. It is a question of building that is key to the equilibrium upset today: architecture or revolution” (p. 292). He was critical of the traditional patterns of ownership that merely perpetuate the status quo, allowing the ruling classes to hold on to power. “But if the patterns of ownership were to change (… the construction of blocks of apartments for individual sale… and the many other even bolder private or state initiatives that might intervene we would be able to
build… and we would avoid revolution” (p. 301). If the design of the home and the city continued as it had been done in the past, it would “… prevent his [the average person] tranquil pursuit… of the organic development of his existence… to live an organized family life” (p. 307). For Le Corbusier, everything was in place. Everything that was needed for all people to meet their basic existential needs was now available for the first time in human history. It would be up to humanity now to do the right thing and attend to the alarming signs before them. To drive the point home, he stated most famously: “Architecture or revolution. Revolution can be avoided” (p. 307).

I think Le Corbusier was wrong on some accounts. From his limited perspective, he thought that houses could address everyone’s basic desire, to have a family and live as a member of it. The homogeneity of mass produced homes reflects Le Corbusier’s anthropological assumptions. The result is a ‘leveling down’ of differences within groups to the point where they may appear to be homogeneous. Yes, revolution can be avoided (or at least delayed and attenuated) through architecture, but only when architecture is used to suppress populations. When planning is carried out in such a way to discourage mass gatherings, when some neighborhoods are segregated and ghettoized, when transit between boroughs is not free, and when public space is policed to the point of the criminalization of certain members of the population, then revolution can be avoided.

### 1.3.7 Psychiatry and Phenomenology

The as yet unrealized revolutionary potential of phenomenology is that it can be equally applied to all sciences and disciplines. According to Husserl in his *Cartesian Meditations*: 

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The whole world as placed within the nature setting and presented in experience as real, taken completely “free from all theory,” just as it is in reality experienced, and made clearly manifest in and through the linking of our experiences, has now no validity for us, it must be set in brackets, untested indeed but also uncontested. Similarly all theories and sciences, positivistic or otherwise, which relate to this world, however good they may be, succumb to the same fate (p. 117).

Psychiatry is generally understood as the study and treatment of mental illness, emotional disturbance and abnormal behavior. It is a branch of medicine and those with the title psychiatrist also hold the degree of medical doctor (MD). As soon as we apply the phenomenological principle known as the reduction, psychiatry succumbs to the fate of the untested and uncontested, and its definition shifts and crumbles. I have found one study particularly informative: a qualitative study by Schneider and McDonald (2007) tellingly titled: “Schizophrenia/Hearing [our] Voices: Dilemmas of Care and Control.”

The participants give voice to the experience of living with Schizophrenia, under the care and control of a system that often fails to hear their voices. They describe the dilemma of being held responsible for their own recovery, while at the same time being limited by their service providers’ expectations as to how their recovery should progress and unfold. They report that medication often helps many people, but can also negatively impact physical health. People prescribing usually neglect to tell patients about side effects. The consensus among participants was that “service providers want to help us, but they also want to control us” (p. 7). This reveals an essential characteristic of psychiatry, which sits at the peak of the hierarchy of a complex system. Psychiatry is an arm of the state, similar to and intimately related to police and legal entities such as the court system.
This has been the case in varying degrees since day one, or at least since Plato, as I have already stated.

The second essential characteristic of psychiatry that is not normally acknowledged is the clinic. Since the founding of the APA by a group of hospital superintendents, and the ‘discovery’ of schizophrenia and other major disorders in the hospital setting, psychiatry has been as inseparable from clinical architecture as it has been from the state itself. The principle question of this section is: how is psychiatry related to SMI? Secondly: how is it related to SMI among the homeless? Do the principles of psychiatry apply equally for those in an institutional setting versus those living on the streets? If the essence of psychiatry includes the clinical frame, as I contend, then the principles of psychiatry would have to be re-evaluated as to how they apply to homelessness, poverty and SMI. When we consider the architecture of psychiatry we encounter the origins of the modern understanding of SMI in the form of diagnostic categories.

Phenomenology should not be considered to be a simplification or reductionistic technique to be applied. When we are open to that which reveals itself, to essences, complex relationships are also exposed. In the case of dwelling we have to take into account how psychiatry, architecture, language and poetics emerge from the existential analytic to form an ethical imperative. The resolution of the dynamic tension created by these complex inter-relationships can only be approached through the demand for justice. History shows the failure of the State to adequately address the problem of mental disease on a large scale. The only realistic predictions say that the crisis will continue to worsen for the foreseeable future.
CHAPTER 2: Urban Crises of Homelessness and Psychopathology

2.1 History versus Immediacy: Metropolis 2012

The first words to cross the screen in Fritz Lang’s (1890-1976) silent masterpiece *Metropolis* (1927) read, “The mediator between the brain and hands must be the heart.” The scene immediately switches from white on black typeface to turning machine parts, plumes of steam, metal on metal, interlocking gears, wheels and cantilevers. The Berlin Philharmonic orchestral score hastens the pulse of viewers with a quick tempo and high-pitched, post-classical ornamentations. A gigantic clock face is shown. Its raised hands approach the zero hour. When it strikes twelve an enormous steam whistle goes off in the city centre: “Shift Change” reads the intertitle. The scene switches to a subterranean tunnel that leads to a large elevator. On the right, a well-ordered group of uniformed men wait in perfectly spaced, seemingly endless lines. On the left, the gate to the elevator opens and lines of workers march out. The workers in the lines on the left move more slowly than those in the lines on the right, who are just beginning their shift. The score has turned down-tempo and reflects the mood that is apparent on the faces of the workers going in, only slightly less wrought with dread than those getting off shift. In perfect synchrony the workers enter the elevator and descend into darkness as the words: “Deep below the earth’s surface lay the worker’s city” rise in formal poetry. The elevator delivers the downcast workers, in their stained and drab uniforms, into the bowels of a featureless modern urban landscape.

So begins the tale of the futuristic/modern city that was conceived when Lang first glimpsed New York City from the air in 1924. The story pits modern science against occultism, the elite class against the workers. The film progresses through a
complex science-fiction/fantasy plot to a violent uprising. It ends with a reformist synthesis between the opposing classes. I want to recount portions of the film here, hoping that some of Lang’s insights will provide illumination for us. Although the metropolis depicted is an industrial city, like Detroit, the fantastic symbolism resonates with Vancouver’s DTES and urban centres everywhere.

The scene changes to another equally homogenous group of people. The film’s fair-haired protagonist is running a footrace with a group of male-bodied athletes. They have a large Olympics style race-track to themselves. Another group, clone-like in appearance, shouts and cheers on the sidelines. The intertitle states: “Deep as lay the worker’s city below the earth, so high above it towered the complex known as the ‘Club of the Sons,’ with its lecture halls and libraries, its theaters and stadiums.

Next, we are taken high into the upper levels of the built world of spectacular architecture to a place meant to mimic the paradises of ancient mythology. “Fathers, for whom every revolution of a machine wheel meant gold, had created for their sons the miracle of the Eternal Gardens.” A dozen women are attended to by a bespectacled fashionista. The women are dressed in translucent tops, their breasts visible yet veiled by highly stylized fabrics that paint their forms in floral patterns. Below the waist they wear cutaway, mini or suspended skirts. It is a stable of sex-workers, reminiscent of a harem or brothel.

The fashionista addresses them: “Which of you ladies shall today have the honor of entertaining Master Freder, Joh Fredersen’s son?” Only the most beautiful women present themselves for judgment, turning and lifting their skirt hems daintily. Their handler paints the lips of one, like an artist painting a canvas, when Freder abruptly
appears. The women immediately begin chasing him and he dodges them as he lunges and gropes them until he decides to chase one of them down. He brutishly pushes past a pair that tries to block him by locking arms while the one playfully leads him to a fountain in the garden. She feigns resistance until he gets his hands on her then she dutifully assumes the prone position in his embrace. Freder is about to kiss the sex worker when a massive elevator door at the edge of the gardens begins to open, interrupting their play.

Freder is immediately fascinated and he all but drops the woman in his arms. They both turn to look, astonished at the sight of a humbly dressed radiant female figure amidst a group of raggedly clothed children. They emerge from the elevator before the stunned denizens of the garden. The sex-workers stare in shock along with Freder as the astounded kids point and look all around at the astounding beauty of the garden. The woman appears saint-like as she gestures before them: “Look! These are your brothers!” and the kid’s faces grow in amazement. One of the sex-workers panics and is shushed by Freder. He is entranced and commands all to yield the space for the moment to what is happening. The woman continues: “Look!” and she locks eyes across the space with Freder and the others, saying to them: “These are your brothers!” as she gestures towards the children.

Some servants begin to respond to this interruption, haltingly moving towards the saint-like woman. The fashionista appears in a fluster, waving his arms as if to sweep them away. The servants on either side approach the woman to push her and the children out, but when they see her face and her eyes, they step back and lower their eyes in humiliation. The naked vulnerability of her face seems to forbid the possibility of
coercive violence in that moment. She takes another long look at Freder, who remains in a trance, but now grimaces and clutches at his chest with both hands as if in great pain. The children grow anxious and grope at her, pleading to leave. She turns and gathers them together, soothing them as they squeeze back into the elevator and disappear behind its closing doors.

Freder slowly arises in epiphany. He looks around at the grotto and seems to be coming to a realization, as does the audience: this is all an illusion and our actions here are only meaningless play. The beauty of the gardens hides a deep morass of existential suffering. The stable of women is an attempt to control the conditions and events of love and ultimate meaning. The Club of Sons excludes many brothers. It is a lie. He suffers an existential crisis, his life seems meaningless now and can only be redeemed through a quest for justice. In this instant his life is reoriented.

Obsessed with the saint-like figure and wracked with shame, Freder pursues her into the depths of the city. He immediately finds himself in a massive subterranean industrial labyrinth: the *machine halls*. The viewer gets the sense that Freder is not so much surrounded by machines as he is in the guts of a vast single machine. Again the score takes on an anxious tone as he staggers forward, increasingly overwhelmed by what he sees: men at control panels and levers who move in a mechanized oneness as if in a dance with the great machine. Soon he comes to a central node of the machine. Dual parallel staircases ascend up its face like an ancient temple. Gigantic exposed piston arms rise and fall in a gaping recess at the top of the structure. On either side, a dozen technicians tend its controls in choreographed harmony with the machine. With an astounded expression, Freder looks on.
The scene shifts to another man alone at the set of other controls, presumably behind the facade. From his dreadful expression, posture, and sweat soaked hair, we see that he is exhausted and about to collapse. He hangs on valves and levers to stay upright. A temperature gauge rises towards the danger zone as the orchestral tempo increases. The worker’s pace frantically quickens, but the machine runs out of control. An alarm sounds too late. Steam explodes out, scorching some surprised workers. More explosions follow in quick succession and people plummet to the ground, while others dash out, tearing their burning clothes off. Freder falls and momentarily loses consciousness. As he comes to, he rubs his eyes in disbelief, but the machine transforms into an enormous statuesque beast, its giant mouth agape at the top of the stairs, pouring smoke and flames upward. The intertitle frame screams in exaggerated lettering “Moloch!” Workers have transformed and now appear tied together and partially naked as they are marched and whipped up the stairs, to plunge into the fiery pit, flanked by costumed priests. They appear as slaves turned human sacrifices to a monstrous idol. Behind the smoke we can still see the piston arms pumping as the slaves are thrown in to their doom. Gradually the sphinx-like paws transform back into boilers, and the control panels light back up, as the struggling slaves are succeeded by obedient columns of workers marching up the stairs to plummet into the fiery pit. Soon the monstrous face fades and the workers are there, hauling each other away in stretchers as the machine gets back into smooth operation, its thirst for human blood temporarily slaked. Freder is shocked and goes right away to talk to his father, the master of Metropolis, in the “new Tower of Babel.” When Freder reaches his father’s office, accountants are there
crunching numbers – doing the math that adds up the profit that results from the workers toil. See an image of the Moloch in Figure 2, below.

Figure 2 Priests attend as slaves ascend stairs to feed Fritz Lang's Moloch. Image courtesy of F. Mirnau Stiftung.

2.2 The Moloch with Many Mouths

I have avoided delving into the vast commentary and analysis of the film that has accrued over eighty-plus years since its triumphant release. Both here and in the final sections of this essay I provide only my own considerations of some of the film’s imagery and narrative. My take on the film’s ending is that it reifies the modernist dialectic of class conflict and resolution and this has been debated for decades, a debate I have chosen not to engage at this moment of this essay. I refer the reader interested in
further analysis to the *Mirna Stiftung*,\(^6\) that has granted the use of the three images from the film presented herein, and to the massive catalogue of Fritz Lang’s films to start such inquiries.

The *Moloch* of Metropolis is a historic image and concept that can be transposed into our time. For Lang it illustrates the inevitability of workers’ deaths in unsafe environments at the center of industrial civilization. It is the modern manifestation of mythical gods to whom primitive people made sacrifices in tribute for their prosperity. Reimagined for the purposes of this essay it can illustrate the suffering and mass death in the streets, alleys, and institutions of our cities. These are the mouths of a momentous machine that gains sustenance from human suffering, blood, and life. Homelessness, gentrification, and the criminalization of poverty; these are the mouths of the Moloch of our time. Just as Lang’s primitives plunged into the belly of the beast while bureaucrats tallied their lives against lost production, modern city dwellers accept the deadly terrain with humdrum certainty.

Much like the one harbored by the patriarchs of Lang’s metropolis, our Moloch is kept in place by a largely patriarchal system. Socio-economic elites, social engineers (such as the federal government, city councilors, and psychiatrists), ‘developers,’ architects, real estate and condo-marketers turn valves, pull levers, and keep tallies over the machine halls of capitalism. Specially trained and subservient workers orchestrate interpersonal machinations; police, clinical psychologists, social workers, psychiatric nurse practitioners, and others maintain order amidst the Moloch’s fits of gluttony. There has always been the church (or churches), nested within the great machine halls like a

\(^6\) http://www.murnau-stiftung.de/
seed of the state. According to the legal philosopher, Carl Schmitt (1888-1985), as quoted by Simon Critchley: “All significant concepts in the modern theory of state are secularized theological concepts” (2009, p. 2). Voracious gods of antiquity seem yet to dwell in the darkest corners of our world, and they have taken the name ‘structural violence.’

Of all those dwelling in the impoverished guts of the machine-like metropolis, none suffer more grievously than the homeless. Inexplicably, in North America no national government has ever attempted to make a count of those dwelling without a domicile. Such counts are routinely attempted in cities, but it is impossible to approach meaningful accuracy. People who are sleeping rough often find places that are out of plain view or purposefully hidden. This and other factors confound any and all official counts. However, it is worthwhile to note some of the numbers that have been obtained. In British Columbia there is an estimated 10,500 homeless adults and children. In metro Vancouver there are approximately 2,700 homeless people. In the downtown area, including the DTES there are about 1,600 adults and youth without homes (Hales, 2010). Recent statistics indicate that the average number of homeless people at any given time in the European Union is approximately 3,000,000; in the United States, 750,000; in Canada, 200,000. More recent estimates by Shelton et al. (2009) cite the much higher number of 3,500,000 people in the U.S. who experience homelessness in any given year.

Fundamental human rights are far out of reach for homeless individuals. The National Coalition for the Homeless (NCH) is a non-profit organization in the United States. In addition to housing, economic, and health care justice, the NCH is focused on civil rights of the homeless. They note that homeless people in the U.S. are often targets of hate crimes; they’re denied the right to vote (since registration usually requires a
permanent/mailing address); they lack access to childhood education; they are increasingly incarcerated for criminalized behaviors associated with being poor and homeless (Levinson, 2004). The first study in the U.S. with a well defined cohort of homeless persons found a mortality rate 4 times higher than aged-match peers who were not homeless (Alstrom et al, 1975).

A study in Copenhagen, Denmark found that suicide was 6 times higher among homeless adults than in the general population (Hwang, S. 2000). Several studies in major urban centers in Canada, the United States, Asia, Europe and Australia have consistently shown a strong relationship between inadequate dwelling and high mortality rates. The mean age of homeless adults in the west rarely exceeds 50 years. Mean age of death among the homeless in the U.S. in particular is between 42-52 years. Now compare this with the average lifespan in the U.S. of 80 years. Many subgroups of homeless people are even more vulnerable to early mortality, including severely mentally ill, war-combat veterans, street youth, those living with AIDS, and the chronically homeless (Nieto et. al, 2008).

According to Harvard scholar Christopher Jencks (1995) the explosion of homelessness among single people witnessed in the U.S. in the late 80’s resulted from a combination of five factors: “the elimination of involuntary commitment, the eviction of mental hospital patients who had nowhere to go, the advent of crack, increases in long-term joblessness, and political restrictions on the creation of flophouses” (p. 103). There was an increase in homeless families as well and Jencks thought at least three factors contributed to this: the decline in purchasing power among people on welfare; single motherhood; and the appearance of crack cocaine (1995). The Encyclopedia of
Homelessness (1994) states that: “Three basic factors usually contribute to a slide into homelessness, regardless of the person’s mental health: poverty, disaffiliation, and personal vulnerability” (p. 384). Housing for the poorest of the poor is increasingly scarce, so poverty is easily understood as a factor in causing homelessness. By ‘disaffiliation’ the writers of the Encyclopedia mean the lack of intimate and kindred relationships that would provide support for individuals in times of greatest need. Addiction, disabilities, chronic or episodic illness, trauma/abuse and unemployment add up to significant ‘personal vulnerabilities’ that can contribute to homelessness as well (Levinson, 1994). Shelton et al. (2009) found that childhood adversity such as neglect, sexual and physical abuse, and being forced out of the home are also causal for homelessness. They cite one study that found half of adolescent runaways reported physical abuse and one-third reported sexual abuse. They found that “… factors significantly and independently related to homelessness included economic disadvantage, mental illness (depression and psychiatric hospitalization), and recent drug use” (2009, p. 6).

Homelessness itself is a significant stressor that may precipitate the onset of mental illness. Becoming homeless is often a result of a series of traumatic life events i.e. job loss; relationship break-ups or divorce; sexual, physical, or emotional abuse; incarceration; tenant eviction (or ‘renoviction’); house fires; or natural disasters such as floods or hurricanes. Newly homeless people are often depressed, angry, frustrated, scared and personally humiliated. Service agencies sometimes subject clients to invasive psychosocial assessments. Women are particularly vulnerable to being robbed, abused, and beaten on the streets or homeless milieus. Therefore, following whatever personal
crises led to homelessness “… stress is increased, and it is easy to understand how anxiety, worry, fear, depression, sleeplessness, aggression, and substance abuse may result” (Levinson, 1994, p. 385). These findings were supported by Shelton et al. (2009) who found that prevalence of severe mental disease was three to four times higher for homeless people with co-occurring disorders (specifically one or more DSM diagnosis along with alcohol use disorder).

Recent international findings show that the prevalence of severe mental illness (SMI) and addiction is higher among homeless individuals in Western countries than among age-matched controls (Fazel et al., 2008). A review of ten studies employing rigorous sampling and diagnostic methods to get an estimate of schizophrenia prevalence among homeless individuals in the United States and elsewhere found a range between 4 and 16%, with a weighted average of 11%. This is 7 to 10x higher than the prevalence of the disease among housed adults in the U.S. (Folsom & Jeste, 2002). Additionally it was found that “schizophrenia tended to be more common in younger persons; in the chronically homeless; and single homeless women, who were about twice as likely as men to be diagnosed with schizophrenia” (Mueser & Jeste, 2008, p. 413). The DTES is a notorious challenge, particularly in the areas of homelessness, Severe Mental Illness (SMI) and hard-drug addiction (hard drugs here refer mainly to: cocaine; heroin; and crystal methamphetamine, but can include alcohol). Low-income residents of the DTES are the focus of this study.

Many factors contribute to risk of homelessness in B.C. and in the DTES including unemployment, deinstitutionalization (from medical, psychiatric or penal institutions), breakdown of the family or eviction and the loss of affordable housing stock (City of
Vancouver, 2005). No previous research has examined quality of life (QoL) amongst poor residents of the DTES, or examined QoL across different kinds of living situations. The dearth of research on severity of symptoms amongst chronically mentally ill adults across different dwelling types belies the assumptions of previous research questioning. The idea that certain architectural features may contribute to the onset and perpetuation of severe mental illness has not been tested before.

Previous research on QoL and homelessness (Wolf et. al, 2001) has shown that transitions from homelessness into housing are not always associated with improvements in QoL. Instead, improved QoL is more frequently associated with moves into independent living situations, as distinct from ‘supportive’ housing situations. The goal of this chapter is to examine the interplay between the built environment (especially dwelling spaces) and severe mental illness through the analysis of data collected on the DTES.
2.3 Poverty; Inadequate Dwelling and Health on the DTES

The DTES is often referred to as Canada’s poorest postal code. It is known for severe epidemics of homelessness, deadly infectious diseases, such as MRSA, Hepatitis, HIV, SMI and an open survival sex trade. It is also home to supervised injection/harm reduction models of anti-addiction treatment. It is well known as a hub of grassroots activism. The annual Women’s Memorial March, for instance, has drawn thousands of participants on every February fourteenth for twenty-two years. During the 2010 winter games, the Olympic torch was stopped in its tracks and forced to go around the thousand or so indigenous and anti-poverty activists who took offense to its modern origins at the Berlin games of 1936, as well as the appropriation of traditional territory to glorify a Canadian nationalist event.

According to a report from the City of Vancouver (2005) the DTES holds about 3% of the city’s population while accounting for 20% of all of its mental health cases. They report that typical clients of mental health services are male, between 40-60 years of age, living in SROs or social housing and have a history of depression, substance abuse and anxiety disorders. Life expectancy in the neighborhood is 66 for men and 78 for women, 10 years and 5 years less, respectively, than the average lifespan for Vancouverites in general. The neighborhood’s population has been aggressively targeted by police throughout its history and especially in recent years. Recently, the Vancouver city council proposed increasing fines to $10,000 for bylaw infractions related to homelessness (Wallstam et al., 2013). Following public outcry the motion did not pass. Additionally a Freedom of Information request, filed jointly by the Vancouver Area Network of Drug Users (VANDU) and Pivot LLC, a legal firm that specializes in
advocacy for the poorest and most vulnerable people in the city (especially sex workers, chronic hard-drug users and homeless people), discovered that 95% of some bylaw citations issued in the city were written in the DTES. Between May, 2008 and November, 2012 some 1,448 tickets were written for infractions such as jaywalking, public urination and defecation, and sidewalk vending in the DTES, while only 95 were written in the next most cited area, the neighborhood to the west of Woodwards. This included what neighborhood residents referred to as the ‘ticketing blitz’ leading up to the 2010 Olympic games (King, March 06’, 2013).

My participants reported a day-to-day struggle for basic human rights in the neighborhood. They had stress over food and other basic needs, as well as inadequate access to toilets and hygiene facilities like showers and bathtubs. They lived in nearly unbearable conditions with mold, small spaces, bed-bugs, cockroaches, rats and mice in their dwelling places. Social conditions were often violent and they were at risk of assault by violent pimps, drug dealers as well as police harassment, brutality and arbitrary arrest. Meanwhile UBC psychiatry and other regional health authorities exercise a great deal of control over the population and the administration of housing services. Through anarcha-existentialist critique, clinical psychiatry is seen as another arm of neo-colonial oppression.
2.4 The Clinical Sense of Severe Mental Illness

The disconnect between the medical and psychiatric services that are commonly brought to bear in the DTES and the daily lived experience of its most vulnerable citizens is problematic. I want to detail some of the roots of the problem in the historical and theoretical background of clinical and genetic psychiatry. Due to certain unexamined assumptions, the clinical approach to dealing with homelessness, impoverished dwelling and psychopathology is inherently flawed. This is related to the fact that ‘clinical’ seems to mean everything and nothing. It is unclear what it refers to in most cases, but it appears to simply be knowledge and practice that is derived within the specific architectural setting of the ‘clinic,’ whether that is a hospital or asylum. The assumption that clinical knowledge and practice can be directly applied to non-clinical settings, such as the street or different institutional settings warrants reconsideration. Furthermore, genetic psychiatry is historically rooted in clinically derived systems of knowledge as well as racial/white supremacist thinking. It must be reconsidered in light of its troubled and complex history. I will follow this sojourn with a presentation of my original findings from the DTES.

2.4.1 Genetic Psychiatry

A popular scientific and social policy movement that held sway in the late 19th and early 20th century in the U.S., Germany, Canada, and Great Britain known as eugenics gave rise to what is now known as ‘genetic psychiatry,’ as well as ‘behavioral genetics.’ Charles B. Davenport (1866-1944) was a pioneer in this field; a social scientist who published prolifically on many topics pertaining to the inheritability of diseases and their control through social policy (1913, 1915, and 1919). He was also the founding
director of research at the Eugenics Records Office at Cold Spring Harbor, Maine in 1910 – a place also known as the Station for Experimental Evolution (Kevles, 1985). This laboratory’s place in history was reaffirmed as the site of the discovery of the DNA molecule by Watson and Crick (1953) four decades later.

Eugenics is embedded in the history of modern western culture and must be seen, and acknowledged, as the forerunner of contemporary psychiatry. Already we see its attenuated return in various forms. With this disclosure we diminish the risk of falling prey to repeating tendencies toward monstrous, dehumanizing biases in psychiatric genetics. The tradition of genetic psychiatry can be understood succinctly with this entry from a historical dictionary of psychiatry:

Since the eighteenth century, psychiatrists have suspected that family genetic history played something of a role in their patients’ illnesses. Articulated first as “inheritance,” then “degeneration” and “eugenics,” then finally after the Second World War as psychiatric genetics, patterns of inheritance represent the main physical evidence of the biological nature of major psychiatric illness. Yet the concept of patterns of inheritance spills easily into “race” and “degeneration,” putting science at the service of its social masters (Shorter, 2005, p. 228).

The movement was founded in Great Britain by Sir Francis Galton who coined the term eugenics, meaning literally; ‘good genes’ or ‘positive heredity.’ Galton was among the pioneers of quantitative research design and statistical analysis as we know them today. Through a novel approach to the use of the Gaussian curve, or ‘Normal’ distribution, he analyzed human intelligence and set the frame for virtually all of the social sciences of the 20th century. Before Galton ‘statistics’ meant ‘state numbers,”
indexes of trade, population, income, taxes etc., numbers that were used by the state to inform policy (Kevles, 1985).

The significance of this event also bears consideration in the history of asylum architecture. Recall that Henry Burdett cited Galton’s work as signaling the beginning of the medical and scientific era of asylums. Galton’s book, *Hereditary Genius: an Inquiry into its Laws and Consequences* (1869), introduced the “pedigree,” or family history into the study of heritable disease and intelligence. The pedigree chart, or genogram, is a tool commonly used by behavioral geneticists today (Jang, 2005; Austen, 2011), and the topic of his essay “The History of Twins as a Criterion of the Relative Powers of Nature and Nurture” (1875) is as relevant to behavioral genetics today as it was then.

A second work that had a wide influence at the time was prison superintendent Richard Dugdale’s (1841-1883): *The Jukes: a Study in Crime, Pauperism, Disease and Heredity* (1877). It was marked by Dugdale’s method; a mix of novel qualitative and quantitative data collection and analysis. The main method was a recounting of the Juke’s (a pseudonym for a supposedly real family) history, with accompanying genograms, along with anecdotal accounts of the behavioral and physiological dispositions of their ancestry. He showed high rates of ‘social parasitism’ and ‘criminal behavior’ throughout many generations of the Juke family, arguing for the inheritance of these conditions. His conclusion was that since these tendencies were inherited, they were not treatable. It followed that the Jukes and families like them were an irremediable and costly social burden. After about 50 years of wide scientific acclaim, the study fell out of favor and is now seen as a prime example of pseudoscientific, ideologically driven research methods. Dugdale and the other eugenics researchers failed to control for
conditions of poverty and parental modeling (Ross & Pam, 1995). As Ross and Pam note, “What remains pertinent about the Jukes study even today is that a genealogical methodology does not – either explicitly or implicitly – demonstrate there has been genetic transmission, in particular when family, cultural, and economic factors conduce to the psychopathology” (p. 12).

Although Dugdale postulated heritable physical disease to be the main cause of social ills such as crime, poverty and public disorder, he did not advocate for eugenic solutions such as sterilization. It was A.H. Estabrook’s (1885-1973) follow-up the Jukes 1915 (1916) which set the tone of the hard-line eugenics programs embraced by state and federal policy makers (Kevles, 1985).

Galton’s fundamental conclusion became one of the basic tenets of the eugenics movement. In the preface to the 1892 edition of his book Hereditary Genius he wrote: “The processes of evolution are in constant and spontaneous activity, some towards the bad, some towards the good. Our Part is to watch for opportunities to intervene by checking the former and giving free play to the latter.” (as cited in Kevles, p. 19). In 1905, Galton carried this conviction into the establishment of the Eugenics Record Office in London, England. The purpose of the office was to press for legislation that would combat the fundamental cause of poverty, which he believed to be low physical fitness and high fertility, not capitalist economics. While he was responsible for the idea that certain traits have a heavy genetic component, he was not a proponent of the idea that these undesirable traits could be de-selected through such measures as sterilization or other controls on human breeding (Kevles, 1985). Nevertheless his work coincided with a popular social and political movement, characterized by the forced institutionalization
and sterilization of the *feebleminded*. The sentiments were echoed by Davenport some time later: “For after all, the chief problem in administering society is that of disordered conduct, conduct is controlled by emotions, and the quality of the emotions is strongly tinged by the hereditary constitution” (1915, p. 1).

Eugenics dominated social policy discourse between 1900-1940 in the United States, Canada, Great Britain, and Germany and eventually led to a *psychiatric genocide*. Beginning in 1933, in Germany, approximately 300,000 people were diagnosed with schizophrenia, mental retardation, and manic-depression and forcibly sterilized. This was the first step leading to the ‘final solution.’ By 1945 approximately “3.5 million men and women were sterilized on “eugenic” grounds” (Gottesman, 1991, p. 207) in Germany. This policy was guided by political and moral ideology that was supported by made-to-order scientific results. Later, under the guidance of psychiatrists, hospitals were converted into ‘killing centers’ and approximately 100,000 mental patients were murdered. This preceded the ‘final solution,’ during which institutionalized Jews within Germany were moved to the killing centers and exterminated. It was a “…killing frenzy to destroy allegedly bad genes, whether they existed in Jews, Gypsies, communists, diabetics, or retarded children, aided and abetted by scientists and physicians… that must be given a voice and a hearing” (Gottesman, p. 210). Aside from racial purity and cleansing of the gene pool, the main argument for institutionalization and sterilization policies in the U.S. and elsewhere was one of pragmatic economics. Mentally ill and otherwise genetically unfit people were portrayed as a tremendous cost to taxpayers. Restrictions on immigration were enacted in Canada, the U.S., Great Britain and Germany as a result (Allen, 1997).
A milestone in the conceptualization of SMI was reached by the Austrian clinician: Eugene Bleuler (1857-1939) at Zurich’s university hospital. His book on clinical psychiatry: *Dementia Praecox or the Group of Schizophrenias* (1911) further articulated the description of a disease entity that we now refer to as schizophrenia. The disease concept was first proposed by Emil Kraepelin (1856-1926). Both Bleuler and Kraepelin were strong materialists who believed that schizophrenia had physical, heritable causes. They were also pioneers of the new ‘clinical method’ of diagnosis and treatment.

The architectural form of the clinic, along with its other characteristics were epitomized where Bleuler practiced: Burgholzli Hospital (est. 1870) at the university of Zurich. It was a corridor style hospital with multiple wings used to separately confine mental patients depending on their diagnoses and severity of symptoms. Bleuler and Kraepelin failed to account or control for the effect of the clinic’s environment on their patients. They were already experiencing severe depression, trauma, anxiety and/or psychosis when they entered the rigidly structured and controlled environment of the modern psychiatric hospital. This did not stop Bleuler and Kraepelin from inventing a disease category by describing clusters of symptoms that had an as yet undetectable, but presumed physical, i.e. genetic, cause. Their ‘breakthrough’ was not so much identifying these various diseases, but as creating the clinical method of diagnosis. From my perspective, it appears that it took these three coalescing phenomena to give rise to the current state of affairs: the eugenic paradigm; the clinical model of assessment; and the clinic (or clinical architecture) itself. The fruits of the ‘clinical method’ are ‘clinical diseases.’
When suggesting treatment Bleuler provided a long list of therapeutic measures that included this telling statement: “It is hoped that sterilization will soon be employed on a larger scale in these cases, as in other patients with a pathological anlage for eugenics reasons” (1908/1957, p. 57). In the name of clinical/psychiatric treatment, decades of physical mutilation followed while clinicians and laboratory-bound researchers failed to account for contributing environmental factors. Furthermore these eugenics policies did not merely occur in some distant, storied past. Many clinicians, counselors, and social workers today find themselves face to face with survivors of racist institutionalization, sterilization policies, and forced segregation. The population of the DTES includes many survivors of the residential school system for instance. More recently it has been revealed that officials in the apartheid state of Israel, an ideologically kindred, economic and military ally of the U.S. and Canada, have forced African immigrants into medical sterilization regimes (Knutsen, 2013).

Another contemporary example of an attenuated form of eugenics ideology can be seen in the figure of Kerry Jang, a UBC professor of psychiatry, a sitting Vancouver city councilor, and author of the text: Behavioral Genetics of Psychopathology: A Clinical Guide (2005). According to Jang, behavioral genetics is “… a field of inquiry broadly concerned with the inheritance of emotional and behavioral patterns” (p. ix). He begins chapter one by citing contemporary research from a paper titled: “The burden of complex genetics in brain disorders” (Uhl and Grow, 2004);

Brain and nervous system disorders may cost the United States as much as $1.2 trillion annually, and affect many millions of Americans each year. Twin data suggest that more than 40% of the societal burden of brain disorders is likely to be genetically mediated. Most of this disease burden arises from complex multigene genetics as well as
from environmental influences. The large sizes of these complex genetic burdens should encourage careful molecular and clinical work to link disease vulnerability variants with … prevention, diagnostics, and therapeutics (p. 223).

Aside from temporally bound colloquialisms, and accounting for inflation, this statement could have been taken from any number of eugenics era publications. I find the terms “burden” and “societal burden” particularly alarming considering that the phrase “Some people are born to be a burden on the rest” was a popular slogan of the eugenics era, circa 1926 (Charlton, 2012). We are in an ongoing economic recession comparable to the Great Depression when the eugenics ideology gained the momentum that carried it through WWII. Is it a coincidence that Jang’s brand of behavioral genetics is gaining currency at this point in history?

The reader may retort that behavioral geneticists like Jang, Uhl and Grow have something far from control of human reproduction in mind when they talk about prevention, diagnostics and therapeutics. Enter genetic counseling: “… the use of genetic information to influence decisions about marriage, divorce, childbearing, and abortion” (Gottesman, 1991, p. 197). It is championed by some of my other colleagues from the UBC Mood Disorders Clinic, Jehannine Austen and Holly Peay, in their book: How to Talk with Families About Genetics and Psychiatric Illness (2011). According to Austen and Peay ‘genetic counseling’ is “…a term that first appeared in the 1940’s, when it was defined by Sheldon Reed (1910-2003) as a ‘kind of genetic social-work without eugenic connotations’” (p. xi).

Austen provides a service, through UBC psychiatry, that includes a seminar on genetic counseling for service providers, clients (or ‘consumers’) and their families. In
the training they reference a heuristic device that also appears in their book, called a “mental illness jar” (p. 87) to represent an individual’s overall risk for mental disease. In a graphic presentation they use the image of a series of jars. One jar is partially filled with small, homogenous, colored objects meant to represent genes, and thus inherited genetic vulnerability. The next jar contains some different objects, piled on top of the genes, that represent environmental influences. The idea is that some people begin life with a jar that is filled up more than the normal amount. When the jar is filled, or overflowing, the person will experience mental disease. Their claim is that the genetic factors remain constant throughout the lifespan and that pieces representing environmental risks can be added or removed. A third item that can be added to the jars are ‘protective factors’ and they list “… medication and a good social support network” (p. 88) as examples. They report using this device in ‘genetic counseling’ of individuals and they suggest using it to other would-be ‘genetic counselors.’

Austen and Peay seem oblivious to the intertwined histories of psychiatry and genetics. Instead of recounting historical facts regarding eugenics or the psychiatric genetics of Galton, Davenport, or Bleuler (who all advocated for consideration of what they considered ‘laws of inheritance’) they state: “The time is ripe for clinicians to integrate education and counseling about genetically related causes and family-centered risk factors into their mental health practices” (p. xii). Perhaps they are attempting to distance themselves from ‘eugenics connotations,’ as they call them with Sheldon Reed above, because they think eugenicists were somehow sinister or immoral characters. In retrospect they may appear to be, but at the time they were all considered upstanding men in the field and worthy authorities on a virtuous science with power to influence politics
and social policy – just as Jang is today. They differ from their predecessors in the regard that they would not presume to forcefully control human breeding. They state, with moral rectitude: “We firmly believe… that promoting and supporting an individual’s autonomous decision-making and life planning are our most important roles as genetic counselors” (p. 154).

Austen and Peay also report that “at present there is no genetic testing for psychiatric illness that is of sufficient clinical utility to warrant widespread use (Mitchell et al., 2010), so genetic discrimination against at-risk individuals based on genetic test results is not yet of concern” (p. 5). This is despite the fact that “Individuals with a serious psychiatric illness such as schizophrenia or bipolar disorder frequently report being both overtly and covertly discouraged by their clinicians from having families of their own, even if their illness is well managed and stable (Viguera et al., 2002)” (Austen and Peay, p. 154). On the next page they cite more findings: “… there is a lower pregnancy rate in women with schizophrenia than in the general population (Haukka, Suvisaari & Lonnqvist, 2003)” (p. 155). I hope by now that the reader shares my misgivings about the state of genetic counseling. The oversimplified nature of the heuristics, the denial of history and the contradictory statements found in Austen and Peay’s book are clear. The fact that they occupy positions of authority in contemporary mental health treatment programs, while Jang has been elected to public office should be alarming.

Like his colleagues at UBC Mood Disorders Clinic Jang fails to note the historical origins of his discipline as evidenced in the statement: “An important purpose of this book is to begin the integration of genetics into clinical thinking and research…” (p. 3).
How or why does a doctoral level researcher fail to mention 100 years worth of findings regarding these questions? His style also features an emphasis on certain hypothetical relationships that hearken to the eugenics paradigm. Regarding major depressive disorder, Jang asks: “Has heritability been underestimated?” He goes on to cite a study (Kendler et al., 1993) in which researchers considered criteria they thought would be more reliable indices of the disorder. To the Jang’s apparent delight they found that “…additive genetic factors jumped to account for a whopping 70%!“ (p. 73). He also cites McGuffin et al. (1996) to argue for this higher heritability of depressive disorder. In that singular twin study researchers showed double the di-zygotic concordance rates than would be expected: “From these data, heritability was estimated at 75%” (Jang, p. 73). With the consensus on heritability estimates for this disease, as listed in the current DSM, at 20% for di-zygotic twins and 50% for monozygotic twins (APA, 1994), it is not unreasonable to assert that these statements reflect an ideological bias comparable to that of early eugenicists.

Regarding alcoholism, another disease plaguing the homeless population, behavioral geneticists have made findings that “suggest that religion moderates the genetic variability in alcohol use” (Jang, p. 145). However, regarding the question of whether people who practice Catholicism (the predominant religion among white European settlers in North America) were more prone to drinking, the answer is “likely no” (Jang, p. 146). Since there is higher alcoholism among Catholics than the general population, Jang suggests that religiosity is best understood as a ‘proxy variable’ for ethnicity in this case. More to the point it is “specifically Australians of Irish ancestry, which may in part reflect underlying genetic differences and may explain why it
[Catholicism] is associated with increased alcoholism risk...” (p. 146). Some readers may find this supposition to be congruent with the most liberal definitions of racism.

Foreseeing this critique, Jang began his book by trying to disassociate his field of research from its own history and ideological grounding: “Are behavioral geneticists eugenicists? Perhaps some of the resistance to behavioral genetics stems from the field’s apparent association with the eugenics movement and the spectre of selective breeding of humans for desirable traits” (p. 10). He then claims that an article arguing for the heritability of intelligence by one Arthur Jensen, published in 1969 in the *Harvard Educational Review* is an example of “early behavioral genetic research” that was responsible for “setting the stage for the “nature versus nurture” battle that has been associated with behavioral genetics ever since” (p. 10). I can only speculate on why Jang makes this false claim. It is a historical fact (as noted above) that Francis Galton, also known as ‘the father of eugenics,’ used the phrase ‘nature versus nurture’ and ‘set the stage for the debate’ over a half century before Jang claims it began. He goes on to claim that behavioral genetics is “not associated with either side of this debate” (p. 10), and further that “Among behavioral geneticists, there is simply no debate and the research is not driven by ideology!” (p. 12). Surely, with this exclamation, the doctor doth protest too much.

As a city councilor, Jang’s ideological bias has been abundantly clear. He has been a consistent voice in favor of the criminalization of homelessness, most notably with the prohibition of sidewalk vending and his rejection of the evidenced based and undeniably successful ‘housing first model.’ In clear violation of bylaws throughout Vancouver, shop owners can be seen to display their goods on sidewalks outside of their
stores. However, homeless residents of the DTES are forbidden by the VPD to sell wares on the sidewalk, except at the weekly DTES Sunday market. If caught vending they could receive a $250 fine. Jang was interviewed for a newspaper article on the controversial civic policy: “the major concerns, said city Councilor Kerry Jang, are the selling of stolen goods and that street vendors block public access to buildings when they set up on sidewalks. The tickets, he said, are a means to discourage that behavior” (Kursall, p. 2). Since Vancouver police have failed to establish that any goods vended by homeless people in the DTES are stolen or that those sold by the countless ‘legitimate’ vendors in the city are not stolen, it can be argued that this reflects an ideological bias on Jang’s part comparable to that of the eugenics forerunner E.A Estabrook in his book *The Jukes 1915* (1916), cited above.

In a 2008 Vancouver Sun article, Jang pitted his authority as a psychiatry professor and city councilor against well established scientific findings on the ‘housing first’ model. After the announcement that homeless protestors who had set up a tent city at the DTES Oppenheimer park would receive housing in SROs Jang declared “some would say that under the housing first model what has been provided are new, comfortable crack houses for addicts to shoot up, deal drugs and engage in prostitution or all manner of illegal activity. Moreover, if the person who was provided housing first decided not to address their problems, the person could be evicted back onto the streets and the vicious cycle continues” (van Mannen, p. 1). Despite Jang’s position there is a near consensus on the effectiveness of the housing first model. In one of countless affirmative studies on the ‘housing first’ model Tsemberis et al. (2008) conducted a 24 month longitudinal study on homeless mentally ill and substance addicted subjects. They
found that for those who received housing without treatment prerequisites “Utilization of substance abuse treatment was significantly higher … [and that they] were able to obtain and maintain independent housing without compromising psychiatric or substance abuse symptoms” (p. 651). No intervention to date has proven more effective in addressing the crisis of homelessness and mental illness. This is especially true for those with dual diagnoses, such as those who were occupying the Oppenheimer park tent city. Jang’s rejection of otherwise unimpeachable evidence cannot but point to ideological bias. In a more personal media interview, Jang reflected on the attitude instilled in him while growing up and working in a store on the DTES that some would argue is clearly bigoted. He admitted unapologetically that he and his co-workers referred to chronic street inebriates with the epithet “rummies” (Solomon, para. 8-9).

In his book, Jang concludes with an echo of eugenics era advice: “Virtually any study conducted by social or behavioral scientists in any discipline can incorporate a new layer of depth by incorporating genetically informative data into the research design. This can be as simple as collecting data on family members (a parent, sibling, or offspring) or collecting data on twins or adoptees” (p. 171). He follows this claim with a final statement regarding the importance of inheritance theory to be integrated into clinical practice: “More importantly, integrating behavioral genetic ideas into clinical thinking will help to determine whether cherished theories and the practices developed from them are based on fortuitous statistical associations or on associations whose basis is intimately tied to our biology and experience” (p. 171). His argument against a comparison with eugenics relies primarily on the denial of its history and secondarily on a claim to cutting edge science. These tactics are common tropes used by his colleagues
in the field. Another example of this scholarship can be seen in contemporary behavioral geneticist Kenneth Kendler, a member of the DSM-5 work group on mood disorders and the second most cited research psychiatrist between 1990-1998. Jang cites Kendler nearly fifty times to support the theoretical propositions presented in his book, including in the above example that I cited where Jang noted methodologically inflated heritability estimates for depressive disease. It is worthwhile to pursue this connection to show the deeper implications of the behavioral genetics being put into practice.

Kendler is an American psychiatrist known for innovations in twin studies presented in the book: *Genes, Environment, and Psychopathology; Understanding the Causes of Psychiatric and Substance Use Disorders* (2006). In that book Kendler praises Ernst Rüdin (1874-1952) as the leader of psychiatric genetic’s infancy. He notes that Rüdin “(whose critical contributions to the birth of this field were colored by his dealing, later in his life, with the Nazi party in Germany) - was at the forefront of the methodological developments of the emerging field of human genetics” (p. 13). With this statement Kendler attempts to sidestep the fact that Rüdin’s ‘dealing with the Nazi party’ was essential to the holocaust. According to behavioral genetics critic, Jay Joseph (2004), “These positions overlook the role of German scientists as collaborators with the Nazi regime and as people who provided the intellectual justification for many of its practices.” (p. 31). Kendler implies that Rüdin’s early career was morally neutral scientific research and that it was corrupted by ideology later in life. To dispel this fantasy, Joseph quotes Rüdin from early in his career (1903): “in order to obtain “biologically fit members of the race,” it would be necessary to promote “maximum propagation of those who are healthy, robust and … ethically superior,” while preventing
“the weak, ill, unfit, and morally reprehensible from reproduction by artificial selection… by instruction and by private and government force to prevent the reproduction of the unfit” (p. 32).

These contemporary practitioners of behavioral genetics and genetic counseling have purposefully ignored, de-emphasized, glossed over, distorted or denied the activities and theoretical proclivities of its founders. I highly doubt that they are truly unaware of, or do not understand the roots of their discipline. I assume their negligence stems from one of two reasons, or a combination of the two. First, they take this posture so as not to diminish the importance or validity of their own research and that of their contemporaries in the field. Secondly, they do so in order to conceal and advance personally held ideologies. Thus they must conceal their own prejudiced assumptions in order to retain the politically correct position necessary to continue their research. Perhaps they do so because of a combination of these two motivations. A third explanation is that their negligence is due to sloppy or lazy research and poor mentorship/supervision. In any case the result has been to enforce oppressive power dynamics comparable to eugenics era social policy and scientific practice.

Another insidious similarity between classic eugenics movement and behavioral genetics/genetic counseling, is the irrational inference from classification. This is a science based upon statistics of populations that infers probabilities in individual cases. Gordon Allport (1897-1967) was a well known critic of statistical prediction of human behavior. He stated:

Where this reasoning seriously trips is in prediction applied to the single case instead of to a population of cases. A fatal non-sequitur occurs in the reasoning that if 80% of the delinquents who come from broken homes are recidivists,
then this delinquent from a broken home has an 80% chance of becoming a recidivist. The truth of the matter is that this delinquent has either 100% certainty of becoming a repeater or 100% certainty of going straight. If all the causes in his case were known, we could predict for him perfectly (barring environmental accidents). His chances are determined by the pattern of his life and not by the frequencies found in the population at large. Indeed, psychological causation is always personal and never actuarial. (1942, p. 156).

This position embracing Allport’s fatal non-sequitur can also be known as ‘how statistics are used to mislead people.’ Genetic counselors and heritability estimates rely on inference from classification, when in the case of SMI such inferences are invalid – not because of consequences of nature versus nurture, but because well established mathematical laws disprove them.

The anarchist impulse to challenge and reject the authoritarian stance of behavioral geneticists (like Rüdin, Kendler, and Jang) and genetic counselors (like Austen and Peay) is mirrored by the phenomenological stance taken by Thomas Szasz,

Every “mental” symptom is a veiled outcry of anguish. Against what? Against oppression, or what the patient experiences as oppression. The oppressed speak in a million tongues… What of the psychiatrist or others who wish to help such a person? Should they amplify the dissent and help the oppressed shout it aloud? Or should they strangle the cry and re oppress the fugitive slave? This is the psychiatric therapist’s moral dilemma. (Szasz, 1968, p. 52).

For Jay Joseph, “Calling this response a ‘disease’ or a ‘genetic disorder’ delays the discovery of environmental factors and perpetuates the belief that people diagnosed with schizophrenia are a problem for society. In reality, society is a problem for them” (Joseph, p. 273). The claims to authoritative knowledge crumbles upon critical analysis.
An authoritarian position is revealed. These claims, made on ideological grounds, must be resisted or illegitimate political power over the most vulnerable is unfettered.
2.4.2 Polygenic Variation and Epigenetics

Theories of polygenic variation propose that there is more than one site in the genome that is implicated in the etiology of SMI. The emerging field of epigenetics also helps overcome simplistic behavioral genetics. According to Szyf (2007) epigenetics is the study of the interface between the dynamic environment and the inherited static genome (the complete set of genes of a given organism). The epigenome is the immediate environment in which the gene is immersed and it is subject to the influence of glandular secretions due to responses to environmental events. It is possible then that a ‘normal gene’ could behave in way indistinguishable from a gene with detectable structural abnormalities. This can lead to a sustained dynamic pattern that is repeated regardless of whether those initiating conditions persist or not; a conditioned behavior.

Consider for a moment, in greater detail, the APA’s consensus on family rates of schizophrenia. Studies of monozygotic (MZ) twins (twins with identical DNA) have shown that when one MZ twin is diagnosed with schizophrenia, roughly a 44.3% of their twins also have the disease. In dizygotic twins they find a rate of 12.1%. Children of a schizophrenic parent have the disease in 9.4% of cases while siblings and half siblings have the disease 7.3% and 2.9% of the time respectively. Nieces and nephews, grandchildren, first cousins and spouses have been diagnosed with it 2.7%, 2.8%, 1.6% and 1% respectively (APA, 2008). If schizophrenia had a genetic basis, we would expect the concordance between MZ twins to be much closer to 100%, if not perfectly matched.

Szyf’s (2007) research further suggests that the epigenome is itself dynamic and interacts with environmental signals as it changes in critical developmental periods (like late adolescence and early adulthood for instance, one of the windows for the likely onset
of schizophrenia). There is increasing evidence that epigenetic dynamics play a role in the onset of psychotic disorders and other severe mental illnesses (Peedacayil 2007). Epidemiological statistics suggest that individual genes and environmental factors interact via the epigenome to cause schizophrenia. Nature can be understood as the inheritable genetic vulnerability to schizophrenia and nurture should now be understood as epigenetic mechanisms (Roth et al. 2009).

It is now beyond doubt that a combination of environmental factors and genetic factors, mediated at critical developmental periods (such as prenatal, post natal, and adolescence) confer resilience or vulnerability to stress related mental disease (Dudley et al, 2011). Certain stress inducing urban dwelling factors are plausible contributing factors to epigenetic variables related to the onset of schizophrenia and other major mental illnesses. It should be possible to identify some variables and then treat the illness by addressing these issues.

Finally Craddock et al. (2005, 2007 and 2009) have shown that some of the underlying disease processes for Bi-Polar disorder and schizophrenia overlap. The international schizophrenia consortium (2009) as well as Dobrescu & Sirbu (2008) have now published findings confirming this position. This refutes the dominant presumptions of the medical/scientific community that the various severe mental diseases have distinct physiological, genetically based etiologies. It appears that there is a susceptibility to SMI in general, as opposed to a susceptibility to specific mental disease entities such as schizophrenia. This further supports the position that architecture or the dwelling space itself is a crucial contributing factor to the ways SMI manifests.

To the traditionally trained, practicing clinician these are recognized as various
fixed syndromes, such as schizophrenia or bi-polar disorder, because that is what they are looking for. In fact it is part of standard clinical practice to differentiate between these diseases\textsuperscript{7}. It is reasonable to propose that SMI will manifest in different ways depending on the dwelling situation the person is subjected to, especially in a ‘clinical’ environment. It is possible to interpret the current state of the art in genetics psychiatry, epigenetics, and the study of urban psychosis to say just this. Figure 3 is presented by Craddock et al (2009). Please compare this to figure 1, where I presented a continuum inspired by an existential-phenomenological analysis of dwelling, SMI, and homelessness. The reader will note that the traditional model of mental illness that presumed schizophrenia and mood disorders to be two distinct, non-overlapping disease entities, and that has dominated ‘clinical’ psychology and psychiatry since the late 19\textsuperscript{th} century, has been irrefutably excluded as a possibility.

\textsuperscript{7} Aside from establishing a treatment protocol, clinicians are required to specify a singular DSM code in order for insurance companies to give them money.
Figure 3 Possible continuum models for severe mental illness that are compatible with latest findings in genetic research. From Craddock et al. 2009.

The epigenetic hypothesis combined with the indisputable findings for polygenic variation in SMI is a compelling alternative to etiological hypotheses based on behavioral genetics. It finally overcomes the nature-versus-nurture debate by admitting that there is no nature apart from nurture; there is no genome apart from influences from ‘the outside.’ This is congruent with findings in existential-phenomenological philosophy and psychology that prompted the rejection of the body-mind split as an anthropological
assumption. It also vindicates architectural theories that posit a direct influence of architectural forms upon the thoughts, feelings, behavior, development and well-being of the individual and society as a whole. These new possibilities also help explain what I witnessed in the homeless population. In nearly all cases of SMI among homeless individuals that I assessed, no single disease entity fit their experience over extended periods of time.

2.4.3 Urbanicity as a Risk Factor

I have detailed the rise of the idea that the modern metropolis could be a source of pathology. The Retreat at York is the earliest example of what is now known as milieu therapy (Bettleheim, 1974). Three generations of the Tuke family administered the Retreat after it was built and established in 1796. Here I only want to note the remarks of its third superintendent, Daniel Hack Tuke (1827-1895), on the subject of modern civilization and psychopathology. In 1878 he wrote: “Here in the enumeration of the causes of mental disease, the question so often asked, and so often answered differently, arises – does civilization favor the increase of insanity” (p. 7)? After making some concessions regarding the difficulty in defining ‘civilization’ and whether comparisons between historical civilizations was in order he goes on to make the startling claim: “Civilization, that is, European civilization, is, it must be admitted, a cause of insanity” (p. 8). He goes further to foreshadow my line of research in a way worthy of quoting at length:

I do not mean that if we take one man and educate and refine him, and take another and make him a labourer on a miserable weekly pittance, with a large family to bring up, living in a crowded dwelling, half-fed, yet frequently half-drunk, the former will degenerate into insanity or imbecility more readily than the latter; but I say that the
labourer of a civilized community is often more exposed to unfavourable psychological influences than the member of a wholly uncivilized tribe, and that even the more favourably placed educated man is in greater danger than the “untutored savage.” I am aware that to say that civilization favours insanity is regarded by many as treason against modern progress, humanity, … Civilization involves risks because it entails a higher form of mental life, and our highest wisdom insists in thankfully accepting this boon and escaping one of the risks by the prevention of insanity (p. 9-10).

In 1878, this argument was largely speculative and based on anecdotal evidence. It has now been validated through contemporary scientific method. Although city life may not require a ‘higher form of mental life’ it certainly requires a different form that is perhaps more demanding and stressful than the extra-urban. Tuke refers to ‘unfavorable psychological influences.’ To me this is a matter of primary concern. Others raised the alarm during that time, but were perhaps labeled traitors to progress as Tuke feared.

In *The Conditions of the Working Class in England* (1845) Friedrich Engels (1820-1895) thoroughly scrutinized sites in London and Manchester, England describing ghettoized urban spaces. Arguing from the communist socio-political perspective he saw a deepening morass in which millions dwelled in distressed squalor at the peak of classical industrial capitalism. Engels observed a correspondence between the city layout and the ‘unseen hand’ of the market forces largely responsible for the bewildering arrangements that turn the physical shape of the city into an epistemological puzzle. He shows how the city is an *inferential ground* giving rise to the truths that its architectural surfaces, its limits, its entire spatial dynamic seems to hide (Marcus, 1978). Engels’ observations of 19th c. urban architectural structures and their relation to capitalist society bear a direct link to contemporary urban conditions and the neoliberal capitalist ideology.
that now drive civic policy and development. I discuss this below when considering
gentrification on the DTES. The approach of Karl Marx (1818-1883) and Engels (1848)
is sometimes considered the beginning of the social sciences as we know them. Their
methods of description and inductive theorizing is perhaps comparable to what
qualitative researchers now call “grounded theory” (Charmaz, 2005).

Controlled, ethically valid experiments with human subjects on these hypotheses
is impossible. I will consider a comparative series of controlled experiments to show
deleterious effects of a crowded and enclosed space on mental functioning that were
performed by J.B. Calhoun (1917-1995) and presented in a paper titled: Population Density and Social Pathology (1962). Calhoun studied social behavior of rats, under
controlled conditions, to apply the findings to human populations. In his first experiment
he enclosed a population of rats within a quarter acre of outdoor space and supplied them
with all necessary resources expecting the population to balloon to around 5,000. After
two years the population consisted of only 150 rats. This showed that even this density
produced extreme behavioral changes that did not allow for many young rats to live to
reproductive age.

In the series of experiments that followed, Calhoun arranged four interconnected
pens with a beginning population of 12 rats per pen and allowed them to multiply until
there were a total of 80 rats in the complex. There was no shortage of any resources (i.e.
food, water and nest building materials) and this allowed for plenty of room if the rats
were to spread out to 20 per pen. Interestingly, this did not happen. Male rats fought
with each other for social status. Dominant rats then guarded the entrances to their pens
allowing only mating females entry; this left 60 or so rats to crowd into two pens.
Calhoun coined the phrase *behavioral sink* to describe phenomena he then observed among the crowded rats. He found that “a behavioral sink is the outcome of any behavioral process that collects animals together in unusually great numbers. The unhealthy connotations of the term are not accidental: a behavioral sink does act to aggravate all forms of pathology that can be found within a group” (p. 144). Some of the signs of pathology he observed included: extreme and unpredictable aggression; submissiveness and cannibalism; sexual deviance; reproductive abnormalities and (particularly interesting to us) loss of the ability to build adequate nests. Furthermore some female rats seemed to lose the ability to care for their young, boosting the infant mortality rate to 96% in one replication of the conditions (Calhoun, 1962, p. 245-251).

Does the high-density behavioral sink of the modern city, as observed in London and Manchester by Engels and as it occurs in the DTES, lead to higher incidences of pathology as Tuke and Calhoun predict? More to the point I want to reference here the law of effect, which is not a law per se, but it is the closest thing we have to a law in psychology. It states that any response to a stimulus that is rewarded, is likely to be repeated and that any response to a stimulus that is punished is less likely to be repeated – any behavior that is repeated is more likely to lead to a stable change in behavior i.e. *learning* (Thorndike, 1903). These results go far in explaining the high rates of pathology and drug seeking behavior observed in inner cities. Vancouver’s DTES and inner city neighborhoods elsewhere should be seen as behavioral sinks that precipitate a variety of maladaptive social behavior and psychopathology. However, we must admit that people are essentially different than rats in one important sense. The ontological difference emphasized in existential-phenomenological philosophy allows people to
distinguish place from space. Unlike rats, we understand the meaning of architecture. Place, as well as space, plays a role in what we see. Some researchers cited below, perhaps taking a cue from Calhoun, label high density urban environments ‘reservoirs of risk.’ Let us discuss how a city’s layout can serve to confine the population in question to specific areas in much the same way that Calhoun’s rats were confined to their pens.

Torrey and Yolken (1998) cited five studies showing that being born or raised in the city was related to the development of psychosis later in life. March et al. (2008) list 28 studies occurring between 1997-2008 that made significant findings showing positive correlations between urbanicity and psychosis. These findings are quite nuanced and count many significant variables. Degree of Urbanicity is a variously defined measure of place. It is sometimes based on overall population of a place, sometimes it refers to population density within certain geographical boundaries, and sometimes it is based on the ratio of the population in a certain place compared with the overall population of the region. For the Pedersen (2001) article referenced here there are five degrees of urbanicity: capitol city; capitol suburb; provincial city; provincial town; and rural area. These designations refer to population density within certain areas.

Some more recent studies have shown that living in a city increases the risk of schizophrenia. Pedersen & Mortensen (2001) showed evidence of a dose-response relationship between urbanicity and upbringing. In other words the higher the dose of the city (i.e. the ‘unfavorable psychological influences’ alluded to by D.H. Tuke) increases the chances of schizophrenia. Individuals participating in the study that had moved to the city had a 1.4-fold increased risk, while those moving to a lesser urbanized environment had .82 fold decrease in risk. And, “furthermore, the more years lived in the higher
degree of urbanization, the greater the risk. Individuals who lived their first 15 years in the highest category of the 5-level urbanicity had a 2.75-fold increased risk of schizophrenia” (p. 1040).

This follows an earlier study on schizophrenia and city life by Lewis et al (1992) that refuted the “geological drift” hypothesis that was believed to account for the higher prevalence of schizophrenia that occurs in cities. It was understood to mean that persons with schizophrenia tended to migrate, or drift, into cities. These investigators found that the incidence of the disease was 1.65 times higher for men who had been brought up in cities versus men who had been brought up in rural areas and they concluded that “undetermined environmental factors found in cities increase the risk of schizophrenia” (p. 137).

A related study by March et al. (2008) examined psychosis and place. They analyzed the results of 44 studies that looked at urbanicity and social context in relation to the occurrence of schizophrenia. They found heterogeneity of rates of the disease not predicted by simple urban density patterns, but seemed related to social proximity i.e. place as opposed to space. Ultimately the researchers suggest that a shift away from studies of spatial variation to “…the etiological effect of exposures shaped by place as a reservoir of risk or resilience” (p. 98) is called for. There is a similarity in the descriptions used by Calhoun above and the ones used here by March et al. In my view ‘behavioral sink’ and ‘reservoir of risk or resilience’ refer to the same phenomenon. The DTES is such a place.

From D.H. Tuke and Engel’s observations in the early modern metropolis, through to the controlled experiments and quantitative/statistical findings of contemporary
research there is support for an explanation of SMI derived from a theory of dwelling. This theory would mesh well with current trends in psychiatric genetics and neuroscience. There is a complex relationship between urbanicity and psychopathology in which both space and place play a role in its genesis. Crowding, limited resources and access to resources, and ‘urban dosage’ are all clear candidates for pathogenesis. However, existing or traditional theories are inadequate to the task. The ways that genetic vulnerability, biographical factors such as trauma and poverty, dwelling space interact to cause SMI must be accounted for in one explanation. Disciplines of philosophy, psychiatry and architecture will be deepened, broadened and combined in this complex of theory.

2.4.4 Viral Infection and Urban Density

I have discussed Henry Cotton above and the possibility of infectious agents as causal in SMI. In *Schizophrenia and Civilization* (1980) E. Fuller Torrey detailed high prevalences of schizophrenia in many different areas around the world. He concluded that, since the incidence of the disease was higher in more densely populated areas, there must be some as yet undiscovered infectious agent at play that is causal for the disease. This has been a controversial position, but approaching the question in this way has recently yielded promising evidence. Prenatal exposure to infection is likely a culprit in the later onset of schizophrenia and other SMI. Prenatal exposure to Influenza, toxoplasmosis gondii, and herpes simplex virus 2 have all been implicated as potential etiological agents (Brown and Derkits, 2010). Both Cotton and Torrey may yet be vindicated by these recent findings. According to the United Nations, by 2009 approximately 50% of the world’s population lived in cities (UN, 2010). Since infectious
disease presents greatest danger in densely populated areas, and urban populations are growing exponentially, these health risks must be considered in urban planning schemes (Alirol et al., 2010). Alarmingly, as I discuss below, the trend is in the opposite direction. City planners, condo marketers and developers, as well as urban architects like Gregory Henriquez in Vancouver have advocated for densification in urban centers.
CHAPTER 3: The Personal Experience of Living with Severe Mental Illness on the DTES Across Dwelling Types

3.1 Research Approach

In 2008, I was given the opportunity to design and implement a study on the DTES. Dr. Erin Michalak of UBC’s collaborative research team on bipolar disorder (CREST-BD), along with Kim Kerr of the Downtown Eastside Resident’s Association (DERA), advised on it beginning in Fall of 2008 and concluding about a year later. The study employed ‘mixed methods:’ qualitative research paired with quantitative assessment. Quality of Life was assessed via the QoL-BREF with severity of illness assessed via the Clinical Global Impression (CGI) scale. Participants, adult individuals living with chronic SMI, were identified and solicited with the assistance of DERA and the Vancouver Area Network of Drug Users (VANDU).

Based on literature review and consultation with DERA staff, a semi-structured qualitative interview was designed. I included questions that were based on Levinas’ philosophy. For instance in Totality and Infinity he states: “Metaphysics, or the relation with the other, is accomplished as service and as hospitality” (p. 300). Following this, I included questions about participants experience of hosting other people in their dwelling spaces, and how their dwelling situation helped or hindered it. I also asked about daily housekeeping activities such as cooking, cleaning and organizing possessions in their spaces. Many questions were suggested by Levinas’ understanding of labor and

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8 VANDU is a community-based organization located on the DTES that serves its chronically addicted residents through harm reduction strategies.
9 The interview questionaire is reproduced in Appendix A
enjoyment, and their ontological significance.

The semi-structured interviews averaged about ninety minutes each and were audio recorded. I then transcribed the recordings and coded them for thematic analysis as prescribed by Braun and Clarke (2006). These researchers locate thematic analysis in relation to epistemological and ontological positions similar to, yet distinct from, other forms of qualitative research methods. This was preferable to ‘grounded theory’ (Charmaz, 2005), which is one of the predominant forms of qualitative research in practice today, since it more closely conforms to phenomenological method. Grounded theory is prone to mistakes of personal and theoretical bias that are explicitly avoided with the phenomenological method. Instead of “… developing increasingly abstract ideas about research participant’s meanings, actions, and worlds…” (Charmaz, p. 508) I am attempting increasingly concrete descriptions of participant’s worlds. Secondly, instead of offering “… integrated theoretical statements about the conditions under which injustice or justice develops, changes, or continues…” (p. 508) I offer descriptions of the actual conditions for these to take place.

A theme represents some pattern of meaning in the data. They prescribe identifying themes that capture something important in relation to the overall research question, and this is what I have attempted. Instead of trying to provide here an accurate reflection of the entire data set, I take their suggestion for an alternative use of thematic analysis to “… provide a more detailed and nuanced account of one particular theme, or group of themes, within the data” (p. 83). Furthermore, I have used what they call ‘theoretical’ thematic analysis. In other words I am approaching the data analysis with the intent of getting at the latent meaning, as opposed to the semantic meaning, of the
data. “If we imagine our data three-dimensionally as an uneven blob of jelly … the latent approach would seek to identify the features that gave it that particular form and meaning” (p. 84). This is an identical method to what Lopez and Willis (2004) have called interpretive phenomenology, a qualitative method that has been used widely in nursing research.

3.2 Participants

Twelve adult individuals (6 male, 6 female) living with chronic SMI volunteered to participate in the study. The average age of participants was 44 (SD=6.8). According to results of a screening interview, each participant met diagnostic criteria for at least one major mental disorder as classified by the American Psychiatric Association (2000) in the revised 4th edition of its diagnostic and statistical manual of mental disorders (DSM).

Figure 4 Table showing participant's gender and Dwelling Type

<table>
<thead>
<tr>
<th>Dwelling Type</th>
<th>Homeless</th>
<th>Shelter</th>
<th>SRO</th>
<th>Bachelor</th>
<th>1 Bdrm</th>
<th>House</th>
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<tbody>
<tr>
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Mean QoL score = 10.5 compared to 14.0 for age matched peers in the general population.

Mean CGI score = 5 (“markedly ill”).

DERA staff suggested five types of dwelling space to investigate in relation to SMI that are diagramed in figure 4: The homeless shelter; the single room occupancy (SRO) hotel room; the bachelor apartment (also known as a ‘Studio’); one bedroom apartments: and the multi-room house. DERA staff facilitated the interviews by helping schedule appointments and provide private, or semi-private space for their conduct. In some cases
I met participants in their homes or their building’s common areas.

The goal of the semi-structured interviews was to empathetically engage the interviewees. Successful rapport produces dialogue that discloses essential descriptions. The focus on the first-person, concrete, lived experience further forestalls the tendency to talk about hypothetical explanations based on preconceived biases. I asked each person roughly the same questions in the same order. My goal was to remain open to the dialogue taking unforeseeable paths, leaving some questions out while examining others more closely, depending on the individual participant. Participants tended to refer to what has happened to other people, or to what someone else had said or might say, in response to some questions. I consistently prompted them back to their own experience to guide them through the phenomenological reduction towards their essential lived experience. I felt that I was successful more often than not. I attribute this success to training, experience in the field, and rigorous research design. Also, for the most part, my participants displayed patience and determination to help me understand them.

I will now give a brief synopsis of each participant’s lived experience as they reported to me in our discussions. I also include diagnostic (as suggested by the MINI interview) and demographic information obtained in the screening interviews. These are presented in order of dwelling type from those most inadequate and impoverished to those most adequate with the greatest enrichment. I then discuss some essential themes that arose in the interviews. Please note that since I have already gone into detail on Hockeystick, his profile is not included in this section.
3.2.1 Homeless ~ Conspiracy Theory:

Conspiracy Theory (CT) was a radically homeless female-bodied, Caucasian person, 39 years of age, who reported diagnostic criteria for a major depressive episode; major depressive disorder with melancholia; a low risk of suicide; agoraphobia; social phobia; obsessive compulsive disorder; post-traumatic stress disorder; and generalized anxiety disorder. She had been homeless for the past four years and was taking seroquel and morphine by prescription at the time. She received her mnemonic codename after joking about the popular embrace of conspiracy theories in the neighborhood. Her wry sense seemed to say ‘I may be psychotic, but I’m not stupid.’ For each meeting, she was on a day pass from the inpatient psychiatric ward at a local hospital. She appeared tall and lanky with a sheen of sweat. Her clothes hung on her like a clothing rack and she said that they were obtained from a donation bin at a shelter. She was emaciated and spoke very quickly as if to challenge me to keep up with her thoughts; observations that spilled out as words almost tripped over each other, rushing across the space between us. She was eager to enlighten me, but equally eager to get paid and get out the door. Why? She said that she would use half of the money, 10 dollars, to buy a rock of crack. When I asked her if she would return to the hospital while high, she replied that she would return in any case, as she was just as likely to score the drugs in the hospital’s rooftop smoking area. An emphasis on safety stood out immediately for CT, who said that it was safety, by way of close community relations, first and foremost, that makes a place a home.

She spoke with a lightning fast fluid intelligence, tone of sincerity, and streetwise experience. CT expressed feelings of futility along with the struggle of living in the neighborhood as a poor person, and compared the plight of the people living in the Stanley Hotel, a site set up especially to house the squatters of the Woodsquat, to
someone trying to get clean off of drugs: … “it was originally designated for them [the
Woodwards squatters], but they all had their hopes and dreams and they all got squashed
because its unrealistic, just like the drug courts. It gets you on the right path eventually,
but it sets you up for a lot of falls along the way… its so unrealistic. They’re just setting
you up to go back to jail.” She said that it was difficult to get out of the cycles of
addiction, but that it is easy to stay in the neighborhood, with its many resources tailored
to fit the basic needs of homeless, chronically addicted and mentally ill people, especially
if one has the constitution to do so: “One thing about the DTES, it’s very good for
resources. You can have three square meals, even without being in a shelter, if you’re
resourceful enough and able to live down here. That’s why everybody stays down here.”

CT carried no possessions: no clothes, no toiletries, no food; yet she carried all
that she possessed. She reported that she is able to get brand new, or used, clean clothes
and throw away her old ones, never having to do laundry. Furthermore, toothpaste, soap,
hygiene facilities, etcetera are available if one is savvy enough to secure them. She said
that since these frequently needed items are readily available, and since there is no place
for her to safely store possessions, she had “learned to just let go” of possessions.
Another reason to abstain from holding on to possessions was that one can avoid
interpersonal conflicts arising out of what CT called the “dope opera.” By that she meant
the kind of interpersonal dynamics that are likely within a community of dope addicts:
“… ‘oh, that’s my backpack’ or ‘well I bought it,’ ‘well, you stole it,’ ‘well, they took
it.’” The resilience of people like CT will never cease to amaze me.
3.2.2 Shelter ~ Klondike:

To those of us working in the field, shelter living is considered to be a boundary state between radical homelessness and actually renting an apartment. There are many kinds of shelters and they are often specialized to serve specific subgroups like youth, women, families or men to the exclusion of others. On any given night in Vancouver there are several hundred homeless people staying in shelters. I recruited one participant who happened to be living in a small shelter in the neighborhood that served sex-workers who were trying to transition out of the profession.

Klondike (K) was a thirty-nine year old female-bodied Caucasian person who estimated that she had been homeless for 4.5 months out of the past five years. She reported being on Luvox, Seroquel, Effexor, Gaba-Pentin and Morphine by prescription. She met diagnostic criteria for low suicide risk; past manic episodes; panic disorder; agoraphobia; obsessive-compulsive disorder; post-traumatic stress disorder; substance abuse and substance dependence. She was in an early stage of recovery from cocaine addiction and had suffered chronic pain since being hit by a car some years earlier. This particular shelter had multiple bedrooms, each shared by three people. The shelter had a full capacity of 12 people.

She said that in order to have a good QoL she needed a safe place to live, with a support network and network of friends, as well as enough money for transportation (a bus pass), and “enough money to live comfortably enough that I am able to do a few extra leisure activities and eat well.” When asked about her dwelling patterns, since and including adolescence, she said she had run away from home at age 13 and started “working the streets” (in the sex trade) by age 17 and had become a ward of the court. By then she had started using “fairly hard drugs.” She was frightened of being put out of
the foster care system, which she had become dependent on, when she turned 18. She was afraid that “in a lot of cases, and mine included, it can send people out using even worse… because of the fear aspect.”

She then described another disturbing phenomenon; a direct link between dwelling and sex-work: “I’ve been working for mainly a place to stay, food to eat, you know: money. Money for drugs and booze, stuff like that. In my younger years I used to think that that was kind of part of it as well was that I would get together with guys and I would stay with them for a while you know.” When I asked whether sex was always part of the deal in a living situation, she answered that this had, in fact, been the case since she was 13 or 14 years old. “I learned at a very young age that, you know, with sex I could get just about anything I wanted and that, like I said, it would afford me a place to stay, food to eat and the drugs and the booze and whatever else I wanted.” This is an example of the law of effect at work. By her own report, this was the reinforcement schedule through which she learned the basic habits that characterized the better part of her life, from adolescence to middle age. Her living situation had always included the co-modification of sex: “I was a young woman and quite often a shared accommodation would end up with a male room mate and that always ended up in some sort of twisted sort of sex. The guy always wanted something, a lay or something… that was always sort of part of the consistent thing.”

In her current dwelling, a homeless shelter, there is “no privacy, none whatsoever.” She also reported that managing chronic pain and sleep is a major issue. “My life is unmanageable and I can’t even manage my own place. I’m not able to live.”
When asked about quality of life in general K replied: “My basic quality of life is just very poor and just satisfactory.” For K, shelter dwelling afforded no luxuries, no privacy, and no protection from open drug use and the temptation to relapse. “I’ve had 5 or 6 new room mates and it’s affecting my sleep… I’m clean and I come home one day getting ready to go to a meeting only to hear a lighter and I look around the corner and see my room mate smoking away.” By ‘smoking away,’ she meant that the person was smoking hard drugs. She expressed frustration with the inability to control this, and with having no choice, saying “that’s unacceptable to me in my home area.”

Distinct from other dwelling types, Klondike’s shelter provided a recovery program and “life skills” oriented structuring. This included mandatory wake-up time and certain hours that are closed to staying inside. K also explicitly chose this particular shelter because it was away from the heart of the neighborhood, and away from “the stroll,” the stretch of blocks where open sex-trade is practiced. This was extremely important for K, who likens the temptation to that of hard drugs. “Working the streets, even though I quit a couple years ago, is also a huge issue for me, bigger as far as addiction goes… I was clean in the beginning of last year, but the problem was I ended up isolating and staying in because I was afraid to go out at night because it was right on the stroll and if I went out I might get picked up or might get approached… and inevitably I would end up using drugs.” So we see the pattern of sex work, dwelling and drug addiction to be directly linked in Klondike's case. This can be seen as a ‘double addiction;’ K is addicted to sex work because of the consistent reinforcements that follow it (including drugs), and she is addicted to drugs for the same reason.
3.2.3 Single Room Occupancy (SRO) ~ Belle:

Belle was a 48 year old female-bodied person. We met in a common area in the hotel where she had lived for the past three years. She was open and candid about her lifestyle and experiences living in and around the DTES, an area she described as ‘a quagmire.’ “Once you get in, get down here, its very hard to get out... We are not undesirable, we are people who are caring, loving, giving, can be, but it’s not my choice of places to live. Its due to my economic problems, we have to live down here, I have to live down here because I can’t afford to live anywhere else,” she said. She had spent 6 months out of the past five years homeless, and now lived in an SRO, something that she said “actually gives me some stability. I have a nice room that is mine; nobody comes in without my permission. It may not be that clean all the time, but I’m not Suzy Homemaker, but it’s my room, my stuff, my domain, and a place where I can call a safe sanctuary.” Already we can see a stark contrast between radical homelessness, shelter dwelling and the SRO: a threshold of control and sanctuary where private belongings can be kept safe.

Belle had been a sex-worker in the past and still relied on it at certain times “to make extra money when I’m really hurting.” She reported taking Atavan and Venlafaxine, and met diagnostic criteria for a major depressive episode; moderate suicide risk; a current hypomanic episode; as well as substance dependence and substance abuse. She also suffered from serious medical conditions that had led to parts of her digestive tract being removed, and severe problems related to going to the bathroom for bowel movements. During the interview she felt obligated to apologize repeatedly for her uncontrollable flatulence.
The interview questions touched upon several sensitive areas of her life and I was moved by her emotional expression. At times she would laugh with joy; at other times she would and cry with sadness. When I asked her about how her mental illness affected her ability keep house, cook, and clean she replied in tears: “Down here I don’t have anything that matches. And that bothers me… I don’t take pride in myself anymore. In how I act or how I am. I used to be a good mom. How I habitate. I can’t even be a good partner to somebody because I am an addict and the drugs come first. The only relationship that I have is with drugs.” She described being unable to keep house properly, to organize the space. She seemed to slowly lose the physical ability over time due to being emotionally tired. This inability to keep the dwelling space, or to properly make a nest, was observed by Calhoun (1962) in the behavioral sink. Belle said she was merely existing at the moment, and not truly living. “To me living is having a place where you have a bedroom, a living room, a dining room, a kitchen. You come home, you take your coat off you hang it in your closet. You go to your kitchen, you start dinner, you take stuff out of your own fridge and you put it in your own oven and you do your own dishes in your own sink.” She did not have her own kitchen, but shared one with other people on the floor, as with the bathroom.

Over time Belle had lost everything of value. It had been sold off by her ‘ex’ so he could buy drugs. Her dwelling situation had become quite dismal to her indeed. “I just drop a pile of clothes on the floor, and the dishes that are not done and there are crates all over the place because I don’t have shelves. And my life is reduced to one room, a bunch of junk that I could walk away from and not miss.” She yet had just one prized possession: “There is nothing in my room except my Rod Stewart picture that I
would actually miss, that I couldn’t replace. I used to have a three-bedroom house full of furniture. I had memories, memorabilia that I loved and cherished…” I was astonished that a Rod Stewart picture, of all things, would be the one object that yet retained meaning and felt irreplaceable to Belle. With everything else, like Conspiracy Theory, she had learned to ‘let go.’

She also had two pets; rats that she had raised from their birth. She offered to bring them down to show them off to me. I agreed and met ‘One Eye’ and ‘Farrah,’ Belle’s “two adorable rats.” They were domesticated and from domesticated stock. Their mother had died nursing a litter of 15 babies. To her “These [were] the best anti-depressants that I’ve ever had… I always had a dog, but down here you can’t have a pet. I’m not even supposed to have these.” She said that it was next to impossible to have a dog and that most SROs don’t allow pets of any kind. Also, being an addict, one can only have very low-maintenance pets, in this case Belle only had to make sure the rats had food and they would be all right. They certainly brought her joy: “I love my babies. I come home and I’m miserable that’s when I get ‘em out and play with ‘em. If I really want a good laugh, I throw ‘em in a bucket of water… I was trying to keep these suckers in and they are jumping like Mexican jumping beans, I’m putting them back in the bucket. It was hilarious.”

Belle walked a fine line between subsistence and despair, tripping between each side daily. She had found a way to exist in a meaningful way just above the threshold of homelessness, in hardly adequate dwelling. Having the ability to host occasional guests, having privacy and control over the small space, retaining a single meaningful personal possession, and having adorable, low maintenance pets all played parts in her life.
3.2.4 Single Room Occupancy (SRO) ~ Backyard:

Backyard was a 45 year old male-bodied indigenous person living in a single room occupancy hotel. He reported being prescribed Trazodone and Tylenol 3’s and he fit diagnostic criteria for major depression, dysthymia, current manic episode, panic disorder, agoraphobia, post traumatic stress disorder, substance abuse and substance dependence. Our meetings were convivial and engrossing. He took his time to elucidate his answers for me, and he asked me for clarifications many times. He seemed to be genuinely interested in the project and not rushed. He appreciated my interest in his life and experience of dwelling and living with SMI. He spoke with a thick accent and his speech was sprinkled with the vernacular of the street and his own cultural background.

His face softened and his head tilted back while he described growing up on his grandfather’s property on the reserve from which he came. Then, when telling of his day-to-day life he would face me squarely, feet flat on the floor, eyes locked and earnest, as he seemed to want to make sure I understood the pragmatic and concrete character of life in the DTES. When I asked what the bad things about living in an SRO was, he said: “…the bad thing is that its made of really hard to house people, the people, there’s a lot of people with serious mental problems… But you know they’re just enemies of mine there, that sometimes, at times I fear for my safety. That’s a lot of times, that’s the only time I can live there lot of times when I’m drinking that I don’t care.” He had lived in hotels like that for most of his adult life. When I asked about the worst place he had ever lived he described another SRO hotel: “…that was totally a nightmare! Holy Smokes. People going in there with guns all the time you know it was totally nuts there, it was the crack house of all crack houses on the downtown east side… it finally got demolished…
The cops couldn’t even keep control of it, DERA couldn’t even keep control of it cuz it was drug dealers would go in there and torture people.”

When I asked about how his dwelling place affected his mental illness directly he said that being in his room made him depressed. I asked him to say more and his answer indicated a direct relationship between the space, depression and the onset of psychosis:

It just makes it worse, it depresses me. And I start--that’s when I start going into my fantasy world. And I think oh no what are you doing, get away from there… get away from me, get away from me eh. That’s what I’m saying out loud because I know I’m, when I got that way when I was younger, that’s when I really got bad and got into my depression that led to my suicidal fantasy eh. So yeah, it started deep that way, but I got a place to go, my buddies place, where I spend a lot of time.

Well it’s like be laying there thinking oh yeah here I am with all this money and here I am helping all these people and here I am spending all this money and having a better life. And then drifting off to having a better life to what I am, and but its not reality because reality is a shithole of a place. I’m still on downtown east side, I’m still a drug addict right and I’m still depressed so, that’s my reality. The fantasy world is me having millions of dollars right and not being depressed. So and that’s …

He told me that it is when he spends a lot of time in his room that he would “start slipping into not living in reality.”

Here is an example of depressive psychosis, with accompanying delusional material and hallucinations, being triggered by the dwelling place itself. The participant reported having these kinds of episodes in his adolescence and being able to see it coming. When he did sense the loss of reality approaching he was able to mediate it by leaving the space and going to a friend’s apartment. To me this validates, at least in this one case, what Levinas has said about the significance of the dwelling and the face of the
Other. Where the space is inadequate for ontological completion of the self, the psyche will lose its temporalization and give way to fantasy, in this case a fantasized future where Backyard is able to be of optimal service to the community, to the Others around him. Only physical intoxication or the company of a friend, the welcoming, responsive face of the Other gives reprieve, and saves Backyard from the all engulfing horror of the boundless there is. These few lines of this conversation bear the most concrete proof for my basic theory of the embodiment of emotion through dwelling, the etiology of SMI, and the metaphysical necessities for basic human capacities that allow for free choices.

3.2.5 Single Room Occupancy (SRO) ~ Eagle:

Eagle is a forty-five year old male-bodied Caucasian person living in a single room occupancy hotel. He reported being prescribed Seroquel, Hydrochlorothiazide, Valtrex, Felopidine, Atasol, and Semetidine. He also met diagnostic criteria for major depression, moderate suicide risk, panic disorder, substance abuse, and generalized anxiety disorder. He had been homeless for a total of six months over the past five years.

Of all my participants, Eagle was the most frustrated, angry and enraged about his dwelling situation. He summed up the interpersonal atmosphere in the neighborhood as one of predator and prey. If he had clean clothes he would be marked for exploitation: “Well if I don’t shit myself then everybody thinks I have money and they’re looking at me like I’m a target.” He also emphasized the futility of trying to cultivate shared spaces, such as washrooms and a kitchen. “My room is okay, but the common areas… they try to clean it [the kitchen] up, but it gets messed up in a few minutes.” Regarding the water closet that is shared by up to 20 people “there is often plugged toilets full of shit and piss and all kinds of crap.”
He went on to say how he is engaged in a losing battle for basic human rights:
“I’m usually fighting for something most people take for granted: basic human rights.”

His building was infested with bedbugs, cockroaches, rats and mice. The situation with police, social workers, apartment management and tenancy advocacy workers seemed like an insurmountable morass of control versus help. At least once, his room was invaded by police, and he was beaten by them after he was blamed for a fire started by another tenant. He said that it was routine for police to aid landlords in illegal evictions:
“All the landlord has to say is ‘I’m afraid he might damage the place.’ And then you are out of there. There’s no residential tenancy act, nothing! Everything in the place belongs to the landlord! The cop says ‘take him to small claims court.’ Which you can’t do because you can’t prove everything because he has it. And they fucking know it!”

I asked whether this ever-present risk of eviction was normal for the neighborhood, to which he answered: “anybody is at risk for eviction at any time. People can come into your place with police escorts, with the fucking pig pipe-band and baseball bats to illegally evict you and steal everything!” The impotence of social workers was also emphasized: “whether it’s to help me or to help someone else in that building somebody fucks it up every time.”

Eagle’s experience was characterized by persecution and a struggle for basic human rights. He also had two cats and four pet rats at one point, all of which died or were taken away from him, or were forbidden for him to have in his dwelling places. He believed that one of his cats had been poisoned to death by a neighbor. He also only slept a few hours at a time due to anxiety and frustration. He had to take Seroquel, as a sleep aid, in order to sleep for a few hours. When the ability to lie down and sleep soundly is
impossible, I would predict serious distress and anxiety. This, combined with the lack of fundamental human rights, is enough to produce SMI.

3.2.6 Bachelor Apartment ~ Pinkwatch:

This forty-eight year old female bodied person of indigenous descent had lived in the DTES for thirty years and was living in a bachelor apartment at the time of the interview. She reported being on Fluvoxamine and Trazadone and she met criteria for major depression, high risk of suicide, past manic episodes, panic disorder, agoraphobia, social phobia, obsessive compulsive disorder, post-traumatic stress disorder, substance abuse, and substance dependence. I had no doubt this person was suffering greatly as her body and voice trembled with fear and anxiety for the majority of the time that we met. She had lived for the past 30 years in places she describes as “horrifying” with “very low qualifications for owners or managers.” She had been on welfare and lived in one single room occupancy apartment after another since the age of 13, when her mother and father died.

Pinkwatch had moved many times and repeatedly suffered the loss of possessions. Some were given to her by family, some she had inherited from her deceased parents or other relatives. She said that she had no possessions, something for which she “… still pain today about it with heartache.” At the time of the interview she had just come out of drug and alcohol rehabilitation and was struggling to stay sober, something made more difficult while surrounded by drug dealers and “non-recovering addicts.” She felt that her dwelling places had a lot to do with her struggle to maintain a decent quality of life. Slumlords “…just don’t care about upgrading the places or getting rid of the extra lives that are living in the place such as rodents and cockroaches and spiders and bedbugs all
of that stuff is… and it brings down my self esteem and it grosses me out and it makes me sick.”

Pinkwatch also reported feeling unsafe in the neighborhood due to the fact that there were so many people who were often desperate for drugs: “…its not safe for me at all… Because people hurt people down here just to steal a Twonie. My ex-brother in law got murdered a few months back for five dollars and that was just one block from where I live. He had five dollars in his hand and an addict so needed down he just stabbed him in the heart and took the money.” This happened to a relative, but terrible things had also happened to Pinkwatch herself. She reported a home invasion during which she and her husband had been held hostage and tortured:

he took us hostage and kept me in our own home, locked in our room not allowed to go out in to the bathroom and stuff like that… He threatened violence. And that if we didn’t continue to do what we had to do to make it be okay for him to be there that he was gonna kill my husband in front of me. So we spent days on end reading lips and trying to make plans of how to get out of this situation and he, he uh, beat us with a crowbar. And my husband almost died from it. He’s in recovery right now.

That moment was one of the few times that I was overwhelmed by what I was witnessing. Still more disclosure of trauma followed. Pinkwatch’s nephew had been murdered in their home sometime in the past, so she had taken to putting a metal plate in her window to deflect any bullets that might be fired at her from outside, even though she lived on the fifth floor. She said that she thought she was “still living in that past trauma.” Again, here is an example of distressed personal time; an event in the past had been so traumatic that it never left her in the present. I tried to maintain my composure to the end of the interview and I think I managed pretty well. When I asked whether we had
missed anything she said that she had a lot of anxiety about her neighbors fighting in the hallway “because of the shooting and stuff, I’m afraid its gonna happen outside my door or something, or, yeah that I might get shot or something, or a body or something in the bathroom is the scariest thing.” I was overwrought, but I said “I would never have guessed that you had this kind of anxiety.” “Its pretty scary” was her response. Pinkwatch was definitely the most ill at ease participant that I met. Her resilience was also the most impressive, considering the amount of trauma, displacement, and hard drug and alcohol abuse she had survived.

3.2.7 Bachelor Apartment ~ Phillip:
Phillip was a 51-year old male-bodied person living in a bachelor (studio) apartment run by DERA. He immediately struck me as intelligent and eccentric. He was prescribed Seroquel and he met the diagnostic criteria for: a current major depressive episode, a past hypomanic episode, substance dependence, and substance abuse, as well as current and lifetime psychotic disorder. The screening interview took place in the backroom and food pantry of DERA. The second interview was in Phillip’s apartment at his invitation. He welcomed me, but not without suspicion. He told me that he assumed we were under surveillance, but my own recording device raised little to no concern in regards to his experiences of persecution – I had gained his trust. He related his familiarity with Phillip K. Dick novels and how he felt that the use of drugs was contributing to mindlessness and hypnogogic susceptibility to manipulation of the DTES population by government and law enforcement entities.

Phillip described his overall quality of life as “pressurized; under the thumb.” I asked him what was important for him to have a good quality of life. He answered, in
part, that “space is the most important thing for anyone… to have a sense of space… like not just physical space, psychic space.” He then referenced a principle of quantum physics; objective results are impossible since the phenomenon in question is affected by the presence of the observer. He noted that he, and people everywhere all the time, were under surveillance or at least potentially under surveillance. For him this fact was a matter of justice and fundamental human rights and the worst thing about his living space was that he could not escape surveillance.

I asked how his current dwelling space affected his quality of life. He answered: “Physically, it’s a step up, so I was grateful for that… I got my own washroom and stove and facilities that are all new.” At the same time he felt “absolutely terrified” about being manipulated and filmed, without his consent, as part of a game that he was not privy to. He referred to the Portland Hotel Society’s psychiatrist as “Dr. Van Helsing.” He wanted to engage more in community-building and community-oriented activity. He was concerned, however that people in the community were “two-faced.” He cited an example of a person who suggested compassionate community-building, but who had also said that certain people did not belong. He referred to our age as “the era of the genuine fake.”

I found myself struggling to keep the interview on topic; to keep the structure in the semi-structure. The surveillance theme was constant, and he thought that other people may be coming into his space while he was away. He would purposefully leave things a certain way when he went out and then find them arranged differently or changed when he came back. He had moved out of the last place he lived because he felt persecuted there. The current space he was in helped his mental health; “yeah, since I
moved here I have gotten a little bit better and I’m trying to not pay attention to surveillance things.” He appreciated the kitchenette and was better able to maintain his strict vegetarian diet by cooking at least one meal a day in his place. Seroquel, which was mildly effective at helping him relax, helped him to sleep and “… sleep, in general, will relax me and make me feel like ‘oh, life’s not that bad, not that much under the microscope… if I use [crystal meth], then the surveillance is up, they know when I use or whatever and…its like lab rats, Pavlov’s dog: if I do the bad thing I get the pain stick… but if I take my seroquel and go to sleep, which is what they are telling me to do, … I’m tired and it’s all good.”

Phillip had never been psychiatrically hospitalized in his entire life until recently. I asked whether his dwelling space may have had anything to do with it. He said that he had been living in the worst place he had ever lived when he became psychotic. It also coincided with an eviction when “… every single object that I own was taken from me. All it was, was pictures of my daughter, shiatsu archives, and spiritual material.” Clearly this experience was traumatic for him and he immediately began to seek reasons for people to take away things that would have no street value or value at all to anyone else. He reasoned, “Now all that stuff disappeared, and I don’t think it just disappeared. I think some eyeballs got to look at that stuff, it was esoteric… a personal value only… definitely the surveillance started there.”

Regarding sex, Phillip made some interesting points. He said that the feeling of being under surveillance put a damper on his sex drive. He thought that if he were to masturbate, then people would film it and use if for their own pleasure. Also, sexual
relations between men and women had become commodified in the neighborhood, partially because of rampant drug addiction.

I always had girlfriends all my life until I ended up down here at age 44 years old. Once I found out that crack cocaine made crack cocaine the number one priority, so me, my dick or whatever I’ve got to share is only secondary to crack or them having sex with me is their way to get crack, and I was confounded by that just because I hadn’t gone out with a lot of prostitutes and I had only been with women who wanted to be with me. So I realized it was a mutual exploitation thing and I stopped doing it. I stopped sexing the girls. I’m friends with quite a few of them. It’s a neighborhood thing.

These statements on intimacy matched up with what some female-bodied people also reported, especially Klondike and Belle. When I asked Phillip if there was anything that we missed in the interview he said that yes, there was:

The way of the eternal says that the more you get down to the physical plane, there’s laws, more laws .. meaning more conditions… there is one law on which all the other ones are based, which is: Love is all; do as thou wilt. So if you’ve got love… then whatever other mistakes you might make is covered. It’s covered by the fact that you are doing the right thing, because your heart is in the right place. So when I say love is all, I mean like space. That kind of love. Neutrality. The ability to keep your counsel and take your hound dog sniffing nose to wherever there is something to sniff around for. So that’s what I would say concerning space and living situations, right?

The reader, knowing that I am relying heavily upon the ethical philosophy of Emanuel Levinas, might think I told him to say that. But I did not. This is in fact the main thesis of Levinas’ moral philosophy with the exception of the source of the love; it would be revealed as a response to the face of the Other. I shall return to this notion below.
3.2.8 One Bedroom Apartment ~ Collector:

Collector was a 53 year old, male-bodied, black Afro-Canadian person living in a one-room apartment. He reported taking cocaine occasionally, but he was not currently taking any other drugs including prescription meds. He met diagnostic criteria for a past manic episode and he appeared to be the least ill of all my participants. Our second interview took place in his apartment, which was filled with countless objects that appeared to be found items: dolls, stuffed animals, pictures, photographs, small toys, furnishings of many sizes, shapes and colors. He told me that many of the items were gifts from visitors and that in the community it was well known that he collected such things. Some people would come and sleep at his place, and adding items gave them a feeling of comfort and peace. Everything in the apartment was arranged in the different rooms according the theme of family. It was quite impressive: “Nick-nacks. They’re not junk; little stories. Each room is dedicated to family, which means that one area is mothers, one area is children then the whole family. I didn’t know I did it that way until I looked around. After I finished I looked around and I go ‘oh, it reminds me of family.’”

He said that he wanted to heal wounds by getting back in touch with his children and other family members, and to stop doing some of the drugs that he does. He felt that his place afforded him a level of autonomy that was not possible to a lot of people in the neighborhood. This meant that he was able to host guests at any time, for as long as he wanted, without having to pay (some SROs for instance, make residents pay $10 per night to host guests). He said “… you can come and go as you please; you can have friends over and that makes you happier obviously. It don’t make you depressed.” He also had his own washroom and kitchen so he was able to cook his own food, although he
would have liked to have more food in the cupboard. When I asked whether his place affected his mental health he said: “It makes it better, it makes it better. Yeah, the more space you got, the better you feel, and ‘cuz you got control over what you do and how you live.”

Collector said that he would like to have an intimate partner to live with. He said that in the past, when lived with a woman, he did fewer drugs and was more cautious about his behavior. He used to eat three meals a day and now he only ate one meal a day, which he bought outside, instead of preparing meals at home. He was also less depressed and more cheerful when he lived with a partner. As it was he was grateful to be able to host guests and considered himself a good host at his place. He sometimes hosted people so that they had a safe place to do drugs: “… there might be certain environments where they might do something more damaging to their thoughts or to their mind, you know?... like some places you go if you do drugs you won’t enjoy the drug. You might get paranoid, you might get frightened, and you might feel more danger, which, here they feel comfortable and safe.”

I asked him about pets. He said he used to have dogs, but it had been many years since he did. The place allows people to have dogs if they had them before they moved in, “yeah, because take pets away from some people and they will die, you know? ... you know you take away some people’s pets and its like they lost a life you know. It’s like taking away their own child or something.” He was hoping to get two pet birds, even though he knew it would be a lot of responsibility.

The sharing of his space, he said, was based on the way he was brought up by his Christian grandmother. He said that there were a lot of “spiritual things here” and that if
he were to have a woman over just to spend the night, she could do so without worrying that he would demand sex or force himself upon her; he would respect her boundaries. His space was important in that it allowed him to exercise his spiritual beliefs and practices. It was part of his homemaking practices which also included decorating: “I can’t live in a place unless I have a character built around me, you know? So, if I’m in a room I gotta put stuff on the walls, regardless I’m gonna make it cozy and as comfortable as I can… [so that it reflects] my personality, exactly.” When I asked him to elaborate, he said that he is miserable if he can’t arrange things as he wanted them and keep things neat. “Its not a home if you can’t be yourself. You know? If you can’t have a way to feel what you express, you know?” I knew.

3.2.9 One Bedroom Apartment ~ Floppyhat:

Floppyhat (FH) was a forty-two year old male bodied Caucasian person living in a one bedroom apartment owned by B.C. Housing, and managed by DERA. A veteran of the mental health system, he rattled off the list of drugs he was currently on with the familiarity of a professional pharmacist: Amotryptamine, Valporic Acid, Restoril, Mogadan, Sulfa Drugs, Marinol, and Benzodiazipines. He had been committed to inpatient psychiatric treatment three times for a total of 90 days in the past and he met the criteria for major depressive episode current and recurrent, major depressive episode with melancholia, dysthymia, high risk of suicide, past manic episode, social phobia, post-traumatic stress disorder and substance dependence. We met in the DERA pantry which was in the basement of his apartment building. He wore a wide brimmed hat with drawstrings that framed his bespectacled and heavily bearded face. He had on heavy layers of clothing in dark colors and distressed hiking boots.
FH told me that his quality of life had improved dramatically since he had moved from an SRO into his current dwelling situation: “Right now my living situation is a very good one. I have a large living room. I have a kitchen that I can cook in. I have a dining room I can eat in and I’ve got my bedroom and a little hallway with an entrance way. It’s quite nice.” It was a place where he could “move, I can be myself, I don’t have to worry about having my door smashed in from people trying to take over your apartment or whatever.” The dwelling place changed his life dramatically and improved virtually every aspect of it. He told me his life had “been enhanced greatly. I’m able to communicate much better with people. I’m able to meet people now and take them somewhere. I can even have a relationship now.” In addition, he was now finding it possible to deal with the grief following the death of his previous partner. He said that he could not have improved his life without a decent dwelling space: “When I got better housing it changed my life entirely. It was absolutely a necessity… Its easier to keep and make appointments. It’s a place where you can centre yourself out of.10”

As a recovering crack cocaine addict, FH found his new place more conducive to being and staying sober. It included a common area where he enjoyed sitting and watching people walk by on the sidewalks, without being accosted by numerous people offering to sell him crack. Although his social life had been improved, he found himself exhausted from helping others move in and move out from the building, including people he did not know. He thought that neighbors had found him gullible and that they took advantage of his good nature. He said that since he has a stable place, people called him

10 Levinas agrees with this and states it thusly: “Concretely speaking the dwelling is not situated in the objective world, but the objective world is situated by relation to my dwelling” (TI, p. 153).
for help. However, it was often a “set up” by people who would later want to “fix” in his apartment. This inevitably caused a subjective conflict between the desire to host others and the risk of being “triggered” to use drugs by witnessing their drug use.

FH certainly did not fit the hard-luck story of the stereotypical DTES resident. When asked about his history of dwelling he spoke of having everything he ever needed. He described a typical upper middle class suburban lifestyle. His family had owned a large house with all the amenities and multiple rooms, any of which he could live in if he chose to. Since moving out on his own he said that his dwelling situation had been “up and down”, including a penthouse apartment and other “nice places” with “beautiful art and nice things all around” and that he had dwelled in places that were “good, bad and in-between… from the top to the bottom, rock-bottom” including some of the DTES’s most notorious SROs. He said that he decided to be independent and refused money from his parents, unlike his siblings, who all depended on parental support.

FH expressed wanting to improve his community by helping people resolve interpersonal conflicts. “I would make it a more community oriented place where people could work out problems with their neighbors.” This was a reaction to seeing interpersonal conflicts go unaddressed until they became unmanageable and lead to the inability to “control what happens in one’s home.” The desire to help others and to build a better community were popular themes throughout many interviews and when I asked whether he would like to move away he answered in the negative saying that all of his family was there. By ‘family’ he meant his community of friends, who were so close that they had become his second family. He said that he wouldn’t know where to go and that he thoroughly enjoyed his life in the neighborhood. “I love it here,” he said.
He also found the neighborhood dangerous and he did not feel safe when he left his apartment. One reason for this was that he had worked at a local pharmacy that paid him $2.50/hr for eight hours a day of work. He made $20 per eight-hour day and a local news program had done a story on it for which he was interviewed. Because of this, the owner of the pharmacy was angry and FH feared reprisal. Also, he felt that it was difficult to stay clean or to moderate his drug use because when he went out he would be offered drugs from dealers right away and for the whole time he was outside in the neighborhood. During the interview he had the insight that this was why he did not really want to move away: “… when you were saying that, I just started thinking about moving again, and why am I still attached to this one area? I know why I’m attached to this area, because I can get my drugs here. I still have a problem with drugs, I just realized that.”

FH also was able to get some pets after his move into his current place: two cats named ‘Jelly’ and ‘Rhubarb.’ He said that he spent a lot of money to keep them happy, but that it was worth it because as long as they were happy, he was happy. To him, his cats were the only thing he had at the moment; his only consistent companionship as others in the neighborhood could not be trusted because of the criminalized, drug-based culture. For him his place was a home because he was able to control the environment: “… it’s just nice to be able to do what you want to, that’s conducive to better living and conducive to keeping your mental sanity together” he said. That, plus the fact that he wasn’t “controlled by a powder or substance anymore.” His main problem now was that he was addicted to methadone, which wasn’t nearly as bad since it was supplied to him. The only problem with that was that he couldn’t leave the vicinity because they would not give him ‘carries’ so he had to stay close to the methadone dispensary.
I asked FH which came first, homelessness or mental illness. His answer was:

“Both. They go hand-in-hand unfortunately, but I think the homeless situation is probably worse. It’s gonna lead to mental illness and it does. It has affected me mentally. I’ve seen other people… I can take you on the street and show you people who were absolutely amazing people ten years ago, but now they have burnt their whole brain out and they are like a fried piece of toast, or bacon. They are cooked… and that’s due to not having an adequate place to go to do their drugs or to do their food or whatever.” He saw a direct relationship between homelessness and mental illness. He thought it was necessary to do something immediately to solve the crisis, instead of having a plan to provide shelter over the next ten years. “Even like makeshift shelters so people can sit somewhere for like ten hours or sleep for like twelve hours, have enough sleep for the day, ‘cuz you will start seeing things if you don’t sleep… and you start hearing, seeing and doing things you would never ever do.”

When I asked if there was anything that we may have missed he said no, and that he hoped he hadn’t been confusing to me. I told him I thought what he was able to share was great. He was happy with that and said that he was glad to help. He added that the staff member who asked him to participate was helpful to many people in the community and that he would do anything “to help her with anything I can. She’s been down here a long time helping a lot of people.”

3.2.10 One Bedroom Apartment ~ Nice Girl:

Nice Girl (NG) was a forty-five year old female-bodied Indigenous person living in a one bedroom apartment. As for medications, she reported being prescribed methadone. She met diagnostic criteria for current and recurrent major depressive
disorder, past hypomanic episodes, substance dependence, and substance abuse. She had been homeless for about 6 months over the last five years and lived in a few SROs prior to moving into the place she had been in now for less than a month. She said she didn’t have any family, was “starting out all over again”, and needed help to do so. She said “I don’t have a lot of money to provide, you know, the sweeter things in life like furniture.” It was helpful for her to be near a women’s shelter where she could go for free meals which she could not afford to buy.

NG was troubled with mental health issues and hoped to get connected with some kind of counseling to help her deal with what she considered the effects of a dysfunctional upbringing, as well as to help support her having recently a drug habit. She said that she often struggled with depression because she worried about her children, from whom she was separated and had lost contact. Self care and proper diet during those times were issues affecting her quality of life. Having a room mate (a male bodied person with HIV) was helpful. If she did not have a room mate she would “… be all alone and more prone to going into myself and maybe not come out, you know? Like go into such a depression that you know, someone would have to find me starving to death, you know? Wasting away like I’m sure a lot of people do down here.” Also her new place was free of bedbugs, cockroaches, and rats, unlike the SRO she had lived in previously. Recovery from being homeless characterized her life at the moment. She had camped in ‘the smoker’s pit’ of the building for a while and had only been in her apartment for a week. A bed was the only furniture in the place and that was depressing for her.
Although she had suffered adversity recently, including finding out that her father had died some seven years earlier, the new place was “a breath of fresh air.” She said, “to me having a home is everything, you know? At least it’s that safety where I can go that no one can tell me, you know “you have to leave” or “you have to go to sleep” or you know… hahaha, I’m my own boss! So no one can tell me what to do or where to go.” I asked: “So, you have freedom and dignity?” She responded in the affirmative: “Yeah, freedom and dignity. Thank you!” Establishing the new place was wearing her down in every way, mentally, physically, and emotionally. “I ended up on the street, yeah I was crying all the time. Yeah, so I felt hopeless, I felt helpless that I was gonna stay on the streets forever.”

Trust was an issue for NG, especially since she had been taken advantage of by people whom she had welcomed into her previous apartment. She thought that she had been naïve, but that she still wanted to believe in the good in people. She did not want to think that people “… would lie to me when they first get to know me, but there are people who do lie. I realize that now; predators, I guess you would say.” Due to the criminalized drug and sex-trade based counter culture of the neighborhood everyone was a potential mark, “you’re a target, yeah, so you pretend you aren’t [are not high functioning] even when you are, like even when you have your shit together you pretend you have nothing and that you are nothing ‘cuz then people will leave you alone” she told me. This echoed statements made by Eagle regarding the same phenomenon. She also said that she had been blackmailed by her landlord to obtain methadone from the pharmacy, which he also owned; when she refused she was evicted.
She also reported that another good thing about the new place was the freedom to host guests. In the last place NG had lived there were strict rules regarding guests. To have an overnight guest you would have to pay the landlord $10, and there was a curfew of 8pm for guests otherwise. She could not have a family member or a homeless friend stay over; “Couldn’t even do that without the fear of them saying ‘hey, we’re gonna call the police.’ Yeah, so the use of that is too much too, there’s always the threat of the police, that’s what they were using.” Also, having a welcoming community made the new place a home.

3.2.11 Multi-Room House ~ Glitter:

Glitter was a female bodied forty-one year old person of indigenous descent. She seemed very frustrated about her dwelling situation. She described her bedroom in a multi-room house as “toxic” when asked how it affected her health: “My health problems, its making me worse, making me sick, making me worse than I already am! I’m trying to get better not sicker than I am!” The house had a great deal of mold, had not been upgraded, was in very poor condition and was understood to be a “slum.” Not surprisingly, a distressed sense of the future accompanied this experience of futility. Glitter went on to say: “I have a destroyed respiratory system now. I’ll never get better.” She fit diagnostic criteria for current major depressive episode with melancholic features, high risk of suicide, panic disorder, agoraphobia, substance dependence, and substance abuse. She reported being on a doctor-prescribed anti-depressant. Her red and shiny face was spattered with glitter, the type used in craft projects. Her demeanor was withdrawn and she was downcast at first. She impressed me as someone who was anxious and frustrated.
She strongly lamented her dwelling situation. She said loneliness and mental and physical health problems were impediments to a satisfying quality of life; depression, anxiety and a heart condition did not allow her to work in some settings. She described her house as a slum and the owners as uncaring slumlords. Although rent was not rising, the conditions were damaging her health making the trade-off not worthwhile. She shared a kitchen and bedroom with one person whom she suspected of stealing from her. She received financial assistance from the government in the form of payment of rent from ‘the ministry’ directly to her landlord. She claimed that her respiratory tract was “destroyed” by black mold in the house. She reported that her health had been negatively affected by being forced to move around too much, and that conditions in the community were not helping. “I want a place that I can stay in and I wouldn’t have to move all the time. Somewhere that nobody knows me. Somewhere that nobody knows me and I could start all over.” She feels that she is taken advantage of in the neighborhood. In her house the walls are “paper thin” and one can clearly hear people talking in the next room. She is unable to prepare her own food because “the stove is not working and the refrigerator is disgusting.”

When asked how being depressed and having a heart condition affected her ability to have a place and take care of it, she replied: “No problem if I have a decent place. I’m good at keeping my housing in order, but that place I just don’t want to have anything to do with.”

In a passage that sums up what many participants have stated, and that points to the most simple and fundamental of human desires, Glitter stated: “I just want my own space… I always wanted this these last few years, but I could never do that. All I wanted
was myself and a partner, that is. And get my kids back and just be a family. That’s it. That’s all I wanted.”

I asked Glitter what she thought the relationship between homelessness and mental illness is. She answered: “For me, I think if they (homeless people) had a home, a proper environment and everything, they would get better. Like I would be much better if I had a better home life… If they had a better home environment they would be much better. Even if you are sick sometimes you get better. They say the best place to get better is at home, but you can’t get better if you don’t have a decent home.” Her insights added confirmation to what has been shown in controlled studies as well as what other participants had reported.

3.3 Discussion

Before getting into the thematic analysis of interview content, I would like to note some of the information obtained during the screenings. For instance, we are dealing with a heavily drugged group of people. Hockeystick was the only participant that was not prescribed any psychotropics, and the only one that was not in contact with psychiatrists or medical doctors. Four participants were on Seroquel. Other meds reportedly prescribed to the participant group included\(^\text{11}\): Morphine, Methadone, Luvox, Effexor, Gaba Pentin, Trazodone, Tylenol 3, Valtrex, Felopidine, Atosol, Semetidine, Litalopram, Fluvoxamine, Restoril, Valporic Acid, and others. The group was also extremely ill. Diagnostic criteria registered on the MINI suggested a current Major

\(^{11}\) I do not differentiate between generic and non-generic forms of medications so it may appear as if the list is redundant or repetitive, but I believe it is important to list these meds as they were reported by participants. Whether or not the generic and non-generic forms of medications have different effects is an important question not addressed here.
Depressive Episode in 10 of the 12 cases; Panic Disorder in 7; Substance Dependence and Substance Abuse in 11; significant risk of suicide in at least 4 cases; some form of anxiety disorder (such as social phobia, agoraphobia, generalized anxiety disorder or panic disorder) in most cases; and Post Traumatic Stress Disorder in 5 cases. Other diagnoses included: Major Depressive Disorder; Lifetime and current Psychotic Disorder (not specified); Dysthymia; and current hypomanic episode. Most participants said that they had difficulty getting proper sleep. They also often reported physical ailments and injuries including: drug and alcohol withdrawals, skin lesions, hepatitis, a broken nose, chronic injury and pain following being hit by a car, irritable bowel syndrome, hypertension, and diabetes. I observed some partial paralysis, perhaps indicating neurological damage or disease, with one participant.

Similarly to Hulchanski’s (2008) findings, I found that dwelling conditions on the DTES can prohibit fundamental human rights (such as access to food and other basic needs, adequate shelter, personal privacy and control of access to dwelling spaces) from becoming established. For the chronically mentally ill this can exacerbate problems associated with the management of symptoms. Furthermore, the chaotic environment, which is heavily influenced by violent drug and sex-trade based counter-cultures, appears related to the cultivation and perpetuation of psychopathology among the most vulnerable. Achieving the basic tasks of home-making appears to be vital to attaining Quality of Life and moderating the day-to-day severity of mental illness symptoms. These tasks are more or less demanding depending on the dwelling type and what type of care services are provided.
Most of the participants carried multiple mental health diagnoses. The diagnostic picture is scattered, with participants reporting symptom constellations that overlap traditional diagnostic categories. This supports the position that traditional diagnosis outside the clinical frame is impossible because the discrete mental diseases listed in the DSM do not exist outside of a clinical-architectural milieu. The validity of clinical diagnosis is dependent on the clinic itself. Outside the clinical frame, in homelessness and the impoverished inner city, severe mental illness takes on an ambiguous form.

Next, I present some of the themes that emerged through my analysis of the participant interviews.

### 3.3.1 Emergent Themes

The interviews were designed to elicit descriptions of the themes of the study such as ‘quality of life’ and the effect of the dwelling space on the participant’s disease. I also asked directly about their history of dwelling types, since and including adolescence; the ability to host guests; whether participants had pets; how they cooked and cleaned; whether they had free access to their space; whether it had been violated by robbery or police violence; etcetera. These can be seen as surface themes. Emergent themes are a second layer of content that arose through the interviews, what qualitative researchers Braun and Clark (2006) called ‘latent content.’ I pursued the lived experience of the participants, as well as the tone and feeling of life in the neighborhood, through descriptive and interpretive phenomenological analysis.

While designing the study DTES residents told me that they had been over-studied and under-served, they refer to the fact that nothing has changed, except for the worse. They referred to a dismissive, strictly scientific, un-empathetic approach that is usually
practiced by researchers from UBC, Simon Fraser University, the City of Vancouver, or Vancouver Coastal Health Authorities. These researchers expect certain answers, or at least they expect answers to fit within the scientific paradigm they are practicing and that they intend to perpetuate. This is what Thomas Kuhn called ‘normal science,’ in his 1962 essay *The Structure of Scientific Revolutions.* Participants are well aware that such researchers are enforcers of the status quo. They can anticipate questions and rattle off answers as if by rote. I experienced this as a research assistant in the methamphetamine psychosis study (MAPS), the largest study of its kind ever conducted. Many participants in that study participated multiple times by using aliases and registering with different research assistants in order to get paid, i.e. to receive multiple honoraria.

Thanks to advocacy from DERA and VANDU staff, I believe that I was able to penetrate the initial dismissive attitude that most researchers encounter, however unknowingly, at the street level. Once I had the advantage of initial trust, it was a matter of applying my training in individualized psychological assessment (Fisher, 1994) that emphasizes empathic rapport with the client, and phenomenological method (Valle et al., 1989) to penetrate the natural attitude and disclose the lived experience of participant’s lives. The participants themselves are the experts on homelessness, impoverished dwelling and psychopathology. They benefit from communicating their actual experience to someone who is genuinely willing to listen. Although many overlapping themes emerged through my analysis, I will focus here on what I believe are the five themes most salient to this project: distressed personal time, management of mental health, homemaking, contingencies of being poor in the DTES, and fundamental human rights. I have emphasized some of these themes in the individual participant’s profiles
above, so I refer the reader back to those at this point as well so as not to be redundant.

3.3.2 Distressed Personal Time:
A personal sense of time, temporality, and biography are related to dwelling. Participants reported distress in their experience of their past, present, and future. Recovery in all cases comprises the recovery, or re-mastery, of personal time. Healing past trauma, owning and taking responsibility for past slights and mistakes, and forgiving past abuses were generally out of reach for participants. Homelessness, severe mental illness, addiction, and poverty all have one thing in common: an experience of personal time that is distressed beyond the point where one has mastery of it. Restoring hope for the future, planning for the future, ‘looking forward’ to something seems to become clearer for participants in increasingly adequate dwellings.

At first I thought of this theme as ‘sense of life,’ or ‘meaning of life’ and I felt that it resonated with the 4th fundamental motivation of existential analysis, but now I see that it cuts across the 4 FMs. I also considered calling it ‘tragic sense of life,’ and comparing it to tragic themes in dramatic narratives because of the hopelessness that often seemed to characterize the participant’s accounts, but pursuing the phenomenological epoche’ cuts below these classical narratives embraced by psychoanalytic models of human development. ‘Biography’ is yet another way I originally thought of this theme as it emerged from the interviews, but this assumes a teleological progression. Participants sometimes experienced their past ahead of them, or their future in the present. I have now come to understand the theme as distressed personal time. This theme captures much of what is important in observing the slippage from sanity to insanity, the transition from emotional, cognitive, and physical health into
physical and psychic pathology. It is all tied up with the strictly subjective sense of self. Participants struggle to overcome their past, especially poverty and trauma; to break free from the present, especially in the form of addictive obsessions; and to have realistic hope for the future. The difficulty of the struggle seems to have been in direct relation to the adequacy or inadequacy of their dwelling. The worse the dwelling situation, the worse the distress of personal time.

**Hockeystick (radically homeless):**

**Past:**

…I come from a place of poverty… my living conditions have never been, have never been that great at all.

Being a drug addict, my life has been dysfunctional. I can’t describe it any other way. I’ve lived for basically the last ten years of my life--I’ve lived from place to place and I’ve depended on myself for resources and stuff… just sleeping in a lot of doorways, and a lot of cardboard boxes and living inside a garbage bin.

**Present:**

My overall quality of life… probably has reached a point where it couldn’t be described in any other way as—uhm—the last, the last stop for myself… every day I wake up knowing that this could be my last day in the world.

I’d be dreaming if I (thought I) could change anything to improve the quality of my life right now.

I’m either in hot pursuit of my next fix, which is the obsession and the compulsion and nobody gonna get in the way of me and my next fix, you can’t bug me and you can’t stop me, and you certainly can’t, you know, change my mind…. Or else I’m stoned out of my mind after I get that fix, or I’m sleeping and then I wake up and I’m sicker than a dog and I need heroine or cocaine. So that’s the four states of my being: being stoned out of my mind; sleeping; looking for a fix; or sick.

I need a place with a shower, a home base where I can
sleep properly without getting kicked around and stepped on and waking up every ten minutes to a screaming siren and people being murdered.

**Future:**

A healthier and a better way of living isn’t part of my makeup anymore… There’s no way I’m becoming a successful human being by way of participating in society and being a productive human being with a job and a home and a family and friends paying my taxes and perhaps voting in the politics that are going down.

To have good quality of life for me is not something that can be attained by and large if I were to win the lottery today and I had a million dollars or if I became a multi-millionaire of course uhm the quality of my life and my living standards would be a dream come true. Like you have all the uhm luxuries in life you know.

Basically I’m not always gonna be homeless. I’m gonna stay in a hotel room and I’m sure my self esteem and my state of being will improve not just on a mental level, but on an emotional level too. I’ll probably be a bit more satisfied.

**Backyard (Single Room Occupancy):**

**Past:**

Well I guess you could say I’ve been living in a hotel just about all my life. The only odd time that I wasn’t living in a hotel was when I was with my girlfriend and for ten years we were getting evicted out of apartments left, right and center… for fighting and drinking

I didn’t leave home, my Mom’s home, until I was about 20. That’s when I moved out, well actually I didn’t move out, they gave me tough love and kicked me out… I was living on a reserve, Chipoanga.

When I moved into Maria Gomez [a notoriously bad SRO hotel] I was totally terrified. Somebody moved into my room eh. I came back and there was this black guy laying on my bed, and he just ran out the door, eh and he freaked
me out... That’s what they were doing in the whole
apartment block..., they were taking over rooms. I was
scared and depressed emotionally. I felt my body was
more run down. I didn’t get enough sleep.

**Present:**

I live on Main and Hastings eh. Sirens are non-stop eh.
Traffic I can hear start up at 5:30 so I got the doctor to
prescribe me Trazadone, that’s a sleep aid, it helps me
sleep. It’s a sort of mild tranquilizer, that’s what I take,
that’s what I’ve been taking for the past three years now for
sleep disorder.

I don’t know if it’s psychosis, but it just seems like I just
lose sense of reality and I’m not scared of that because I got
like that when I was younger. That’s when I got into my
suicidal tendency, and I don’t go there, that’s when I get
outta my room or else I just get shitfaced drunk... I just go
see my buddy, or get a bottle and go back to my room and
just get hammered, and I just pass out because I’m drunk
and I don’t even know what the hell’s going on.

**Future:**

Well now that I’m getting some problems... I don’t know.
I’m starting to think about it. When I went home to my
Mom’s I told my Sister: ‘you know what? I have a couple
more years and I have enough skills underneath my belt on
me you know, with all the volunteer work I’m doing, that I
can come home and do something positive for my
community. On the reserve, eh, because the reserve is just
like the DTES eh, there’s lots of drugs and drinking there,
high unemployment. So what I told my Mom is when I get
my shit together I want them to sponsor me to go and get
this proposal writing course done.

**Floppyhat (One Bedroom Apartment):**

**Past:**

As a child I had a very nice home. In my teenage years I
had a very nice home. I was very much taken care of. I
had lots of things I needed. My family, they supported a lot
of the things I did. They didn’t understand me very much,
they couldn’t understand what I did such as art and drawing and with animals, not being around people. I didn’t like to go around a lot of people so I stayed away from people most of the time.

I just think about places… it brings back memories just thinking about it. I tried to block out a lot of things I’ve done in the past. I tried to block out things and then I start thinking about it and I remember all these little details that come back. I’ll go upstairs [to his apartment] and think: ‘oh I forgot to say that and that.’

Present

It’s, I guess its having things coming to haunt you. ‘cuz you know when you deal with people down here for so many years and then you stop using you still know what’s going on… Why am I still attached to this area? I know why I’m attached to this area, because I can get my drugs here. I still have a problem with drugs.

I always desire to escape, but you know I’m not doing it chemically anymore. I do take drugs though, like very sparingly. Like I’ve got Restoril upstairs and Marinol, but I don’t take it right now. I used to not be able to do that. Now that I’ve got a place, I save. I don’t have to worry about that, I can put it down and not use it, and that’s something I haven’t been able to do for years and years.

Future

I’ve got this underlying feeling that they’re gonna kick me out because they think I’m dirty or they think I’m unclean, but I’m not unclean… and I keep on thinking over and over again: ‘people are out to get me. They want me to be kicked out, they don’t like me.’ You know? That sort of thing.

It’s easier to keep and make appointments. It’s a place where you can center yourself out of. Like you have a calendar, mark the dates down when you have appointments and stuff like that.

This is a fundamental principle of existential-phenomenological philosophy. The
thesis of Heidegger’s BT may be summed up as: *being is time*. This is manifested in the psychopathology of these participants in ways that have been unexplored up until now. When we lose our dwelling we lose possibility for a fulfilled existence, and our place in time. When we lose our place in time we lose what philosophers have called *ipseity*: the ‘I-Ness’ of the I, our identity, self, or psychic integrity. The very essence of the person is drained in this state. The conscious awareness of one’s possibilities, and thus the ability to make free decisions is eliminated. This is the unavoidable dehumanization of certain members of our society and therefore the impossibility of justice that is built in to the nation-state and capitalist economic model.

3.3.3 Management of Mental Health

Each participant presented a complex picture of psychopathology and the struggle to manage its manifestations. Each reported varying degrees of debilitation and difficulty related to these severe illnesses and some reported physical maladies or injuries that compounded them. In each case, participants were able to articulate some of the essential relationships between their dwelling spaces and their illness. Again and as expected, the findings indicate an inverse correlation between the quality of dwelling space and the severity of suffering. In some cases there was a severe tension, if not antagonism, between legal, social, psychiatric and medical authority’s prescriptions and the participant’s own personal coping strategies. This tension sometimes also drew into relief the distinctions between the autonomous community and grassroots resources versus the civic and non-profit network of service entities. Following are a few examples.
Conspiracy Theory (radically homeless):

Regarding shelters:

I’ve been barred from everywhere… because my mania comes from lack of sleep and people think I’m aggressive, and then they’ll react quickly and I’ll react quickly and I get barred. I kick doors… I was barred from the women’s shelter for four months because I stole a blanket, cuz I was cold and I wanted to sleep outside and they kicked me out anyway.

Regarding doctors/psychiatrists and prescriptions:

They are so fucking stupid. They don’t monitor you. That’s how I ended up on the psych ward, giving me, you know giving me antidepressant knowing that, not knowing that it was going to affect me that way. “well don’t mix with coke” and so of course I go and do that and wind up going into a psychosis…that’s mixing it.

Regarding increasing severity of drug addiction:

And then I went into the Pacifica [an SRO hotel on the DTES] and that’s when I met a few people from down here and then I saw a speedball for the first time in my life and I was like: what the fuck is that? But you just kind of venture out further and further. They say marijuana is the gateway drug, and maybe it is, but you know I was just outside the person. ‘Lets go further, lets go further, lets go to the edge.’ Haha, that’s what landed me in this state of affairs.

Regarding the community:

The street. The people make it a home. They say the home is where you are loved, and I know people love me down here. In fact coming back down here after two weeks I really got the treatment: “where were you?” “We thought about you!” and my ego was getting stroked like crazy. I felt great.

Klondike (shelter dweller):

Regarding structure:

It’s also a plus because… it affords me structure where we
have to get up every day and you know be out and do whatever so I find that the structure is very good, where as you know I could be in another shelter where they don’t care if you get up and you could sleep all day so you know the structure and you know the meal thing, its just good as far as shelters go.

I’m waiting to get into B.C. Housing that is, you see I’m on pain medication and most recovery and treatment houses will not take you on pain medication. Which is a problem.

I’m not capable of functioning by myself right now, may be somewhere down the road, but I need more support. And so this Rainier hotel is supportive housing and they’ll offer me a lot more support with groups and the fundamentals and stuff like that. Because I’m terrified of living by myself and I’m not able to do that… I’m unable to function on a day to day basis like I should be is even more terrifying right? Realizing that I can’t do that.

**Regarding space:**

I’ve got three or four suitcases and I’ve got some nice luggage so I’m just gonna pack up the minor, excess of my stuff and then double bag it and put it down in storage… I bring my stuff there and there’s also the possibility that somebody’s brought bed bugs or other shit in there and if I bring all my stuff there’s a possibility that I might get it so that being one of my phobias, so I’ve chosen to stay right where I am, but I don’t have enough privacy or space and… I’m just catching up on my sleep but I just felt like its three days there not getting any sleep ‘cuz therers some people there, there’s just bugs, and they’re not well and they put us all together. No disrespect, but…

**Glitter (multi-room house):**

We recruited Glitter because I had assumed a multi-room house would register as a superior dwelling space. However, due to the fact that Glitter’s house was in slum conditions this assumption turned out to be wrong. Sadly, the space had deleterious effects on Glitter’s physical and mental health. Here are some of her statements
regarding that relationship:

My health problems, it’s making me worse, making me sick! Making me worse than I already am. I’m trying to get better, not sicker than I am!

I’m not eating, I’m not sleeping properly, and there is mold. I can see mold on the walls and the ceiling. Its too cold, there is air coming in through around the windows and its cold… Mold, its ewww! It grows out of the walls, it destroys your respiratory tract, I have a destroyed respiratory tract now. I’ll never get better.

Because it’s not kept up properly… and the landlord is not doing anything. He is a slumlord is what they call him… It’s noisy, very noisy. The walls are paper thin… No privacy! You can hear each other talk through the walls… the stove is not working, the fridge is disgusting.

Everything is like… the kitchen cupboards are falling apart, it’s totally rotted… the doors are falling off. So the inside of the cupboards, what it looks like, the walls, the plaster is coming off the wall. Its disgusting. Even the bathroom is disgusting.

They say the best place to get better is at home, but you can’t get better if you don’t have a decent home.

3.3.4 Homemaking

Homemaking also stood out as a major theme of our discussions. The development of identity and self-expression through homemaking became clear upon analysis. In some cases, participants reported that they were dependent on services for “housekeeping” where living spaces were managed by a service agency of some kind, and cleaning personnel attended to rooms and washrooms regularly. Washroom inadequacy and scarcity is a big problem, and one that is not commonly addressed in research around housing for the poor and chronically mentally ill. For radically homeless participants there were no toilets available after 5pm in the neighborhood. For shelter
and SRO dwellers there was a grim ratio of approximately 15 people for every one toilet. Women had fewer options than men, and often the toilets were clogged and/or overflowing. Showers were scarce as well and it was difficult for most study participants to maintain good hygiene.

Radically homeless participants were dependent on various sources for both meals and clothing. These services replaced the homemaking practices of preparing food, cooking, keeping a kitchen, and doing laundry. Some participants reported not having personal cooking facilities at all; others reported shared kitchens that were poorly stocked and in which food items and cooking utensils would disappear. Most reported not being able to keep their kitchen or pantry stocked with food.

The best example of the relationship between decorating and acquisition of mementos is provided in Collector’s profile above. He lived in a rent-subsidized one-bedroom apartment. He created an identity through his cultivation of space, which helped him to maintain a rootedness in his biography and familial relations. He was also able to host guests with ease and comfort, which allowed him to practice altruism and service to others – a crucial part of a fulfilled existence. Another example of the importance of stuff was seen above in the profile of Belle, who had lost everything meaningful except a Rod Stewart picture. The picture meant the world to her and she hung it on her wall. “…that’s the only thing I think that’s holding on to my sanity. It’s the one thing I can actually take pride because I’ve had something since I was nineteen, and its that damn Rod Stewart picture. And I’ve tried to sell that thing once, and it broke my heart and I’m glad no one took it.”

This theme overlaps with the theme of distressed personal time. The best example
of this overlap was seen with the participant Phillip, above. He appeared to have suffered a psychotic break after being evicted from a terrible SRO hotel. When he was evicted he lost all of his personal possessions, including family pictures and personal notes. Afterwards he began to experience the feeling of being under surveillance. However, he also reported that this experience had been less severe as his dwelling place improved in adequacy.

Radically homeless participants reported not being able to maintain possession of virtually anything except the clothes on their back. Achieving the basic tasks of homemaking appears to be vital in attaining quality of life and moderating the day to day severity of symptoms of mental illness. These tasks are more or less demanding depending on the dwelling type and provision of care services. It is reasonable to assume that personal items help one to maintain a sense of biography and individual identity; as these are stripped away so is the personal sense of time, as elaborated above.

**Nice Girl (One Bedroom Apartment) reflects on radical homelessness:**

I ended up on the street… I was crying all the time… so I felt hopeless, I felt helpless... a home is very important… if you don’t have a home you have nothing. You are nobody… it’s one thing not to have a phone number, but to not have an address is something else hahaha. You know at least they could send me mail or come to visit me or… you know, I was someone.

**Belle: (Single Room Occupancy):**

I do spend a lot of time outside of the house when I’m in search of my drug of choice. I come home and I collapse and I think to myself “what am I doing down here?” And I look around and I’ve got four walls and I’ve got one picture on the wall… I just drop a pile of clothes on the floor, and the dishes that are not done and there are crates all over the place because I don’t have shelves. And my life is reduced
to one room, a bunch of junk that I could walk away from and not miss.

To me living is having a place where you have a bedroom, a living room, a dining room, a kitchen. You come home, you take your coat off you hang it in your closet. You go to your kitchen you start dinner, you take stuff out of your own fridge and you put it in your own oven and you do your own dishes in your own sink. I can’t even do dishes in my own sink, I only have a bathroom sink in my room, the typical downtown hotel.

I used to be able to cook and clean. I’ve never been the best housekeeper, but I’ve always kept a clean house and I’ve always cooked and done the dishes. I can’t even get the gumption to do that now, to get the motivation up. I have no want to do it. And physically I can’t do it because I’m emotionally tired.

### 3.3.5 Contingencies of Being Poor in the DTES

There are many contingencies to being poor in this neighborhood that may trigger or exacerbate mental illness. Participants were entangled in a web of social contingencies that were hazardous to their health such as drug debts, vendettas, drug dealers who use violence as a tool of enforcement, revenge, and terrorism in the neighborhood. These stressors manifested in severe anxiety, desperation, exhaustion, depression, poor health, and an ever-present fear of death. It is important to emphasize that these contingencies only apply to people who are poor in the neighborhood. The area is increasingly populated by middle and upper socio-economic class residents who are not subject to these problems.

Some of the problematic social dynamics have already been elaborated in the individual case summaries. The black market economy dominates the lives of many of the poor residents, especially those addicted to illegal drugs, and sets up racialized turf wars. The fact that these drugs, such as heroin, cocaine, and crystal methamphetamine
are illegal, criminalizes those addicted to them and allows violent syndicates to control a great deal of commerce in the area. The drug market is intimately tied to the street level, survival sex-trade which has also been criminalized in the neighborhood.\textsuperscript{12} Therefore, sex-trade workers, who are poor and addicted to drugs, are vulnerable to exploitation by shady and violent syndicates. Residents who use drugs and/or are engaged in the sex-trade are caught between the unpredictable and violent police on the one hand and the violent, but predictable criminal syndicates on the other. The chaotic environment appears to cultivate and perpetuate psychopathology.

**Hockeystick (radically homeless):**

I’m familiar with a lot of the same faces everyday, so I’m not the only one that is really familiar, that has become familiar with the downtown east side. Like I said a lot of people have come and gone. Some have been lucky enough to recover and move on. Some people that I consider friends haven’t been so lucky. They die, O.D., and diseases and whatever. Some people contract deadly diseases by their addiction alone and by the needle. H.I.V., and Hepatitis A, B, and C.

**Conspiracy Theory (Radically Homeless):**

There’s a lot of diversity down here, there’s a lot of racism too. I’ve become quite jaded in that too. I say ‘spic,’ I say ‘nigger.’ I never would’ve said that before, but you get really jaded really fast…

The natives against the blacks, the whites, its turf war… the Asian community is great… they used to run the whole drug war. I used to live up in Commercial and if we wanted dope we could dial a dope it… it was all Asians and it was convenient, they come to your door, 25 bucks a quarter gram of coke, 50 for a half.

\textsuperscript{12} The sex trade is openly practiced in other parts of the city and through other means that remove solicitation from the street level. Sex work that caters to higher socio-economic classes is generally not criminalize or at least laws that pertain to it are not enforced in Vancouver.
**Belle (Single Room Occupancy):**

For me living on the DTES is like living in a quagmire. Once you get in, get down here, it’s very hard to get out.

… it’s not my choice of places to live. It’s due to my economic problems, we have to live down here. I have to live down here because I can’t afford to live anywhere else.

I would like to move away from the neighborhood, but I can’t afford it financially. I’ve tried for six months. It’s impossible for me to live on the outside of the DTES right now because of my drug of choice, the availability… It’s like a quagmire. It sucks you in.

**Nice Girl (One Bedroom Apartment)**

I was stabbed in the leg there by another tenant. A couple of the drug dealers that tried to take my room over, but… so I ended up leaving there quietly because I just didn’t want the hassle. And I knew they wouldn’t go away, so I ended up moving to the Lucky Lodge, so from the Lucky Lodge I moved to the Wonder Rooms and now I’m here…

**3.3.6 Fundamental Human Rights**

It is generally accepted that basic human rights are crucial in order for individuals to have a satisfactory quality of life. These rights are absent in the homeless and impoverished dwelling situations on the DTES. Each participant was engaged with these struggles in different ways on a day-to-day basis. Extreme emotional distress over shelter, food, and access to a water closet/bathroom as well as the endurance of torturous living conditions (e.g. toxic mold, small spaces, bed-bugs, cockroaches, rats, mice, noise) dominated existence.

**Hockeystick (Radically Homeless):**

There are rats there, and there’s bedbugs and there’s cockroaches and there’s rats. I’ve been pretty lucky to avoid too many confrontations with the fucking rodents.
because I’ve been sleeping a couple times and they crawl right up on me and for some reason they like it right in the middle of my chest, the breastbone. They go ‘tap, tap, tap, tap,’ they peck on me like a woodpecker on a tree and when I woke up and I looked it was a fucking horrifying experience for both I and the rat. Fucking he ran the other way and I ran this way.

I know that I’m lucky to be alive today and I’m a survivor and every day I wake up knowing that this could be my last day in this world.

**Backyard (Single Room Occupancy):**

... the way my life is right now, since I got my nose broken, there’s just somebody out there that has it in for me. I don’t go anywhere hardly in the downtown east side unless my buddy is with me. That’s how safe I feel.

**Belle (Single Room Occupancy):**

My health is worse when I don’t have my own bathroom and kitchen ‘cuz I have a hard time getting access to things I need. Physical things I need, like I eat, if I don’t have a kitchen to use I have to go hungry sometimes depending on what I have to eat. Sometimes I do require a stove.
CHAPTER 4: Case Studies in Architecture and Resistance on the DTES

The case studies I will present below must be understood in their historical context. The city known as Vancouver sits on disputed Coast Salish territory and is home to an indigenous culture that has existed in the area for over 8,000 years. A Russian expedition to what is now southeast Alaska in 1741 brought the first Europeans to the region. A British naval force commanded by Captain Cook claimed the land for the British Empire in 1778. For decades the main concern of European and U.S. powers in the region was the fur trade, which nearly wiped out the sea otter population. Native groups put up staunch resistance during this time, securing occasional victories in direct battle against British, Russian, and U.S. invaders. Haida, Nuu-Chah-Nulth, and Tlingit warriors successfully attacked ships and forts during 1780s – ‘90s. The Hudson Bay Company (HBC) was the dominant colonial power in the region by the 1820s, they had brutal militias, many forts and battleships. The HBC built Fort Victoria in 1843 which became the center of trade; they were the acting government in 1849 when Vancouver island was named an official British colony. Soon, heavily armed royal navy gunboats patrolled the coast enforcing colonial rule as a military and police force. In the next 30 years the British royal marines brought the diverse native tribes under control, while the land was settled and sold by the government. In 1862 a smallpox epidemic broke out at Fort Victoria and hundreds of natives, having been infected, were forced out by colonial authorities. Many of them returned to their villages, further spreading the disease that would be fatal to approximately 1 in 3 over the next two years. The last naval bombardments of native villages by British and U.S. gunboats were in 1877 (at Kimsquit against the Nuxalk band) and 1882 (at Angoon against the Tlingit band). Colonial
firepower, disease, and division finally drove surviving indigenous groups into submission by 1881. Over the course of a hundred years the area was depopulated from approximately 200,000 in 1780 down to about 23,000 in 1881. By then there were about as many settlers in the area. The remaining native population was subjected to assimilation and forced onto reserves (Hill, 2010).

The Woodwards department store opened in 1903 at the western edge of the DTES. It can be seen as helping Vancouver colonists to lock down what anthropologist Nezar Al Sayyed (1992) called the “dominance equation” in the city. To the east of Woodwards was Gastown, the DTES, Chinatown and Hogan’s Alley. To the west was the upper class white settler’s and business district. The neighborhood thrived for decades while many single-room occupancy hotels were built to accommodate the forestry and maritime workforce who needed temporary lodging. The rise of Vancouver is exemplary of colonial cities in the west:

the middle of the 19th century the world witnessed the rise of modern capitalism and the emergence of organized political and economic dominance represented by colonialism… Under this colonial paradigm, the world was divided into two kinds of peoples and two types of societies: powerful, administratively advanced, racially Caucasoid, nominally Christian, mainly European, dominant nations; and powerless, organizationally backward, traditionally rooted, dominated societies… divided between colonizers and natives… articulated in the built environment. A constructed static image totalizing and eradicating the native emerged as the basis for interaction between the two peoples. This artificial and superficial juxtaposition of “us” and “them,” or “us” and the “other,” was perpetuated in administrative policies, in literary discourse, and in architecture and urban form (Al Sayyed, 1992, p. 1).

13 Hogan’s Alley was the first and last neighborhood in Vancouver with a concentrated Black population. It was demolished in the early 1970’s to make way for a mega-project.
After bankruptcy, the Woodwards department store permanently closed in 1993.

4.1 Woodsquat; Woodwards; Olympic Tent Village as Cases

This subsection is a brief introduction of the Woodsquat, the Woodwards complex (Woodwards), the Olympic Tent Village (OTV), and the case study method I used to analyze them. Each case represents a different attempt to solve the crisis of homelessness in the DTES and they are examined in depth in the following sections. Woodsquat and OTV were grassroots modes of resistance through which architecture was utilized in direct actions against forces that participants perceived as drivers of the crisis. The Woodwards complex is, in part, an architectural response to the crisis. It has the opposite of the grassroots as its origin; a top-down approach that incorporated community consultations, but ultimately relied on the authority of architects, condo marketers, city planners and civic politicians for its final design. These cases are particular to the neighborhood, but they have been chosen because comparable responses have been made in most urban settings where homelessness and SMI proliferate in the West.

I follow architectural case study guidelines developed by Groat & Wang (2002) who advise that “the essence of the case study strategy is its focus on studying a setting or phenomenon embedded in its real-life context… it involves studying a case in relation to the complex dynamics with which it intersects” (p. 346). I have initiated a description of the setting at the start of this chapter and through a literature review and accounts of the lived experience of research participants in previous sections. These architectural cases are meant to enrich the picture of the specific socio-cultural and political situations
that intersect and affect the lives of severely mentally ill and impoverished dwellers on the DTES.

According to contemporary American architect Teddy Cruz, two processes are currently taking place in North American cities: ‘tactics of encroachment.’ One such tactic is a trend towards mega-projects; the second one is the increasing and relentless marginalization of members of lower socio-economic classes. This is characterized by gentrification and civic legislation that criminalizes poverty (2008). In Vancouver both of these tactics have been employed in amplified form with the Woodwards redevelopment and numerous other mega-projects that appeared in the run up to the 2010 Winter Olympics.

The Woodwards complex was preceded by the *Woodsquat*: a direct action and occupation of the abandoned Woodwards department store that happened between September, 14th and December, 14th of 2002. It was an autonomous action organized through consensus-driven direct democracy, “… a self-managed poor people’s site of reclamation that deserves to be studied and tried again wherever there is an unused building and people who need to make dignified housing for themselves” (Vidaver, A., 2003, p. 7). The action was accompanied by a series of protests on the part of homeless people and their allies in the neighborhood, including the militant ‘Anti Poverty Committee’ (APC), that demanded the city and province take action to convert the Woodwards building into social housing space. This movement culminated in a march to the Woodwards site where activists climbed ladders and entered the building through second floor windows. A group of squatters were violently expelled by police on the third day of the action. The squat transformed into a tent city outside the building on the
sidewalk which lasted another three months (Vidaver, 2003).

Following Woodsquat, the city of Vancouver purchased the Woodwards building from the province of British Columbia. The province sold the building on the condition that the city council would endorse the province’s bid for Vancouver to host the 2010 winter Olympics. The firm Henriquez Partners Architects collaborated with the development corporation Westbank Projects/Peterson Investment Group, and the Portland Hotel Society (PHS) to win the competition for the Woodwards redevelopment. With the dual promise of addressing the neighborhood’s social housing needs and making the project financially viable, Henriquez Partners set out to produce an example of ethical architecture (Weir, 2006).

The Olympic Tent Village (OTV), was a direct action and tent-city squat that started on February, 15th 2010, the third day of the Vancouver winter Olympics. Over 300 people took part and the action was originally “… endorsed by approximately 100 organizations from throughout B.C.” (Crompton & Markle, February 20, 2010, p. 1). After two weeks the provincial housing authority offered to house each homeless person at the site if the site was vacated. OTV residents agreed and most residents left the site. However, the action lasted until approximately March, 18th in a different form. On that night, the final homeless tent city resident was involuntarily hospitalized by Vancouver Coastal Health Authority with the aid of PHS staff and the Vancouver Police Department (VPD).

4.2 Woodsquat: Protesting the Crisis

Approximately nine years after the Woodwards department store closed its doors and went out of business in 1993, the Woodsquat action occurred from mid-September
through mid-December of 2002. It was organized in conjunction with an ongoing anti- 
poverty movement. Poor, homeless and marginalized people of the DTES organized 
against the provincial government’s economic policies that was characterized by funding 
cuts to welfare and social housing throughout the city and province of B.C. This policy 
targeted the lower socio-economic class and can be seen as a tactic of encroachment, as 
described by architect Teddy Cruz. In a video interview posted online, one Woodsquat 
protester said: “This is more than just a squat for homelessness and everything else… It 
has to do with the whole of marginalized peoples that are out there, and the largest factor 
in that is the aboriginal people down here, the off-reserve community, aboriginal 
community” (Activist’s Network, 2002). The economic policy at the provincial level 
further followed neoliberal economic principles by selling government services to the 
private sector, and cutting health care for the poor and elderly (Vidaver, 2003).
Following a rally and march to the Woodwards building, activists climbed ladders to the second floor. The entire façade of the first floor had been covered in plywood to prevent squatters from entering the building. Anyone who could climb the ladder could join the squat. After a week over 100 people had camped inside the space, and another 200 had visited. The space would be a campsite; a place to live that was characterized by a cultivation of the space which had been unused by all but pigeons for nearly a decade. Deliberations over a list of demands began almost immediately. With donated supplies coming in from numerous sources and a frustrated Vancouver Police Department converging on the squat there was constant organizing and strategizing by everyone involved.

After one week, the police raided the squat and violently cleared the space. As 54 activists sat in a circle chanting “we are not afraid!” police wearing body armor and wielding batons, bean-bag shotguns, and assault rifles broke in past makeshift barricades. A handicapped person and a pregnant woman were removed first, then two reporters with cameras were arrested and removed. Although they did not resist, some activists were brutalized as they were removed from the building and arrested. One person who was among those arrested inside the building gave this report:

The police set in on individuals in packs of five, pulled us backwards from the circle by the neck or with pressure point holds, gloved fingers up our noses and in our mouths, in the soft spot beneath our ears. The clubs were driven into our ribs and if we refused to walk they pried them under our handcuffed arms and dragged us away. We stood before a camera and they read us our rights and then led us across the floor and down the stairs, through the tunnel to the parkade where the wagons waited. They
threatened people who refused to walk, telling one man who they loaded onto a stretcher, “sometimes accidents happen in dark stairwells,” and stomped on another man’s ankles when he let his feet drag. Our voices echoed back to each other through the stairwells from the tunnel. As the police separated and dragged us from the empty building we had made home we chanted “WE WILL WIN” and even if no one heard us, we knew it was true. (Drury, 2003, p. 52).

Figure 6 Activist's camp inside the derelict Woodwards Building. Photo Murray Bush : Flux Photos.

The raid and violent incarcerations did not crush the Woodsquat movement.

After they were released from jail, activists and homeless squatters returned to the
Woodwards. The action transformed into a tent-city encampment that lasted 92 days on the sidewalk outside the building. The squatters knew that the police would remove them again if they entered the building, but the city would have to grant an injunction for police to remove the tent city. The squat was controversial and it had drawn a high level of public support. It took place during the three months of the year when the weather was the harshest.

Figure 7 Woodsquat's tent-city phase. Photo--Murray Bush--Flux Photo.
Figure 8 Temporary Liberated Space on Woodwards roof. Photo--Murray Bush--Flux Photos.
A series of funding cuts to provincial housing programs and other social services happened in the context of the 1999 Olympic bid. Soon after taking space in the derelict building, the iconic Eiffel Tower replica was appropriated by demonstrators. They executed multiple banner-drops in highly visible areas. With those actions they drew the city’s attention to elected officials’ decisions to forego social housing solutions while spending public resources on Olympics related projects. Along with the squat and tent-city these tactics were highly effective, especially since it was election season for the civic government. The banner drops, one of which appears in figure 9, foreshadowed Anti-Olympics protestors in tactic and spirit.
Figure 9 Anti-Olympics banner drop from W Tower. Photo--Murray Bush--Flux Photos.
Lisa Wulwik was a participant in Woodsquat who wrote “People squat for various reasons: to live free of huge rent prices and overbearing slum lords, to live in occupant-controlled housing, to open community spaces and social centres, to publicize the need for social housing and to call attention to the number of vacant homes and buildings” (2003, p. 18). The Woodsquat was carried out in the spirit of dissent against unjust authority. Before the B.C. supreme court issued the injunction that ended the squat, activists outlined six demands:

1. Develop Woodwards as social housing immediately (There must be an allotment of housing in the building for Aboriginal people in the downtown east side).

2. Reverse the cuts to social housing and all social services.

3. Draft a civic anti-vacancy by-law to seize and convert empty, abandoned buildings into social housing.

4. Full disclosure of all information regarding the proposed sale and development of the building.

5. The federal government must fund and support the development of Aboriginal business in the proposed commercial storefronts on the ground floor of Woodwards. These storefronts must also include an urban native self-governing office with drop-in/support services and culturally sensitive native liaison workers from the community.

6. Decent and dignified shelter for all homeless squatters forced from Woodwards and asked to leave the sidewalk in front of the building. (Trevor, M., Jessica, P., 2003).

Ultimately, none of these demands were met in the Woodwards redevelopment. To remove the encampment the city paid the Portland Hotel Society, that had been involved in the squat since its beginnings, $10,000 to clear the sidewalk. They were given another $93,000 to house 50 of the squatters for four months. In all, only about 60 of over 150 squatters were found housing, and those people were put into a quickly refurbished SRO.
hotel, the Stanley Hotel, two blocks east of Woodwards. By the end of April, 2003, 40 additional police officers were allocated to the neighborhood as part of what the city called ‘operation torpedo.’ Soon after the city’s increased law enforcement efforts accompanying their ‘four pillars’ strategy, Pivot Legal Society published a report that detailed 50 sworn affidavits of police brutality in the neighborhood. In July of that year it was announced that Vancouver would host the 2010 winter Olympics (Trevor, M., and Jessica, P., 2003).

The Woodsquat case highlights the tactics of encroachment described by Cruz (2008); it shows the increased marginalization of an impoverished population through civic legislation, and it presages the promise of mega-projects that will come with the Woodwards redevelopment and the 2010 Olympics. A pro-housing movement that began here endured the redevelopment of Woodwards and invigorated the Anti-Olympics movement from 2005, through the 2010 games.

4.3 The Woodwards Redevelopment

4.3.1 Reifying Modernist Dialectic

All but a remnant of the original Woodwards building was demolished to make way for the redevelopment of the site, completed in 2009. The new complex of buildings is an impressive aesthetic accomplishment. The wedge-shaped main tower with wrought iron ornamentation and a rooftop garden houses high-end luxury condos and rises several stories above the rest of the neighborhood. Its colors, form, and material composition hearken to the pre-modern style that characterize the heritage buildings surrounding it. The next tallest building houses non-market social housing units, most of which are managed by the PHS. With a smaller rooftop garden, plain façade and
diminished stature it is unmistakably modern styled. Standing poetically side-by-side the
two buildings are a static reminder of social class relations.

The mixed-use model is touted as a philanthropic innovation in architecture, city
planning, and development guided by an enlightened city hall – but these gestures are
hardly original. Another example of this iterative theme of modernity took place in the
East End of London, England with Edward Robert Robson’s (1836-1917) People’s
Palace of 1887. London’s Walter Besant (1836-1901) proposed the architectural solution
to London’s crisis of poverty in the best selling novel: All Sorts and Conditions of Men;
An Impossible Story (1882). Robson, the architect behind England’s Board Schools, built
the ‘Palace’ inspired by Besant’s heroine, Angela who wanted to solve “… the ills of the
East End in a single, monumental institution” (Besant, p. 184). Through her eyes the
streets appeared “… mean and without individuality or beauty” (p. 184) and she believed
“… one can tell without inquiring, that the lives led in those houses are all after the same
model, and that the inhabitants have no pleasure” (p. 182). Angela said that the People’s
Palace would be “… an experiment the likes of which had never been tried upon the
restless and dissatisfied mankind” (p. 180). This modernist impulse is mimicked at one
entrance to the Woodwards complex, where it is written on a plaque dated January, 2010:
“If there is any hope for humanity, it is with models like this… complex experiment in
urban design…”

Narratives carried by dialectic conflict ending in synthetic resolution were
prevalent at least since G.W.F. Hegel’s (1770-1831) seminal work, Phenomenology of
Spirit (1807). Hegel saw mortal conflicts between the I and itself, and between the self
and the other people: “… they prove themselves and each other through a life and death
struggle” (p. 107). He proposed that these conflicts writ large in human history. Struggles between master and slave groups teleologically progress to their end state: absolute spirit.\textsuperscript{14} This concept may have shaped the modern era more than any other.

Marx and Engels understood themselves as Hegelians and they saw the socio-economic dialectic of the time as a class struggle between the bourgeoisie and the proletariat (1807). They provoked the philosophical tradition in the passage in the \textit{Theses on Feurbach} (1845): “The philosophers have only interpreted the world, in various ways; the point is to change it.” This expectation of a fight and the willingness to engage it is as much at work in the Woodwards redevelopment as it was in the People’s Palace.

There is no better example of the modernist dialectical narrative than the masterpiece of horror: \textit{Strange Case of Dr. Jekyll and Mr. Hyde} (1884) by the Scottish born, London bohemian Robert Louis Stevenson (1850-1894) appeared in the same period. Henry Jekyll famously undertook a similar experiment with a formula that caused a dialectical metamorphosis into Mr. Hyde. Early in the novel the narrator visits Dr. Jekyll. The nod to Besant is clear in the neighborhoods description:

\begin{quote}
... a square of ancient, handsome houses, now for the most part decayed from their high estate and let in flats and chambers to all sorts and conditions of men;... One house, however, second from the corner, was still occupied entire; and at the door of this, which wore a great air of wealth and comfort, though it was now plunged in darkness... showed no window, nothing but a door on the lower storey and a blind forehead of discoloured wall and bore in every feature, the marks of prolonged and sordid negligence... Tramps slouched into the recess and struck matches on panels... and for close on a generation, no one had
\end{quote}

\textsuperscript{14}\textit{The End of History and the Last Man} (1992) by the political theorists Francis Fukuyama (b. 1952) has had wide influence. Neoliberal cities such as Vancouver embrace the spirit of liberal democracy and free market capitalism touted therein as the end state of human social evolution.
appeared to drive away these random visitors or to repair their ravages (p. 18-19).

Few stories have had such a profound and lasting impact on the consciousness of western society. Secondary analyses likely outnumber the collected works of Stevenson himself. I have considered a few that bear relevance to my considerations that were included in the late edition of *Strange Case*... that I have referred to here. These appendices begin with a reading of the *Modern Double* by Karl Muller (2003), who first points to the roots of the idea in “religious allegory, social expose’, fable, detective story, sensation fiction, science-fiction, literature of the Doppelganger, Scottish Devil Tales, and the Gothic Novel” (p. 124). This story of the modern double, Muller says, has its beginnings in the magical sciences of the 18th century. The pseudo sciences of Mesmerism and Animal Magnetism proposed the mediation of a ‘second self’ by way of their various techniques. He notes that “romantic multiple man” takes the stage in the form of the doppelganger and quickly spreads throughout Europe. By the end of the 19th century man’s identity has taken on a two-fold nature. Jim Green (1943-2012), a Vancouver bureaucrat involved with the Woodwards redevelopment, sounds like a synthesis of Stevenson’s narrator and Besant’s heroine when promoting his favored architecture on the DTES:

… at Four Sister’s Co-op you have seventy –five kids in the heart and soul of the murder district of Canada – the heroin district, prostitution, AIDS, tuberculosis, et cetera – living in utter harmony and the reason is that their mothers understood their needs. If you go to the Mau Dan Co-op just a few blocks away… if you walk through it you see no joy, no beauty, no children playing… A community such as Vancouver’s Downtown Eastside that is steeped in poverty, mental illness and drug abuse is also very creative and diverse…. This enables a new culture to emerge that is
characterized by the unity of diversity (p. 122).

A popular magazine in London advertised that the People’s Palace would slay the three headed monster of ignorance, vice, and misery that lives in the east end. When the building was completed, its goals were redefined to be a technical education school for the working classes. The actual product did not match the benevolent vision of Besant’s heroine philanthropist. In a general way it did meet its sponsor’s stipulation: “for the mental and moral improvement of the inhabitants of said square” as well as the proviso for the “intellectual improvement and rational recreation and amusement for the people living in the East End of London” (Weiner, p. 186). The libertarian socialist and architectural critic, William Morris (1834-1896) said the People’s Palace was “… a place where [the working classes] can play at being comfortable so long as they behave like good children, between the spells of the stupid weary work and their miserable and hideous “homes” (Weiner, p. 195-196).” In other words, what was meant to show some sympathy of the West End for the East End instead showed antipathy, pity and insult. The divide between the two nations within a nation was amplified instead of diminished.

In 2010 the Woodwards complex was completed. A century and more has passed since the People’s Palace, and Besant and Stevenson’s writings. I claim that we find ourselves amnesic. We are again faced with the problem of east side versus west side in Vancouver as well as countless other urban centers around the world. However, architects and civic bureaucrats react as if facing the problem for the first time. Instead of a building like the People’s Palace, we have a complex of buildings. It includes 536 market condos and 200 non-market social housing units. There are four unconnected buildings around a covered atrium that is open to the public, surveilled with video
cameras and staffed by full time security guards. Two separate buildings include non-market/social housing units. The highest non-market unit is on the 7th floor, while there are market units up to the 40th floor in the main tower. Although Jim Green believed “Woodwards will turn out to be a sonnet to inclusivity” (p. 123) the covered atrium at ground level is the only common area in the complex.

As the subtitle to Besant’s book suggests, the People’s Palace is an impossible story. Why doesn’t it work? Our dialectic reasoning had taken us this far. On reflection Angela’s working class friend said: “I think that we should never think or talk of working man in a lump, any more than we think of rich man in a lump. All sorts and conditions of men are pretty much alike, and what moves one moves all. We are all tempted in the same way; we can all be led the same way” (p. 178). Even Dr. Jekyll echoes this nod to ambiguity: “I say two because, because the state of my own knowledge does not pass beyond that point… man will be ultimately known for a mere polity of multifarious, incongruous and independent denizens” (Stevenson, p. 61).

### 4.3.2 Reinstitutionalizing Severe Mental Illness

The Portland Hotel Society (PHS) Community Services Society was founded in 1991 and was inspired by the ‘housing first’ model employed in the city of Portland, Oregon. Part of the stated mission of the PHS is “To provide asylum, advocacy, services and housing to those who have mental illness, physical disabilities, HIV/AIDS status, a history of criminal activity, substance abuse problems, and/or for other reasons are unable to find permanent housing” (Portland Hotel Society). The organization manages several social housing facilities throughout the DTES, including those at the Woodwards complex, and is headquartered in a building by Vancouver architect Arthur Erickson. Liz
Evans is a nurse who co-founded PHS after leaving her position at Vancouver General Hospital. She had found that people in the hospital system were often drug-addicted, homeless and poor and reasoned that the ER system was not the best way to address the problem. Her nursing and medical expertise was quickly exploited by other service providers: “As soon as people found out there was a nurse running the hotel, I got sent everybody: complex personality disorders, drug addictions, mental illness…” (Evans, p. 114). The next figure shows the typical floor plan of social housing units in the Woodwards complex that are managed by PHS.
Figure 10 PHS Woodwards is what I call Self-Contained-Permeable Stacked Corridor Asylum style architecture at the Woodwards Complex for social housing. Image credit Henriquez Partners Architects and Dallas Hong.
The individual unit design is considerably larger than the typical SRO and includes bathroom and kitchen facilities in each one. Many SRO hotels are phenomenologically similar to asylums as described by the sociologist Erving Goffman (1922-1982). Goffman described institutionalization as a process that reinforces the chronic course of SMI, and the formation of a personality through which one identifies with their diagnosis. He described the structure of an asylum to include a small, hierarchically organized, specialized staff that administered to a much larger sequestered population. Patients who behaved as they were ordered would get preferential treatment; those who did not would be punished. Doctors prescribing medications and treatment were at the top of the hierarchy and their practice was comparable to guesswork or trial and error (Goffman, 1961).

Administration of some SRO hotels, as well as some shelters on Vancouver’s DTES fit this description. Management and the Vancouver Coastal Health Authority work in tandem to complete a hierarchy of medical doctors and quasi-medicalized staff. However, only the PHS Woodwards building combines this administrative structure and a specialized architectural design. Therefore PHS Woodwards can be seen as a new style of asylum with slight, but significant differences from the medical scientific era asylum style.

As one of my research participants, Conspiracy Theory, put it regarding residents of one of the PHS facilities “… I feel sorry for them all, because they basically re-institutionalized them all.” Our era should be seen as the 5th age of asylum architecture. It has succeeded the ‘Medical and Scientific’ era and can be called the ‘Neoliberal’ era.
Instead of being guided by best practice, or evidence based practice, the neoliberal era of psychiatry is conditioned by market forces, also known as neoliberal capitalism. The floorplan densely packs as many units as possible into a small space. Social housing development is used as a justification for much larger market condo development.

As shown in the above figure, the design resembles that of the corridor style mental asylum exemplified by the Kirkbride asylums. However, instead of laying outwards in wings like the classical corridor style, Henriquez Partners Architects design stacks them one on top of the other. Since each unit contains washroom and kitchen facilities, and staff can enter and exit resident’s rooms at any time, I call the new style ‘self-contained-permeable stacked corridor’ asylum.

### 4.3.3 Gentrification

The architectural transformation of an area, as it is pushed by Besant, Robson, and Henriquez is often described with the ambiguous euphemism: ‘gentrification.’ Speaking as veterans of grassroots anti-poverty activism in the DTES, Harsha Walia and Dave Diewart (2011) regard it as: “… the social, economic and cultural transformation of a predominantly low-income neighborhood through the deliberate influx of upscale residential and commercial development. Encouraged by municipal development policies, economic incentives for investors, and the mythical pull of the creative city, urban land is purchased and developed at low cost for middle-buyers” (p. 1). Echoing this perspective, the Woodwards complex has been called: “… a particularly outrageous model, using a few middle-income units to ideologically subsidize large scale gentrification” (Crompton & Markle, p. 1, 2010). Gentrification is employed by power elites to pry open the mouth of the Moloch of contemporary urban structural violence.
Exemplifying the other side of the debate, arguing for the virtues of gentrification, is Vancouver city councilor and UBC psychiatry professor Kerry Jang. Jang saw no other alternative but to “… turn to the developer industry” as provincial money for social housing disappeared. Jang believes that new development in the DTES improves life and provides housing that was not there before, thus helping low-income residents. Furthermore he sees the changes in the DTES fostering a diverse and vibrant community that supports needed business (Canadian Press, 2012). Gentrification has also been identified as one of the main drivers of urban development worldwide (Wyly et. al, 2007). In any case it is rapidly displacing the low-income community in Vancouver and countless other cities. From the 1950’s through the 1980’s New York City lost approximately 90% of its SROs. Incidentally this corresponded with a loss of 90% of its psychiatric hospital space during the same time period in New York (Mueser and Jeste, 2008). Also, over 300 SROs were lost in Toronto, Canada between 1986 and 2004 while 340 boarding houses were destroyed and renovated into upscale condos in Sydney, Australia between 1994 and 2000 (Levinson, 2004). Gentrification often includes the removal of homeless shelters from neighborhoods, as occurred in Cincinnati, Ohio in the 1990’s (Levinson, 2004).

The cause of gentrification is debated and it can be linked to the cycle of capital investments that accompany the recurring process of regrowth and decline of neighborhoods. Developers, investors and speculators can purchase property cheaply, renovate or demolish and rebuild, then flip the site for a high profit (Levinson, 2004). Just as we see increased prevalence and severity of mental disease in urban centers worldwide, we see gentrification. That is why the analysis of the Woodwards project
alongside a consideration of homelessness, impoverished dwelling and mental illness in the neighborhood can inform the analysis of this problem.

The architecture of urban space regulates human behavior in powerful ways. Shah and Kesan (2002) found through an interdisciplinary study that urban architecture affects human behavior in three distinct ways: it plays a role of communication by expressing symbolic cultural meaning, it influences how people interact, and it can be biased in favor of a particular group. It can give advantages to one group of people while disadvantaging another. There is no better example of each of these three regulators of human behavior than the Woodwards complex.

Figure 11 Ripple Effects on Low Income Communities: credit Carnegie Community Action Project
As the poster reproduced here illustrates, the Woodwards is like a battleship cutting into the neighborhood the way it would cut through the sea. The delayed effects crash through the neighborhood like the hammering wake of a gunboat. Land value increases which provokes real estate speculation. Single room occupancy hotels (the cheapest private residences in the area) increase in price. Some hotels close for sale or renovation and re-open to increased rent; this sometimes leads to “renoviction." Some renters become homeless, others are displaced while few can afford higher costs. Neighborhood stores are forced out due to increasing property taxes and loss of clientele. “Yuppie stores” catering to well off consumers move in: a high-end grocery store, a national chain drug store, a specialty coffee shop. Tax breaks and other incentives are offered by the neoliberalized city hall. Security guards proliferate while police activity increases. Countless community assets are lost while the ship comes about for another pass. None of this is denied by the pro-gentrification side of the debate, it is simply accepted as an inevitable outcome of urban economics in the liberal democracies of the West.

4.3.4 Vancouverism

Vancouver’s civic politics chronicle the rise of the prototypical neoliberal city. A dominant civic political party, the Coalition of Progressive Electors (COPE), was founded in 1968 by socialists, tenant organizations, and organized labor. It was rooted in emergent social movements of the 60’s characterized by feminism, anti-war and anti-racist consciousness. By the turn of the century, Vancouver’s real-estate and business

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15 “The term ‘renoviction’ refers to the practice of exploiting a clause in the Residential Tenancy Act that allows landlords to evict tenants under the guise of performing major renovations and then increase the rent on the suite” (Pivot, 2010).
elites had representation in the party. Having entrenched power positions in civic governance, Larry Campbell, Jim Green and others split from COPE to form Vision Vancouver. They were financed with millions of dollars in campaign contributions from Vancouver’s real-estate and development giants including: Concord Pacific, Wall Financial, Bob Rennie Marketing Systems, Aquilini Investment Group, and Westbank developers. Indefinite tax breaks for these corporate entities parallel reciprocated campaign contributions and other donations to Vision, helping the party to secure city hall to the present day (Crompton, N., April 7, 2013).

Civic elections happened during the Woodsquat and voters were sympathetic to the squatters. The COPE slate allied itself with the action. They won a majority on city council and the mayor’s office, buoyed by an unprecedented surge in voter turnout. However, the new mayor, Larry Campbell, quickly turned on the squatters days after the election. Campbell supported an injunction to have the squat removed by police force (Trevor, M. and Jessica, P., 2003).

Neoliberal economic schemes often include slick, urban-housing marketing campaigns, especially for newly built, upscale condos. However, nothing aids rapid cash grabs for economic elites more than a mega-sporting event. In Vancouver, developer friendly politicians at the provincial and civic levels engineered the 2010 Olympics bid and seized upon the opportunity for high profits through gentrification. Enter the bright new architectural style: ‘Vancouverism.’ During the 2010 games a spectacular architectural exhibit appeared in the atrium of the Woodwards complex. It extolled the radical urban design. In the words of one of its curators, Trevor Boddy, “Vancouverism is characterized by tall, but widely separated, slender towers interspersed with low-rise
buildings, public spaces, small parks and pedestrian-friendly streetscapes and facades to minimize the impact of a high density population” (2008, p. 1). According to them the progenitor of this style was the Vancouver architect, Arthur Erickson (1924 – 2009). A prolific and influential architect, Erickson took inspiration from Le Corbusier and the modern style. He has designed several sites around the city including the new Portland Hotel (2009), and the Vancouver Art Gallery/Robson Square (1983). Sadly, none of Erickson’s realized projects resemble Boddy and Sharp’s Vancouverism. Instead they cite a dramatic pencil sketch of Erickson’s as the earliest example of the style. “Plan 56 imagines a downtown Vancouver of soaring residential towers – a hyper concentration of buildings and people imagined for this then-sleepy outpost – and unthinkable by anyone but him” (p. 2).

By associating the name and works of Arthur Erickson with Vancouverism, brand Vancouver is born. They go on to appropriate a number of Erickson’s buildings in their brochure such as the Macmillan Bloedel Office Tower (1969). They say that it is notable for being one of “… the world’s best applications of post-Le Corbusier brutalism…” (p. 3). Macmillan Bloedel was once one of the largest forestry companies in the world; it was based in Vancouver which is still a hub for global timber exports. The Vancouverism exhibit, along with Olympics imagery and events, served to showcase several high-end condo towers, their architects, and Vancouver’s natural resources on the global free market. Scale models of Concord Pacific’s spectrum Costco-condo complex (2007), Concord Pacific’s Marinaside (2002), Westbank’s residences on Georgia (1998) and the Westbank Saw Tower by James K.M. Cheng architects appeared, as shiny as new toys, in the newly completed and antiseptic space. Bing Thom architects’ products,
including a condo/office tower that “… mixes 5 stories of offices and retail with 21 floors of apartments in Hong Kong inspired thin tower format” were arrayed, inviting people into the “… high-end Asian oriented shopping centre wrapped in sinuous colored glass [that] mixes shopping, living, eating and entertainment” (p. 5).

Concord Pacific, a prominent producer of Vancouverist design and one of Vision’s consistent donors, profited from multiple mega-projects built for the 2010 games. Their biggest project was the Athlete’s Village. Social housing requirements promised as part of the Olympic bid were reneged at the site while they were able to utilize loopholes in civic bylaws and avoid high taxes (Markle, 2012). At the same time another major contributor to Vision’s coffers, Rennie Marketing Systems (which administered the sale of high-end condos in the Woodwards complex) oversaw post-Olympic marketing of condos at the Athlete’s village.

The final pages of the pamphlet accompanying the Vancouverism exhibit tellingly list its sponsors. Several forestry engineering/timber export companies, Concord Pacific and Westbank Development corporations make the list. Federal entities such as Air Canada Cargo and the Canada Wood Export Program/Natural Resources Canada are also included. The final pitch recontextualizes BC’s most precious natural resource:

Innovation in British Columbia’s forest industry involves everything from new or improved technology and products to new construction systems and techniques. As a result architects and designers are discovering new innovative and unexpected applications of wood in British Columbia and abroad (Boddy and Sharp, 2008, p. 10).

‘Vancouverism’ may be a marketing campaign for tourism, exclusive real estate (especially condos), expertise in the building industry (developers and architects), and regional resource extraction. However, themes have emerged that suggest a more
complex phenomenon.

Trevor Boddy explains that “Vancouver does one thing well: We build condos higher and denser than any other spot on the continent…” and he notes that the term ‘Vancouverism’ is used whenever someone wants to “…promote the notion of a high-residential density, high-public amenity central city” (2010, p. 1). UBC professor of history of architecture, Dr. Sherry McKay, remarked that one could not be sure whether Vancouverism is something you only read about or something you actually experience (McKay, 2001). Is it a real architectural style comparable and distinct from the Modern style? I submit that it exemplifies the neoliberal economic paradigm writ at the urban level (which is, at once, global).

Below the façade of noble legitimacy is a coterie of public and private agents working in all levels of governmental and corporate institutions. The codification into law of free market economics gives them free reign and Vancouverism represents the tip of the spear. Together they maximize profits and power for the socio-economic elite classes, while exploiting the poor, marginalized and working classes of the city and world. Vancouverism is, in fact, the model being employed on the streets of the DTES. Aided and abetted by a developer-friendly city hall with a penchant for large scale sleight of hand (Longhurst, 2012) the city has become a topiary of elitist, exclusionary urban design. The Woodwards should be seen as a perfect storm of this economic model, urban architecture, civic legislation, and state sponsored psychiatry.

In all of the literature, displays, articles and rhetoric around the concept of Vancouverism it is impossible to find mention of gentrification, poverty, homelessness or psychopathology – something as close to Vancouver’s elite classes and their enclaves as
Mr. Hyde was to Dr. Jekyll. As Stevenson put it “… that insurgent horror was knit to him closer than a wife, closer than an eye; lay caged in his flesh, where he heard it mutter and felt it struggle to be born” (p. 61). Vancouver appears pristine; a world-class, utopian city – like the false vision of Metropolis held by Fritz Lang’s protagonist, Freder, before the spell was broken. While the most powerful conspire in the towers of new Babylon the most vulnerable perish in the mouths of the Moloch.

4.3.5 Anti-Ethics in Architecture and Social Policy

Gregory Henriquez (b. 1963) is a fourth-generation Vancouver architect on a “… quest to tackle Vancouver’s acute homelessness crisis…” (Enright, p. 319). He is a protégé’ of Alberto Perez-Gomez (b. 1949), professor of architecture at McGill University in Montreal. Dr. Perez-Gomez is known as an existential-phenomenological architectural theorist and historian. His many writings including: Architecture and the Crisis of Modern Science (1983) and Hermeneutics as Architectural Discourse (1997). Henriquez and Perez-Gomez have collaborated in two books, Towards an Ethical Architecture: Issues Within the Work of Gregory Henriquez (2008), and Body Heat: The Story of the Woodward’s Redevelopment (2010). They have developed a narrative of ‘ethical architecture’ and present the Woodwards complex as an ideal example of architecture as “… a poetic expression of social justice” (Weir, 2006, epigraph).

Precedent within the existential-phenomenological tradition exists for the development of the concepts of the poetics of space (Bachelard, 1964) and the poetics of dwelling and ethics (Heidegger, 1971). An ethics closely tied to dwelling can be found in the tradition as well (Levinas, 1969). Bachelard and Heidegger understand dwelling as the poetic site of the ontological event, or the emergence of subjectivity, which is
ultimately ambiguous. For Heidegger ethics can be seen as a personal pattern of existence in terms of care. The individual lives a more or less authentic existence depending on their decisions and actions, and whether they consistently align with their subjective sense of meaning. Care for the self, other people and the world in which they live is derived from a subjectively felt sense of their most valuable possibilities. Later, Heidegger turned to a description of dwelling in the fourfold, as described above, to elaborate further on the ethical possibilities of human existence. For Levinas, all ethical possibilities arise with the appearance of the face of the Other. One’s subjectivity is always *autochthonous*, or self-grounded, in their dwelling space. However, one is only free (able to transcend one’s ego-centered version of reality) when responding to the ethical call of the Other person. The love of meaning and the love of justice are the essences of human freedom for Heidegger and Levinas respectively. For Perez-Gomez “Our love of beauty is our desire to be whole and to be holy… the defining characteristic of our humanity” (2006, p. 71).

In their two collaborations Perez-Gomez and Henriquez seem to have largely disregarded the ethical principles of these predecessors. Instead they promote an ethics that is rooted in aesthetic and erotic phenomena. On the one hand they say that architecture, if properly ethical, should be seductive and fearful. “Architectural beauty, like erotic love, burns itself into our soul, it inspires fear and reverence through a “poetic image,” one that affects us primarily through our vision and yet is fully sensuous… it is thus capable of seducing and elevating us…” (Perez-Gomez, 2006, p. 69). Instead of providing a grounding space to call one’s own, a dwelling space where one might come into an awareness of self and world (the subjective and objective) and the embodiment of
emotion, the architectural praxis promoted at the Woodwards and elsewhere in the work of Henriquez is meant to seduce the person psychically and emotionally.

Perez-Gomez challenges feminist and social critiques of modernity in favor of what he sees as the valid exercise of the architect’s authority. He agrees that the ‘unmasking’ of the ego’s hidden motives by such movements is healthy, but not when it infringes on the architect’s decisions in community design. He insists that the imagination of the architect is a trustworthy ethical judge and he comes out strongly against any “…supposedly objective consensual framework” (2006, p.75) perhaps alluding to the community consultations or the rejected Woodsquat demands that preceded the Woodwards redevelopment: “The imagination is the hinge of ethics and poetics, crucial for seduction and compassion; it is the vehicle to build an architecture upon love, in the sense of both seduction and brotherly affection, as a promise for the common good” (2006, p. 75). They cite writers and use the vocabulary of the phenomenological tradition, but consistently prescribe praxis such as this that could be seen as authoritarian.

In a conflict between the opinion of the architect and ‘stake holder’s’ voices in the community, the architect’s imagination trumps the voice of the people. Perez-Gomez’ inconsistent attempts to ground ethics in the erotic is antithetical to western philosophy since Kierkegaard, yet he insists on making claims to it. He seems to allude to phenomenological method when he states “It is always the I who acts, a fully embodied and imaginative first person, caught in a technological and historical world that both endows the architect with responsibility and limits the range of possibilities” (2006, p. 75), but this statement draws upon disparate concepts and loses consistent epistemological grounding in the discipline. This uneven philosophical discourse
hearkens to the beginning of the modern style in architecture. They seem to re-work the ‘philosophies’ advanced by Le Corbusier and Gropius, who saw themselves as geniuses hobbled by historical and economic contingencies. However, unlike those modernist architects who rejected the classical impulse, our interlocutors feel the need to evoke antiquity to justify a bourgeois eroticism in which the beautiful is the good. Poetics here is used as a kind of sophistry, a physically beautiful architectural language that makes the lesser argument seem the better. This is one of the keys to gentrification and the reason it is sometimes called ‘revitalization.’ Like the sophist who uses flowery rhetoric to make a bad argument attractive, the gentrifying architect obliterates the decayed ghettoized remnants of one architect and replaces it with their own. They use the language and syntax of monolinguistic building to colonize a landscape and re-write history.

Perez-Gomez suggests a practice that “… aims at the production of harmonious, well-adjusted fragments that may question, by inducing wonder, the hegemony of the ideological, fundamentalist or technological beliefs embedded in the physical fabric of the global village” (Perez-Gomez, p. 70, 2006). He has rejected the feminist and social critique too soon, and fails at the phenomenological imperative to check his own privilege. He assumes someone like Conspiracy Theory, the radically homeless female-bodied research participant profiled above, has the privilege to embrace the ‘wonder induced’ by the architectural and artistic fragmentations of the Woodwards atrium. Unfortunately for her and other severely mentally ill residents of the neighborhood,

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16 Visual artists are often indispensable collaborators with architects and developers in these neoliberalized landscapes. The Woodwards atrium features a larger-than-life piece that dominates by renowned artist Stan Douglas. It depicts a re-enactment of the ‘Grasstown Riot’ of 1971, a non-violent display of civil disobedience in favor of cannabis decriminalization that was violently crushed by Vancouver police. The campy appropriation of the event seems to say “resistance is futile.”
struggling to stave off psychosis, drug cravings, and agoraphobic anxiety brings the hegemony of mythical gods – not that of the global village.

This is a total lack of empathic rapport with the ‘Other’ residents of the neighborhood. The writer seems oblivious to the daily struggle to survive faced by typical mentally ill homeless dwellers in the DTES. Radically homeless people are embedded in the fabric of the neighborhood, the local village. The condo dweller, with whom Perez-Gomez and Henriquez identify, has the luxury of distance from being-in-general. The abstraction of ‘the global village,’ is something the condo dweller can wonder about at their leisure. The hegemonic ideologies, or the ‘global village’s’ technological beliefs, are thrown far beyond the reach of Hockeystick, while crushing his spirit.

From my perspective these architects fail at phenomenology. The consequence is the failure of their ethical theories. If it is post-modern architecture, then I am with Otero-Pailos who equates phenomenological architecture with post-modernist architecture (2010). I only add the modification of Terry Eagleton’s critique of ‘post-modernism as modernism, but more so’ (1997). If the modernist style is to be effective in the way Le Corbusier meant, to reify the state and repress revolution, then it has surpassed itself in this project.

Henriquez follows Perez-Gomez in lock step to build this anti-ethics, and goes farther in a number of ways. When asked whether he had surrealist tendencies, Henriquez responded:

The beautiful thing about Alberto Perez-Gomez’s way of teaching was that he pushed us to look inside ourselves to find some way of coping with the dilemmas of the modern world. Each one of us found different ways of expressing
it, and Surrealism is an obvious technique for expressing the juxtapositions in the modern world which don’t make sense on the surface. I did realize that it works better in theoretical architecture than it does in the real world of buildings and people’s lives. What you have to do is confront the real content within the ideas and find a way to open it up so that it participates in a larger dialogue with the society as a whole. If you can do that, people are moved in a meaningful way because they become part of the creation of a built idea. They’re not merely some inhabitant who’s meant to be inspired by the genius of the individual who bestowed this work upon them (2006, p. 320).

This kind of thinking is best understood as a sort of post-modernist debasement of Kantian idealism. The individual subject is posited in isolated ontology; a solipsistic rational being with mental access to ideal categories, who is confronted by the inescapable paradoxes of modernity. This is in stark contrast to Levinas, for instance, for whom subjectivity is founded by an ethical responsibility for the Other. Presuming he manages the trick of getting the individual to ‘become part of a creation of the built idea’ the architect is absolved from responsibility for the architecture’s effect. Ideas are carried by a social narrative that one only takes part in, but for which one had no authorship.

Such rigorous philosophical reasoning on the part of an architect is commendable and perhaps rare. It is necessary to approach a reliable anthropology, metaphysics and ethics that would inform responses to the crisis of homelessness and SMI. Whether or not such philosophical work is necessary for an ethically valid site to be constructed is unclear. Meanwhile the Woodwards complex has embodied both of architect Teddy Cruz’ tactics of encroachment (appearance of a megaproject and the marginalization of a minority community) upon the DTES in one fell swoop. I find the book *Body Heat: The Story of the Woodward’s Redevelopment* (Enright, 2010), to be a remarkable tome that
records the transformation of urban space. It is filled with a wide range of perspectives, important remarks on architecture, and visual histories. Unfortunately the editors and other principles fail to analyze the rich dialogue that takes place in those pages and use it as a platform to push the marketing gimmicks of ethical architecture, densification and social mix. It may have stood as one of the most comprehensive of architecture manifestos, but they miss the opportunity to say something truly remarkable in the history of urban architecture. Instead it seems to have been marketed as a coffee table book.

4.3.6 Interlude: The Elitist Borderlands of Urban Existence

Early in my career at UBC I had the opportunity to help organize and conduct the *Dwell Being* colloquium for the Individual Interdisciplinary Studies Graduate Program, with my ISGP colleagues Floyd Dunphy and Deb Watt. I moderated a panel of five including: a social housing advocate from New York city; David Eby, a lawyer from Pivot Legal Society; Miekke Schappe, a fifteen year resident of the downtown east side and research participant in the North American Opiate Medicalization Initiative (a program in which participants receive state supplied heroin); Inge Roecker, UBC professor and international urban architect; and Gregory Henriquez, the architect of the yet-to-be-built Woodwards complex. Each panelist made brief presentations and discussion followed. Mieke, a diminutive man of Metis’ decent in his mid-thirties with long black hair, a leather jacket and shiny black combat boots contributed little at first. At one point Mr. Henriquez related how key-fob devices would allow for separate entrances and separate common areas for market condo and social housing dwellers. He reasoned that this was an essential feature to the ‘inclusive design’ of the building. That was when Mieke stunned the audience. He said something to the effect of: ‘if you treat
people like that, how do you expect them to feel included in anything?’ Suddenly the segregation inherent in the design became crystal clear to all in attendance and for a moment you could hear a pin drop. In retrospect I realized that it was one of those rare moments when truth is spoken to power.

How could an arrangement, such as one requiring separate entrances and ‘common areas,’ claim to be concerned first and foremost with inclusiveness and community? Eventually Henriquez’s response was that the project would not be financially viable if it were actually mixed. He seemed surprised to find himself on the defensive and his rebuttal was weak. The audience did not buy it. Arriving late, Mieke had made a rockstar entrance and Henriquez made a dramatic exit. He took the last few minutes to recite a prepared monologue, the last statement of which was: “… what we need is: Body Heat!” Then he left the room before the panel adjourned as if to assert his authority over the event.

The discussion continued, if not in earnest, with wine and cheese in an adjacent parlor. To Mieke, the key-fob system engendered exclusivity. Henriquez admitted this, but insisted that it was necessary – that this was the best possible model under the circumstances. Henriquez and his entourage left shortly after that, but Mieke and I stayed until the end of the night with him holding court for the rest of the time and me and my co-organizers debriefing with drinks. It had been an expert panel, and Mieke delivered his expert knowledge. We had not anticipated what it would take to elevate him to the level where that would actually be acknowledged, but we knew when it happened, and we basked in it.
After *Dwell Being* I kept in sporadic contact with Mieke. He had my cellphone number and he was welcome to call anytime. I suppose we were on the brink of a profound friendship, if not for our divergent life paths. Occasionally he would call and ask if he could borrow five or ten bucks. When I could afford it I would say yes and he would come to get it, sometimes across town. I once spent the afternoon at his SRO on the DTES just watching T.V. while cockroaches scurried about, hanging out with him and his neighbors. After the insanity of the Olympics had died down I realized that I hadn’t heard from him for quite a while, since before the Woodwards was completed. I had kept an eye out for him during the games and was a bit concerned. I decided to go by his place to check-in and when I got there I asked the worker at the front desk whether he was in. Without hesitation he told me that Mieke had “passed away.” I felt disembodied for the next few minutes, remotely viewing the conversation from a few feet behind my own head. Inquiring further I found out that the police had briefly investigated and told workers that he had been “capped.” I had no idea what that meant and they explained that Mieke had been forced to take an intravenous overdose of a drug, most likely cocaine or heroin. The consensus between the police and staff was that it was related to an unpaid drug debt and a dealer’s retribution for it.

The person working the desk gradually sympathized with me, shedding the hard shell that so often comes with work in such an environment to respond to this well dressed, square white kid from UBC. I complained to them about the police at first, that they did not care about Mieke. They felt that they had been diligent and that they were just like anyone else, doing their job the best they could. It hit me at that moment that the conditions in the DTES were such the police were sometime impotent; they cannot
change the conditions no matter what they do. It occurred to me that there was no way
for justice to be done for Mieke who, by all accounts, was murdered. Before I left, the
man told me that Mieke had been approved to move in to the Woodwards building at the
end of the month just before he was killed. For opening my eyes with his courage and
insights, and for breaking my heart with is untimely death I dedicated this essay to Mieke
Schappe.

Atop the ‘W’ tower is the market housing amenity terrace: Club W (see below). The exclusive rooftop atrium features a large ‘W’ shaped hot tub, a gym with weight
room and other fitness facilities, and a private ‘community centre’ style physical fitness
and leisure space. It is surrounded by a raised cornice with 18 street scale oak trees. It is
not open to the community at large, but is only accessible to market condo owners and
their guests. The similarity to Fritz Lang’s vision of the dystopic modern metropolis is
stunning. As discussed above, the Metropolis featured a ‘garden of earthly delights’ that
was situated atop the New Tower of Babel, populated by sex-workers, and accessible only
to the family of the patriarch and their guests. In the garden, the film’s protagonist was
set free amongst a stable of sex-workers. At my request, the stewards of the film, F.
Mirnau Stiftung, have provided an image that I present below for comparison with the
image of ‘Club W’ atop the Woodwards complex. In a sales brochure for high-priced
luxury condos in the Woodwards complex paradise seems to await the privileged socio-
economic classes in one image of a setting that recalls this image from Metropolis. In
another image the word “escape” appears above the garden, inviting the economic elites
to escape the DTES 42 floors above the street, just as Freder was invited to escape the
horrors of the machine halls.
Figure 12 Atop the new tower of Babel, Freder chases a the sex-workers while a fashionista looks on in the Garden of Earthly Delights in Fritz Lang’s film *Metropolis*. Courtesy of F. Mirnau Stiftung.

Like Mieke Schappe, Wendy Pederson, a grassroots anti-poverty organizer with the DTES’ Carnegie Community Action Project (CCAP) sees Club W as an example of “social exclusion” (Seccia, 2009, para. 14). These are features insisted upon by the lead architect as well as Rennie Marketing System’s head, Bob Rennie, who was in charge of marketing the condos. When asked “How much of an experiment in a social utopia is the Woodwards project? Is it going to work?” Rennie responded: “Yes, because Portland Hotel Society is managing the non-market component and they’re going to be judged on
this. I’m being really cruel, but on a scale of one to ten, they’re not going to put their worst crack whore in there” (2010, p. 123).

Bob Rennie and his clientele are cruel judges indeed. The ongoing trend of gentrification in the neighborhood predicts the increasing oppression of sex-workers, the drug trade, and the poor and mentally ill from the neighborhood altogether. To me this is the crux of the issue. The fact that Henriquez acknowledges that exclusivity is built into the design of his building demolishes any claim to ‘ethical architecture’ just as completely as the original Woodwards building was imploded into its own footprint on September 30th, 2006, burying the demands of the Woodsquat protestors in the rubble. For these power players, the only demands worthy of response are those made by the market which in turn condition the ethical possibilities of the site. Even city planner Ian Gillespie, concedes the merely symbolic nature of design efforts stating that he “… had hoped there could be more retention of the existing fabric of the building… because there’s a strong emotional connection to that building that was felt by the community… Then I thought, ‘alright the symbolism here is to make sure that the original building was left,’ that happened” (p. 78).

This reality is not lost on Rennie who finds comfort in the fact that part of the community hates him for what he has done to bring the project to fruition in such a way. “I delivered them 200 units. I helped clean up the area… but the area is becoming gentrified and that’s not what they wanted” (p. 123). He goes on to say: “I haven’t put them [market and non-market condo dwellers] in the same elevator,… We’re not there yet” (p. 124). Although we are some 50+ years beyond the civil rights movement, and 100+ beyond the People’s Palace, we are not to the point where a rich person in
Vancouver can share an elevator with a poor person. Rennie admits to both an exclusionary design in architecture (as does the lead architect of the project) and to gentrification. Economics is ethics, therefore the systematic displacement of a group of people based on socio-economic status, profession, and drug dependency is the destiny of the economically/morally superior class in the DTES.

To Perez-Gomez, this building is the best example of “architecture as a poetic expression of social justice” (2010, p. 139). As if the complex alone, by its mere presence, were not enough to proclaim its ethical goodness a plaque is mounted at the main entrance into the atrium quoting the lead architect himself: “If there is hope for mankind it is in projects such as this one.” Another plaque (dated January 2010, a month before the opening of the Olympics) on the opposite side of the building lauds the redevelopment as having evolved from a “… community’s vision for a welcoming space that would respect and renew this diverse and historic part…” of the city.

Henriquez ponders his role as fabricator of meaning after an interviewer asked him: “How do you go about making sense of the world in the absence of some order or totality from which you could make decisions?” He tells how poor people in social housing will share the complex with upper class condo owners. “Woodwards has single room occupancy housing – which is the poorest of the poor in our society – right across from $1.5 million, sky-balcony, three-level apartments.” (2010, p. 323). Unfortunately the phrase “right across” refers to a vast socio-economic chasm. Furthermore, the statement is incorrect – the ‘poorest of the poor,’ or Bob Rennie’s ‘worst crack whore,’ will not be selected by PHS for residency anywhere near the elitist enclave for fear of being judged guilty by their political superiors.
The Woodwards complex can be seen as a vertical gated community, and part of a concerted effort to appropriate traditional spaces. All the principle players admit that the project causes gentrification. In other words it causes homelessness, worsens poverty, and increases mortality rates among the most vulnerable. Not only are certain buildings, floors and amenities off limits to the poor, but also the street level of the complex houses a grocery store, a drug store, a coffee shop, and a cocktail lounge/bar with price ranges prohibiting low-income residents from utilizing their services or consuming their goods. The Carnegie Community Action Project has produced the following map to illustrate the trend towards the imposition of elitist borders on their physical existence. Zones of exclusion are highlighted in red and the Woodwards complex is emphasized in the lower left corner.

17 “Like Slavery and apartheid, poverty is not natural. It is manmade and can be overcome by the actions of human beings.” Nelson Mandela (Davies, C., 2005, para. 5).
As academics and witnesses of history we should be alarmed by the ethical narrative that accompanies the Woodwards complex. Henriquez and Perez-Gomez engage in a style that fails minimal standards of philosophically rigorous practice and results in an anti-ethics. After disregarding the demands made by grassroots activists who preceded the usurpation of the site by a closed circle of developers and elitist city hall politicians, Henriquez said perhaps without irony “grassroots relationships that allow us to feel safe and orientate us in the world” have been forgotten (2010, p. 321). Meanwhile zones of exclusion and tactics of encroachment proliferate in the DTES from their epicenter; the Woodwards complex.

Faced with rapid gentrification and hostile civic policy, the community has
persevered the siege-like conditions. Although the Woodsquat was violently attacked and its list of demands ultimately ignored, its spirit survived. An irrepressible spirit of dissent and organized resistance still staves off the complete domination of the neighborhood.

4.4 Modes of Resistance to the Crisis

The crises of homelessness and SMI in urban environments are worsened by mega-events such as the Olympics. As Vancouver hosted the Winter games of 2010 the DTES community deployed modes of resistance in response. These cases can be instructive for other communities that face similar events. I provide some account of my experience as an anti-poverty activist and organizer during the games to illustrate some potential consequences of showing solidarity with targeted populations under such circumstances. While many of the original Woodsquat protestors died or disappeared by the time the Woodwards complex was finished (Seccia, 2009), many remained on the scene and contributed to organizing and active resistance during the games. These actions should be seen as extensions of the Woodsquat, which was partially motivated by the Olympic bid and accompanying cuts to social housing. Like the Woodsquat action, the convergence of anti-Olympics activists was organized by the grassroots organizing moved by the spirit of dissent. Actions included torch relay protests; mass marches such as “Take Back Our City”; a Black Bloc tactical direct action called “Heart Attack 2010;” and a tent-city squat dubbed “Olympic Tent Village.” These actions had the effect of empowering vulnerable populations and stemming the onslaught of elitist incursions into low-income urban communities.
Figure 14 Fritz Lang's 'club of sons' from Metropolis (1929). Lang foresees the essential role of elite sports events in future dystopian societies, presaging here Riefenstahl and Vancouver, 2010. Image courtesy of F. Mirnau Stiftung.

4.4.1 The 2010 Anti-Olympics Convergence

Between the time Vancouver was awarded the Games in 2003 and the time the Games actually took place in February of 2010 homelessness had more than doubled in the city (Hui, 2009). Meanwhile tactics of elitist encroachment characterized by building mega-projects proliferated in Vancouver, Richmond, Whistler B.C. and environs. In that time organized anti-poverty, and militant indigenous resistance flowered. In October, 2007 an intercontinental gathering of indigenous groups, that had been called by the
Zapatista Army of National Liberation (EZLN), took place in Sonora Mexico. A delegation from B.C. was among several thousand indigenous organizers (mostly from Mexico) that attended. At that time the B.C. delegation set the dates of the convergence and the conference endorsed an anti-Olympic statement. An ‘intercontinental indigenous campaign’ was then launched against the 2010 Olympics, this in turn helped gain the support of anti-colonial activist organizations (Zag, 2010).

According to grassroots organizers the main goals of the convergence were to “…limit the negative social and environmental impacts of the Games (to defend people and the land). A secondary goal was to strengthen our social movements through organizing resistance” (Zag, 2010, p. 36). The ensuing callout drew thousands of activists including militant anarchists, environmentalists, and indigenous warriors from across Canada, the United States and beyond. The figure below was created by a local indigenous activist. It was fashioned after an image from the 1936 games that was hosted in Berlin, Germany.
Figure 15 Callouts for the Anti-Olympic Convergence endorsed by the EZLN proliferated the streets, the internet and radical networks everywhere: Credit Olympics Resistance Network and Warrior Publications!

The criminalization of poverty had been codified into civic law with the Safe Streets Act of 2004. Hearkening to the laws of Plato’s Magnesia, while placing the responsibility squarely upon the individual, instead of on their relatives, it empowered police to ticket, harass and arrest people for a variety of behaviors associated with being poor and homeless. ‘Aggressive’ panhandling, sleeping rough, or selling/buying wares on the sidewalk all became criminal offenses. Vancouver city council claimed the act would “… result in more efficient ways for Vancouver City Police to deal with aggressive panhandlers, squeegee people and trespassers than existing city bylaw enforcement procedures” (Vancouver City Council, 2004). At the same time the Vancouver Police Department (VPD) initiated their “… strategic plan 2004-2008, which articulates the Vancouver Police Department's vision of becoming “Canada’s leader in policing – providing safety for all” (Demers, 2008, p. 3). One of the goals of the plan was to reduce something known as ‘street disorder’, examples of which include “… aggressive panhandling, open-air drug dealing, fights, noise, intoxicated people and
hooliganism in the Entertainment District” (Demers, p. 16). Vancouver is nowhere near unique in its criminalization of poverty. Similarly cruel civic legislation is the status quo in major cities throughout North America (Homes Not Handcuffs, 2009).

It is normal in mega-event host cities for this type of social cleansing policy and legislation to be amplified and multiplied in periods leading up to the events. For example, during the 1996 Olympic games in Atlanta, Georgia, city officials instituted strict anti-loitering laws targeting homeless people. Anyone charged under the bylaw could face up to six months in jail. Additionally, Atlanta’s homeless people were offered one-way bus tickets out of town and required to sign affidavits swearing they would not return (Associated Press, 1996). As many as 1.5 million people may have been displaced by the Beijing Olympics in 2008, with the homeless and poor migrants the most likely to be force out (Bulman, 2007). Without exception severe humanitarian crises affecting the most vulnerable consistently accompany events like the Olympics or the FIFA World Cup (Oxford Brookes, 2011). Although consistently touted as economic boons and generators or nationalist pride, the worldwide crises of inner city homelessness and mental illness are exacerbated by these events in every case.

Along with the predictable cheering of the torch relay as it traversed the host country’s cities, small towns and rural areas unprecedented protests, led by indigenous activists, also arose. The torch relay was widely seen by indigenous groups as it had been conceived for the 1936 games: for the perpetuation of nationalist solidarity and a political act of intimidation. Before the anti-Olympics movement in Vancouver, the origins of the modern Olympics torch relay had been nearly erased from social consciousness. Multiple screenings to audiences of all sizes of the locally produced film *Five Ring*
Circus (Schmidt, 2007) illustrated the torch relay’s invention for the 1936 Berlin games. The entire ritual was conceived as an effort to appropriate the Olympic games to celebrate the Third Reich (Perrottet, 2004).

Organized indigenous, and anarchist groups were well aware of the roots of the torch relay and saw it as a neo-colonialist incursion into sacred and disputed territory by corporate-globalist and nationalist Canadian powers (Onkwehonwe, 2009). The activists sought to hinder or stop its progress and were successful in Montreal (CBC, 2009), Six Nations, Grand River territory (Hundert, 2009) Victoria B.C., as well as many more places along its intended route (Zag, 2011). When it reached Vancouver it met with energetic opposition from UBC Torch Alert, a conglomeration of student activist groups at the UBC campus as it entered the city. The rallying cry that would become a familiar chant over the following weeks “No Olympics on Stolen Native Land” went up loud and clear from UBC’s well known site of protest, the grassy knoll.

The next day as the torch was carried across the city it was stopped twice by protests. On the DTES the relay was forced off of its intended route as protestors blocked it from coming through the neighborhood by a massive crowd of indigenous and feminist (the Power of Women Group) protestors at the Victory Square war memorial park. Shortly after that the torch bearer was forced off of Commercial Drive on the city’s east side. An intersection of Commercial Drive had been taken over by hundreds of protesters, including militant anarchists, who strung barbed-wire across the street and used everything they could get their hands on to build barricades and stop the relay. Before the torch reached the barricade it had to be extinguished. The relay runner, along with the torch, was transported out of East Vancouver by a phalanx of police cruisers. As
they were escorted to the police car the runner was interviewed by an independent journalist. The reporter asked whether they had any comment on the protest. The runner said: “I think it’s great for people to have free speech and I salute it. Some of my friends are there, but I’m a national team athlete and I’m in love with the Olympics. And I think the spirit has really uplifted our country in a better way than just complaining.” When the reporter asked how they felt about the rapid gentrification of the DTES and other areas they answered: “I think that already existed before the Olympics. I think that people are making efforts to try to change that. Gregor Robertson is amazing” (Stimulator, 2010). The relay runner expressed the beliefs commonly held by passive consumers of state and corporate propaganda, but this rare interview was an early crack in the International Olympic Committee’s careful control of their image. These blockades were the first effective direct action of the games period inside Vancouver. Overall the torch protests helped raise awareness of the downside of the Olympics by making headlines and disrupting public events across Canada.

The day of the opening ceremony saw the largest mobilization of the convergence. Five thousand people gathered at the city’s art gallery lawn for the “Take Back Our City” march, organized by a diverse coalition of activists dubbed the ‘2010 Welcoming Committee.’ The march began at Robson Square, the city’s traditional rallying point for mass demonstration, and ended at the stadium where opening ceremonies were taking place. I had been one of the organizers of the torch relay protest at UBC and I was a third-tier organizer with the Welcoming Committee. I was also one of several event ‘marshals’ that day, identified by a brightly colored arm band and a citizen’s band radio with a conspicuous earpiece for communicating with other marshals. I was also
introduced to the crowd at the beginning of the march, along with the other marshals.

The march started with an indigenous welcoming ceremony as well as an announcement from well-known anti-globalization organizer Garth Mullins. Mullins had been an organizer at with APEC Alert at UBC many years earlier that climaxed in a violent standoff on UBC campus against pepper-spray wielding RCMP. That event is considered by many to be the beginning of the worldwide anti-globalization movement, predating the WTO protests in Seattle, which Mullins was also involved in. As the ‘Take Back Our City’ march approached the stadium where opening ceremonies were taking place we were met with a portion of the Integrated Security Unit, a 15,000+ police and military Olympic security force. They were armed to the teeth with various kinds of lethal and less-lethal weapons and dressed in riot gear that included shields, body armor and masks concealing their faces. The police blocked the street corridors leading to the stadium. A group of black-clad and masked protestors surged towards the police from one corner at the front of the massive crowd. It was a black bloc\(^{18}\) and as the conflict between marchers and police intensified, marshals tried to maintain a buffer zone in front of the police line. Behind their lines a handful of individual uniformed officers moved back and forth while video recording the march with cameras attached to long poles to gain a view from above the crowd. Many times I noticed cameras pointing directly at me and the other marshals. I did not think much of it, but they seemed to be interested in

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\(^{18}\) The phrase Black Bloc refers to a non-pacifist protest tactic in which participants ‘black up’ by wearing all black, including masks, bandanas, goggles, hats et cetera in order to conceal their identity and for the sake of solidarity. Participants commonly use a ‘snake march’ tactic in order to elude and ditch police forces en route to targeted areas. Once target areas are reached some members of the bloc generally engage in property destruction and other non-pacifist action. It is a tactic used by anarchist, anti-globalist, queer liberation, and others who refuse to be limited to pacifist tactics.
getting footage of organizers. I did begin to understand the motivation to wear a mask as many other protesters, not just black bloc participants, had done that day. Soon our buffer zone disappeared and we were sandwiched between a rambunctious, but non-violent crowd on one side and the wall of anxious police on the other. Suddenly a small group of police moving behind the lines arbitrarily reached into the crowd and pulled out first one, then another protestor. They threw them down on to the ground, handcuffed and arrested them. These were likely the first arrests of protestors during the games. The march had already begun to dissipate by then and soon would end after those two violent arrests. Although the march failed to reach the stadium, it was considered a success by most of the diverse group. Later it was learned that the bus carrying B.C. Premier Gordon Campbell and the Four Host First Nations Indian Act Chiefs was delayed by the protest, causing them all to miss the national anthem at the opening ceremony (Zag, 2010).

The next day of the convergence and the first day of Olympic competition called for a ‘diversity of tactics’ and one main action, dubbed “2010 Heart Attack,” would see the deployment of a black bloc. Around three hundred protestors gathered in a park adjacent to downtown, mostly dressed in black and wearing masks that concealed their identity in the midst of a heavy police presence. Among the group were a small marching band dressed as clowns and a handful of people with black flags on long poles about six feet long. They conducted some quick drills that included marching in military style formation, moving at ‘double-time,’ and following the raised flag. When one flag was lowered another one would be raised to change the direction of movement.

I followed on bicycle as the bloc first moved out of the park and into the DTES like
a dark parade drawing cheers from onlookers emerging from SROs and alleyways. They continued to grow in number and refused to follow police who attempted to direct the march. Instead the leaderless bloc would change directions, double back and move up and down alleys as flags were raised and lowered unpredictably by the police, or anyone else. Dumpsters were pushed into the streets and newspaper boxes were knocked over and dragged along the ground. I started to understand the phrase ‘diversity of tactics.’

Soon we were in the downtown core and the smashing of storefronts began. The Hudson Bay Company was one of the first targets as marchers attacked windows with chains and bike locks. Newspaper boxes were picked-up and thrown into some window displays. Some banks, Starbuck’s coffee shops, and other multi-national corporate outlets also lost glass as police stood by looking confused and disorganized by the mercurial flow of the tactic. Some onlookers, sitting in Starbucks sipping latte’s one moment and staring in shock out of shattered windows the next, were completely dumbstruck. Others shouted slurs at the protesters and pleaded with police to stop them. Independent media captured a great deal of the action and broadcast it online. Some videos edited ‘riot porn’ in with interviews of eye-witnesses. One interviewee compared ‘Heart Attack’ with the ‘Take Back Our City’ action: “I think anyone who was at the protest yesterday realized that it was a different dynamic. It was more family friendly. Today was advertised a bit different. Obviously it was a bit more militant. It was a bit more aggressive. It was to disrupt the games and I think we’ve accomplished that” (ORN Video, 2010).

Later, one Heart Attack participant stood outside the Hudson Bay Company, broken glass crunching beneath their feet, and they were asked, in accusatory fashion, how this action communicated the message of the protestors. The reply was: “We’ve been doing
outreach for many years, for over five years, about how this money could be better spent elsewhere for housing instead of for a party, instead of for a security budget. Anyone who has a heart has to be concerned about what’s happening in the city, in the downtown east side and just in general with people not being able to afford homes and the economy just doesn’t serve everyone. It serves a very specific few” (ORN, 2010).

During the action, police forces were largely outmaneuvered, circumvented, and left behind by the bloc. Several thousand officers and military personnel that had been called in from all around Canada and the U.S. tried to converge many times on the small band of anarchists, but were unsuccessful. The police I saw bore insignia from Ottawa, Yukon Territory and elsewhere. They were obviously unfamiliar with the area. They would set up a roadblock ahead of the march in an attempt to stop or divert it, but before the bloc reached them the lead flag would drop and they would change direction. The police forces suffered from their hierarchical command structure and remote, centralized coordination that was too sluggish and encumbered to keep pace with the fluidity of the anarchists. Groups of police would still be sitting at a roadblock long after the black bloc had circumvented them; the picture of absurdity. The Black Bloc tactic was shown to be the bane of a large, top-down organized police force. Its advantage as a quick reacting and well coordinated, yet leaderless group epitomized the philosophy of anarchism: autonomous individuals united in single-minded solidarity for resistance to oppressive authority. They were extremely effective and they actually ran circles around the behemoth of police forces.

Despite the best efforts of police, the bloc eventually approached its goal: the Lion’s Gate bridge. The bridge was a main artery for traffic leaving downtown
Vancouver headed to alpine Olympic sites in Whistler B.C. When the group of 300-500 arrived there they were met by several thousand police. It was the local VPD and RCMP, judging from their appearance. Again the police were dressed head to toe in riot gear, body armor and armed with long truncheons, assault rifles and tear-gas grenade launchers. Many had pouches at their sides containing gas masks. The police had anticipated the arrival of the bloc. Some aggressive and fearless protestors attacked the rows of riot police after the march was divided while others were ‘kettled’ (meaning that they were surrounded on all sides by rows of police and disallowed movement). Several arrests were made and scores of marchers scattered and ‘de-blacked’ on the run, behind dumpsters and in alleyways.

The Heart Attack action achieved its intent, as stated on posters that were plastered all over town, to “clog the arteries of capitalism” by stopping traffic over the bridge for up to four hours. It was video recorded by a score of independent journalists and broadcast locally and internationally by independent and corporate media outlets alike (Associated Press, W2 Community TV, 2010). The unbridled property damage by black bloc protestors, and the police department’s use of excessive force near the bridge decisively shattered the image of control of the IOC and Vancouver Olympic organizing committee however briefly.

Although some 5,000 protestors had taken to the streets the day before, this was the first moment that the Olympics resistance had gained international attention in the media. Security forces were humiliated and tens of thousands of dollars worth of property damage was wrought in the financial and shopping districts of downtown. Traffic to Whistler was blocked for 3-4 hours on the first full day of competition. However, their
greatest achievement was to disrupt the corporate media’s narrative of the Olympics as an example of fair play and athletic excellence. For moments the public gaze was refocused on the struggle for social justice in the DTES and indigenous communities across Canada where the violent legacy of colonialism had suddenly and unambiguously been brought to light. One Heart Attack protestor’s interview appeared on Democracy Now! When asked about the damage done at the Hudson’s Bay Company they stated:

Obviously there was a diversity of tactics, there was a lot of things that happened and strategically whether it’s good or bad, I don’t know. If you look at the stores and the industries that had their windows smashed, uhm, if you actually look at their history of what they’ve done: the Hudson’s Bay Company exactly, it was the original government of this land it was instrumental in bringing smallpox to the local people and you know policing the fur trade and you know the genocide that happened. Something like 90% of the people that lived here were taken out and so Hudson’s Bay has a hand in that (ORN, 2010).

Because of this style of protest, dubbed ‘diversity of tactics,’ a radical alternative to the traditional sign and banner wielding mass marches, a fair portion of the media focus was diverted and would remain on the human rights struggles related to the Olympics. For the next two weeks that focus would shift to the Olympic Tent Village action on the DTES.

Later, on the same day as Heart Attack, I was arrested by police in the DTES. I had been riding past Pigeon Park, a central gathering place for homeless people in the neighborhood, when I saw a group of about a dozen police there. The police seemed to be harassing a homeless person who was sitting on a bench. I rode into the bike-lane next to the park to see what I had assumed to be an independent film crew documenting some
police action. The police were going through the pockets and otherwise molesting a semi-conscious adult male. Shortly after I stopped I realized it was not an independent crew at all, but more police with a large camera and lights (I later found out that they were filming for the T.V. reality series called “The Beat,” that takes place exclusively on the DTES. The show is similar to the American reality series “Cops”). The police were going through the man’s shirt, jacket and pants pockets as he passed in and out of consciousness, possibly ‘nodding’ from the influence of an opiate or methadone. When the attention of the cameraman turned to me and I saw police insignia on his chest I suddenly felt like a fly in a spider’s web and I turned to leave. I heard one of the officers say “I know him” and another one shout “stop.” Ten minutes later I was arrested and charged with “obstructing a peace officer,” allegedly for riding my bicycle on the sidewalk and failing to stop when commanded by the police. After a long interrogation that was filmed for the cop T.V. series (which never aired to my knowledge) I spent the next 30 hours in cold downtown jail cells, first alone then with a succession of drunk and hard-drug withdrawing men.

During my arrest and interrogation several of my belongings were confiscated “for ongoing investigation and intelligence gathering,” including an early draft of this essay which was never recovered. I later found out that police officers on the scene had recognized me from surveillance footage that had been taken the day before at the Take Back Our City demonstration. Police had reviewed the footage that morning and recognized me as an organizer. I was one of at least seven organizers arrested during the first two days of the games. The consensus among activists and legal observers was that organizers were specifically targeted for surveillance and arrest by the special security
apparatus set up for the mega event.

I had success in the ensuing court battle with the help of a lawyer who specialized in the legal defense of activist causes. Also, the arrestees came together and formed activist group: Solidarity with Anti-Olympics Arrestees (SACA). We worked together to raise funds to cover legal fees, and use our experiences to further engage the public about police repression during the games. Through ‘freedom of information’ requests our group obtained many JIG (Joint Integrated Group: a specially designed security force that included RCMP, City police, the Canadian Secret Intelligent Service and many other agencies including U.S. federal entities and military) documents. One document stated that in June of 2009 I had been identified as “threat to the safety and security of the 2010 games” and I assume that I was under some level of surveillance from that point onwards. It is worth noting that the only Olympics related events that I attended during June of 2009 took place at Green College on UBC campus.

I detail these experiences here only because my audience is made up of other academics, and my chosen academic field of study has led me into anti-poverty activism. This in turn has resulted in my becoming the target of state repression. Despite warnings from more seasoned activists, I was quite naïve when I started to protest the Olympics as a campus activist. As a white, working-class male turned academic, I had never been the target of state repression and never suspected that I would be. For me arrest and detention was a shocking, degrading, and difficult experience. After 30 hours in jail I was left traumatized, physically ill and psychologically paranoid. I was a low level organizer and I suspect that my name now appears on security watch lists that I will never know about; something that the reader may find surprising, or not, depending on their
experience with activism or membership in a targeted minority. Now, finally to the specifics of the second architectural case-study.

4.4.2 Olympic Tent Village

On the third day of the 2010 Olympic games in Vancouver, an action was carried out called “No More Empty Talk! No More Empty Lots!” It began as a rally at Pigeon Park, and march through the DTES to a group of vacant lots or abandoned buildings. Organizers included veterans of the Woodsquat, and the demand for the allocation of empty buildings for social housing that arose from that action echoed in the intent of this action. Activists had come prepared to launch a tent-city style protest at one of several possible locations. A vacant lot owned by Concord Pacific was finally chosen. Some activists jumped the fence surrounding the lot while others applied bolt cutters to a chain that locked the main gate. Before the police could stop them, the majority of protestors had breached the chain link fence and begun to set up camp.

At the beginning of the march a gigantic banner reading: “HOMES NOW- TENT TO END: HOMELESSNESS, GENTRIFICATION, CRIMINALIZATION, OF POVERTY” was hung from the roof of DERA headquarters and draped the front of the building over five stories of its façade. It was the building where staff had facilitated my research, and I saw one of my research participants there when the banner was dropped.
A few days later, for the third and final time, the banner was moved. This time to the side of Erickson’s ode to social housing: the Portland Hotel Society’s headquarters. It faced the tent village and added to the feeling of victory had by those of us participating in the action. We were in an illegal squat, the flashing “W” of the newly renovated Woodwards building, the flagship of gentrification, towering over us on one side and a massive agit-prop banner hanging from “Arthur Erickson’s flophouse” (McLennan, 2004) on the other. To me the scene brought a new understanding to the term ‘Vancouverism.’ It could now also be understood as part of a broad provocation of the convergence of diverse causes and tactics. It provokes resistance, anti-poverty, anti-globalization, anti-gentrification, anti-colonialism, and pro-indigenous sovereignty in the heart of the modern city. It is more readily exemplified by solidarity between these issues, diversity of tactics and above all: direct action, than it is by any architectural style.

In Walter Gropius’ (1883-1969) work *Scope of Total Architecture* (1943), his comprehensive vision for city planning and optimal dwelling conditions for the person is outlined. Gropius is an important figure in the history of modern architecture who was a contemporary of Le Corbusier. I emphasize Gropius here because his basic position in his chapter titled “Organic Neighborhood Planning” applies to the case of Vancouver, especially during the games. He stated: “The body called “society” is an indivisible entity which cannot function when some of its parts are not integrated or are being neglected; and when it does not function properly it will sicken” (p. 116). This is the case in Vancouver, and it was highlighted during the Games. One of many people drawn together into the tent village action was Phillipa Ryan (1943-2010), an indigenous activist and Downtown East Side resident. She expressed a similar sentiment to Gropius while
eloquently placing it into the context of the neighborhood, within the nation-state of Canada, during the spectacle of the international games:

When one hears “Olympics,” one thinks of good health, strength and endurance. There seems to be few, if any, indigenous athletes in Canada. The powers that be have been trying to break the spirits of Indigenous people with poverty so that we will sign away our lands and rights by their treaty process… The ugliness of our lives, such as drug addiction, alcoholism, prostitution, chronic unemployment, watered down education and health problems from an inadequate diet are just some of the prices we have paid for the so-called democracy of Canada which continues to justify the thievery of our lands and resources. (Dominion, para. 13-14).

Compare this statement to that of Vancouver’s Co-Director of planning during the community consultations for the Woodwards redevelopment. When talking about the lead-up to the project Larry Beasley said: “It was a time of big opportunity. Also everyone here is from somewhere else. It’s a place of immigrants and people are very well-traveled” (2010, p. 64), as if the indigenous population did not exist. This is precisely the neo-colonialist and terra nullius attitude that indigenous people like Phillipa Ryan object to. It results in the kind of neglect of the parts of society that Gropius warned against. Beasley was correct when he said later in the interview that Woodwards “… sits within a set of political contradictions that are deep in the city. We’ve come to understand this area because it’s an area where there are different classes fighting one another, an area where everyone feels terribly at risk” (p. 79). Once again the narrative that seems to have surrounded the People’s Palace over a hundred years earlier was echoed. In this context I find it desirable to consider a pioneer of the modern architectural movement, like Gropius, since they were attempting to address the ills of
society through construction and planning, in a way similar to the convergence of social forces around the Woodwards.

Like 2010 Heart Attack, Olympic Tent Village captured the interest and imagination of multiple local and international media outlets. It drew attention to the plight of the homeless and low-income community that was not part of the official Olympics narrative. One local paper out of New Jersey captured the image of the site with down-to-earth descriptions that gives an idea of its readership that resides over 3,000 miles away from OTV, but is likely to empathize with their residents:

It’s not what you call a pleasant place to visit. There are angry signs everywhere (“Housing is a Right,” “Condo Construction Means Community Destruction,” etc.), and mud with every step you take. But it has rules (no drugs or alcohol), there are always meals available, a dozen “elders” handle conflict resolution, and for all the clutter and pain and anguish around us, there’s a palpable sense of community (D’Alessandro, p. 1).

The reporter interviewed Dave Diewart, about the inhabitants of the site, who again delivered the core message to countless readers: “They’ve come from lives of upheaval,” he said. “Whether that’s a result of historical trajectories of colonialism and massive displacement, or a systemic disruption of the culture. All different backgrounds, and they ended in the street, faced with poverty and an inability to cope.” It is a statement that the reporter immediately relates to and they continue in the article: “in other words, they could be anyone we all know, all of them subject to the vagaries of the worldwide recession” (p. 2).

The New Jersey reporter went on to charge critics of OTV with assumptions of social Darwinism, survival of the fittest and the failure of homeless and poor to help themselves. He quotes Diewart again, who sums up the conclusions that I have also
come to regarding the cause and assumptions of the causes of homelessness: “I hear people repeat the mantra, about how ‘homelessness is a result of addiction and mental illness, that’s just crazy. That’s ignorant. The fact is, when you have income levels set so low, and you let the market push housing prices so high, then you create homelessness” (D’Alessandro, D., 2010).

As soon as the fence around the vacant lot was breached, indigenous elders presided over a welcoming ceremony and lit a sacred fire that was attended and kept burning for two weeks. At its height there were well over 150 tents at the site. Activists who had come from all over Canada and elsewhere as part of the indigenous convergence, camped alongside homeless children, families and adults. Donations of food, clothes, camping gear, and miscellaneous stuff poured in from throughout the region. Film screenings were held at night and there were at least three live concerts performed by musicians, poets and other artists who volunteered to take the muddy stage there. A middle school class visited a few times. Local charity organizations set up mobile kitchens and served food. Psychopathology manifested in bizarre and scary ways, perhaps because it was given a safe space to do so. It was addressed as best as it could be, sometimes effectively, sometimes not so much. There was conflict, most of which was successfully mediated.

At the end of that two weeks a deal was struck between residents of OTV and B.C. Housing (the provincial authority in charge of many social housing units in the city) to house every homeless person in the camp. Forty people, all of the homeless residents of Tent village, were placed in their own apartments; bypassing arduous application processes and waitlists. Over 4,000 people were estimated to be homeless on the streets
of Vancouver at the time so this was a small proportion. However, it made a difference to those 40 people. For instance one homeless tent village resident was 70 years old, and another had been homeless for 12 years before they entered OTV and were eventually housed because of the action.

Late in the day on February 26th, two weeks after the tent village was established a celebratory event was held at the site. It followed the last rally and march of over five years of organized resistance “Games Over – Resistance Lives!” One of the organizers of the grassroots activist group ‘Vancouver Action,’ or ‘VAN-ACT,’ Nate Crompton, took to the makeshift stage in the centre of OTV. “Hi Everyone” he said, addressing the crowd of about 300. “I’ve been asked to give just a bit of an update on where we’re at and how everything went and what we had planned.” Crompton went on to list the four demands that emerged by consensus over the previous two weeks: “The first demand was to end homelessness immediately. The second demand… is behind me on a fair-sized banner… was to end gentrification. The third demand: end the criminalization of the poor… the demand that evolved was to have all the homeless folks living in tent city to be housed.”

A full lineup of live music acts, indigenous speakers, and spoken word poet-activists followed. The concert was headlined by Ricky Lavale, an indigenous elder, and his band ‘Kicking Custer’s Ass.’ Ricky was a veteran of Woodsquat and a powerful and inspiring voice to everyone involved. The night climaxed after tent village activists flooded onto Hastings street, a main thoroughfare for Olympics related traffic. They blocked traffic for a few hours, set up tents, and built a small fire in the middle of the

19 This speech was audio recorded and transcribed by the author.
street. Eventually they were rushed by lines of riot cops who slashed at tents with knives and stomped on everyone and everything in their path. The street was yielded with no serious injuries or arrests. It was the last act of mass defiance in five years of Olympics resistance, organizing and action.

After activists declared victory and moved out of the tent village, some folks remained there. They were homeless people and low-income residents unaffiliated with the Olympic Tent Village organizers that were not around when the deal with B.C. Housing was struck, so had not obtained housing. They were determined to force authorities to meet the original three demands of the action, but their numbers were low and the spotlight of the Games had faded. Some media attention remained, and after a few more days, 20 more people were housed by provincial housing authorities. After that, one woman held out. She refused the offer of housing for her own reasons. She did not trust B.C. Housing and preferred to stay in a solitary tent on the site. A handful of friends stayed to support and protect her from potential police violence, something known to be far less likely when eyewitnesses are present.

Administrators of the Portland Hotel Society, who were facilitating the moves into B.C. Housing units, charged that this woman was mentally ill. They called in a psychiatrist, Dr. William McEwan, to evaluate her. Witnesses stated that McEwan arrived at the site and aggressively followed her around while she repeatedly told him to leave her alone. Later that evening, after dark, she was arrested by Vancouver police with the aid of Portland Hotel Society staff. Apparently, by McEwan’s assessment, she exceeded criteria for involuntary hospitalization. She was committed to the psychiatric ward of a nearby hospital (AHA Media, 2010). The mainstream media remained
oblivious to this event. The other people who were still using the space as a squat saw that they no longer enjoyed the protection of strong-voiced activists and the media spotlight, so the tent city finally folded. This serves as one example, which happened to be caught on videotape by independent media, of how psychiatry acts in concert with police and state-funded social service agencies (PHS) to crush dissent. Or it is an example of how such entities help the distressed. From my perspective it is the former.

Unlike ‘Take Back our City,’ which was planned in public meetings, ‘No More Empty Talk, No More Empty Lots’ was planned and carefully coordinated in secret and semi-secret meetings. It had succeeded in many of its goals and the massive advertising and marketing campaign around the Olympics host city was diluted by spectacular, sometimes militant, always daring actions. Independent media, especially Vancouver Media Co-Op rose to the occasion and became an ever-present witness and purveyor of images and an alternative narrative to the mainstream. OTV was a concentration point for activists of all kinds to come together in one concerted effort to address their shared causes. Indigenous resistance, anti-poverty militants and environmentalists worked together to secure a safe space for homeless and severely mentally ill folks. They could rest, gather themselves, get nourishment and heal there.
CHAPTER 5: Conclusions

5.1 Integration of Disciplinary Results

This interdisciplinary analysis provides a rich description of dwelling in contemporary urban settings. In this account the person escapes the anonymous temporal flux of immediate being to achieve subjective consciousness through a poetic embodiment of emotion. This ontological leap is contingent on basic architectural and social conditions. The transition from atemporality into everyday temporality is taken for granted in the experience of the typical person. However, when the special case of radical homelessness is considered, the ontological adventure is seen as precarious. Among the severely mentally ill, inadequacies of dwelling spaces produce ambiguous manifestations of psychopathology that lie on a continuum of mood. Distinct constellations of symptoms, identified as physiologically based syndromes such as the schizophrenias and mood disorders manifest when severely mentally ill people are institutionalized, observed, and treated with psychiatric techniques in clinical environments. The validity of psychiatric diagnoses that coincide with the American Psychiatric Association’s diagnostic and statistical manual appear to depend upon the specific architectural and social conditions of the clinic itself. Since adequate dwelling is necessary to achieve the essential human attribute of conscious awareness of reality, the demand for social justice immediately arises as a major concern within the crisis of homelessness and mental illness in urban environments.

The history of urbanism includes a running account of failed legislation, theoretical models, and violations of basic human rights regarding severely mentally ill
citizens. Psychiatry, in primitive form, seems to have existed since pre-historical times and has accompanied city and state models in all their transformations. Since the classical era of human history, the personal experience of madness has been legally banned from public space. Successive historic periods were characterized by: demonologies, torture and burning at the stake of the mad; mass confinement in zoo-like and dungeon-like asylums; involuntary hospitalization and attempts at humane treatment. The 20th century was marked by the quasi-scientific state policies of eugenics. These policies eventually led to psychiatric genocide in Europe and concomitant mass institutionalization and forced sterilization of mentally ill people North America. The current era of mass reinstitutionalization follows on neoliberal economic policies of deinstitutionalization, homelessness, and a new criminalization of public mental disorder. As the picture grows in complexity, pseudoscientific paradigms like ‘behavioral genetics’ and concomitant practices of ‘genetic counselling’ for SMI bearing direct lineage, both ideologically and methodologically, to eugenics must be distinguished from the legitimate fields of genetic psychiatry and psychiatric neurology. The latter increasingly call for the abolition of the disease concepts of schizophrenia and mood disorder in favor of a re-conceptualization of psychopathology while the former attempt to reify historical binaries and authoritarian systems of social control.

Meanwhile the crises of homelessness and severe mental illness, which plague countless urban settings around the globe, continue to gain momentum with rising mortality rates among the most vulnerable members of society reported in most places. My original research reveals several new insights regarding these issues. Dwelling and the every-day tasks of homemaking appear to be vital in attaining an enduring subjective
sense of identity. The quality of dwelling moderates the severity of mental illness. The
tasks of homemaking are more or less demanding depending on the type of dwelling and
provision of care services. Also, inadequacies of dwelling can produce a distressed
experience of personal time. In radical homelessness, people were likely to be overtaken
by the immediacy and unmediated boundlessness of being-in-general. Those people
seemed more likely to use hard-drugs on a consistent basis. Management of mental
health was another theme that emerged from my analysis and varied from case to case.
The contingencies of being poor in the DTES are formidable and stood in stark contrast
to upper-class dwellers in the same neighborhood. Fundamental human rights were out
of reach in varying degrees for all of my research participants. These findings are likely
applicable to other urban centers in which the crises of homelessness and SMI are
present.

Architectural case studies further probed the depth of the problem. Gentrification
and tactics of neoliberal encroachment are clearly seen in Vancouver’s downtown east
side. Zones of exclusion have been established in the neighborhood which mimic
systems of apartheid and segregation. ‘Social mix’ architectural/planning schemes like
the Woodwards complex mask reinstitutionalization as benevolent charity while allowing
high-end condominium real estate development to drive out traditional indigenous, low-
income, and drug using community members. Grassroots, autonomous organizing efforts
have impeded the deadly Moloch of structural violence in these settings and established
sustainable modes of resistance that empower the marginalized. ‘Vancouverism’ is a
style of urban design and building that conceals a greed-driven public/private hierarchy
of socio-economic elites. It is safe to assume that similar schemes are at play in other
urban settings where gentrification is taking place. The Woodsquat and Olympic Tent Village are two examples of affective forms of resistance to the inherently violent nature of modern urban development that is driven by neoliberal capitalist economic policies.

Many considerations of the crises of homelessness and severe mental illness in impoverished urban environments can be found in the existing literature (Jencks, C., 1995; Schneider, B. & McDonald, C., 2007; Mueser & Jeste, 2008). The present essay has overcome the inadequacies of other approaches through an anarcho-existentialist, phenomenological, and critical approach to the history of urban and psychiatric architecture, and the lived experience of people in these settings. Where traditional studies have concluded by suggesting systemic reform, this study has arrived at the interdisciplinary intersection to find the system itself as the problem; system change is revealed as the only comprehensive solution. The system, understood as the modern nation-state employing neoliberal capitalist economics, produces homelessness, poverty and inadequate dwelling for a high and increasing proportion of its population. Urban environments such as the DTES are chaotic, violent, and dominated by drug and sex-trade based counter cultures. These are behavioral sinks or reservoirs of risk and resilience that increase the severity of symptoms in existing cases of mental illness while cultivating and perpetuating psychopathology in anyone exposed to them regardless of genetic resilience. Urban densification schemes unavoidably increase viral infection and increase the prevalence of SMI amongst the general population.

Global nation-states, the neoliberal capitalist economic system, and the process of gentrification in urban environments, seem to have such crises as homelessness and mass SMI built in to their structure and function. Perhaps Albert Einstein (1879-1955) was
right when he conjectured that the nation-state model is a vestige of human evolution, “... it is an infantile disease, it is the measles of mankind” (1918). Whether the economy is booming or busting, whether we face economic recession or depression these crises are little affected.

Militarized police forces have been deployed over the past decade to crush the dissent that arises in urban environments wherever globalist meetings have taken place. Vancouverism, as I described it above, can be seen as a microcosm of the world-wide dynamic; a coterie of elites control capital and the means of production for the benefit of their own enrichment and dominance. Meanwhile, the systems of commerce and trade produce slavery, apartheid, genocide, ecocide, and mass poverty on a global scale just as they do at the urban scale. Psychiatry, architecture, and philosophy, are three disciplines among many that are subservient, and ultimately auxiliary to the structure and function of civic and national neoliberal socio-political entities. The practice of these disciplines, as I have critiqued them, should be resisted and re-conceptualized according to phenomenological analysis. Husserl developed the notion of the life world as a grounding for the sciences. He was critical of previous philosophies of science that prioritized theory over the direct encounter with the world. This problem is part of what Husserl thought was a crisis in European science and Western civilization (1936). This position was also embraced by Merleau-Ponty who understood human perception as primary to cognition or any theoretical conceptualization of experience and saw such theories as inherently problematic (1964). I am with these critics of theoretical science and have endeavored to carry out such a phenomenological analysis of homelessness and SMI that can overcome the problems inherent in psychiatry and architecture.
Perhaps history is not teleological, perhaps it does not progress towards a flowering end, as Hegel and Fukuyama have argued. Maybe it also does not repeat itself for those who do not know it, as George Santayana (1863-1952) feared (1905). Instead power dynamics can be seen to reiterate as conditions worsen or degrade. Genetic counselors reiterate eugenics; the Woodwards redevelopment project reiterates the People’s Palace; Project Civil City reiterates Plato’s Magnesia; and social service programs like the Portland Hotel Society reiterate mass institutionalization. Anarchism holds that sciences that serve the state cannot progress, but only reiterate themselves for the benefit of the state and its authoritarian masters.

The anarchist impulse towards social revolution suggests the possibility of breaking out of closed and mutually conflicting political systems. The ultimate liberation of all humanity, not only the elites at the cost of the most vulnerable, is yet conceivable. Therefore instead of reform, or reiterations of historical patterns, I advocate here for engagement in forms of resistance to the state and its various Molochi. This is far from a novel conclusion and something like it has been reached by other authors who have considered these issues (Hackworth, 2007; Amster, 2008). I began my career as a soldier in the paradigm wars, but I find myself now concerned with only one war: the sciences as instruments of total human liberation versus the state and its appropriation of the sciences for its conservation.

Historical patterns can be seen, as Hegel has said, as iterations of egological, dialectical conflicts. However, the anarcha-existentialist analysis performed here does not reveal absolute spirit, but the autonomous cooperator’s humane society. This resembles Immanuel Kant’s ‘kingdom of ends’ that was much lauded by Wolff’s ‘In
Defense of Anarchy.’ However we arrive at it through a persistent demand for authority’s justification in the face of day-to-day existence in the heart of the modern city. The ultimate solution that all of these steps are moving towards is the transcendence of the state. On the individual level, engagement in resistance movements is healing and fulfilling and it is the first step towards world wide revolution.

5.1.1 Modes of Resistance Radically Re-Frame Human Existence

The Vancouver based, and internationally renowned addictions specialist, Gabor Maté has said that participation in the resistance movement ‘Occupy Wall Street’ would have a healing effect on people. Speaking to Amy Goodman of Democracy Now, he said: “This culture makes people sick… and much of that has to do with stress.” Dr. Maté briefly discussed the causes of stress: “uncertainty of information and lack of control and lack of expression of self… people are totally disempowered and deprived of their voice… This protest addresses all of those issues, so I can only say that this is an extraordinarily healthy thing to happen. People who participate here will be healthier for it as a result and maybe society in general as well” (Maté, November 14, 2011). On these points I agree completely with Dr. Maté. These assertions have been verified by my experience as a researcher and as an activist. Recall the lamentation of the research participant Hockeystick who said: “There’s no way I’m becoming a successful human being by way of participating in society and being a productive human being with a job and a home and a family and friends, paying my taxes and perhaps voting in the politics that are going down,” while he was relating how homelessness and addiction had affected his life.
The most notable series of protests in recent memory occurred at the World Trade Organization (WTO) meetings in Seattle, in the year 2000. Along with a wide variety of other tactics, black bloc action burst into mass consciousness. There is no doubt that many people from throughout the region ‘blacked up’ and took part in the smashing of windows and other property destruction. Regardless, it was popularly speculated that a small group of anarchists from Eugene, Oregon were mainly responsible. Numerous mainstream media outlets descended on the small town in the foothills of the Cascades mountains, including a crew from CBS’s ‘60 Minutes.’ In one interview a young female-bodied person stated their reasons for participating in the black bloc tactic: “You stare at a television. You see logos and you’re in a daze, and these symbols pop up everywhere in your life. When that is shattered it breaks the spell, and we’re trying to get people to wake up before it’s too late” (Pelley, 2010). That group of Eugene anarchists went on to produce a film report on the WTO black bloc protests titled ‘Breaking the Spell.’ In that film another young female-bodied person discussed their subjective experience of participating in the black bloc and how it radically reframes human existence:

Then there’s all these rules about how you are allowed to use your body as an activist and the black bloc is the realization that those rules don’t apply. That our lived experience is more important and that resisting together is more important than any of the rules, which we’re going to place on ourselves. So there’s nothing, nothing in the world like running with a group of 200 people all wearing black (Pickaxe, 2009).

This reclamation of the body from predetermined and limited forms of conduct recalls Mario Savio’s (1942-1996) Sproul Hall speech (1964), in which he stated “There's a time when the operation of the machine …makes you so sick at heart, that you can't take
part! ...And you've got to put your bodies upon the gears and upon the wheels...upon the levers, upon all the apparatus, and you've got to make it stop!”

Two organizers and participants in the Black Bloc action during ‘2010 Heart Attack’ wrote on the independent media blog and website ‘Vancouver Media Co-Op:’

Participation in the black bloc is an act of courage. With only the shirts on our backs and the masks on our faces, we took to the streets against Canada's largest ever “peacetime” police force. Protected only by black fabric and the support of our comrades, we stood in front of antiriot cops armed with assault rifles, pistols and batons. We proved that $1 billion of “security” couldn't prevent us from clogging the heart of downtown Vancouver and crashing a party of 100,000 people -- and getting away with it (Anonymous, 2010).

This is a brief testament of the courage, solidarity and the spirit of dissent instilled by such modes of resistance. During Olympic Tent Village the participation in day-to-day activities was quite different than a march or a black bloc action. Those activities involved coming together in a community of mutual aid. Activities also included the option of taking part in the model of direct democracy was instituted there; every person camping at the site could take part in deliberations regarding decisions that may directly affect them. Tent village residents with cooking skills ran a kitchen that constantly offered hot coffee and snacks; kitchen volunteers also served three meals each day including breakfast, lunch, and dinner. There were also spontaneous teach-ins, debates, musical jam sessions, and skill-sharing workshops. Some people volunteered for security detail which entailed standing at the gate to stop uninvited media and police (undercover as well as uniformed beat cops) from entering. All of these roles had in common the opportunity to serve Others. These activities affected participants in profound and life-altering ways. Activists met and made new friends and some had never interacted with
homeless people in such depth. Some of the homeless people in the camp suddenly found themselves being interviewed by media or concerned community-level organizers. In general meetings, their voices were valued and decisions were made only by consensus, never by majority; a single person could sway the entire group in some cases. These momentous events were incredibly profound to behold and take part in.

I have already evoked poetic dwelling, and the troubled relationship to language that people have in dwelling. Heidegger, Derrida and Bachelard have emphasized the importance of this concept in their phenomenologies of dwelling. Over the course of two weeks several spoken-word artists performed at OTV, some wrote about their experience there. I audio recorded the performance of one local poet-activist, Cynthia Oka, at the closing celebration of the action. I have transcribed part of her poem that I believe illustrates the reframing of dwelling from un-poetic to poetic. The poet also illustrates the proper poetic relation to language:
Poem for Tent City

Against the mountains derelict flats scream
HOMES NOW through firelight and coffee steam

I have no amenity but language to witness
Hope and ligaments folded in sleeping bags
Tents like petals on a singed autumn floor
Forbidden songs ascend –
Up the stairwell to k(no)w where silicone and plastic

Lost to patent leather shoes and centuries of Indian Act
Got natural running on rusted nails and broken bottles
So no walls now just marbled flesh and wire fencing
Just the freshness of doing it our way

An existence more than stenciled beat cops,
Real estate speculation and “official policy”
A protein found only in collective memory
This taking back of here
(Okā, C., 2010)

The poet describes the scene of the tent city: a vacant lot filled with tents, coffee constantly on offer and the pacific coastal mountain range in the background. Banners that have seen many miles of marches drape the fences reading “homes now” among other slogans from the movement. Luxury condos surround the lot with every imaginable amenity, but our only amenity is language, as Heidegger and Derrida have said uniting. Indigenous people, many of whom survived residential schools, gather in circles to play traditional songs that were once outlawed, sharing ancient knowledge. A community by consensus had sprung up, and it is a cop-free zone, liberated space for free and spontaneous existence. This speaks to a fundamental affirmation of the inner consent, the yes-saying of the four fundamental existential motivations. It is a radical re-framing of perspective that offers new possibilities for existential fulfillment.
5.1.2 Dwelling, Psychiatry, Drug Dependence

The classification of a drug as ‘illegal,’ or ‘illicit,’ originates with the moral and legal codes of the state. The criminalization of cocaine, heroin (and other opioids), crystal methamphetamine, and cannabis has no scientific justification and creates a slough of well known problems. These are extremely powerful drugs and they are widely used by the homeless and inadequately housed mentally-ill population of inner cities everywhere. Additionally, criminalization of these drugs, their production, distribution and use add positive dynamics to neoliberal economic schemes in many, easily identifiable ways. The prison-industrial complex, the pharmaceutical industry, medical insurance policies and psychiatry’s monopoly on patented, legalized drugs plus the gentrification which relies on the legal suppression of homeless, poor and marginalized populations all benefit from state’s legalist distinctions between drugs.

Secondly, phenomenology reveals neither main effects or side effects, but only effects. ‘Side effects’ are effects that the drugs are not marketed for and for which physicians (i.e. the state sanctioned authority) are excused from responsibility. This does not stop the same physician from turning around and prescribing a drug for something that had once been considered a side effect. In fact it is a well-known trope of the pharmaceutical industry to re-name drugs in order to market them for different purposes.

The last point to make regards the concept of addiction, it is often applied to the so-called illicit or illegal drugs, but not to psychopharmaceuticals. Like legalist distinctions, this designation is rooted in morality, pharmaceutical marketing, and the accepted authority of psychiatric and legal entities. To the phenomenologist it is clear that addiction is very real. However, addiction is also ambiguous because things can be
addictive for different reasons – one drug for inducing euphoria, another for inducing hallucinations or pain relief. Even activities, such as yoga, sex, or self-mutilation can be addictive with accompanying cravings, obsessions, behavior patterns and withdrawal symptoms – some of which may appear phenomenologically indistinct from those associated with the so-called hard drugs.

We must admit that psychiatric drugs, such as those my research participants reported using, are addictive, habit forming, and will often induce dependence and abuse among those to whom they are prescribed. Please recall the point I made above about how psychiatry has always been a clinical discipline. Deinstitutionalization means a de-architecturing or an exodus of the people traditionally treated in those settings as well as an exodus of the discipline itself. Traditional psychiatric treatment is initiated when a person is locked into a ward and prescribed medication. If unwilling the patient is force or coerced to take the prescribed drugs. These drugs remain the main arsenal of psychiatric treatment, but with the homeless and inadequately housed population the architectural situation is far different and despite the fact that no clinic is involved, these psychiatric remedies are still considered clinical.

The majority of people who try drugs do not become addicted (Adams et al. 1999), so there must be factors that make certain people more prone to addiction. It is likely that the tendency towards drug abuse results from a combination of both genetic and environmental factors (McGue et al. 1996). Can poverty be one such factor? My first participant, Hockeystick, expressed ambivalence on this question regarding his own experience:

Because of the quality of life that I choose, and another point of view would be a disease that isn’t by choice, the
disease of alcoholic addiction and drug addiction is not really by choice, but a lot to do with circumstances. Because if I had a choice I would say that I would never ever want to use again and alcohol and drugs would disappear from my life and I would never have to use another fix of heroin or have another drink of alcohol ever again.

Some studies (Green et al, 2002; Bardo et al, 2001) have shown that environmental enrichment decreased intravenous amphetamine self-administration in rats. And it is not surprising that Shelton et al. (2009) found that drug related problems, such as addiction, followed after individuals became homeless. Homeless and inadequately housed people, who are battling addiction, would benefit from better dwelling situations. In fact, housing first programs support this assumption in almost every case that has been tested.

Another participant in my study, Floppyhat, reported that the comfort of his dwelling place eliminated his “desire to escape” through drug use and replaced it with the satisfaction of watching T.V. or reading. His apartment was “… a place to have your head together and think of other things besides getting your next ten dollars,” (the price of the smallest unit of sale for hard drugs). While it had not been completely eliminated, his drug use was now moderated. “I do take drugs very sparingly now,” he said. It seemed to be the place and autonomy in the space that allowed for some control of drug use that he did not have when living in worse places. He added: “I can put it down and not use it and that’s something I have never been able to do for years and years. Ever since I started using I could not stop using. I would use until it was all gone.” It seems that asking impoverished or homeless dwellers to get clean is akin to asking someone to undergo surgery without anesthetics.

The last point to make in this section, which follows from the thesis regarding the
embracing of emotion through dwelling, is this: drugs impinge on the body, at the molecular level, in much the same way that architecture impinges upon the body at the macro-level. Just as architecture allows us to dwell in the world (by conditioning our thoughts, feelings and behavior) so do drugs. Drugs reinstate the comfort and emotional conditioning of the body that is lost when architecture is stripped away, making the homeless or inadequately housed more susceptible to drug addiction. In the absence of adequate dwelling places, drugs are the dwelling.

5.2 Solution: The Transcendence of the State

Thomas Kuhn’s 1962 essay *The Structure of Scientific Revolutions* has been so monumentally important because it facilitates the sublimation of the revolutionary impulse that motivates, and is motivated by, academia. The scientific revolution is a perpetual revolutionary war between paradigms. Academics, the traditional generators, purveyors and stewards of knowledge in Western democracy can find lifelong existential fulfillment by engaging in these wars. The personal accomplishments by scientists and professionals in phenomenological architecture, psychiatry, and in applied psychotherapy seem spectacular and praiseworthy to us. However, when viewed in historical context, instead of a teleological fulfillment of greater and greater knowledge, the sciences seem to remain stagnant; they are subservient to the state and its auxiliaries of capitalism and corporations.

Returning to Fritz Lang’s *Metropolis* at its climactic ending we first recall that Freder, the film’s protagonist, had experienced multiple epiphanies leading to his radicalization. He had taken up the cause of the oppressed working class, in pursuit of his love-interest, Maria. However, he had been tricked by elaborate manipulations
involving the city father, the scientist figure, and a machine-man doppelganger of Maria named “Hel,” after the late wife of the obsessed scientist. Although Freder had aspired to become an empathic mediator between “the head and hands” of Metropolis, Hel swayed the mass of workers. The intertitle reads: “you know that I have always spoken of peace… but your mediator has not come…” and the crowds of men grew increasingly desperate looking to their beautiful and seductive leader with anticipation. “You have waited long enough! Your time has come -!” and the crowd roared approval with fists raised. Hel continued to whip them into a frenzy: “Who is the living food for the machines in Metropolis?!” ‘We are’ the men gesture to the dramatic score. “Who lubricates the machine joints with their own blood-?! Who feeds the machines with their own flesh--?!” She shouts to them. “Let the machines starve, you fools -! Let them die-! Kill them – the machines!”

In the next scene, Hel is marshalling the workers towards a revolt. “Women and men, let no one miss today -! Death to the machines!” They charge into the elevators to ascend from the worker’s city and into Metropolis with destruction on their minds. They cannot crowd into the elevators fast enough and soon all have evacuated the lower depths towards an offense, or so they thought. We see that children have been forgotten there as the last of the men and women recede into the elevator shaft. Into the machine halls they race, hammers in hand. Hel ascends the steps of the heart machine/Moloch entreatng workers to leave the machines to run out of control to their death. They go further and the lead engineer is there; he closes the protective doors before the rebels can reach the machine.
Meanwhile Joh Fredersen, the city patriarch, views the engineer and orders him to open the gates. The engineer hesitates, reporting that the entire machine will be in ruins if the heart machine is destroyed. Unable to resist the order of the highest authority he kicks the lever reluctantly that opens the shielding gates. The engineer pleads with the mob “have you gone mad?? If the Heart Machine is destroyed, the entire worker’s city will be flooded !!” He is quickly overtaken by the mob and Hel throws the switch that sends the machine into overload. Within moments the machines are exploding with excess energy, bolts of electricity shoot out, fire, destruction, and chaos ensues.

The story is concluded with Freder acting as mediator to bring the “head and hands” of metropolis together with “the heart.” Although they still distrust each other and hold resentment, they have each been humbled by the brief belief that their children had been killed in floods. They are able to empathize with one another when they see that they truly are brothers. The machine halls of Metropolis will be rebuilt and the relations between the classes will be restored. Yes, there will now be an empathetic mediation, but it is not a revolutionary ending. Lang’s vision is ultimately reformist.

This last scene epitomizes the modernist narrative. “Head and hands want to join together, but they don’t have the heart to do it… Oh mediator, show them the way to each other…” The lead engineer reluctantly shakes hands with the city’s patriarch at the behest of Freder, the ultimate hero of modernity. “The mediator between the head and hands must be the heart!” is the last line of the films dialogue. For Lang, modern industrialism moderated by sympathetic negotiation is an end-state of history. Today we are still dominated by this modernist narrative of class conflict. We see it in the rhetoric
of the gentrifiers, the architects and the theorists that are responsible for the Woodwards project. It is identical to that of Besant and Stevenson.

Finally I must reclaim space within the philosophical tradition. When I began the essay I did so at a certain historical point, with Husserl and Heidegger. However, Hegel lurks like a specter beyond the new territory marked by phenomenology. Now I want to break with Marx, Engels and Hegel. We must overcome the eternal dialectic described by Hegel – and thus overcome the obsessive, dialectical patterns of human history up to and through modernity. My reading of existential-phenomenological philosophy is opposed to Marxist narratives of class, and class-war. Anarchism is one socio-political/economic model that resonates with an existential-phenomenology that is pushed into the socio-political sphere. If we can move beyond dialectical reasoning, perhaps human society will be able to overcome modernity and the domination of vulnerable people by the violently privileged. The anarchist’s hope of overcoming the state, and the transition to a classless society should not be seen as a regression or a backwards movement of some kind. Instead it should be seen as moving beyond these centrally, and hierarchically organized entities known as cities, states and nations. It would be characterized by yet higher, more complex forms of organization, which are very different from the representative and centralized forms of democracy that dominate our relations now. We must transcend the state.

The attitude of city dwellers, whether they are Club W members or living in a doorway on Hastings street, was best described by Georg Simmel (1858-1915), when he said: “the deepest problems of modern life flow from the attempt of the individual to maintain the independence and individuality of his existence against the sovereign
powers of society” (1903, p. 324). Nowhere are these powers stronger than in the urban setting. For Simmel, man’s existence depends on differences in the field of sensory awareness, “i.e. his mind is stimulated by the difference between present impressions and those which have preceded it” (p. 325). This is a simple psychological statement that helps explain how the rapid succession of events and the changing from one impression to another, both inner and outer, envelop the metropolitan person and overwhelms emotional consciousness. The result is that the psyche of the person, for sheer sake of survival, comes to be dominated by an ‘upper strata’ of consciousness. This is the rational/intellectual, and least sensitive mode of consciousness, removed from its deepest parts. The intellect becomes a “protective organ” for the person (p. 326), alienated from the emotional. The metropolitan individual becomes dominated by what Simmel calls the blasé attitude, a kind of narcissistic and sociopathic comportment. It allows Woodwards market condo dwellers to pass by suffering neighbors on the way to their rooftop garden without a second thought. It allows us to become well adjusted to a society that is explicitly unjust. Revolutionary change should not be thought of as a class war, but a war between egocentric and hetero-centric attitudes; apathetic versus empathetic; rigid and authoritiarian versus autonomous; Simmel’s blasé attitude versus Levinas’ altruistic attitude. This is a psychological, or spiritual, revolution.

I return again to one of the greatest teachers on these matters, Emmanuel Levinas, through a reading provided by Roger Burggraeve in From Self-Development to Solidarity: an ethical reading of human desire in its socio-political relevance according to Emmanuel Levinas (1981). Burggraeve’s basic thesis is apparent in the title of the book, and is suggested by an advanced reading of Levinas’ oeuvre. The implication is
that we must move from a culture of self-development, where we focus on self-
actualization and individual fulfillment, to a culture in which we are in solidarity with each other. As I have argued, this is what Heidegger’s philosophy concludes: ‘man has not yet learned to dwell’ with other people.

The appearance of the face is a shock or epiphany that releases oneself from egocentric limitations, like the epiphany experienced by Freder when Maria first appears to him in the garden. Instead of emphasizing the dramatic language sometimes used by Levinas, (‘I am held hostage by the Other’, ‘I am commanded to serve the Other’) my reading simply recognizes what I believe he also recognized. With the appearance of the Other a subtle and simple realization occurs within the deepest subjectivity of the subject: it could be worthwhile to attend to this Other person instead of to myself. In short, “…we can also, with Levinas, summarize the ultimate ethical basic orientation of human Desire as follows: the responsible I is simultaneously “for the Other in spite of itself, through and from itself” (Burggraeve, p. 97).

In a passage titled: “The Universality of the Other,” Burggraeve explains: “In the meeting with another person’s naked Face, I become confronted with all other people, who are just as much in need of my help as the one who stands before me” (p. 103). As my responsibility for the proximate Other is revealed I am aware of my responsibility for all Others. As Burggraeve puts it: “Since all Others are immediately and essentially implied in the Face, I become, through my responsibility for the Other, at the same time, unavoidably responsible for all Others” (p. 104). This is the most important theme to grasp, the most elusive, and the most neglected of this late stage of nation states. It is not difficult to understand my responsibility for family and friends, or even for the homeless
person that I see in my community. Additionally, I am just as responsible for those in
distant lands. Nationalism demands the friend-enemy conflict and destroys the
possibility for such a comprehensive ethics. Therefore we must strive to transcend the
state itself!

5.2.1 Anarchism as The Humane Society
It is no coincidence that anarchism arose in America in the 1890’s. It was and
remains, in many ways, a response to the oppressive tendencies of modernity. According
to the Encyclopedia of the American Left anarchism

is no mass movement, has no stable class base, lacks
unified theory, posits uncertain tactics, and has no long
term organizations. Its power resides in its basic critique
and conviction that even if it may never be realized in
absolute form its definitions of liberty can only perish when
people have been reduced to robots. Specifically,
anarchists have asked whether the future should be deeded
to the numerous militaries, privileged bureaucrats, and
authoritarian religions… Must democracy remain an
indirect exercise in which casting ballots is the major duty
of citizenship? Must the environment be plundered for
short-term statist or corporate needs? The search for

To the free-thinking American immigrant, Emma Goldman (1869-1940), it was clear that
the nation state experiment, having been corrupted by patriarchal capitalism and religion,
would not allow for the formation of a just society. Anarchism, therefore, is: “A social
philosophy which aims at the emancipation: economic; social; political; and spiritual, of
the human race” (Goldman, 1934). As an idea and mass movement it has take root in
recent years in many places around the globe. Although overlooked by psychotherapists
and philosophers, by and large, Levinas also made similar criticisms about the state and
its consequences:
According to Levinas we remain rooted, with this national egoism, in a ‘pagan state’ or ‘Cesar’s state’, which is jealous of its sovereignty; the State in search of dominance; the imperialistic, totalitarian and oppressive State craving conquest… the States (or the ‘States united’) become reduced automatically to an international egoism, which results in nothing less than a “life or death struggle” with the accompanying arms race and the convulsive attempt to expand one’s own power and sphere of influence (Burggraeve, p. 113).

Unpacking this quote reveals our rootedness in egoism; a structured identity, out of which we grow. This description follows Hegel’s ‘life or death struggle’ on the level of scale equal to international politics. The pagan, or Cesar’s state, is characterized by the reign of cult-like religions and the ego-centric charismatic leader of noble lineage.

Levinas ultimately pleads for a transcendence of the state, as we know it, into a universal society of humanity. National justice must be surpassed by universal justice. The goal of universal justice is therefore a ‘totally human society’ in which all peoples are equal and no single group is exploited or oppressed by another. He also calls this the ‘humane society with planetary dimensions,’ which finally coincides with humanity, constructed on agreements that have not arisen as a result of war, but from an ethical brotherhood of the ‘one for the Other.’ Everything, including city planning and architectural projects would be guided by these principles that serve as a radically new basis for society unlike any we have known in the past: “… the expression of universal ethical responsibility is a true peace which no longer results from averted and fought wars but from the unconditional non-indifference of brotherhood” (TI, p. 114). A heteronormative ethics leads us to the individual that can serve as a model for a new kind of state that is productive for the sake of everyone. I call this person the ‘autonomous cooperator.’
“The person whose rights we must defend is primarily the other person, and not primarily the I itself” (Burggraeve p. 98). A truly humane ‘right’ is therefore only possible on the basis of the ‘humanism of the other’ that stands in opposition to the classical humanism, which Levinas characterizes as the ‘humanism of the I’. This humanism of the Other implies the dethronement and decentralization of the I: “There is only talk of culture when one comes to the conviction that the centre of my existence does not lie in myself… the pre- eminent example of man – the source of humanity – is perhaps the Other.” (TI, p. 98). This implies a mode of permanent revolution, or anarcha-existentialism:

… socio-political structures and ‘forms’ must be continually critically interpolated to see if they fulfill their ethical mandate, i.e. the structural realization of justice for everyone, with as little structural violence and as much attention for the individual Other as is possible. In its infinity, ethical ‘disinterestedness’ must be the time-bomb under all socio-political formations, which lose sight of their own universality and thus their own injustice with respect to the unicity of individuals (Burggraeve, p. 124).

The view of the person in this new, strived-for state of affairs is like the one transformed by radical modes of resistance. The resident of Olympic Tent Village, the Woodsquat protestor, the raging Black Bloc anarchist, is the altruist-self described by Burggraeve. This is the agapeic self that openly moves towards the other while accepting them, as described by Post-Hegelian philosopher and teacher William Desmond: “this movement is agapeic rather than erotic when its self-communication is not for the sake of a return to the self. And though the other may return the service or recognize the giver, this is not what moves the movement of transcending” (1995, p. 452). The term ‘agapeic,’ refers to an openness, the opposite of Woodwards style exclusion, and evokes the teaching of
Jesus Christ at first glance. However, in agapeic selving we are not motivated by the possibility of another world, we are only interested in this world. “This self-transcendence is willing to be for the Other; it puts all the energy of its being at the disposal of the Other; it makes itself radically available for the other. It says: Here I am for you; and I am here, because I want nothing” (Desmond, 1995, p. 452).

It seems to me that anarchist frameworks of socio-political relationship would allow the humane society to take place. Anarcha-existentialists, autonomous cooperators are the citizens of would-be cities that transcend the Caesar-State mentality. I mean to imply a spiritual revolution, a mass psychic reorientation away from the insistence on self-actualization and towards interpersonal and societal justice. This kind of revolutionary change will not drop into our hands like a ripe apple that falls from a tree. It will take real effort and action in the realms of science, the personal, and the political. Rigid world views that reject universal justice in deference to national justice are incredibly robust and hold sway in mass consciousness. To foment this revolution we must deploy various modes of resistance and complexity.

5.2.2 Complexity

Only a sufficiently complex system of thought can begin to articulate the interconnectedness of the suffering individual at the molecular/genetic level and the macro level of society. Classical models embrace positivism and tend towards a reductionist pursuit of clear and distinct ideas (Descartes R., 1647). The complex model also proceeds from positivism, but embraces ambiguity and tends toward chaotic or non-linear systems dynamics (Mitchell, 2009; McCammon & Harvey, 1987). The bell curve has been good to us, but we must add bifurcations, stochasticity and strange attractors to
get to satisfactory explanations for what we are seeing.

The scientific consensus is that severe mental illnesses, including mood disorders and schizophrenia are ‘complex disorders.’ This means that they have an unknown mode of inheritance. They result from an interaction of several different genes and have a ‘variable expressivity.’ In other words one form of a given disorder manifests in different ways from one affected individual to another. Furthermore, these diseases are ‘diagnostically unstable,’ which is something I have elaborated above as diagnoses sliding from one to another as if on an ecstatic continuum. They have “etiological heterogeneity, under which an ordinarily genetic syndrome may have sporadic (environmentally produced) forms – known as phenocopies as well as a variety of genetic forms resulting from disruption in several different genes – a condition known as nonallelic heterogeneity” (APA, 2008, p, 304). In short, the fact that these are complex disorders means that uncertainty penetrates our knowledge of them at every level, but most notably at the biological, i.e. genetic, levels.

The multiple models for visualizing and practicing in the new fields of psychiatry are much more complex than classical genetic psychiatry. Psychiatric neuroscientists have long since begun to map these complexities. In their article ‘Moving ahead with the Schizophrenia Concept: From the Elephant to the Mouse’ (2012) Keshavan et al. state: “The current construct of schizophrenia as a unitary disease is far from satisfactory, and is in need of reconceptualization… Schizophrenia is characterized by persistent cognitive deficits, positive and negative symptoms typically beginning in youth, substantive heritability, and brain structural, functional and neurochemical alterations…” (p. 1). They compare the current etiopathophysiological models to the fable of the six blind
people feeling different parts of an elephant and arriving at different judgments. From these researcher’s perspective, as well as my own, the only realistic approach from here is necessarily interdisciplinary.

Raj and Oudenaarden (2008) point out that “Gene expression is a fundamentally stochastic process with randomness in transcription and translation… this variation appears in organisms ranging from microbes to metazoans…” (p. 1). So these findings have implications for people (we are metazoans) and all other animals regarding “… the stress response, metabolism, development, the cell cycle, circadian rhythms, and aging” (p. 1), all of which have been shown to be significant factors in the onset and perpetuation of severe mental illness. To reiterate the point, this means that the chemical and biological processes involved in the major mental disorders “… exhibit uncertainties, fluctuations, or noises in their structures as a rule rather than as an exception… stochastic processes involve an unmanageably large number of variables and their temporal fractal dimensions approach infinity…” (McCammon & Harvey, 1987, p. 228). While this does not mean that we should abandon genetic research on the subject altogether, it certainly casts insurmountable aspersions on any pretense to a scientifically valid practice of ‘genetic counseling’ for SMI like that advocated by Austen and Peay above. It is also now safe to reject the notion that ‘heritability estimates’ have any real predictive power or that there is a ‘genetic basis’ for SMI as claimed by Kerry Jang and other ‘behavioral geneticists.’ Furthermore “…stochastic algorithms developed in the last century yield not only the structure or pattern of these processes, but also the statistical characteristics of the underlying uncertainties that the conventional deterministic models cannot offer” (p. 228). There is precedent for new mathematical models, that have yet to be developed,
that would be far more promising in producing new knowledge than the comparably ancient statistical analyses pioneered by Galton and other early social scientists.

This means that psychiatry, having suffered so many decades of ‘physics envy,’ has finally had what I would call its ‘Heisenberg moment.’ Just as Werner Heisenberg (1901–1976), along with the rest of the pioneers of ‘quantum physics,’ showed in physics; there is only a certain level of scale that can be measured with certainty and below that level preside ‘quanta’ that no measuring can capture. No matter how precise our technique, uncertainty cannot be overcome. Given that the genome, although static once created in offspring, is subject to stochastic mechanisms as well as immeasurable epigenetic and environmental factors that condition its behavior, we will never be able to predict whether a given individual will become severely mentally ill – regardless of family history or the preponderance of genetic characteristics. Just as a particle/wave of matter/energy is always, at best, only probabilistically in a certain condition or traveling at a certain speed, the individual is an ecstatic ever-changing probability between healthy or mentally ill. Fittingly, it is impossible to say just when the Heisenberg moment occurred for psychiatry. Let this essay mark for certain the point that decisively succeeds it.

This puts statistical analysis in the social sciences into a comparable category with Newtonian physics. Classical math succeeded in putting objects into Earth’s orbit and building modern cities, but they failed to predict the path of the smallest particles. New models, conceptual and mathematical, are as necessary to advance the human sciences of psychology and psychiatry, as they were to advance physics after Heisenberg. We are standing at the precipice of the great basin of these new scientific models and we have
much more to gain than we have to lose by stepping off of it. Complexity theory has already been washing over us, and interdisciplinarity is poised to replace all individual disciplines in this coming era.

In Figure 21, I have produced a novel conceptual model for severe mental illness that can be understood as ‘the complex model.’ It can be used in place of the continuum models suggested by my earlier work (Figure 1), that of the Craddock research team presented in Figure 2, and others. This model takes the continuum and bends it around in a circle so that manic mood disorder and catatonic schizophrenia are as close together as possible, while also being as far apart as possible. The bent continuum is then laid over a ‘color star’ as conceived by Johannes Itten (1888 – 1967) of the Bauhaus school of architecture and design (1975). This model accounts for SMI as it occurs deep inside an inadequate dwelling space (the black center of the diagram), as in the case of Backyard whose psychosis was triggered inside his dwelling, and as it occurs in radical homelessness as in the cases of Hockey Stick and Conspiracy Theory, for whom psychopathology dominates their lived experience. Somewhere in-between the inadequate dwelling of slums and dilapidated SROs, and a disintegrating or unstable dwelling of homelessness and shelter dwelling, is the zone of optimal dwelling. The zone would be located differently for every individual. However, under the optimal dwelling conditions all the existential needs are met and the risk factors of trauma, genetic vulnerabilities, drug abuse and homelessness are minimized.
Figure 16 The Complex Model of Mental Health and Severe Mental Illness. Image by Kris Emig Kuhn.

This model combines the concept of dwelling, as developed by Heidegger and Levinas, with the epigenetic and infectious agent hypotheses of SMI to produce a complex model. It allows for disease states that are not static and it also allows for an individual to go from one extreme to the other (for example Hockeystick described alternating between catatonic stupor and manic states of compulsive drug seeking behavior in a short period) without traversing the entire continuum of diseases, as previously conceptualized. Itten’s color star is exemplary since it is comprised of the visible colors of the spectrum in many distinct gradations. ‘Clinical’ experience shows us
that a person’s ease or disease shows up along similar yet distinct gradations i.e. phenotypic variation. The conditions are directly affected by the existential factors of dwelling/homelessness, drug addiction/drug use, genetic vulnerabilities, and trauma/meaning.

Architecture, urban design and civic legislation also suffer from fatally reductionistic thought. More naturalistic (i.e. fractal) design patterns for streetscapes and community transit flow patterns (McAdams, 2008) needs to be intentionally implemented. This can be facilitated by the repeal of bylaws in certain neighborhoods where patterns of movement and exchange (i.e. microeconomies) are different. The decriminalization of sex-work, drugs and drug use along with the implementation of harm reduction services like safe injection sites for I.V. drug users and the medicalization of opiates and cocaine derivatives is called for. Optimal design for individual and collective dwelling spaces cannot be based on fully standardized proportions as envisioned by Le Corbusier and other proponents of the modern movement. Architectural form should be varied to allow for idiosyncratic needs of individuals and collectives, as advocated by architects like Inge Roecker, in her *Urban Acupuncture* architectural model (2006).

Finally, the various biological approaches involve much more uncertainty than the socio-psychological. We know that urban factors, such as poverty, malnutrition, trauma, noise, disruptions in sleep pattern/circadian rhythms, substance abuse and addiction, homelessness and inadequate dwelling, have a direct relationship with the onset and exacerbation of severe mental illness. The infectious agent hypothesis, for which there is growing evidence, clearly suggests interdisciplinary solutions. Any psychiatry that is
interested in eliminating ambiguities regarding epigenetic or environmental influences on the biological mechanisms of severe mental illness should focus energy on eliminating these known environmental risk factors instead of chasing quanta. This is basic research design – control for as many causal, intervening, or confounding variables as we can. However, psychiatry remains for the time being a mere state apparatus. The only effective measures against such stultifying structures are various modes of resistance.

5.2.3 Resistance

In the words of the co-founder and executive director of PHS, Mark Townsend:

We’re stuck with fundamental needs, with malnutrition, poor housing, and with no access to health care. Even though millions of dollars are spent on health care, this group of people don’t use it because it’s not done in a way that works for them. They’re very, very sick. Some areas of public health have improved: HIV is better under control, and not just because it reached saturation point; needle exchange has improved; access to methadone has improved; the rest of Vancouver has a high rate of TB and ours is low. So there are improvements. But the fundamental issues remain; those of poverty and oppression, and those issues, ultimately, are not about health (2010, p. 167).

Complexified methods of psychotherapeutic analysis and counseling, combined optimally with reconceptualized psychiatric models could be effective in treating individual cases of psychosis and other severe mental illnesses. However, as they are now deployed they only reify the embarrassingly inadequate system that appears in the DSM5. The most highly trained therapists attend to those who need help the least, others work to put combat troops back into the various illegal wars waged by the nation-state, still others work with in Kafkaesque government agencies to torture prisoners in the fabricated war on terror. Medical doctors, advanced registered nurse practitioners and
psychiatrists dole out whatever drugs are being pushed by the mega-corporate pharmaceutical industry.

Architecture could provide solutions that would alleviate the environmental contributions to severe mental illness, but as has been shown with the Woodwards complex, the opposite is currently the case. The ethical failure of that project, despite clear instructions from the community about what it needs (in the form of the Woodsquat demands) indicates that state sanctioned architecture only serves the socio-economic elite while subjugating the poor and vulnerable. Macro-scale examples include the U.S.-Mexico border fences and the Israeli settlements in Palestine. Over two thousand years of western architecture has led to a highly regimented, segregated, violently controlled architectural situation. The foundations of the dominant practice of architecture are not built upon some ethical theory. Capitalism informs architecture on the most fundamental level. Architects have served the state since Vitruvius, who wrote his ten books for the Roman emperor of his time. The Woodwards project is a clear example of this, it is a model of exclusivity in itself, while cutting through the neighborhood like the battleships that plied the waters on behalf of the British Empire and Hudson Bay Company, creating waves of cultural degradation in its wake. These forms of architecture, psychiatry and philosophy must be resisted!

Best practices in all disciplines follow the dictum: ‘do not reinvent the wheel.’ Resistance movements, led by members of communities under siege from Palestine to the DTES, are well underway. It is our duty, as indicated by the ethical imperative presented in the face-to-face encounter, to join them with as much force as we can bring to bear in our various capacities. Bud Osborn is a DTES poet, activist, and founding member of
the Vancouver Area Network of Drug Users (VANDU). He has written passionately

about the necessity of resistance in a neighborhood under constant attack. Here is one of

his poems, *Raise Shit*, quoted in part:

… “raise shit,” he said
raise shit
against the kind of “urban cleansing”
gentrification unleashes
it’s a war
against the poorest of the poor
1,000 overdose deaths
in the downtown eastside in 4 years
highest rate and number of suicides in Vancouver
lowest life expectancy for both men and women
fatal epidemics of aids and hepatitis C
and lack of humane housing
identified as a major factor
in all this violence against us
raise shit
when a friend of mine, a gay native man tells me
“I’ll try anything to get a decent home
I’m gonna become a mental case
I’ll even go into an institution if it’ll help me
Get a decent home

Raise shit
When both young people and hardcore addicts
Either deliberately infect themselves with HIV or
Take no precautions to prevent infection so that they
Have a better chance at
Obtaining housing income, health care and meals

…raise shit
when an extremely influential North American
theoretician of displacement, George Kelling
is brought to Vancouver
by the business people and the police
to define and divide our community against itself
against panhandlers and prostitutes…

…to raise shit is to actively resist
and we resist with our presence
with our words
with our love
with our courage

we resist
person by person
square foot by square foot
room by room
building by building
block by block

we resist
because we are a community
of prophets, of activists, of advocates
of volunteers, and agency workers
and we, you and I, us
are all that stands between
the unique vulnerable troubled life-giving and death
attacked community of the downtown eastside
we are all that stands between our vast community
and those who would
gentrify and displace and replace it
replace it with greed

… our community itself
has emerged as our leader
the downtown eastside community itself
leads us
and it is to our credit that this is so
for it is from our
prophetic, courageous, conflictual and loving
unity
that our community
raises shit
and resists

Osborne (1997) vividly describes the spirit of resistance. To raise shit is to
‘actively resist’ the urban cleansing that accompanies gentrification. This evokes the
Canadian colonialist enterprises that unleashed ‘ethnic cleansing,’ on indigenous
populations. To resist means to fight in a war that has been silently declared by the moral
authority and socioeconomic elites of the city and state. Legal and social norms are a
framework for structural violence that leads to countless ‘illegal drug’ related deaths,
high suicide and general mortality rates, as well as the unchecked spread of deadly diseases. The absence of humane housing is a main factor in the ongoing crises that are inflicted upon this most vulnerable population. All of these forces must be resisted!
5.2.4 The Non-Pacifist Possibilities of the Humane Society

The existing socio-political and socio-economic conditions make homelessness and mental disease intractable and growing problems. Current urban planning schemes operating under the neoliberal ideology act together as unstoppable *Molochi*. Only the various modes of struggle and resistance can kill or slow down the deadly grinding machines of gentrification and inner-city poverty. While I ultimately advocate, along with those engaged in militant resistance, for a complete overthrow and abolition of the state, complexity theory suggests that elements of anarchism can be incorporated into the social fabric of the existing culture. It is feasible, on a neighborhood by neighborhood basis, to create autonomous zones within state boundaries like Olympic Tent Village. This would be like the favelas and tent-cities already in existence in other places outside of Vancouver. However these will always be vulnerable and subject to the good graces of arbitrary and capricious power mongers. If we take the passive stance of the typical ‘progressive’ or ‘liberal’ activist not paying taxes or deciding not to join the military; if we limit protest to marching along permitted and designated protest routes waving signs and chanting; if we were to ‘drop out’ of society completely, abandon the vulnerable we take the side of the oppressor. In other words, if we are pacifists we become agents of injustice to others. As Henry David Thoreau (1817 -1862) noted, it is incumbent upon us: “If injustice is of such a nature that it requires you to be the agent of injustice to another then I say break the law. Let your life be a counter friction to stop the machine” (1849, p. 12). We cannot sit idly by while the world is destroyed by a relative handful of billionaires entrenched in state power. This is an attitude increasingly and obviously embraced across movements worldwide.
A diversity of tactics of resistance is also prescribed by Jason Hackworth, author of “Neoliberal Cities” (2007). He names five streams of resistance that either confront neoliberalism’s effect via direct action or through going around them to form new systems altogether. The first he calls “Neo-Keynesian” and he equates this with fighting to save public housing, welfare, hospitals, childcare etc. The second is the ‘anti-globalization’ movement, which is what we saw in Seattle at WTO in 1999, and in Vancouver during the Anti-Olympics convergence. The third has to do with economic justice and labor organizing with labor unions forming the core of this form of resistance. The fourth form that the struggle takes can be characterized as one of urban resistance to gentrification, like what we saw with the Woodsquat and OTV. The fifth strategy he is interested in promoting has to do with the collectivization of money, also known as participatory economics. I do not believe that Hackworth started out as an advocate for homeless people, but I believe his proposed solutions could lead to the solution that I desire: homes for all.

I hope that the invented term ‘anarcha-existentialist’ has not mislead. I have not sought to reject authority, but only to question it so that it could be discerned and elevated above its authoritarian dopplegangers. The phrase should also imply a phenomenological attitude that demands theory fit descriptions of the phenomena of interest. I do not pretend to present an objective analysis of these crises, but only to engage them from my own perspective. Besides the pregnancies of my own privileges it is a perspective that has been honed by years of direct service to the affected population, by the discipline of existential-phenomenology, by scholarly research, and by various kinds of human research that have entailed an immersion in environments like the DTES
and the UBC School of Medicine. My perspective is not one of the oppressed minority’s, but it is one that aspires to solidarity with them. If this essay appears as an opinionated manifesto of sorts, believe me: it is. However, please also believe that, through description and dialogue, I have tried to eliminate false presuppositions and ground my perspective on essential attributes of the phenomena in question. In that spirit I invite discussion of these issues; the only reliable method to expose prejudice that doubtless still lurks outside of my own conscious awareness. In the meantime I simply assert that my theories are soundly based upon the methods I have described. The ‘existentialist’ part of this term indicates a love of this vast and ambiguous tradition, but in particular its concern for the possibility of human freedom. What is arbitrary or self-obsessed freedom other than narcissistic madness? What is freedom invested in the rights of one’s family, one’s ‘kind,’ one’s class, or one’s compatriots over those of others? A classist and brutal nationalism? Such is the freedom we have now and my claim is that this is not freedom at all, but forms of social and psychic pathology. And furthermore that choosing justice is the only form of existential freedom with ultimate validity: there is no justice without freedom, nor freedom without justice in human affairs. In this spirit, and the spirit of total resistance, I propose a combination of solutions to the urban crises of homelessness and psychopathology through psychiatry, architecture, and the anarcho-existentialist impulse. These solutions would take the form of grassroots resistance to systems of oppression, the embrace of complexity theory in psychiatry and architecture, and a mass movement towards anarchism as a socio-political model.
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Appendices

Appendix 1

The purpose of this interview is to assess further your experience of quality of life in relation to the place you live, or dwell. I am interviewing people living in a variety of dwelling situations in the DTES. We are interested in whether or not the kind of place you live (whether you are homeless, in an SRO or other type of dwelling situation, affects your experience of quality of life). Most importantly; the study’s design calls for a description of how it is, for you, to live in the place where you live. Please speak only from your own experiences, focusing on your life, and not the lives of others.

How long have you lived here?

How would you describe your overall QoL?

What’s important to you to in order for you to have good QoL?

Dwelling and Quality of Life Questions:

Does your current dwelling situation affect your QoL in any way?

What are the bad things about this dwelling situation in terms of your QoL? What are the good things?

How would you describe the pattern of dwelling in your life since, and including, adolescence?

What would you change about your dwelling place to improve your QoL?

Probe; Would you like to move away or stay in this neighborhood?

Physical surroundings
How would you describe your physical living environment?

Probes: Does anyone else have access to your dwelling space? How many rooms does it have?

Do you have enough space? For yourself? For all your belongings?

Do you have everything you need? Such as food, clothing, a bed with blankets, toiletries, soap, etc.

**Security**

Do you feel safe here? In this dwelling place? In this neighborhood?

Do you have the privacy that you desire?

Have you been assaulted in your home? Has your home been broken into? Anything stolen? Or otherwise violated?

Is your home secure? Are you able to pay rent etc without any problems? Are you at risk for eviction?

**Physical**

How is your health, or changes in your health, related to your dwelling situation?

Probes: (e.g. have your become homeless, been evicted etc. in the past because of mental or physical health related events: or vice-versa; how has your mental or physical health been affected by changes in your dwelling situation?).

Are you able to rest and sleep as much as you need to here?

Are you able to prepare and eat food in your home?  
-how many meals per day/week do you prepare and eat at home?

Do you have your own washroom? How many people do you share it with? Do you bathe and change your clothes regularly?

Is the space where you live clean enough? Are there pest infestations; like bedbugs or other sanitary issues?

**Emotional**
Do you feel comfortable here?

Is your illness affected by your dwelling place? How so? Does it make it better or worse? In what ways?

How does having a mental illness such as…. affect your ability to have a place? To take care of a place? Clean it, cook food, host guests etc.

Is there suitable space for intimate relationships where you live?

Is there space for spiritual practices? Are there items of spiritual significance? (i.e. altar, shrines, prayer rug etc.).

**Social support**

How, if at all, is your housing situation coordinated with mental/physical health services?

Are there support services related to your living situation? (such as caseworkers, onsite nurses, social workers, psychiatric consultation etc).

Do your basic needs include medication management? Is that facilitated by your living arrangement?

Do you know your neighbors? Are you friends? Do you trust them? Do you share any common areas or space with others?

Do you feel you are, or have been in the past, discriminated against by landlords or neighbors because you have a mental illness or because you are a hard drug user?

Would you prefer to have roommates or live individually?

Is it possible for you to host guests? How is it to have guests over?

Is pet ownership part of your life, now or on the past? How so?

**Closure**

Do you feel “at-home” here? What does, or does not, make the place you live a home?
Is there anything we missed? Is there anything you would like to add that you feel is important for us to know?
Appendix 2

“Backyard” Transcription

The purpose of this interview is to assess further your experience of quality of life in relation to the place you live, or dwell. I am interviewing people living in a variety of dwelling situations in the DTES. We are interested in whether or not the kind of place you live (whether you are homeless, in and SRO or other type of dwelling situation, affects your experience of quality of life). Most importantly, the study’s design calls for a description of how it is, for you, to live in the place where you live. Please speak only from your own experiences, focusing on your life, and not the lives of others.

- How long have you lived here?

Ten years.

- How would you describe your overall QoL?

Well, its not very good. I got a broken nose and I fell down the steps in the last two weeks.

- What’s important to you to in order for you to have good QoL?

Well, probably not being addicted to drugs and having a steady job. Other than that maybe,… you know what’s been bothering me lately is I’m 45 years old and I don’t have any kids at all. That’s really in my mind and sort of making me depressed eh. My sister has six kids and when I went home I just, I love kids eh, so I see my life as kind of pointless because I don’t have no kids.

Dwelling and Quality of Life Questions:

- Does your current dwelling situation affect your QoL in any way?

Yeah, that’s for hard to house, really hard to house people eh; the Washington hotel. And at times I don’t feel safe there. Because there are some people there I don’t like and they don’t like me so sometimes I don’t go home for extended periods of time. And when I do go home I’m either hammered or half cut or whatever so it doesn’t matter right. So, I’m starting to… I don’t know, I feel scared there all the time.
- What are the bad things about this dwelling situation in terms of your QoL?

Well the bad thing is that it’s made of really hard to house people, the people, there’s a lot of people with serious mental problems. But not that serious because the serious ones are way over by the ‘inaudible’ hotel. But you know they’re just enemies of mine there, that sometimes, at times I fear for my safety. That’s a lot of times that’s the only time I can live there lot of times when I’m drinking that I don’t care.

- What are the good things?

Well the good things I like about there is they give you coffee every morning at 8:30 and then they feed you lunch seven days a week right, a small serving they give you two though man, they’re really good meals. They’re not slop like you get on the streets eh. And they check up on you, they do room checks every night at ten o’clock just make sure you’re alive eh. And if you want they take messages for you, and you can ask for wake-up calls, I usually ask for my wake-up call at 8 o’clock or 8:30 so I don’t miss my coffee. That’s important in my life to have coffee in the morning. The one worker there, she gave me a hair cut today.

- Ah, looks good eh.

She told me that when she cut my hair it was half-cut eh. She told me that she cut her old man’s hair and I was like, well as long as he didn’t fire ya. That’s about it I guess, and the staff is really friendly. They’re really caring people. They’re not there for their jobs, they’re there for you you know. They take their time out to talk to you if you want to talk to them.

- How would you describe the pattern of dwelling in your life since, and including, adolescence?

Hasn’t been very good. I don’t know. Well I guess you could say I’ve been living in a hotel just about all my life. The only odd time that I wasn’t living in a hotel was when I was with my gf, and for ten years we were getting evicted out of our apartments left, right and centre eh.

- What for?

Just for fighting and drinking. … [inaudible] other girlfriend I got forced to move out because I passed out with the oven on and smoke all over the place, the fire department came and there was all this millions of dollars in smoke damage so I basically got evicted out there.

- how old were you then?
Let's see, it was, 26, no, no, 24, it was 24.

- So more or less since then you've been in hotels and few apartments?

Yeah. I didn’t leave my home, my mom’s home until I was about 20. That’s when I moved out. Well actually I didn’t move out, they gave me tough love and kicked me out eh. Which was good and I didn’t realize how good it was until a couple of years later when I thanked my mom.

- Where were you living then?

I was living on a reserve. Chipoanga. Its up in Northern B.C. Its between Terrace and Smithers its about a 20 hour bus ride.

- Whoa that’s a long ways away uh? Do you visit?

Yeah, if visited about a month ago for three weeks.

- What would you change about your dwelling place to improve your QoL?

Well, I would move into an apartment, a real apartment eh, you know where you have your own bathroom and shower and cuz um, before the Washington I was staying at a DERA apartment, the the Marie Gomez, and that was totally a nightmare! Holy Smokes. People going in there with guns all the time you know it was totally nuts there, it was the crack house of all crack houses on the dtes. It was called Marie Gomez eh, and it finally got demolished about three months ago eh. The cops couldn’t even keep control of it, DERA couldn’t even keep control of it cuz it was drug dealers would go in there and torture people.

- And it got shut down because...

They said it was a, the city said it was a unfit to live in. so they just demolished it.

- Would you like to move away or stay in this neighborhood?

Well now that I’m getting some problems, I don’t know I’m starting to think about it. When I went home to my mom’s I told my sister, you know what, I have a couple more years and I have enough skills underneath my belt on me you know with all the volunteer work I’m doing, that I can come home and do something positive for my community. On the reserve eh, because my reserve is just like the dtes eh, there’s a lot of drugs and drinking there eh. High unemployment. So what I told my mom is when I get my shit together I want them to sponsor me to go and get this proposal writing course done eh. Because when I was president of VANDU and ** helped me out a lot doing proposals eh, she was my mentor. I did a proposal after that and it went through.
- A proposal for…

Money, to get money for a project.

- To write grants basically.

Yeah, what I did when I was with “…” which is a harm reduction society two years ago I wrote a proposal for hospital visits and a needle exchange program and it want through.

**Physical surroundings**

- How would you describe your physical living environment?

Not very good.

  - Does anyone else have access to your dwelling space? How many rooms does it have?

There’s seven floors and each floor has 15 rooms. Two washrooms per floor.

  - Do you have enough space?

Yeah I guess you could say that.

  - For yourself? For all your belongings?

I don’t have any belongings.

  - Enough space for yourself?

Yeah, its just that its really depressinger you know its so small. Its just depressing.

  - Because the size of it its depressinger because its too small.

Yes, it is.

  - Do you have everything you need? Such as food, clothing, a bed with blankets, toiletries, soap, etc.
Well yeah just what they give me, they provide everything like that. They even have a laundry service there.

**Security**

- Do you feel safe here? In this dwelling place? In this neighborhood?

Well, let’s see not really not right now because the way my life is right now, since I got my nose broken, there’s just somebody out there that has it in for me. I don’t go anywhere hardly dates unless my buddy is with me. That’s how safe I feel.

- Do you have the privacy that you desire?

Yeah, nobody bothers me.

- Have you been assaulted in your home?

Yes. Yeah.

- Has your home been broken into? Anything stolen? Or otherwise violated?

No.

- Are you able to pay rent etc without any problems?

It’s direct payment from welfare, I don’t have nothing to do with it.

- Are you at risk for eviction?

No, because it’s hard to house eh, it would take a lot. What this guy did a couple weeks ago, no not even that a week ago he knifed this girl eh, so he got evicted right away.

He knifed her in the place. So that will get you kicked out. Anything short of that you’ll be alright.

As long as you don’t, they got cameras there, there’s a camera on every floor there. So its all fully, like sometimes I’ll go sit in the office and bullshit with the guys and I watch their camera, they got two cameras on each floor eh, one on each end of the hallway. They record everything, they got a camera in the elevator too. That’s one thing that makes me feel a bit safer eh. It doesn’t make me feel that much safer, cuz I can still get assaulted and the shit kicked outta me, like I wouldn’t feel that safe, but you can feel safe that they will catch it on camera eh.
- so you have to have a key to get into the place.

No, you buzz in, they see your face and they buzz you in. I don’t know how they do it, but they know everybody who lives there. 105 people, 105 rooms eh, so I don’t know how many people cuz sometimes its two to a room.

- Sometimes its two to a room?

Yeah, so they know everybody.

**Physical**

- How is your health, or changes in your health, related to your dwelling situation?

I don’t know about physical or mental health, but fighting with my girlfriend or we’re arguing all the time so I don’t know what you would put that under.

- So that did lead to a change in your dwelling situation.

Yeah, yeah.

- Has a change in your dwelling situation ever led to problems with your health or you mental health?

Yeah, when I moved into Marie Gomez I was just totally terrified. Somebody moved into my room eh, I came back and there was this black guy laying on my bed, and he just ran out the door eh, and he freaked me out. Like I was gone for the weekend and somebody broke in. They were trying to take over my room. That’s what they are doing in the whole apartment block, the whole apartment building, they were taking over rooms eh.

- So that made you anxious? Some anxiety after that?

Because I was scared and depressed emotionally I felt my body was more run down. I didn’t get enough sleep eh.

- Are you able to rest and sleep as much as you need to here?

Well, you know what I live on main and Hastings eh. Sirens are non-stop eh, traffic I can hear start up and 5:30 eh, so I got the doctor to prescribe me trazadone, that’s a sleep aid, it helps me sleep. Its sort of a mild tranquilizer eh, that’s what I take, that’s what I’ve been taking for the past three years now for sleep disorder.
- okay so you said you’ve been diagnosed with depression, and you said you were depressed in the last interview. Are you on any anti-depressant meds currently?

No. Not yet, I don’t believe in them. Because my common law, she was always on anti-depressant pills and I always just totally didn’t believe it, and I said you know what if you’re going to get un depressed you’re gonna have to do it yourself, there’s no wonder drug out there that’s can get you un depressed, I don’t believe so, I don’t know maybe its because of the environment I grew up in my mom was always taking a pill for everything.

- Are you able to prepare and eat food in your home?

No, there’s no kitchen there. Like I say they prepare lunches there.

- Is there a cafeteria? Or do you just take it back to your room and eat?

Yeah, its sorta like meals on wheels. That Portland does, they come up with these big Styrofoam soup containers, that’s what they serve em in, they all got lids on them. They pass them out when you go the office. You can eat them anywhere, you can eat em out on the street, in your room..

- Do you have your own washroom? How many people do you share it with?

15 rooms, two washrooms.

- Do you bathe and change your clothes regularly?

Yeah, and they do my laundry.

- Is the space where you live clean enough? Are there pest infestations; like bedbugs or other sanitary issues?

There’s cockroaches there. Yeah, but they always do, every two months they do a cockroach spray. No bedbugs there. My room’s clean because I got nothing in there basically eh. People that bring junk in there, that’s where you get bedbugs and cockroaches from.

**Emotional**
- Do you feel comfortable here?

No. It just makes me depressed being there.

- Is your illness affected by your dwelling place? How so? Does it make it better or worse? In what ways?

It just makes it worse, it depresses me. And I start that’s when I start going into my fantasy world. And I think oh no what are you doing, get away from there… get away from me, get away from me eh. That’s what I’m saying out loud because I know I’m, when I got that way when I was younger, that’s when I really got bad and got into my depression that led to my suicidal fantasy eh. So yeah, it started deep that way, but I got a place to go, my buddies place, where I spend a lot of time.

- can you say a bit more about what you mean when you say fantasy life?

Well its like be laying there thinking oh yeah here I am with all this money and here I am helping all these people and here I am spending all this money and having a better life. And then drifting off to having a better life to what I am, and but its not reality because reality is a shithole of a place. I’m still on dtes, I’m still a drug addict right and I’m still depressed so, that’s my reality. The fantasy world is me having millions of dollars right and not being depressed. So and that’s …

- So when you spend a lot of time in your place you start to fantasize this way?

Yeah, yeah it just throws me off track because I start slipping into, not living in reality eh.

- So the fantasy starts to seem more real?

Yeah, yeah.

-- So you’re slipping into delusion or psychosis?

I don’t know if its psychosis but it just seems like I just lose sense of reality. And I’m not scared of that because I got like that when I was younger. That’s when I got into my suicidal tendency. And I don’t go there, that’s when I get outta my room or else I just get shitfaced drunk eh.

- So when it starts getting really bad you just get outta there.

Yeah, I just go see my buddy or, get a bottle and go back to my room and just get hammered. And I just pass out because I’m drunk and I don’t even know what the hells going on.
- Does being depressed affect your ability to have a place, like to clean it?

Yeah, to clean it… my bottles are still up there, my empty bottles. Last time it took the chambermaid to come by and clean my place, which I thanked them very much. Its that and I have to go down seven floors just to get a broom and dust pan and come back up again.

Social support

- How, if at all, is your housing situation coordinated with mental/physical health services?

Its good. Its hooked in with everything. The have counselors come in, they have support workers come in. And they do their bed dispenses. They have nurses come in. Special nurses for the people who need it. They have a program set up.

- Psychiatrists?

I don’t know about psychiatrists.

- How often do you see a psychiatrist? Or do you? Who prescribes the trazadone?

I haven’t seen a psychiatrist for about 15 years. My doctor prescribes it, at Native Health.

- Are there support services related to your living situation? (such as caseworkers, onsite nurses, social workers, psychiatric consultation etc).

Yeah.

- Do your basic needs include medication management?

Yeah they do.

- Do you know your neighbors? Are you friends? Do you trust them?

I do know them, I wouldn’t say they’re friends. I see them in the hallway and say hi and stuff. I wouldn’t trust anybody there.

- Do you share any common areas or space with others?

Just the elevator.
Do you feel you are, or have been in the past, discriminated against by landlords or neighbors because you have a mental illness or because you are a hard drug user?

I don’t know. There’s a lot of it there, in the neighborhood. You know the press talks about it all the time. Either I don’t think that people see it. My sister was driving through the dtes side one time, she said she cried when she seen me eh, because she said I was so hammered I could barely walk. But she kept on going, she was driving. And that’s how people get around here, they see you so hammered eh. They’re dying right now, from what they’re drinking, they’re drinking Listerine, I know about three people. Most of these people here who I call acquaintances, some of them are my friends eh, but most of them are drinking rubbing alcohol. Man that stuff, what they do is they got this guy that comes in, I guess he comes in from the burbs he comes in and he gives them out, lets them charge up a bottle for seven bucks of rubbing alcohol eh. So he fronts all these people like two or three bottles a day seven days a week, fucking welfare day comes around he’s standing right outside the bank there and he just rakes it in.

- So he fronts them the rubbing alcohol…

Yeah, to drink, cuz that’s how screwed up life is on the dtes, I drank that too eh. I don’t drink it regularly… I even tried drinking that geletin they stole from, St. Pauls. Its that, you know what you use to wash your hands, its that gel… its got alcohol in it, its really potent eh. And I know three people that have been drinking it who died from it. They were found in the alley eh, alcohol poisoning. Whatever is in there is killing them eh.

- Would you prefer to have roommates or live individually?

Unless my room mate was a girl, I’d prefer to live individually.

- Is it possible for you to host guests? How is it to have guests over?

Yeah, you can have guests over from 8 o’clock in the morning to 10 o’clock at night. Sometimes I’ll have guests. It’s a very secure place because you have to show your id to go up into the rooms eh and you have to be accompanied by a person that lives in the building, otherwise they won’t let you up into the room and that’s for our safety. In case somebodies up there who’s got a beef against us… if they let em up there and they get into our room and kill us …

- Is pet ownership part of your life, now or on the past? How so?

When I was younger. There’s no pets around here. I wouldn’t want to have one in the city because I believe, when I had my dogs out in the country in our home it was alright because they got to roam around free eh, if you have a dog here you gotta have it on a leash 24/7 and that’s not a way to raise no animal.
Closure

- Do you feel “at-home” here? What does, or does not, make the place you live a home?

No, I don’t know, its hard to say. I need to have a real place, like to have my own furniture stove, fridge everything, my place, like you can actually have a place that has windows that look out onto the street not into the alley where you see people using drugs all the time. That sort of thing.

- so having your stuff, your own place, and having the kind of view that you would like to have?

Yeah, yeah, as soon as you step outside the door you run into drug dealers or you run into someone jonesing right on the street. That sort of thing.

- Is there anything we missed? Is there anything you would like to add that you feel is important for us to know?

I think we covered it all, because my lifes an open and shut book like that. Its good I really enjoyed this. I think its perfect. I think what it does is it opens people’s eyes to the true lives. Because all people see is drugs and drug addicts. They don’t see the life that people do you know sit down and live lives.
“Belle” Transcription

The purpose of this interview is to assess further your experience of quality of life in relation to the place you live, or dwell. I am interviewing people living in a variety of dwelling situations in the DTES. We are interested in whether or not the kind of place you live (whether you are homeless, in an SRO or other type of dwelling situation, affects your experience of quality of life). Most importantly; the study’s design calls for a description of how it is, for you, to live in the place where you live. Please speak only from your own experiences, focusing on your life, and not the lives of others.

Are you gonna hook me up to a lie detector test or something? [referring to the audio recording software, on screen it looks like a polygraph].

- How long have you lived here?

Three years September 1st.

- How would you describe your overall QoL?

I’m existing right now, down here its like, uhm, People that… for me living in the downtown eastside is like living in a quagmire. Once you get in, get down here, its very hard to get out. I never thought I’d ever be down here. I used to be scared coming down here when I was younger. When I had my kids and my job, when I worked, dtes people were considered undesirable. Now that I am a dtes person I find that’s not the truth. We are not undesirable, we are people who are caring, loving, giving, can be, but its not my choice of places to live. Its due to my economic problems, we have to live down here, I have to live down here because I can’t afford to live anywhere else.

- What’s important to you to in order for you to have good QoL?

Money. To not have to worry about finances. Good friends, family. I don’t have any of that.

Dwelling and Quality of Life Questions:

- Does your current dwelling situation affect your QoL in any way?

Yeah, it actually gives me some stability. I have a nice room that is mine, nobody comes in without my permission. It may not be that clean all the time, but I’m not Suzy Homemaker, but its my room, my stuff, my domain, and a place where I can call a safe sanctuary.
- What are the bad things about this dwelling situation in terms of your QoL? What are the good things?

No kitchen in your room, no bathroom in your room. The quality of the building right now is poor, but they’re working on renovating that so. Share a bathroom and a kitchen.

- What are the good things?

It’s a roof over my head and its warm and safe, the staff here are really good as far as keeping undesirables out and watching out over people. They make sure you haven’t died in your room. If they haven’t seen you in a couple days they seek you out to make sure that you are not hurt or injured or anything. If you are sick or anything they’ll go out of their way to help you out.

- How would you describe the pattern of dwelling in your life since, and including, adolescence?

Since I cam to Vancouver from Toronto I’ve lived in houses uhm up until the age of 19 my mother and I and my dad, we always had a house, we bought a house up, when we first moved here we rented, there were three different places that we rented, this was long term, a lot of this was nine years. And then we moved into a house that we had bought, we took a bath on that. We lost money on that, after my mom and dad split up. Then I moved into an apartment, a large apartment a three bedroom place for the two of us. And then I moved out on my own, I’ve always had one-bedroom apartments. Living outside the downtown eastside I have mostly been able to support myself. I have two kids, raised a husband – it was like having three kids, he was alcoholic and dysfunctional, well functional for working, but dysfunctional for everything else, I paid for the bills and things, he would spend his money on booze. After I had my kids is when I started getting into drugs believe it or not, because I was bored. I used to have three jobs you know I’d work 18 hours a day, seven days a week for 2-3 months and have one day off. But that was my life; I lived vicariously through my jobs because I worked in the garment making industry, but I also worked in the food service industry during the night at the convention centre. I was a bartender at the trade and convention centre. The drunkeer they got the happier I got because you know I didn’t have to go out, because they were having a good time I felt I was having a good time, made sure my guests when I was waitressing had a good time at their table and that’s how I fulfilled my needs as far as going out and partying and when I did get a chance to go out partying I partied hard.

- so you’ve always had an apartment….

I’ve always had a home, always had a home.

- would you say that this is the worst dwelling situation that you’ve been in?
No, the worst dwelling situation I’ve been in was at the Picadilly, it was a dump. It was a hotel that got closed down, they condemned it after I moved out. We had rats in the floor the size of small dogs, and I didn’t like rats at the time. We had a room that was, I had a room about half the size of this. And a window the size of a postage stamp. It was looking out onto another building, and I was… and it was a dive, I mean I got splinters in my feet from walking to the bathroom. There was no doors on the bathroom, one toilet was broken, the shower didn’t close properly I was in danger of having someone walking in on me when I took a shower. And I lived on the third floor or second floor, I could hear the lyrics that the singer was singing in the bar downstairs on the second floor and it kept me awake at night.

- What would you change about your dwelling place to improve your QoL?

This place? A big building, other than that the staff is good. And I like what I’m doing here. The location, if I had to live in the dtes, its better here than up on Main and Hastings, I don’t have people kicking my door in. The hotel is run like a proper rooming house or hotel type thing. More of a community here.

- Would you like to move away or stay in this neighborhood?

I would like to move away from the neighborhood, but I can’t afford it financially. I’ve tried it for six months. Its impossible for me to live on the outside of the downtown eastside right now because my drug of choice, the availability, you have to be down here to find it, mind you it finds me. I tried moving out of the dtes for six months, I moved up to Fraser and Broadway, Mount Pleasant. And I found that I would have four bucks I come down to get a hoot, I’m down here four days. You know, I spent more time down here than I did up there, and when I was down here I didn’t have nowhere to stay. So I was walking around in the streets instead of going home to sleep, I would walk around or stay at a friend’s place. So I ended up moving back down here. Its like a quagmire it sucks you in, you get out and it just sucks you right back in and its so hard to get out. Unless you get way our. I went to Penticton for six months and it would have been great if I had been able to keep my job up there, but I couldn’t keep my job up there.

**Physical surroundings**

- How would you describe your physical living environment?

I like this room in this building. Its comfortable, warm, dirty right now, but that’s okay. Its mine. The plumbing is not all that great, but other than that the windows close, I’ve got free cable, I can hole up in my room for days and not be deprived of any creature comforts.

- Does anyone else have access to your dwelling space?

Just the workers. None of the people who live here have keys.
- Do you have enough space? For yourself? For all your belongings?

No I never have enough space. I’m a packrat. I’m like a snake; I fill up the space that I have. If I live in a tiny space I don’t have a lot of stuff, if I have a large space I have tons of stuff. Right now I’m storing stuff for people which is not cool.

- Do you have everything you need? Such as food, clothing, a bed with blankets, toiletries, soap, etc.

Nope, I need toiletries. I need food. I have food come to me every week, I belong to the food co-op, but it never lasts. I am a large eater and I try to keep my weight up. And it’s hard to find food on the dates that I can eat.

- So you are short on food, blankets.

I could use a big warm quilt or blanket. I get short of that other stuff too.

Toiletries, tampons, toothpaste and stuff?

Yeah, I get short of that stuff.

**Security**

- Do you feel safe here?

Yeah I do actually. And there has been a couple times where there were problems, not with me but with other people you know. And they’ve been fighting in the halls and that, you got security down the hall 24/7.

- What about the neighborhood?

Actually I feel safer down here than in other places sometimes. I can walk down an alley downtown at three o’ clock in the morning and have it not bother me. I can walk around at three o’clock in the afternoon and have it bother me. People say women should be scared at night. I should be, I’m not. I have been told that I have to be. The only time I do get paranoid is when I’m on dope, after welfare day. I mind my own business, I have not, knock on wood, been jumped for cash or anything. I’ve had one fight in my time down here I think. And even then a couple weeks later me and the girl made up.

- Do you have the privacy that you desire?

Uhm, in my room yeah if I need to, I lock the door and I don’t answer it. Which is very hard for me.
- Have you been assaulted in your home?

Not in my home no, but I was assaulted in the back alley.

- Has your home been broken into? Anything stolen? Or otherwise violated?

Nope. People have stolen stuff out of my room, but its people that I know that I let stay in my room, so that was my quote friend. I’ve never been broken into down here.

- Is your home secure? Are you able to pay rent etc without any problems? Are you at risk for eviction?

I’m on DB2 so my rent goes directly deposited. I don’t even see my rent check, so they are not going to kick me out for lack of payment. They might kick me out for violation of conditions.

- What are the conditions?

For example if I have somebody, if I have a lot of people in my room all the time, if I’m selling drugs outta my house, if I work outta my house…

- If you work out of your house?

As a sex-worker. Yeah, I’m on the board STRAW, which is a sex-workers thing. We just won a court case. I’m on the board for that. Right now I’m a former sex-trade worker because I’m not able to work right now, I work sporadically. Its not my job okay? Its something to make extra money when I’m really hurting. If I have to I have to.

- So you’re not currently at risk for eviction because of that?

No.

**Physical**

- How is your health, or changes in your health, related to your dwelling situation?

My health is worse when I don’t have my own bathroom and kitchen ‘cuz I have a hard time getting access to things I need. Physical things I need, like I eat, if I don’t have a kitchen to use I have to go hungry sometimes depending on what I have to eat. Sometimes I do require a stove, I have a microwave, but not everythings microwaveable. Bathroom facilities, sometimes I have had accidents because I have a problem with my bowels and I haven’t made it in time to the bathroom. And with my current condition
with my hemorrhaging uhm, I have actually stained all of my clothes. Why? Because I don’t have a bathroom.

- You don’t have access to a bathroom?

I have to walk down the hall around the corner and down another hall in order to get to the bathroom. Its not like I can just jump up and run into my bathroom.

- So there’s more anxiety too?

Yeah and I have to have a key for it.

A key to the washroom?

The ladies washroom has keys, the mens washrooms don’t. a lot of times I will just shuffle down the all if I have to and go to the men’s washroom. But you know sometimes ther is no toilet paper and its like “fuck!” You know you have to bring your own toilet paper you know.

- Are you able to rest and sleep as much as you need to here?

Sometimes its hard, especially on welfare week. There is a lot of activity that goes on outside and inside. And mind you I’m out doing the same thing so it doesn’t bother me, but some people have a hard time sleeping. I have had a hard time sleeping when they have had construction going on outside my window.

- Are you able to prepare and eat food in your home?

I have a kitchen we have to share. I have a microwave in my room. I’m one of the lucky ones. A lot of people here are not allowed to have microwave. You’re not allowed to have hot plates. I would have liked to have a hot plate. I don’t like cooking on them but...if I want to boil water and make hot dogs, I don’t like microwave hot dogs so its inconvenient.

-how many meals per day/week do you prepare and eat at home?

All the time, if I’ve got food. I don’t like eating outside, I eat at lifeskills, I eat at insite. I don’t stand in food lineups that often, I would get hot dogs at Oppenheimer park on Wednesdays, but I don’t like standing in line and a lot of times I can’t eat it anyways.

- How many people do you share a washroom with?
A whole floor. That would be like 20 rooms or 30 rooms. 20 or 30 people, depends on who is on the floor at the time.

- Are you able to bathe and change your clothes as much as you need to?

There's a shower here, not in the washroom, its separate. The shower is sometimes busy when I want to use it, but no I don't have a problem. Laundry facilities are the shits because I don't like paying for laundry, so I don't do it that much. I go to lifeskills when I have to. Showers; there is only one shower and no bathtub, and I miss the bathtub.

- One shower in the place?

One shower on each floor. Actually, one shower on the second floor and one on the third floor. Three floors there's no shower on the first floor.

- and no bathtub, and you miss the bathtub? Why?

I miss the bathtub, because I, showers I have a hard time standing all the time. With my condition with my hip, I like to be able to sit in the bathtub, in a hot bath and soak. And it helps mobility.

- Is the space where you live clean enough? Are there bedbugs or cockroaches?

I've got bedbugs and cockroaches coming out of my yin yang right now. I've got more pets than I need. Cockroaches. I've got cockroaches and I've got bedbugs and they bother me. As you can see I've got bedbug bites all over the place. It was really bad in the summertime. I had, my whole arm was totally enflamed from bedbug bites. I even got a brand new bed, three weeks later and it was black. I need a new bed now and I need to have a double bed now because of my hip. I can't sleep in a single bed right. My bed is now infested with bedbugs. I've got a cover on it, which is helping, but its like you know, I need a new bed now.

- One of my naturopathic/homeopathic friends told me, cuz I was telling her about what I was doing down here and that everyone has bedbugs and she told me Lavender drives them away.

Does it really?

- That's what she told me.

I'll smell like an old lady. You can get lavender sachet's, or lavender spray.

- Try that, see if it works.
I will and if it works I’ll split the profits with ya.

- yeah, we could make a million bucks down here on it eh?

Oh yeah, I mean do you realize the Sheraton and Hotel Vancouver have bedbugs. They’ve got bedbugs. There is not one hotel down here that does not or has not had bedbugs. Cockroaches I used to be terrified of them, now its like I’m flicking them off my couch or off my bed. You know I’m sitting there and its crawling on my leg and I’m like “bing” against the wall you know. Put any food down and oh god, it walks off. But I haven’t been able to spray my room because I have my babies you know.

- Spray your room with pesticides?

Yeah, they have someone come in every Friday, they are keeping a handle on it. Don’t get me wrong, its my room.

- so an exterminator comes in every Friday and sprays your room with pesticides?

Yeah, well they don’t not in mine because I’ve got my pet rats. As soon as I get rid of the five, they schedule you once every three weeks to have your room sprayed. But I have got five baby rats and I’m trying to get rid of them if anyone wants a baby rat. And basically they spray, but I have to wait until I get rid of those rats because I have no place to put seven rats. I’m keeping two for myself.

**Emotional**

- Do you feel comfortable here?

I lounge here in the t.v. room, yes I feel comfortable. I feel secure.

- Is your illness affected by your dwelling place? Does it make it better or worse?

It’s a little bit better when I’m walking around outside a lot because I do spend a lot of time outside of the house when I’m in search for my drug of choice. I come home and I collapse and I think to myself ‘what am I doing down here.’ And I look around and I’ve got four walls and I’ve got one picture on the wall, I have been here three years and I just got my first picture last week. I just drop a pile of clothes on the floor, and the dishes that are not done and there are crates all over the place because I don’t have shelves. And my life is reduced to one room, a bunch of junk that I could walk away from and not miss. There is nothing in my room except my Rod Stewart picture that I would actually miss, that I couldn’t replace. I used to have a three bedroom house full of furniture. I had
memories, memorabilia that I loved and cherished and they were sold off by my ex. And I used to be a horder of things, I was very, very materialistic. I was the original material girl. You give me something I kept it for life. Now somebody gives me something and I’m not well, then that’s gone in a heartbeat. But then that’s the nature of the beast, that’s why its drug addiction. I’ve gotten rid of some really beautiful things, because I’ve needed something to make me feel better something to make me well. And I’m not proud of it.

- so in the moment you don’t have a problem to part with these.

For example I have four pillows that I got today, brand new ones, those will be gone later today. I’ll take them upstairs, they’re my backup bank account.

- Its quite a barter system down here eh?

You can sell damn near anything. Sell everything, not much trade. I got ten bucks for a pillow once, for a nice long pillow. So you know, I still might get five bucks a piece for them or something.

- so the things you would sell or your ex would sell to cop dope, at the moment there is no hesitation. When does it hit you later that you sold that?

Smoke that rock and its like, now I don’t have anymore. When you come down, which isn’t very long. The emotional attachment that I used to have to stuff, that I used to enjoy, I used to collect shooter glasses, crystal, I had a whole set of crystal, stuff like that. The emotional attachment has been killed in me so far. As before I would never dream of selling anything. Now its like I can’t dream of not selling anything. Its like I’ve gone a 180 to the point where… materialistic things, I’m not materialistic anymore. Oh well, its gone its gone. Except like I said that one thing, that’s the only thing I think that’s holding on to my sanity. It’s the one thing I can actually take pride because I’ve had something since I was nineteen, and its that damn Rod Stewart picture. And I’ve tried to sell that thing once, and it broke my heart and I’m glad no one took it. You know because to me that is a reminder of my past life.

- Does having a mental illness affect your ability to have a place like cook and clean and stuff?

Yes, I used to be able to cook and clean. I’ve never been the worlds best housekeeper, but I’ve always kept a clean house and I’ve always cooked and done the dishes. I can’t even get the gumption up to do that now. To get the motivation up, I have no want to do it. And physically I can’t do it because I am emotionally tired. I actually have a cleaning lady clean the house for me. Actually right now they are doing a real shit job, I’m missing stuff, things are getting broken and they’re not telling me. I come home and my favorite, my bowl, plate and cup. It’s a huge ceramic pottery set, it goes in the microwave, and its gone. And whether it was left in the kitchen or whether she broke it and didn’t tell me. I don’t know. And I got a new cup, but I don’t like a mismatched set.
I used to be very particular. If I had a set of dishes it had to be 2, 4, 6 or 8 it couldn’t be 3, 5 or 7. If I broke one, say I broke a plate out of the set, I got rid of the whole set, or I got rid of two place settings to bring down from 8 to 4, or 8 to 6. I would not have mismatched cutlery or dishes. Everything had to match a pattern. I would buy a set of 20 of cutlery at Canadian Tire and I would get rid of my other set because I did not like mismatched stuff. All my crystal matched, all my dishes matched, all my shooter glasses; I had a dozen shooter glasses of every size and every style from the bar that I stole. So I had like a hundred and forty-four shooter glasses. That was me. That was my life, when I drank a lot that was me. I figured if I’m paying five bucks for a drink I’m taking a glass home.

Down here I don’t have anything that matches. And that bothers me. I don’t take pride, (crying) I don’t take pride in myself anymore. In how I act or how I am. I used to be a good mom. How I habitate. I can’t even be a good partner to somebody because I am an addict and the drugs come first. The only relationship that I have is with drugs. That’s the only stable relationship that I have right now it with drugs. And I don’t like it, but I’ve tried quitting and I lost my kids at two and a half years clean because, not because I was using, because I was having too many surgeries. I went through hoops for two and a half years, lost my kids anyways and I thought; what the fuck why bother? Christmas is hard, my son’s birthday is on the 28th, I can’t, I haven’t seen my kids in eight years. And Christmas is very hard for me, I used to love, … to get me in the mood for Christmas I would sit down with a cup of hot chocolate and A Christmas Carol with Alasdair Simms, the black and white version, you put that on and give me a cup of cocoa with khalua in it, or the first snowfall, and I’m off to the races to the store man. That was the original setup. I was on welfare with two kids and a husband and I still managed to get a dozen gifts each for my kids plus my friends. You know I still managed to do that. And living with my drug addiction. Now…

- Does the space you live in have anything to do with that?

No it’s the living conditions itself. I don’t feel like I’m living, I’m just existing, that’s all I’m doing. Living means, this may be a house, but its not a home. To me living is having a place where you have a bedroom, a living room, a dining room, a kitchen. You come home, you take your coat off you hang it in your closet. You go to your kitchen, you start dinner, you take stuff out of your own fridge and you put it in your own oven and you do your own dishes in your own sink. I can’t even do dishes in my own sink, I only have a bathroom sink in my room. The typical downtown hotel. The lap of luxury for me was when I lived in an SRO which was B.C. housing, I had my own bathroom with a tub and a kitchen with a frost-free fridge with a stove and cupboards and everything. I paid 306 a month for that place and I moved to Penticton. Stupid move, but if I could get back into an SRO that has, there’s actually a room in this building that has its own bedroom and has its own kitchen but it doesn’t have a stove, its got a fridge and sink and cupboards and shelves wehre you can put groceries. And its got a living room. That’s what I want, but my girlfriend is in there. She might get into B.C. Housing. I would love to get into B.C. Housing and because there are places around here that have their own kitchens and bathrooms, that to me, this is a room its not a house.
- how about this: is it more personal question; is there suitable space for intimate relations?

I can hear when somebody is having sex next door. I was actually screaming in pain for three days. I came outta my room and the guy across the hall says what the hell are you doing? Are you having a fucking orgy? I says no I was in pain. He says oh I thought you were in the throes of passion.

- So would you say its suitable for intimate relationships or…

If you are quiet it can be, because the doors lock.

- so you have to be quiet…

Well you can’t hang from the chandeliers and put your leathers on if that’s what you mean.

- okay, alright lets move on…

you are blushing, hahahaha, quit blushing…!!

- I just have to ask.

Hey you are talking to a sex trade worker. I’ve done it in cars, I’ve done it in a bush, I’ve done it everywhere. I’ve been everywhere man, I’ve done everywhere..

- Is there space that’s suitable for spiritual practices?

There’s churches around here you can go to pray at. You can pray in your own room if you want. Like I said your room is your room, you can do what you want when you want with whom you want in your room. I can walk around naked all day long in my room if you want. Nobody can stop me. I have a lock on my door.

- Its all one room though, if you had a house you would have more rooms to…

Well if I had company and the company didn’t like what I did, they can get the fuck out. People come to my house to see me not to see my house, they come to what I want to do. If I want to sit there and smoke rock in front of them and they don’t want to smoke rock and they say well that offends me, don’t let the door hit you on the ass. This is my house, my thing, I do my thing. You come and see me, you know and I don’t like people, I’ve had too many people use me and abuse me down here. I’ve had too many people come over use my place like a flophouse and not compensating me for it. Someone came over the other night. And as soon as he got through the door, yeah I can be rude, I was like you got a toke for me? Especially because I’m hurting. He walks in proceeds to tell me
how much dope he smoked that day and says he doesn’t have any. I got my pipe out already. He just came over to get warm and eat. He said he would go and bring back something in a half hour. Hour and a half later and I’m still trying to get rid of him, he’s passing out, no, no, no get the fuck out. He’s never been back. To me that’s abuse. Or someone coming in; god I’ve had a hard day, I smoked about a hundred dollars worth of dope, or they will sit there and do their push.

- push? What’s that?

You smoke it and you get the resin in the pipe, some people let it build up and build up, I don’t I push it back every week. But when you push your pipe you push the brillo from one end to the other and you push the resin and you get the resin and smoke the resin. I’d show you but I don’t have any rock.

**Social support**

- How, if at all, is your housing situation coordinated with mental/physical health services?

Yeah, the lookout runs this place. They will hook you up with someone if you need it.

- So they will hook you up with mental health or physical health stuff.

Yes.

- Is there a psychiatrist that comes around?

No, they will hook you up with A and D counselor if you want.

- What’s an A and D counselor?

A mental health worker, A and D is alcohol and drug. Or a mental health worker.

- What about scripts? There is no psychiatrist down here?

There is no psychiatrist down here. I used to be under the care of a psychiatrist.

- Is there somebody that writes prescriptions?

A doctor. Oh yeah there’s tons of doctors down here. But they, pulling a script out of their asses is like you know pulling a hemerhoid out of their ass. They don’t like giving you narcotics, especially the ones that are sellable.

- But they love to give you anti depressants, anti psychotics whatever?
That would be if you need them yeah. Ibuprofen is one. Here take ibuprofen. Yeah I could take a whole room full of it and it wouldn’t help. You know with my pain the only thing that cuts it is Demerol. “here have a T3” one a day. I used to take 30 a day and that was when I wasn’t in pain. Tylenol 3, I get them, and this isn’t going anywhere so I can be honest, I get my T3’s so I can sell the suckers. It’s a buyable product. My atavan, I sell them most of the time, it’s a buyable product.

- You get atavan? For what?

28 every two weeks for sleep. Because I have a problem sleeping. I will forego my sleep pattern to get high. That’s, I’m supposed to be taking two a day so I can sleep. I don’t do that, I sell them. If the doc hears about this I’m in trouble.

- How many meth users use atavan to go to sleep?

I have no idea, all I know is that if you go to a street corner, say Main and Hastings that’s pill corner. You ever been there?

- yeah

You hear benzos, benzos, benzos, not to mention the ribbies, the dillies, and atavans.

- what are those again?

Rivvies; Rivitol, Dillies; Dilauded, or atavan 2’s, sometimes valuum.

- How much do those go for?

Atavan 2’s go for a buck a piece. Dillies go for the size that they are, Dilly 4 will go for four bucks, Dilly 8 will go for eight bucks. Morphine 100’s go for ten bucks. Any morphine in any size goes for the size it is.

- This is very interesting, but we are getting off track. So is your prescription facilitated by this place?

Kind of, its supposed to help me cope. I started taking atavan before I moved down here actually. They actually have a place where they keep the pills if you need it. Some people are incapable of taking care of their own meds, because some people will take advantage of those people. If they’ve got some kind of pill that is buyable on the black market people will steal from them. There is an office upstairs its called the lookout and that’s where there is a support worker. She dispenses meds, she dispenses cash, I have had a check go to her. So in my bank I will get direct deposit and half my money, the other three hundred bucks will go to her and what happens is during the month they will dole it out to me. Like an allotment. Some people get it like ten dollars a day, some people get it fifty dollars a week whatever. Those that chaos to have it done that way, me she knows my habit. I come in on Friday pick up a hundred bucks, I come in on Tuesday
pick up a hundred dollars, I come in on eht following Friday and pick up a hundred dollard and I’m broke for the rest of the month. If I chose to I could go upstairs and say okay, I want ten dollars a day for the first ten days and she would deal it out to me like that. Its not like a bank, its not open at any time. Tuesdays and firdays are the only days and if you miss those days and you miss the time you are hooped. And I did that last month. I fell asleep and missed the eleven o’clock time, I came there at one o’clock and she said she couldn’t give it to me because it was gone, she had taken it and gone to another building. And I freaked! I was flipping! But they do money management and meds. They take your appointments to make sure you go to your doctor, yadayadayada.

- that’s exactly what I was wondering about.

- Do you feel you are, or have been in the past, discriminated against by landlords or neighbors because you have a mental illness or because you are a hard drug user?

Yes, yes, yes, because I’m a drug user and because a lot of landlords don’t want to rent to you because you are dtes and because you are on welfare. Welfare…

- You mean if you want to move out of the neighborhood?

Yes, I’ve tried to move out of the neighborhood, as soon as they found out I’m on welfare they say no they don’t take people on welfare. Welfare are more reliable. They’re more reliable than people that have regular jobs. People that have regular jobs, their bosses pay them cash. People on welfare, I don’t even see that, it goes straight to the landlord. Its guaranteed payment. And no we don’t always party and we don’t trash our place all the time. Some do some don’t.

- so you’ve been discriminated against because you are from the dtes.

I’ve been discriminated against because of my health, because of the smell that emanated as you’ve been partake of. No I’ve actually lost rooms, I’ve lost jobs, I’ve lost relationships because of it. I’ve lost rooms because of my drug addiction, I’ve lost relationships because of my mental health issues. But my drug addiction has lost a lot.

- Would you prefer to have roommates or live individually?

I’ve live both ways. If they are female they steal your food, and wear all your clothes and steal your makeup. If they’re guys they try to take advantage of you, they eat all your food, they steal your money and your dope. You live with a lover and you don’t get any sex and they steal all your money and your dope so… hahaha. The only people that have not stolen form me, well my rats steal my dinner.

- Is it possible for you to host guests? How is it to have guests over?
Yeah I have guests here overnight. You have to sign them in before eleven o’clock at night. They are supposed to go with you. I’ve had a gentleman who has been crashing with me because of this extreme weather. He is homeless so he’s been crashing with me for the past two weeks or so. He showed up last night at one o’clock in the morning. They just let him up because he is quiet, he doesn’t do drugs he doesn’t deal drugs. I had one guy that came in to crash on my floor so to speak. Within three weeks he had people coming in my house at all hours dealing drugs. He’s screaming out my window at three o’clock in the morning; “hey, go get me a quarter ounce” you know? Having people coming into my house that I didn’t know to smoke dope at three or four o’clock in the morning, leaving people in my room when I wasn’t home, dealing drugs out of my home and that’s the one time that I was close to eviction. I was told either he goes or we both go. And we had to have security escort him out and that bothered me. But they understood that he slid his ass in and I couldn’t get him out, because I am very, not weak, but don’t mistake my kindness for weakness, but my weakness is my kindness. Hey that’s a good one.

- Not bad, not bad. So tell me about your pets.

My pets. I have two adorable rats that I am keeping. Ones got a black eye. I should bring them down and show them to you.

- Okay, I don’t mind.

Okay, this is one eye [rats], and this is Farrah. They need to be washed again, they are getting yellow, boy are they getting yellow.

- Are these… where did you get these?

I had their mother, a domesticated rat, she had fifteen babies. Their mother was domesticated, their grandmother was domesticated, they are not a street rat. These are the best anti-depressants that I’ve ever had. They can be real pains in the asses.

- Well that’s why I added this question to the list, because I know people’s pets can be very important. Have you always had pets?

No, well, yeah I always had a dog. But down here you can’t have a pet, I’m not even supposed to have these.

So its difficult to have pets down here. Its next to impossible.

Its next to impossible to have a dog. A lot of SRO’s don’t allow pets. And being an addict you have to have a pet that is low maintenance. These I just throw them on my shoulder and walk out the door and that’s it. I don’t have to walk them at night, I just have to make sure they have food. Tweak was my life, she was like my child and she had 13 babies and they nursed her to death, they sucked the life right out of her. They were
nursing on her 24/7. And I came back and found her dead in the nursing position just lying there.

- So it’s a big part of your life now.

Yeah, I love my babies. I come home and I’m miserable that’s when I get em out and play with ‘em. If I really want a good laugh throw ‘em in a bucket of water. I put seven of them in a bucket, I was trying to keep these suckers in and they are jumping like Mexican jumping beans, I’m putting them back in the bucket. It was hilarious. And then you got fifteen little drowned rats.

**Closure**

- Do you feel “at-home” here? What does, or does not, make the place you live a home?

Okay, well this is a house not a home to begin with. So I feel safe, comfortable and warm here. Yes its my house, I say do you want to come back to my house, I don’t say will you come back to my home. I am, if I get into a place with my own bathroom, bedroom and kitchen I will probably stay there until I’m 65 you know. I can’t see myself living here until I’m 65. Actually they are renovating this place. What makes this place safe is the TSW workers. The fact that I have a lock on my door. The place is relatively kept up, they’re renovating so they’re improving the living conditions in here. Its not a rat trap, its not drug infested, its not the backpackers downtown or anything like that. Comings and goings of other people is not always my concern, I can shut my door. I have my own little room, and that’s what makes it safe for me.

- Is there anything we missed? Is there anything you would like to add that you feel is important for us to know?

Not everybody lives like me. Not everybody on the dtes doesn’t have, like some people actually adore their homes even though they are living in fuzzy little rat traps with mold growing on the walls. To them that’s a home and that’s all they’ve ever known. I’m a little bit out of the ordinary. I want better, but I know I can’t get better so I’ve had to settle. I don’t like to settle, but that’s just the way it is you know. If I won the 649 one of the first things I would do is help the dtes. If I won ten million dollars I would sink one or two million into home renovations. If I won 12 million bucks I would sink a million into lifeskills, I would sink a million into insite and I would sink a million into vandu. I would want the books watched properly, because the are having problems with that. I would help the people of the dtes, cuz they have helped me. What comes around goes around, you gotta give back to get back.
"Collector" Transcription

The purpose of this interview is to assess further your experience of quality of life in relation to the place you live, or dwell. I am interviewing people living in a variety of dwelling situations in the DTES. We are interested in whether or not the kind of place you live (whether you are homeless, in and SRO or other type of dwelling situation, affects your experience of quality of life). Most importantly, the study’s design calls for a description of how it is, for you, to live in the place where you live. Please speak only from your own experiences, focusing on your life, and not the lives of others.

- How long have you lived here?
Two years.

- How would you describe your overall QoL?
Not great, but not bad. Moderate.

What’s important to you to in order for you to have good QoL?
I would say to heal some of the wounds, like for example getting back in touch with family members, my children and stop doing some of the drugs I do.

Dwelling and Quality of Life Questions:

Does your current dwelling situation affect your QoL in any way?
To a certain extent. My home is comfortable but once I go outside the door it’s a bit different.

- so the neighborhood?
The neighborhood. I would say it is still up to me to make what life brings, but it would be a little bit better, especially with me doing drugs, if when I went out the door they would not be right there in front of my face.

- What are the bad things about this dwelling situation in terms of your QoL? What are the good things?
I would say the good things are really learning about human behavior, really learning about the good in mankind. You know you learn even though people can be down you can still see the caring that some people have in their hearts. So you learn a lot about survival, you learn between good and evil.

- so those are the the good things?

I would say both, there is the good in it and also the bad in my experience.

- How would you describe the pattern of dwelling in your life since, and including, adolescence?

Whats that mean?

- so what kind of places have you lived in since and including adolescence?

I’ve lived in good places. I lived in n. Vancouver. I lived in apartments, I lived in townhouses, I’ve lived in hotel rooms, I’ve lived in a variety of places.

- have you been homeless?

Once. I’ve lived in shelters before for about maybe a month. I was 48 or something, I’m 53 now.

- so how would you rate the current dwelling situation that you are in now compared to other types of places you have lived?

Well, this one is about a 6 out of 10.

- And you’ve lived in a 10 before?

I’ve lived pretty good, yes.

- What would you change about your dwelling place to improve your QoL?

Put more food in my fridge. Because I spend my money stupidly, I would say. And a little bit more maybe of some of the people I would call friends. Yeah I think so.

- Would you like to move away or stay in this neighborhood?

I would like to move away for sure, that’s one way I would change my life for sure.

- so if you could have another place like this in another neighborhood…
I would go for it.

**Physical surroundings**

- How would you describe your physical living environment?

Its okay, I find its comfortable.

- its pretty, we talked about it yesterday, you’ve got a lot things.

Nick-nacks. They’re not junk. Little stories. Each room is dedicated to family, which means that one area is mothers, one area is children then the whole family. I didn’t know I did it that way until I looked around. After I finished I looked around and I go ‘oh, it reminds me of family.’

- so you’ve put a lot of effort into decorating.

Sort of.

- where did you get all this stuff?

Friends. People come by and they keep adding to it. They bring gifts and things like that. I keep adding to it, I don’t have places to put everything. I have to put them in bags and stuff.

- so its an ongoing project. People that you host here add to it.

It gives them a form of comfort too, so I guess when they add to it it gives them a sense of peace. People come here and they fall asleep.

- Does anyone else have access to your dwelling space? How many rooms does it have?

No. It’s a one bedroom

- Do you have enough space? For yourself? For all your belongings?

No. I don’t have enough space for belongings, I have enough room for myself.

- so you would have more stuff if you had more space?

Probably, yeah.

- Does that effect your quality of life?
Uhmm, yeah, because you have to get at everything. Like when you want to change, I have to take everything out to look for something. And I am pretty organized. To look for what I want I have to take all my clothes off hangars and look for this and look for that.

- Do you have everything you need? Such as food, clothing, a bed with blankets, toiletries, soap, etc.

Well, I could use more food, but that’s my own responsibility. I have everything else.

**Security**

- Do you feel safe here? In this dwelling place? In this neighborhood?

Yea its safe, I feel safe to a certain extent in the neighborhood, I don’t get involved so I have no reason to worry. Stay away from the other activities that people may enjoy, so I don’t have no trouble with nobody.

- Do you have the privacy that you desire?

Yeah, I would say so. Nobody has keys here, I don’t have no rules like I can’t bring friends and some things like that. No visitor rules, no guest fees stuff like that

- Can you say a little more about that?

This place you have your own washroom you can cook your own foods, you can have friends and family members stay overnight. Which in other places I have lived you have to pay, for people to stay over you have to pay ten dollars, until a certain time then they gotta leave, its crazy.

- so that’s also down here in this ‘hood?

- Have you been assaulted in your home? Has your home been broken into? Anything stolen? Or otherwise violated?

Never assaulted, I’ve had people stay over and steal stuff, but it hasn’t ever been broken into.

- Is your home secure? Are you able to pay rent etc without any problems? Are you at risk for eviction?

I pay rent no problem.
Are you at risk for eviction?

No. Well, I’ve been warned about my music too loud. They say you gotta keep it down because some people, they’re not into that kind of music so.

**Physical**

- How is your health, or changes in your health, related to your dwelling situation?

  Probes: (e.g. have you become homeless, been evicted etc. in the past because of mental or physical health related events: or vice-versa; how has your mental or physical health been affected by changes in your dwelling situation?)

  “no, you get sick a lot down here because of all the bacteria. You know you got all, there’s many things down here, you got tuberculosis, you got hep c, you got hiv, you got,…

  - When you moved in here did that make your health better?

  Better, yeah, because the last place had mold. Yeah, I never had asthma before in my life before I went into that building. I never ever, ever had, or was diagnosed with any kind of asthma until I moved in there. Four years living in that building.

  - what about the feel of the space itself. Is it better for your health?

  Yeah, its better for my health. More windows, more fresh air circulating and stuff like that. And the space, like I would say more open room and more fresh air, stuff like that.

  - and there’s no restrictions here, you come and go as you please. Is that better for your health?

  Yeah, you can come and go as you please, you can have friends over, and that makes you happier obviously. It don’t make you as depressed.

  - Are you able to rest and sleep as much as you need to here?

  Yes.

  - Are you able to prepare and eat food in your home? -how many meals per day/week do you prepare and eat at home?

  It varies, I cook in moods. I’m a mood cooker. Sometimes I just get the urge and I want to do it. I would probably do more if I had a little girlfriend, you know because I don’t’
like to cook for myself as much. And when I do I eat the whole damn pot! So, once a week I would say.

- where do you eat otherwise?

I eat Chinese food a lot. I buy food.

- so you are not hitting up the food kitchens and stuff?

I try not to eat there. Occasionally I walk by and if I see and look at it I may take it, but honestly I don’t’ like taking their food.

- Can you say why?

I just, I’m kinda fussy when I eat you know? Don’t get me wrong, when I do I’m grateful. I’m not putting it down, that would be wrong because a person should be grateful that someone is doing something nice for them. But if I have preference I like to be able to choose what I like.

- so you have the income to be able to buy… do you eat ever day? How many meals?

I eat everyday. I eat like one meal a day. Chinese food you get a rice and two portions of meat. 450 for, you know, its pretty good.

- so that’s another good thing about the neighborhood?

Yeah, cheap food.

- are you able to bathe and change clothes regularly?

Yeah, yeah.

- Is the space where you live clean enough? Are there pest infestations; like bedbugs or other sanitary issues?

They got bedbugs and that, but that’s, people bring stuff in and you may get something from somebody that had it on their clothes.

Emotional

- Do you feel comfortable here?
Yeah, I would say so.

- Is your illness affected by your dwelling place? How so? Does it make it better or worse? In what ways?

It makes it better, it makes it better. Yeah, the more space you got, the better you feel. And cuz you got control over what you do and how you live.

- How does having a mental illness such as…. affect your ability to have a place? To take care of a place? Clean it, cook food, host guests etc.

No, not a problem.

**Social support**

- How, if at all, is your housing situation coordinated with mental/physical health services?

This is B.C. Housing run by DERA.

- Is it coordinated with mental health services at all?

In some ways it is. You got nurses coming in here, you got volunteers; like people that do people’s laundry and stuff like that. In some ways its probably connected, not to me because I’m capable of doing my own stuff.

- Right but for other people that live here.

Yeah, I guess so.

- so nurses? The street nurses?

Yeah, street nurses come in here.

- so its not like PHS where they have a nurse on staff?

No, no, nothing like that. Not that I know of.

- Do you know your neighbors? Are you friends? Do you trust them?

A little bit, to a certain extent. I wouldn’t say friends but I’d say I’m pretty sociable. I don’t trust all of them.
Do you feel you are, or have been in the past, discriminated against by landlords or neighbors because you have a mental illness or because you are a hard drug user?

Yeah I would say so, probably like by maybe judgment of friends and judgment a little bit of my style and some landlords can be a little bit racist too [subject is a black male]. In a very, you know they are not loud about it, but you can feel a certain tension the way they treat you, you know that something is wrong. They won’t call you names but they kind of like the way they look at you they expect you to be doing things that you know,

- Because you are black?

Yeah, its like I’m under a microscope.

- so its not because of your mental health or because you are a drug user?

No, no. Well, they don’t discriminate me because I do drugs, they discriminate me because maybe they, cuz they are not sure. But they might discriminate people that come around me because they look more the part. They, cuz me you could never know unless they assume I’m connected to that.

- Would you prefer to have roommates or live individually?

I don’t mind relationships, you know? Because then its somewhat, it makes you more stable, so you’re not all over the place, it gives you more structure.

- Do you mean like a partner or like room mates?

I don’t like room mates.

- But you’d like to live with a woman?

Yeah, because I’ve done that most of my life right? It makes the responsibility different. A little bit of give and take you know. But room mates is different because, the difference is it’s a different kind of feeling you know?

So how would having a partner change the situation?

I would probably cook more you know? I would cook more, I’d probably be more cautious of the things I do.

- Let me rephrase that; in the past when you have lived with a partner, how has that been different?
I was, ate three meals a day more. I didn’t do as much drugs. And I did less drugs, I’d say my moods were better. My, I was not as depressed. I was more cheerful I think.

- now yesterday you talked about having times when you were overly excited or a lot of extra energy…

I would say that I get that more so when I am living with someone. More energy. You are more cheerful. More things you do, you go to movies, you go outside, more activities you know. Lots of things are different.

- Is it possible for you to host guests? How is it to have guests over?

No problem. I can have guests as many as I want. They come and bother me. Its something about my energy, and it’s the comfort of this space. I’m a good host. I enjoy, I like to make sure people are okay and stuff.

Make sure they are okay? How do you to that?

I’m always asking if theres anything I can get them. “Are you okay?” “Do you need anything?” I like to serve people when I got it anyways.

- so when you are out in the ‘hood, do you invite people back?

I don’t say… I give them my address. I tell them to stop by. I don’t’ tell them to follow me or something. I’ve done that but not too often.

- Now a lot of people down here have complained about being persecuted or you know by landlords and stuff. Landlords are claiming that people are having people over to do drugs. You don’t’ have people over specificaly to get high?

I don’t have that problem. Well, I have. I can’t say I haven’t, sometimes I have. Because they have nowhere else to go and they don’t wanna go somewhere where maybe, there might be certain environments where they might do something more damaging to their thoughts or to their mind you know?

- can you say more about that?

Like some places you go if you do drugs you won’t enjoy the drug. You might get paranoid, you might get frightened, and you might feel more danger, which here they feel comfortable and safe. Its like going to the injection place up there. They can go in there and there is someone to watch them. Like here I don’t watch them, but they feel safe, they’re not gonna feel like someone is gonna come and hurt them or things like that.

- While they’re high or out of it?
Right, that’s right.

- What about pets? Have you ever had pets?

I want to get some birds I was thinking of getting two birds.

- In your whole life have you had pets?

Yeah, I’ve had dogs. I’ve had Rottweilers and so on.

- Whens the last time you had a pet?

Years, years. Hahaha.

- Would you like to have a pet now?

I was thinking of getting one. I would like one now. I think, they are a lot of responsibility, but I was thinking of getting two birds.

- Is that allowed in this space?

Yeah, that’s allowed.

- Can you have dogs and cats in here?

I guess you can, you can have cats. I know for sure you can have cats, but dogs, unless you move in here with them and they were part of you before. You know, I think to go and buy one and bring it in is a little different. But if you had it before you moved in and you were attached to them then they would let you do it.

- Oh they will?

Yeah, yeah because take some pets away from some people and they will die you know. Its like taking away…

- That’s why I got this question in here, its not normally looked at in the research I think.

You know you take away some people’s pets and its like they lost a life you know. Its like taking away their own child or something.

- Okay there were a couple of questions I meant to get on here and I don’t have them on here, let me see if I can remember them. One of them had to do with intimate relationships.
Uh huh, I have no problem.

Is this space suitable?

Oh yeah, yeah, no problem.

- Okay, compared to other places you’ve lived?

Yeah, cuz like I said some other places I’ve lived you couldn’t have guests stay overnight, you had to… guests would be like; how many times, I had ten dollars to give somebody just to stay over with a boy,

- just because its your girlfriend?

Yeah, its crazy.

- Its also, this is a one bedroom. And you lived in single room occupancy before?

Yeah, yeah a hotel room

- what's the difference, like say, comparatively in terms of intimate relationships, how is it different?

Well its different because like, you got more space. So for example if you were tense about something with eachother, you could at least separate for, you know? You are not there to drive eachother crazy, you can give eachother that little few minutes apart to make things you know, calm it down so that you don’t harm eachother and those kind of things.

- Yeah, and one of the things that struck me about a single room occupancy where you do everything, you have sex, eat food,

yeah, yeah, yeah right, its kinda that, that would drive you crazy!

- So its better to have a separate room, a bedroom.

Yeah, yeah of course.

- And what about spirituality? Is this space…

Oh, yeah. Oh yeah, like I do, there is a lot of spiritual things in here. Because I was raised by a Christian grandmother. You know so I do try to follow a lot of the nice things and important things that she, she preached and installed in me you know?
- Okay so how is that expressed or how is that lived out through your dwelling space?

The way I treat people in my home. In the way people come and, a woman can come here and sleep and knowing that I won’t… and treating her boundaries and stuff like that. So you know, my trustworthy [sic], my kindness, my … its just…

- so in that way your dwelling space helps you to exercise your spiritual beliefs and practice?

That’s right, you got it.

- Alright, last couple questions; Do you feel at home here?

Yeah I do, I could create a home atmosphere wherever I am even if it’s a small place, because I can’t live in a place unless I have a character built around me. You know? So, if I’m in a room I gotta put stuff on the walls regardless. I’m gonna make it as cozy and as comfortable as I can.

- And make it reflect your own personalit?

My personality, exactly.

- Whats the essential quality that makes a place a home?

I’d say the surroundings. The people around you. That would be your neighbors, the comfort you have the way that, okay like for example: I finally got a storage room so a lot of the things that I’ve got piled up all over the place I can now, because I hate stuff piled up, I like to see everything neat. You know, because I’m structured you know? I have an organized certain way I think. So, things like that.

- Just the fact that you can arrange and like cultivate the space in your own personal way. So if you are not able to do that?

I’m miserable man! And I don’t feel at home, I get agitated…

- Its not a home.

Its not a home. Its not a home if you can’t be yourself. You know if you can’t have a way to feel what you express, you know? Like I could see, you know a home where, you Could play no music at all or you can’t, if you are at a place and you have to share a t.v. and everybody all the time wanna watch the same thing and you can’t watch the things you enjoy, that would be a drag.

- So you’ve got to be able to control the space?
Well, I could compromise, but I couldn’t live a place I couldn’t have a little bit of my
input, you know? Like if somebody comes in here and steals, like for the next couple of
days I won’t wash my dishes, it just like destroys me you know? So I just leave things.

- if its disrupted or something..

Then I look at it and I go you know what? I gotta clean it because it starts to bother me
then, because I realize its about how I feel it just you know, I heal myself and then I’ll
clean up again. That’s the way.

- So, you said heal yourself, so if your place is violated then is that a
violation of your self?

Yeah, its kinda like, I kinda punish myself, I don’t know why. I won’t clean, I don’t care
about how I look.

- So let me ask you this; do you feel like that its, uh I don’t’ want to say
attack, but is it a violation of you if your space is violated?

I just feel like I’m let down you know. Like, cuz like if they ask I would give it to them
or I would try to do the best I can you know. Like they didn’t have to do it that way you
know?

- so your hospitality extends farther than someone might expect and
then…

Yeah, yeah. I find like I’ve been betrayed, something like that.

- and you find you get down on yourself.

It just rubs off on me and I don’t even care to brush my teeth or nothing. I don’t ‘do it for
long, but my personality, my experiences go down, then I have to build myself up again.
Its kinda weird, I hate it, but down here you gotta be careful because it can happen a lot
you know?

- Is there anything we missed? Is there anything you would like to add
that you feel is important for us to know for the study?

I was thinking in terms of… a lot of people’s self esteem and stuff is, a lot of people uhm,
uhh, their self esteem is so shattered you know, I think people should spend more time
down here building up, making people think that they are important, you know? Like
they are not worthless and things like that and they, they, that they are still special and
they still mean good and things like that. And not so much negative and degrading
feelings about themselves.
- So you are talking about the neighborhood and things like that and in the wider community in general in Vancouver.

Yeah, people look down, and not everybody down here is what people think. Theres some people down here yes deserve, deserve all the negative things that they do you see. But then theres some in that group who, they do not live lives like that you know?

- this is your experience you find.

Yeah, so you are judged according to the neighborhood in which you live.

- So you’ve been judged according to the neighborhood you live in.

Yeah the people I meet, you know if you have an outgoing personality you are going to embrace every walk of life, but it doesn’t mean you live that lifestyle of the ones you are talking to. But yeah, I can’t walk by and don’t think they are worth not talking to. So I’ll talk to anybody.

-And then by association.

That’s right, I’m judged and labeled, and I think that’s wrong. And I think that could make things a lot better.

Improve the quality of life?

It would improve it.

- What do you think of the dwelling spaces down here?

I think some hotels should be ripped down because you know they got bedbugs, rats, mice, like you know a lot of people down here live very badly. And I think if they give them a place to have more pride in and,

- so this is again back to your experiences; like you’ve lived in these horrible spaces and …

I’ve lived in horrible places but there’s worse, like I’ve seen actually. And once you keep people like that that’s the way they feel, that’s how they carry themselves. You know if you give them something nice to look at then maybe they start to feel better about themselves and then they’ll start to… lots of things will improve for them. And that’s what I see down here.

- okay, I think that’s it, you good?

Yeah its good.
“Collector” Transcription

The purpose of this interview is to assess further your experience of quality of life in relation to the place you live, or dwell. I am interviewing people living in a variety of dwelling situations in the DTES. We are interested in whether or not the kind of place you live (whether you are homeless, in and SRO or other type of dwelling situation, affects your experience of quality of life). Most importantly; the study’s design calls for a description of how it is, for you, to live in the place where you live. Please speak only from your own experiences, focusing on your life, and not the lives of others.

- How long have you lived here?
Two years.

- How would you describe your overall QoL?
Not great, but not bad. Moderate.

What’s important to you to in order for you to have good QoL?

I would say to heal some of the wounds, like for example getting back in touch with family members, my children and stop doing some of the drugs I do.

Dwelling and Quality of Life Questions:

Does your current dwelling situation affect your QoL in any way?

To a certain extent. My home is comfortable but once I go outside the door it’s a bit different.

- so the neighborhood?

The neighborhood. I would say it is still up to me to make what life brings, but it would be a little bit better, especially with me doing drugs, if when I went out the door they would not be right there in front of my face.

-What are the bad things about this dwelling situation in terms of your QoL? What are the good things?
I would say the good things are really learning about human behavior, really learning about the good in mankind. You know you learn even though people can be down you can still see the caring that some people have in their hearts. So you learn a lot about survival, you learn between good and evil.

- so those are the the good things?

I would say both, there is the good in it and also the bad in my experience.

- How would you describe the pattern of dwelling in your life since, and including, adolescence?

Whats that mean?

- so what kind of places have you lived in since and including adolescence?

I’ve lived in good places. I lived in n. Vancouver. I lived in apartments, I lived in townhouses, I’ve lived in hotel rooms, I’ve lived in a variety of places.

- have you been homeless?

Once. I’ve lived in shelters before for about maybe a month. I was 48 or something, I’m 53 now.

- so how would you rate the current dwelling situation that you are in now compared to other types of places you have lived?

Well, this one is about a 6 out of 10.

- And you’ve lived in a 10 before?

I’ve lived pretty good, yes.

- What would you change about your dwelling place to improve your QoL?

Put more food in my fridge. Because I spend my money stupidly, I would say. And a little bit more maybe of some of the people I would call friends. Yeah I think so.

- Would you like to move away or stay in this neighborhood?

I would like to move away for sure, that’s one way I would change my life for sure.

- so if you could have another place like this in another neighborhood…
I would go for it.

**Physical surroundings**

- How would you describe your physical living environment?

It’s okay, I find its comfortable.

- its pretty, we talked about it yesterday, you’ve got a lot things.

Nick-nacks. They’re not junk. Little stories. Each room is dedicated to family, which means that one area is mothers, one area is children then the whole family. I didn’t know I did it that way until I looked around. After I finished I looked around and I go ‘oh, it reminds me of family.’

- so you’ve put a lot of effort into decorating.

Sort of.

- where did you get all this stuff?

Friends. People come by and they keep adding to it. They bring gifts and things like that. I keep adding to it, I don’t have places to put everything. I have to put them in bags and stuff.

- so its an ongoing project. People that you host here add to it.

It gives them a form of comfort too, so I guess when they add to it it gives them a sense of peace. People come here and they fall asleep.

- Does anyone else have access to your dwelling space? How many rooms does it have?

No. It’s a one bedroom

- Do you have enough space? For yourself? For all your belongings?

No. I don’t have enough space for belongings, I have enough room for myself.

- so you would have more stuff if you had more space?

Probably, yeah.
- Does that effect your quality of life?

Ummm, yeah, because you have to get at everything. Like when you want to change, I have to take everything out to look for something. And I am pretty organized. To look for what I want I have to take all my clothes off hangars and look for this and look for that.

- Do you have everything you need? Such as food, clothing, a bed with blankets, toiletries, soap, etc.

Well, I could use more food, but that’s my own responsibility. I have everything else.

**Security**

- Do you feel safe here? In this dwelling place? In this neighborhood?

Yea its safe, I feel safe to a certain extent in the neighborhood, I don’t get involved so I have no reason to worry. Stay away from the othe activities that people may enjoy, so I don’t have no trouble with nobody.

- Do you have the privacy that you desire?

Yeah, I would say so. Nobody has keys here, I don’t have no rules like I can’t bring friends and some things like that. No visitor rules, no guest fees stuff like that

- Can you say a little more about that?

This place you have your own washroom you can cook your own foods, you can have friends and family members stay overnight. Which in other places I have lived you have to pay, for people to stay over you have to pay ten dollars, until a certain time then they gotta leave, its crazy.

- so that’s also down here in this ‘hood?

- Have you been assaulted in your home? Has your home been broken into? Anything stolen? Or otherwise violated?

Never assaulted, I’ve had people stay over and steal stuff, but it hasn’t ever been broken into.

- Is your home secure? Are you able to pay rent etc without any problems? Are you at risk for eviction?

I pay rent no problem.
Are you at risk for eviction?

No. Well, I’ve been warned about my music too loud. They say you gotta keep it down because some people, they’re not into that kind of music so.

**Physical**

- How is your health, or changes in your health, related to your dwelling situation?

Probes: (e.g. have your become homeless, been evicted etc. in the past because of mental or physical health related events: or vice-versa; how has your mental or physical health been affected by changes in your dwelling situation?)

“no, you get sick a lot down here because of all the bacteria. You know you got all, there’s many things down here, you got tuberculosis, you got hep c, you got hiv, you got,…

- When you moved in here did that make your health better?

Better, yeah, because the last place had mold. Yeah, I never had asthma before in my life before I went into that building. I never ever, ever had, or was diagnosed with any kind of asthma until I moved in there. Four years living in that building.

- What about the feel of the space itself. Is it better for your health?

Yeah, its better for my health. More windows, more fresh air circulating and stuff like that. And the space, like I would say more open room and more fresh air, stuff like that.

- And there’s no restrictions here, you come and go as you please. Is that better for your health?

Yeah, you can come and go as you please, you can have friends over, and that makes you happier obviously. It don’t make you as depressed.

- Are you able to rest and sleep as much as you need to here?

Yes.

- Are you able to prepare and eat food in your home? - how many meals per day/week do you prepare and eat at home?
It varies, I cook in moods. I’m a mood cooker. Sometimes I just get the urge and I want to do it. I would probably do more if I had a little girlfriend, you know because I don’t like to cook for myself as much. And when I do I eat the whole damn pot! So, once a week I would say.

- where do you eat otherwise?

I eat Chinese food a lot. I buy food.

- so you are not hitting up the food kitchens and stuff?

I try not to eat there. Occasionally I walk by and if I see and look at it I may take it, but honestly I don’t like taking their food.

- Can you say why?

I just, I’m kinda fussy when I eat you know? Don’t get me wrong, when I do I’m grateful. I’m not putting it down, that would be wrong because a person should be grateful that someone is doing something nice for them. But if I have preference I like to be able to choose what I like.

- so you have the income to be able to buy… do you eat every day? How many meals?

I eat everyday. I eat like one meal a day. Chinese food you get a rice and two portions of meat. 450 for, you know, it’s pretty good.

- so that’s another good thing about the neighborhood?

Yeah, cheap food.

- are you able to bathe and change clothes regularly?

Yeah, yeah.

- Is the space where you live clean enough? Are there pest infestations; like bedbugs or other sanitary issues?

They got bedbugs and that, but that’s, people bring stuff in and you may get something from somebody that had it on their clothes.

**Emotional**
- Do you feel comfortable here?
Yeah, I would say so.

- Is your illness affected by your dwelling place? How so? Does it make it better or worse? In what ways?
It makes it better, it makes it better. Yeah, the more space you got, the better you feel. And cuz you got control over what you do and how you live.

- How does having a mental illness such as… affect your ability to have a place? To take care of a place? Clean it, cook food, host guests etc.
No, not a problem.

**Social support**

- How, if at all, is your housing situation coordinated with mental/physical health services?
This is B.C. Housing run by DERA.

- Is it coordinated with mental health services at all?
In some ways it is. You got nurses coming in here, you got volunteers; like people that do people’s laundry and stuff like that. In some ways its probably connected, not to me because I’m capable of doing my own stuff.

- Right but for other people that live here.
Yeah, I guess so.

- so nurses? The street nurses?
Yeah, street nurses come in here.

- so its not like PHS where they have a nurse on staff?
No, no, nothing like that. Not that I know of.

- Do you know your neighbors? Are you friends? Do you trust them?
A little bit, to a certain extent. I wouldn’t say friends but I’d say I’m pretty sociable. I don’t trust all of them.

- Do you feel you are, or have been in the past, discriminated against by landlords or neighbors because you have a mental illness or because you are a hard drug user?

Yeah I would say so, probably like by maybe judgment of friends and judgment a little bit of my style and some landlords can be a little bit racist too [subject is a black male]. In a very, you know they are not loud about it, but you can feel a certain tension the way they treat you, you know that something is wrong. They won’t call you names but they kind of like the way they look at you they expect you to be doing things that you know,

- Because you are black?

Yeah, its like I’m under a microscope.

- so its not because of your mental health or because you are a drug user?

No, no. Well, they don’t discriminate me because I do drugs, they discriminate me because maybe they, cuz they are not sure. But they might discriminate people that come around me because they look more the part. They, cuz me you could never know unless they assume I’m connected to that.

- Would you prefer to have roommates or live individually?

I don’t mind relationships, you know? Because then its somewhat, it makes you more stable, so you’re not all over the place, it gives you more structure.

- Do you mean like a partner or like room mates?

I don’t like room mates.

- But you’d like to live with a woman?

Yeah, because I’ve done that most of my life right? It makes the responsibility different. A little bit of give and take you know. But room mates is different because, the difference is it’s a different kind of feeling you know?

So how would having a partner change the situation?

I would probably cook more you know? I would cook more, I’d probably be more cautious of the things I do.
- Let me rephrase that; in the past when you have lived with a partner, how has that been different?

I was, ate three meals a day more. I didn’t do as much drugs. And I did less drugs, I’d say my moods were better. My, I was not as depressed. I was more cheerful I think.

- now yesterday you talked about having times when you were overly excited or a lot of extra energy…

I would say that I get that more so when I am living with someone. More energy. You are more cheerful. More things you do, you go to movies, you go outside, more activities you know. Lots of things are different.

- Is it possible for you to host guests? How is it to have guests over?

No problem. I can have guests as many as I want. They come and bother me. Its something about my energy, and it’s the comfort of this space. I’m a good host. I enjoy, I like to make sure people are okay and stuff.

Make sure they are okay? How do you to that?

I’m always asking if theres anything I can get them. “Are you okay?” “Do you need anything?” I like to serve people when I got it anyways.

- so when you are out in the ‘hood, do you invite people back?

I don’t say… I give them my address. I tell them to stop by. I don’t’ tell them to follow me or something. I’ve done that but not too often.

- Now a lot of people down here have complains about being persecuted or you know by landlords and stuff. Landlords are claiming that people are having people over to do drugs. You don’t’ have people over sppecifically to get high?

I don’t have that problem. Well, I have. I can’t say I haven’t, sometimes I have. Because they have nowhere else to go and they don’t wanna go somewhere where maybe, there might be certain environments where they might do something more damaging to their thoughts or to their mind you know?

- can you say more about that?

Like some places you go if you do drugs you won’t enjoy the drug. You might get paranoid, you might get frightened, and you might feel more danger, which here they feel comfortable and safe. Its like going to the injection place up there. They can go in there and there is someone to watch them. Like here I don’t watch them, but they feel safe, they’re not gonna feel like someone is gonna come and hurt them or things like that.
- While they’re high or out of it?

Right, that’s right.

- What about pets? Have you ever had pets?

I want to get some birds I was thinking of getting two birds.

- In your whole life have you had pets?

Yeah, I’ve had dogs. I’ve had Rottweilers and so on.

- Whens the last time you had a pet?

Years, years. Hahaha.

- Would you like to have a pet now?

I was thinking of getting one. I would like one now. I think, they are a lot of responsibility, but I was thinking of getting two birds.

- Is that allowed in this space?

Yeah, that’s allowed.

- Can you have dogs and cats in here?

I guess you can, you can have cats. I know for sure you can have cats, but dogs, unless you move in here with them and they were part of you before. You know, I think to go and buy one and bring it in is a little different. But if you had it before you moved in and you were attached to them then they would let you do it.

- Oh they will?

Yeah, yeah because take some pets away from some people and they will die you know. Its like taking away…

- That’s why I got this question in here, its not normally looked at in the research I think.

You know you take away some people’s pets and its like they lost a life you know. Its like taking away their own child or something.
Okay there were a couple of questions I meant to get on here and I don’t have them on here, let me see if I can remember them. One of them had to do with intimate relationships.

Uh huh, I have no problem.

Is this space suitable?

Oh yeah, yeah, no problem.

Okay, compared to other places you’ve lived?

Yeah, cuz like I said some other places I’ve lived you couldn’t have guests stay overnight, you had to… guests would be like; how many times, I had ten dollars to give somebody just to stay over with a boy,

- just because its your girlfriend?

Yeah, its crazy.

- Its also, this is a one bedroom. And you lived in single room occupancy before?

Yeah, yeah a hotel room

- what’s the difference, like say, comparatively in terms of intimate relationships, how is it different?

Well its different because like, you got more space. So for example if you were tense about something with each other, you could at least separate for, you know? You are not there to drive each other crazy, you can give each other that little few minutes apart to make things you know, calm it down so that you don’t harm each other and those kind of things.

- Yeah, and one of the things that struck me about a single room occupancy where you do everything, you have sex, eat food,

yeah, yeah, yeah right, its kinda that, that would drive you crazy!

- So its better to have a separate room, a bedroom.

Yeah, yeah of course.

- And what about spirituality? Is this space…
Oh, yeah. Oh yeah, like I do, there is a lot of spiritual things in here. Because I was raised by a Christian grandmother. You know so I do try to follow a lot of the nice things and important things that she, she preached and installed in me you know?

- Okay so how is that expressed or how is that lived out through your dwelling space?

The way I treat people in my home. In the way people come and, a woman can come here and sleep and knowing that I won’t… and treating her boundaries and stuff like that. So you know, my trustworthy [sic], my kindness, my … its just…

- so in that way your dwelling space helps you to exercise your spiritual beliefs and practice?

That’s right, you got it.

- Alright, last couple questions; Do you feel at home here?

Yeah I do, I could create a home atmosphere wherever I am even if it’s a small place, because I can’t live in a place unless I have a character built around me. You know? So, if I’m in a room I gotta put stuff on the walls regardless. I’m gonna make it as cozy and as comfortable as I can.

- And make it reflect your own personal it?

My personality, exactly.

- Whats the essential quality that makes a place a home?

I’d say the surroundings. The people around you. That would be your neighbors, the comfort you have the way that, okay like for example: I finally got a storage room so a lot of the things that I’ve got piled up all over the place I can now, because I hate stuff piled up, I like to see everything neat. You know, because I’m structured you know? I have an organized certain way I think. So, things like that.

- Just the fact that you can arrange and like cultivate the space in your own personal way. So if you are not able to do that?

I’m miserable man! And I don’t feel at home, I get agitated…

- Its not a home.

Its not a home. Its not a home if you can’t be yourself. You know if you can’t have a way to feel what you express, you know? Like I could see, you know a home where, you
Could play no music at all or you can’t, if you are at a place and you have to share a t.v. and everybody all the time wanna watch the same thing and you can’t watch the things you enjoy, that would be a drag.

- So you’ve got to be able to control the space?

Well, I could compromise, but I couldn’t live a place I couldn’t have a little bit of my input, you know? Like if somebody comes in here and steals, like for the next couple of days I won’t wash my dishes, it just like destroys me you know? So I just leave things.

- if its disrupted or something..

Then I look at it and I go you know what? I gotta clean it because it starts to bother me then, because I realize its about how I feel it just you know, I heal myself and then I’ll clean up again. That’s the way.

- So, you said heal yourself, so if your place is violated then is that a violation of your self?

Yeah, its kinda like, I kinda punish myself, I don’t know why. I won’t clean, I don’t care about how I look.

- So let me ask you this; do you feel like that its, uh I don’t’ want to say attack, but is it a violation of you if your space is violated?

I just feel like I’m let down you know. Like, cuz like if they ask I would give it to them or I would try to do the best I can you know. Like they didn’t have to do it that way you know?

- so your hospitality extends farther than someone might expect and then…

Yeah, yeah. I find like I’ve been betrayed, something like that.

- and you find you get down on yourself.

It just rubs off on me and I don’t even care to brush my teeth or nothing. I don’t ‘do it for long, but my personality, my experiences go down, then I have to build myself up again. Its kinda weird, I hate it, but down here you gotta be careful because it can happen a lot you know?

- Is there anything we missed? Is there anything you would like to add that you feel is important for us to know for the study?
I was thinking in terms of… a lot of people’s self esteem and stuff is, a lot of people uhm, uhh, their self esteem is so shattered you know, I think people should spend more time down here building up, making people think that they are important, you know? Like they are not worthless and things like that and they, they, that they are still special and they still mean good and things like that. And not so much negative and degrading feelings about themselves.

- So you are talking about the neighborhood and things like that and in the wider community in general in Vancouver.

Yeah, people look down, and not everybody down here is what people think. Theres some people down here yes deserve, deserve all the negative things that they do you see. But then theres some in that group who, they do not live lives like that you know?

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It would improve it.

- What do you think of the dwelling spaces down here?

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themselves and then they’ll start to… lots of things will improve for them. And that’s what I see down here.

- okay, I think that’s it, you good?

Yeah its good.

“Conspiracy Theory” Transcription

- How long have you lived where you live?

On the street; four years.

- Okay, on the street…

On the street in the downtown east side.

- How would you describe your overall quality of life?

Not good. Not healthy. You know its, what am I trying to say; its not stable. And it is unsafe and you can’t really get a proper rest when you are feeling unsafe. So just getting the proper amount of sleep is very difficult. Especially when you have to find a place to go, gather up blankets, you know, maker sure that nobody is going to bother you, you are not going to get woken up you know, everything is gone or dead or… but that’s my choice because I would rather do that than deal with the conflicts that arise in the buildings because then there is too many rules, then they get the law involved and more stress and then there is more people involved and they start knocking on your doors then that adds more stress so I just, its easier to just be a lone wolf and just go by myself and find you know a safe kind of community, which we had in Oppenheimer there for the last three or four years. And we actually had the support of the neighbors this year, they came and said ‘no we actually like them here in the park’ You know they got all the bad guys out and keeping all the semi-good guys in. And it, the violence went down and we had a good liaison between the neighbors and the park. But that took a lot of years to come too, there was a lot of mistrust, they all thought they were calling cops on them. But then they put up notices; this is on Jackson, there is a whole rowhouse of Christian families that kind of settled in there and they’ve been there for 6,7, 8 years now and its been really good because they put up notices that said; ‘listen we want to communicate with you rather than having to go to the law’ so it took them a while to really trust eachother. So then with the whole development, Oppenheimer is getting ripped apart for 2010, and that’s starting this year, so that had a good effect. I was really impressed they had the community come in and put their you know, their input before they started
ripping it up. So I thought it was really good, we had about four or five big meetings. And you know we had a different array of people. We had Japanese; that’s their settlement, that’s where they first came. And then you have the people that have just kind of moved in there, but they want to have a good way of life, but they are accepting that there is this kind of way of living too. That’s it.

- What’s important to you in order to have a good quality of life?

Safety. Safety, and not too many rules that are not realistic. Because a lot of them are like: oh curfew is at eleven, visitors at nine, I wake up at 11 o’clock at night. So basically I would have to pay 300 dollars or guest fees that was ridiculous, they started exposing that which is illegal. Like realistically if I wanted to have a friend over I’d have to spend 300 dollars extra just because I have a friend.

- Does your current dwelling situation effect your quality of life?

Right now I’m in the hospital, so I’m okay. I’m safe and that’s gonna help me change my whole, you know, hopefully, my whole direction this year so I’m not starting off on the street. Last year I started off at Sarina House, which was an all women’s safe kinda housing. But it still had a lot of kinks that needed to be ironed out.

How would you describe the pattern of dwelling in your life since and including adolescence?

I came from a very stable home. Once I got my licencse at 16 though I started getting more independent and not wanting to be dependent on my family. I had a lot of rebellion going on and I was really trying to separate from my family and my Mom and Dad. And so I ended up going to a boarding school for my last year in high school, which was really good. I needed to learn how to live on my own. And not have that, you know, spoiled by my Mom, and put down by my Dad. Its kind of harsh words, but he always tried to balance it out, you know, she would spoil me and he would always try to knock it down, and I was also going through all kinds of you know, growing pains.

After boarding school I went to an exchange program, but I moved right out and went to Banff and Alberta and started living on my own. And I’ve been pretty much a little gypsy kind of vagrant that way. And even in Vancouver I…

- Did you have a place?

No, just residences. Like when you work up on the ski hills they have a residence for you. When I moved here to Vancouver I had a hard time finding room mates and stuff. So I finally found a room mate that went well, but then you have conflicts, personality conflicts, and then I found a girlfriend. I got into a same sex relationship. It was kind of one of my issues, I had to kind of deal with. And then I just moved right in. My bad habit is to move into people’s places and its not mine so I have to abide by their rules, and then I have a conflict because I have a hard time following them.
- So after that, have you had your own place?

No, not really. I just went from one girlfriend to the next girlfriend and then went to Squamish in 99’ and that was the first time I rented on my own. And then my mom died in 2000 so, I had a cabin up in Brackendale and that lasted 6 months, so I was getting there. I was 30 and just learning how to grow up, and then it was, its been a rough nine years.

- So you’ve been in this neighborhood for nine years?

Yeah, and basically my dad gave up on his address book; he said that’s enough you move around too much. So basically I’ve been a vagrant.

- what would you change about your dwelling place to improve your quality of life?

Find a place that is gonna be safe, reasonable rules that I can live by. I wanna get into treatment.

- Staying in this neighborhood?

No, I was thinking about it but not until I get some good clean time and some stability, it triggers me quick; “oh, yay, lets party”

- Okay, well the next bunch of questions have to do with the physical surroundings. So; how would you describe your physical living environment?

Not that great. But the one thing about the dtes, its very good for resources. You can have three square meals, even without being in a shelter, if you’re resourceful enough and be able to live down here. That’s why everybody stays down here.

- So you generally stay in a shelter?

Yeah, if its cold out.

- whats that like? What’s the actual physical… what is it? How would you describe it?

Safe. Clean.

- is it one room or…?

The woman’s shelter on lifeskills is a, they have cots and some mats, but they have a limit. You go in at eleven and you have to be in by two, and they wake you up at eight, you have to be out by eight. They wake you up at seven and you have to be out of there
at eight. Now that the first united church is open 24/7, that was nice, so you’re not really stuck outside.

- so you say “cots”, what does that mean? One big open area with cots?

Yep, its lifeskills, so I don’t know if you’ve been there or not. Its like being in a gymnasium.

- How many rooms does it have?

It has one, two, three, four, separate rooms, so if there is one snoring, you can go into another room. They got everything there. They got showers, they got bathrooms, they got a kitchen, they feed us.

- Do you have any belongings?

Nope, not anymore, I just recycle them.

- There’s no place to keep ‘em?

Well storage is very much a big issue here. They need a place where people can store for cheap and not lose it. Really that’s one thing about the downtown eastside; I’ve learned to just let go.

-So you have no possessions anymore.

No. And I don’t even do laundry anymore, I just get rid of my old stuff and get new stuff, cuz there’s so many donations.

- So do you have everything you need like food, clothing, a bed with blankets?

Pretty much, but you have to be resourceful. You have to, have to…

- toiletries, soap?

Yeah. They have it all around here, like I could mention three places.

- you don’t possess any of the stuff tho?

I don’t carry it around ‘cuz I just can get it stolen, or it just gets in my bag; haha! Toothpaste everywhere. I don’t, I was a little pack rat for a while, but you just get so tired of losing everything. And being accused of stealing things like: ‘oh, that’s my backpack’ or ‘well I bought it’, ‘well you stole it’, well they took it’ and its just a big dope opera that goes on.
- A dope opera? As opposed to a soap opera?

Yeah, we call it, yeah we call it a dope opera yeah.

- what about security in those places?

Yeah, once you’re in there you’re pretty much secure. You know you’re gonna have everybody accusing ‘I got this stolen, I got that stolen’

- You do feel safe once you’re in there? What about the neighborhood in general?

I feel safe here, but because I’ve been here for so long. Other people on guard tho, and I’m like oh I guess I’ve gotten a bit complacent.

- what about privacy?

No privacy whatsoever. Anywhere.

-Do you desire to have privacy?

Yes. Yes, that’s why I love the hospital right now and quiet time [Note; participant was on a day pass from the in-patient psych ward at St. John’s hosp]. I wake up at eleven o’clock at night just so I get quiet time. Because I’m a cokehead, and heroin, little bit of a heroin addict; little bit of a heroin addict = little bit pregnant. I get overstimulated by sound and light, so I try to stay inside in the daytime and come out at night.. I’m like a vampire… hehehe.

- so in your regular dwelling patterns in like shelters and so forth you have no privacy?

They have a, its just really hard. The one place I go is Oppenheimer park and there’s a public bathroom there and theres still stuff I’ve written with my friends from 7 or 8 years ago.

- so the washroom is the most private place…

Yeah, even before insite I was always getting high in washrooms because you can close the door and lock it.

- Have you been assaulted?

Yes. I’ve been assaulted in triage by clients, I’ve been assaulted by many different doormen at the hotels, even though I’m a woman it doesn’t matter, they don’t give a shit.

You’ve had things stolen?
Yep.

- Okay, other questions have to do with your home security. Are you able to pay rent without any problems?

Well they’re trying to get that better, but there are so many slumlords around here, but still like I went to the Regent and they screwed me over for rent, cuz they just make your life so miserable when they want you out. Everytime you come in they hassle you and your friends. They have unreasonable rules. When I went to the Lion there was this guy Jim, the American right? He goes: I don’t like renting to chicks, or women, but lets just do it anyways. By the end of the month I was outta there, he gave me, we made a deal. He gives me my damage deposit back I leave by this time. I was out that day. Cuz you can’t bring visitors in after eleven, and I would bring people in and he would have it on video tape. I was like ‘you are so fucking lame buddy, you have nothing better to do than sit there and watch people come up the stairs and down the stairs. We weren’t loud or nothing, it was just the rules, they were unreasonable.

- I’ve heard that before in these interviews. So in relation to your dwelling situation, how is your health related to your dwelling situation.

Well, with lack of sleep you are gonna go crazy and nutty, and then you’re gonna start acting irrationally and you’re gonna start doing more drugs, and then your body is gonna start to react.

- so lack of sleep…

Bigtime, anywhere. It is a lot safer on the street than it is in a shelter.

- I see a lot of people sleeping in the daytime.

That’s because its safer.

- so they’ll stay up all night and sleep during the day?

Yep, yep, its warmer too.

- Is it safe to sleep in shelters?

Yep, but some shelters won’t let you sleep during the day. Like Belkin house, Yukon shelter, they kick you out if you don’t ‘have a job or something. And that can be hard, you are like withdrawing, and you’re not really in the detox yet and they’re trying to say get out and you’re kinda going I really want to stay in, but they’re not recognizing that its safer for us to stay in, they just don’t wanna deal with us.
- have you become homeless or been evicted in the past because of mental health or physical health related events?

I’ve been barred from everywhere. Yeah, totally, yes. Because my mania comes from lack of sleep and people think I’m aggressive, and then they’ll react quickly and I’ll react quickly and then I get barred. I kick doors.

Oh, so you’ll get barred from shelters?

And places, I was barred from the women’s shelter for four months because I stole a blanket, cuz I was cold and I wanted to sleep outside and they kicked me out anyway.

- and this is related to mental health or physical health?

Totally. I was in pain, they weren’t listening to me. I phoned from the hospital one time saying I wanted to come back and I was really sick. The one worker said yes and when I got to the door they said no. I fucking lost it. I kicked the door, shattered the window, ran across the street to the park, luckily I dragged an umbrella back that day from binning and I slept under there. And it was like I was sick. I had a fever, you know, they said I could come there. I would’ve stayed in the hospital. Its all miscommunication.

- so what about sleep and rest, like, you already said that you don’t get as much sleep as you need.

Since I’ve been in the hospital its been so much easier to sort my head out and yeah. And proper monitoring is what its about too. Like these doctors and shit will people on drugs, like I can’t believe my one little friend, shes young, and she works the streets, she’s not safe. And she had some clean time and she comes back and they, she’s a drinker, and she had bottles of valuum and atavan. Her chances of OD’ing, she was basically OD’ing when I met her. Then I found the pills in her purse. I was like ‘holy shit where did you get all this’ and she was like: ‘oh the doctors gave it to me’ and I said; ‘the doctors gave you all that knowing how much you drink a day?’ They are so fucking stupid, they don’t monitor you. That’s how I ended up in the psych ward, giving me, you know giving me antidepressant knowing that, not knowing that it was going to affect me that way. “well don’t mix it with coke” and so of course I go and do that and wind up going into a psychosis. It was interesting.

- After taking antidepressants and doing coke? Have you heard of that happening to other people?

Yeah, quite a few people. Because you gotta go through the “you’ll adjust” period. I’m sorry I can’t adjust to this thing that I’m tripping on. I’ve got tunnel vision and I’m like hallucinating.

- that’s after taking coke with it?
Yeah, that’s mixing it. That’s mixing it.

- So what about preparing and eating food?

Oh, god I wish I had a, the food is great, although I’ve gotten food poisoning from some of the bigger places. I’ve gotten food poisoning from the women’s centre and wish.

- So everything you eat is from places that serve food?

Uh huh, I have no way to prepare it. So I was eating pizza, which is really gross and has no nutritional value.

- When is the last time you prepared a meal for yourself?

Long time ago. Its so hard to get organized enough when you are high on crack all day.

- so, washrooms…

Oh, god you can’t shit after… I won’t get into that. Its hard to find a place after a certain time. That’s why there’s so much disease down here, cuz people are still pissing and shitting in the alley. And it was great that one year in 2001 they had those portable ones out there for us. And there’s no place to go. Establishments won’t let us come in. they are like ‘no we don’t’ want any junkies in here.’

- what about bating and changing clothes? You can do that regularly?

Oh, yeah, there are lots of places. You got, they are definitely on top of that down here. There is a new on at Hastings and Carral. They were opening it up and all their tools got stolen.

- so you only bathe in places that are public?

Safe and clean. There’s four or five.

- are these places where you sleep, are there pest infestations?

Sometimes. But when you are tired enough you don’t care. Bedbugs don’t like me anyway, they don’t bite me. They don’t like my blood, I got bad blood, I guess they can detect that.

- Do you feel comfortable where you live?

Yep, I make sure of it or I don’t stay there.

- is your illness effected by your dwelling place?
Somewhat yeah.

- does it make it better or worse and in what ways? Well, we’ve already talked about that.

- How does having a mental illness effect your ability to have a place?

Well people don’t understand mental illness because they can’t see it. So they think you’re fine and that you’re just making it up. It’s like people that fucked around with the, like the doctors that fooled around with people’s methadone prescriptions. Like would they ever do that with somebody that has diabetes? No. They have to start treating it like its an illness. Its just tough. Its something hard to admit of course. I know I’ve been really been good at directing it properly, like I say I get the manic energy and I put it into something good. Like I hang out with hyperactive kids and coach them. I’ve gotten requests from many different families and mothers and fathers that request me because I know how to deal with kids, I know how to deal with hyperactive and ADD, and I just realized that over the years that I have the energy to deal with them and a lot of people just don’t have it and they just start getting mean to them and the kid doesn’t have a chance to learn. So, I’ve got a gift I know that, but I’ve got to use it wisely.

- So you have some support; how is your housing situation coordinated with services?

Well, I’m on the street so I have to find them myself.

- Where do you find them?

Oh, they’re lifeskills, I’m not stupid. A lot of people come to me now.

- Do you have a caseworker or social worker or something like that?

I have a social worker at St. James, but I pretty much fend for myself.

- Have you had a psychiatric evaluation?

Yep, cuz I’m in St. Paul’s now. They did everything. And I’m going into a treatment centre at Burnaby mental health and addictions and physical treatment centre that they just opened up last year.

- Do you have friends down here?

Not on the street friends, but friends who are at insite, friends that are in Carnegie Outreach. And I have friends on the street. We all look out for eachother, we have quite a comraderie around here. I get a lot more comraderia round here than I would up in Commercial or Kits, cuz they just knock you down harshly.
- Everybody knows each other around here?

Yeah, especially me, I know everybody. People come to me.

- Do you feel like you’ve been discriminated against because you have a mental illness or because you are a hard drug user?

Totally, yes, yes, yes, yes. I couldn’t even get here on time because busses were going by me. They won’t stop at some stops because they see me.

- What about landlords?

Landlords they won’t even look at me. Cuz I know my rights and they know that. If you know your rights then they’re fucked. But they know they can pull the book. All those people at the Stanley, I feel sorry for them all, because they basically re-institutionalized them all, they are all agoraphobics now and they can’t leave.

- The Stanley Hotel?

Yeah, and they were all meth heads before too. But you know what? They still stabilized it and they still put them in a better place than on the street. And they took the violence off the street and put them in one place. You know there was a slough of people hanging themselves that one year.

- A lot of those guys were the Woodward squatters right?

Not all of them, but that place was for the Woodward squatters. That’s what it was designated for. But they all had their hopes and dreams and they all got squashed. Because it’s unrealistic, just like the drug courts. It gets you on the right path eventually, but it sets you up for a lot of falls along the way. If you make it out you’re okay. But man it’s so unrealistic, they’re just setting you up to go back to jail.

- Why didn’t that work? The Stanley model?

It is working. I just would never go in there, I don’t go into any buildings. I just gotta stand up.

- So would you prefer to have room mates?

You know room mates are cool. I kept clean in 2001 and 2002 cuz I stayed in this really cool hippie wholistic way of living and they’re all into Mayan calendar, they all came in and out so I had people to talk to. That was at 10th ave and commercial. And I met them up on commercial because they had chants. I thought this was cool because they are accepting me, they know where I came from but they’re still accepting me. And it’s just an array of diversity. And I need diversity. There’s a lot of diversity down here, there’s
a lot of racism too. I’ve become quite jaded in that too. I say ‘spic’ I say ‘nigger’ I never would’ve said that before, but you get really jaded really fast.

- so there’s a lot of racism down here?

Reverse. The natives against the whites, the blacks, it’s a turf war. The asian community is great. They used to pretty much run the park at Oppenheimer there. They used to run the whole drug war. I used to live up in commercial and if we wanted dope we could dial a dope it: “be there ten minute” [feigning asian accent]. It was all Asians, and it was convenient, they come to your door. 25 bucks a quarter gram of coke, 50 for a half gram, 20 a point for down, you could get anything and that was dial a dope. And it was too convenient. And then I went into the Pacifica and that’s when I met a few people from down here and then I saw a speedball for the first time in my life and I was like what the fuck is that? But you just kind of venture out further and further, they say marijuana is the gateway drug and maybe it is, but you know I was just outside the person, lets go further, lets go further, lets go to the edge. Haha, that’s what landed me in this state of affairs.

- So the whole dwelling space situation; theres no way to host guests. Whats that like?

Its weird. I need intimacy again. You know you have sex, you sensuality of sexuality, you have intimacy. Just having someone to touch you properly. For a full year I had nobody touch me. And it was weird the first time somebody touched me. But I just isolated myself from the whole world, then my two worlds kind of collided because people were coming down trying to get me out and I was like ‘fuck you’. I’ve always concentrated my hard drug use down here, I never felt right doing it out there or at home. I want to keep it down here.

- so intimacy…

I haven’t had it for years. Its hard to find the time. And people are too busy finding drugs, once you are together there’s this clash and the drugs get in the way. Theres just a lot of stress.

- there’s no space for it?

They are working on it.

- Have you ever had pets?

Yeah, I lost my dog in 2000, I bought her in ’99 when my mom was dying. I brought her down here and left her with my two girlfriends and they gave her away. So it was really hard. I can’t imagine these women that leave their kids because of drugs. I lost my dog and it broke my heart for years.
- So would you like to have a pet if you could?

Yes I would, and I think its getting better. A lot of places are accepting pets now so its good.

- so how was it part of your life before?

It saved me. Just getting me out, having something to look after and having responsibility. If I hadn’t have had that dog to look after I probably would have been dead. Because I really gave up after my mom died. My dads got a dog so its nice. Losing that part of me was really hard. I still wonder where she is.

- so you would like to have a dog again?

Yeah, as a matter of fact I want to mush, do dog sledding.

- oh yeah? I can see that.

When I was back home at my dads cabin I was like …

- What makes this place you live a home?

The street, the people. The people make it a home. They say home is where you are loved, and I know people love me down here. In fact coming back down here after two weeks I really got the treatment; “where were you?” ‘we thought about you’, and my ego was getting stroked like crazy. I felt great. And you know people get really scared when they don’t see you around. Ther’re either dead, in jail, in an institution, you know the whole….

- so it’s the people. What kind of space do you need for a home?

I need a better mind space number one. And get my self esteem up, so if I go and rent a place I probably have a good chance, a week or two ago I probably never would have a chance. And they have a fast track now, you’ve heard of that, where the Carnegie outreach were helping people, escorting them and getting them in. We’re almost all getting housed now, it’s a matter of taking the responsibility to stay there.

- anything that we missed?

No. a new bladder, can you give me anew bladder and a new heart. You know I’m really grateful that you are doing this. The more education we get, the more educated people that we have to speak for us the better. Now the words getting out.
“Eagle” Transcription

The purpose of this interview is to assess further your experience of quality of life in relation to the place you live, or dwell. I am interviewing people living in a variety of dwelling situations in the DTES. We are interested in whether or not the kind of place you live (whether you are homeless, in and SRO or other type of dwelling situation, affects your experience of quality of life). Most importantly; the study’s design calls for a description of how it is, for you, to live in the place where you live. Please speak only from your own experiences, focusing on your life, and not the lives of others.

How long have you lived here?

“In the downtown eastside?”

- yeah

“3 years.”

- And in your current place where you live?

“2 years.”

- How would you describe your overall QoL?

“Not very good.“

- Does your current dwelling situation affect your quality of life?

“Yeah, well I didn’t choose to live in the downtown eastside, people that choose to live here choose to live here because there’s lots of crack and heroin. Most of the people that live here choose to live here because of that. I live in a giant crack-shack shooting gallery, the management openly condones illegal activities in the rooms, I overlook Oppenheimer park where I see open consumption all the time. It would be a simple task for the cops to go and bust anyone, but they’ll just be out in a few hours with ‘time served’
- So how does that affect your quality of life?

“Well if I don’t shit myself then everybody thinks I have money and they’re looking at me like I’m a target.”

- If you don’t shit yourself then you appear…

“I’m exaggerating, like if I have clean clothes I’m a target.”

- You are a mark?

“Yeah”

- what are the bad things about the dwelling situation, in terms of your quality of life and what are the good things?

“Well like if I forget a bottle of soap in the kitchen it will be gone in a few minutes”

- okay, what would you change about your dwelling place to improve the quality of life?

“Have some normal neighbors that I don’t have to watch out, like worry about. Normal neighbors, you know, if they somebody like the people that are around me they call the cops.”

- normal neighbors would?

“Yeah”

- so your neighbors, people in the community…

“a significant proportion of them, yeah.”

- Would you like to move away or stay in this neighborhood?

“I’d like to move away, a mile away from the skytrain.”

- anywhere as long as you are a mile away from the skytrain?

“yeah, because the crowd is all around skytrains. Consumers and dealers and people like that.”

- consumers of dope?

“yeah, there is a lot of crime on skytrain routes. Its just an easy way to move stolen property or whatever.”
- How would you describe the pattern of dwelling in your life since, and including, adolescence?

“Pattern of dwelling?”

- Yeah, like what kind of places have you lived in?

“I have lived mostly in single rooms, sometimes two rooms. Usually had my own cooking in a room and shared a bathroom.”

- so hotel rooms?

“rooming houses.”

- like what you are living in now?

“no. like houses with like basement suites or whatever.”

- oh, so apartments or…

“yeah, like a house, a regular house with two basement suites or whatever. Or a house that’s devided up into rooms.”

- so mostly you have lived in basement suites? Or house that’s divided into rooms where you pitch in on rent with everybody else that lives in the house?

“mostly I was paying my rent to the landlord. Cuz whenever I was paying my rent to somebody else I always got screwed.”

Physical surroundings

- How would you describe your physical living environment?

“You mean are bugs falling on me or whatever?”

- Yeah, is it big, small, how many people live there…
“well, my room is bigger than most of the rooms in the neighborhood, but its not big enough. I keep it clean enough so that the bugs aren’t much of a problem, but I still have bugs coming in because they can’t do a coordinated effort to get rid of them.”

- Bugs?

“Roaches, bedbugs. And they also have mice. I haven’t seen any n my new room, but they were high-fiving eachother in my old room. No shit, just like those squirrels on the commercial.”

- so they feel quite at home there?

“Just to piss me off.”

- Does anyone else have access to your dwelling space?

“I hope not. They have had, I’ve been broken into.”

- how many rooms does the place where you live have?

“one hundred and fifty one.”

- how many per floor?

“There’s three floors so about fifty per floor.”

- how many washrooms per floor?

“there’s two per floor. Three pissers and three shitters for men and and four for the ladies. At least two I think, maybe four on some floors. They are not all working.”

- what about showers?

“One per floor.”

- One shower stall, or one shower area?

“A little room about the size of this table with a shower in it.”

- for males and females?

“yeah.”

- so there is like three for the building.
“yeah.”
  - okay, in terms of your own room; do you have enough space?

“nope”
  - do you have belongings? Do you have enough room for your belongings?

“now I do, since half of them got ripped off.”
  - okay, do you have everything you need? Such as food, clothing, a bed with
    blankets, toiletries, soap, etc.

“yep.”
  - is that your own or do they supply it?

“They supply toilet paper, and they also supply bedding but I don’t need it. I’ve got lots
  of bedding so… and there’s lots of food around there.
  - there’s lots of food around there?

“yeah, there’s like six places within two blocks that give free food out.”
  - not in the apartment though, not in the place?

“no, once a week they some soup or something in the building.”

Security
  - we already touched on this a little bit, but do you feel safe in your dwelling
    place?

“no.”
  - in the neighborhood in general?

“no.”
  - do you have the kind of privacy that you desire to have?

“yeah, I guess, I can lock the door and close the curtains.”
- have you been assaulted in your home before?

“yeah”

- and its been broken into as well.

“yep, yeah”

- and things have been stolen? Was the place otherwise violated?

“yeah, somebody set a fire and I was accused of being the arsonist. Fucking pig was banging on my door in the middle of the night, not saying who he was. So I answered with a pipe and got taken down.”

- by the police?

“yep”

- so there was a fire in the place?

“yeah, there was an arsonist about two doors down from me. He set three fires in the place.”

- and they confused you with him or something?

“yeah”

- so the cops violated your space?

“yeah”

- are you secure in the place?

“nope, because of the incompetent staff and I can’t phone 911. Cops won’t have anything to do with helping me, its whatever the security says.”

- there is security on site there?

“yeah”

- so the individual residents.. you are not able to call 911 if there is an emergency?

“there’s no point in calling 911. They assist in illegal evictions and ripping everything off. Fuck them.”
“Yeah, next time they do that I’m gonna burn the fucking building down.”

“Help to illegally evict me and have all my stuff, everything in my room stolen.”

“So the police have done this?"

“Yeah, they do it all the time. That’s routine practice. All the landlord has to say is ‘I’m afraid he might damage the place.’ And they you are out of there. There’s no residential tenancy act, nothing. Everything in the place belongs to the landlord. The cop says ‘take him to small claims court.’ Which you can’t do because you can’t prove everything because he has it. And they fucking know it.

“Anybody is at risk for eviction at any time. People can come into your place with police escorts, with the fucking pig pipe-band and baseball bats to illegally evict you and steal everything.”

“So is that just your particular place where you live or…?"

“That’s anywhere in the country. Pivot wrote a letter to the UN about it.”

“But, it’s pretty common in this neighborhood is what you are saying and in your experience this has happened? Has this happened to you personally?"

“Yes it’s happened several times. And everytime I phone 911 they just fuck up. Even when it’s for somebody else, like a lady getting punched out or whatever, they immediately fucking put the handcuffs on the victim. And threaten to arrest anybody who is helping them.”

“The police when they respond down here?"

“Yeah”

**Physical**

How is your health, or changes in your health, related to your dwelling situation?

“I think it’s the direct cause of my high blood pressure.”
- the kind of dwelling situation that you are in? Your dwelling situation?

“Yeah, its like I have to fight for everything people take for granted. If I didn’t have to do that I would have time to go out and go mountaing biking on the North shore.

- have a leisure life you mean and do the things that you want to do?

“yeah”

Probes: (e.g. have you become homeless, been evicted etc. in the past because of mental or physical health related events:

“ Yeah, not my mental health though.”

- other people?

“yeah, like weirdo landlords that expect to take my rent and kick me out and keep my deposit and everything.”

- and you thing that they often have a mental health issue?

“they must have”

- okay, what about vice-versa; how has your mental or physical health been affected by changes in your dwelling situation?).

“yeah, I don’t trust anyone.”

- so again, it’s the hypertension?

“yeah and I started off with everything civilized, but as soon as they lie to me two or three times, I just start losing it. I just have a very short fuse.”

- have you become, have you been evicted in the past or become homeless or whatever and then that led to hospitalization or like a worsening of your mental, emotional health? Anything like that?

“yeah.”

- Are you able to get enough rest, sleep where you live?
“well, yeah, I mean like there’s not a whole lotta noise that keeps me up, but I have trouble sleeping just because of my life situation. I wake up every couple hours to take seroquel.”

- so you are stressed out? Its not the noise or comfort level of the space so much?

“no its just the lack of human rights in Canada. They have the nerve to have a human rights museum they are asking for donations for. They are asking for donations for a human rights museum.”

- re you able to prepare food and eat in your home?

“yeah, the kitchen is closed after eleven. I use that two or three times a week.”

- Hows that? Do you have a refrigerator…?

“I have a fridge in my room and a microwave and an electric frying pan that I’ve supplied.”

- in your room?

“yeah, they supply the fridge, I supply my own cooking stuff.”

- so you cook on a hotplate sometimes in your room?

“yeah, electric frying pan.”

- how many meals per week would you say you prepare yourself?

“four”

- how many people do you share your washroom with do you think?

“well there’s 25 rooms on my side with one washroom.”

- okay, well this is getting back to something we talked about earlier, but I told you there was a question about it later. Is your place clean enough?

“no. My room is okay, but the common areas… they try to clean it up but it gets messed up in a few minutes.”

- how is the washroom like?

“there is often plugged toilets and full of shit and piss and all kinds of crap.”
- and there are pest infestations there like cockroaches and bedbugs… any other sanitation issues?

“theres lots of syringes around. Like I wouldn’t go bare foot around there.”

- you wouldn’t go bare foot because there is a risk of getting stuck with a needle?

“Some people even take the metal part out and throw it around.”

- take out what?

“the little tiny metal so that you can’t see it.”

- the needle?

“yeah, they just toss it away.”

- why would they do that?

“because they’re assholes.”

- they want to inflict an injury on someone that way?

“I guess yeah”

- are you able to bathe and change in to clean clothes as much as you want to?

“yeah”

- like you said that’s one reason that you are a mark? Because you actually have good hygiene?

“yeah.”

- is it difficult to maintain good hygiene?

“no, not if you have a shower and a home.

- so there is the one common shower that you use?

“yeah”

- do you feel comfortable in your place where you live?

“nope.”
- emotionally?

“nope”

- How is your health affected by your dwelling place?

“I have hypertension, I think that is probably why.”

- so it makes that worse? In what way?

“I’m stressed out, tense, I don’t always get enough sleep. I should get more exercise, but I’m usually busy fighting for something that most people take for granted.”

- for instance?

“like anytime I have a complaint, like about a week ago they gave me a letter saying we want to come take measurements in your room on Thursday, Friday, or Monday. And with the way they fuck up, like I think they might have left my door open and got B and E’d, there is a fifty percent chance that they are at fault for that and like I wanted to be there just to make sure that my place was secure right…

- so B and E, so that means that your place was broken into after they…

“well they had a pest guy in there and I don’t know if he left the door open and if people got in through the door for if they broke in through the window. I asked them and I didn’t bother following up because they have a hard time telling the truth, especially when its embarrassing.

**Time Marker 21:28**

- so your place was broken into and you don’t know why or how?

“yeah and they gave me this letter saying that sometime in this three day period we are going to be in your room. No that doesn’t tell me when you are going to be there. According to the residential tenancy act blah, blah, blah. And they said ‘no that’s the way it it’ so I have to come here as usual, I was told to write a letter so I wrote a letter and cc’d it to Anna and they finally responded and gave me the proper notice but I shouldn’t have to go through all those hoops every time all the time they want to do something goofy. They never respond to my complaints, they only respond to complaints from advocates and then they fucking lie to the advocates.
okay so when you say you fight for the things other people take for granted you mean basic tenants rights?

“basic human rights.”

does your health issue affect your ability to have a place, to take care of a place? i.e. clean, cook, host guests and so forth?

“yeah, I’m very easily discouraged.”

you are very easily discouraged…?

“yeah, I always start something get distracted and that’s enough to discourage me from finishing it.”

household tasks like cleaning and stuff?

“yeah, half the time when I started doing something whether its to help me or to help somebody else in that building somebody fucks it up every time.”

so something happens in the building to derail what would be normal housekeeping?

“yeah, its like I served coffee there, somebody kept breaking into the fucking pantry in the kitchen which was next door to the office and they made a ton of noise doing it and they did it in a way to make it look really goofy like I was afraid they would be poisoning somebody so I said ‘fuck you no more coffee.’

so you tried to actually improve the quality of living in the place by serving coffee and that was disrupted by…

“everything gets fucked up by a neighbor or management, upper management, people at the front desk are mostly okay.”

is your housing coordinated at all with mental/physical health services?

“very poorly, despite being run by ‘lookout.’”

what is lookout?

“its an emergency shelter agency, they have some buildings that have mostly normal people in them. And they have a lot of buildings with the worst to house people in them, people that the salvation army can’t house, or anybody.”

so you are in one with the hard to house people?
“Yeah, in one they took over, they moved a bunch of people out, but not me.”

- so it is coordinated poorly as you say, but how is it coordinated? Are nurses coming in?

“Yeah, they have headhunters coming in, looking at people’s places. They dish out their pills, they have an office where they have their pills and they go around and give people pills and whatever.”

- headhunters? What’s that mean?

“Uhm, psychiatric nurses or whatever, they come in pairs and assess people or whatever and just look for more people to add to their list.”

- to add to the list…? So when you say headhunters you mean nurses or psychiatric nurses who are looking to diagnose people and give them prescriptions. Is that what you mean?

“Yeah”

- and after that if they are given a prescription do they continue to administer meds?

“Yeah.”

- so people will see a nurse there and so forth?

“Yeah, the lookout clients, I don’t know everything the lookout clients do, I’m not a lookout client.”

- okay, so there are are case workers/social workers who actually work there and are on the staff?

“Yeah”

- so you don’t, are you having any med management by them?

“No”

- so you manage your own?

“Yeah, I can count pills, its even easier than filling out applications.”

- who prescribes your meds?

“Pender clinic”
- so its not facilitated at all by where you live?

“no”

- do you know your neighbors? Are you friends?

“I’m friends with people right next to me on both sides and a few other people in the building.”

- so you trust them? The people you are friends with?

“I trust them, but I wouldn’t loan them a million dollars.”

- What about the rest of the neighbors? Do you trust them?

“no way.”

- are there any other common areas besides the washroom and the kitchen?

“yeah, there’s the tv room which I rarely use, I watch tv in my own room.”

- so you have a tv?

“yeah, it’s a tuner card in my computer, it works like a tv.”

- do you feel that you are now, or have been in the past, discriminated against by landlords or neighbors because you have a mental illness or because you use drugs?

“Because I allegedly have a mental illness or because I allegedly use drugs, yes.”

- okay, thank you. So you feel you have been discriminated against because of those reasons?

“yeah”

- so that’s a factor now in your current situation?

“yeah, well I have a court case coming up, for allegedly assaulting a neighbor who got away with assaulting me many times.”

- so you feel that’s a discrimination?

“yeah”
- Would you prefer to have roommates or live individually?

“Live individually”

- Where you live now, is it possible for you to have guests over? To host guests?

“Yeah, but as long as like uh, depends who the desk clerk is. If they’re on the rag or whatever, probably you know, but I don’t know for sure.”

- So the staff may not let you have guests?

“Yeah, they shouldn’t have the power to do that, it’s against the residential tenancy act. But in this neighborhood it happens all the time. So I don’t know.”

- The space you have, do you feel comfortable having guests over? Can you host them comfortably?

“No. Most people won’t even come into the neighborhood.”

- Can you say more about that?

“Yeah, they don’t want to be by Oppenheimer park where there’s all kinds of junkies and crack heads openly consuming.”

- So that’s why you can’t host people at your place basically?

“Well yeah, if I meet a pretty lady up in Fairview or whatever I’d be pretty embarrassed to try and take her down there you know.”

- Right to bring back and host her at your place?

“Yeah”

- Because of the neighborhood. What about the apartment?

“You know I can keep my room clean, but to have her to fucking have to fork over I.D. and sign a sheet to bring her in… fuck that. You know.”

- And then to have her have to use the washroom which may or may not be the cleanest…?

“Yeah, and then there’s always the possibility that she couldn’t get in at all.”

- Because the staff may or may not let her in?
“yeah”
- what about friends? Or acquaintances? Is it difficult to host people?

“no”
- what about pets? Do you own pets?

“yeah, but not for six years, not since the big murder scene.”
- what was that?

“ oh my landlord’s boyfriend accused me of killing her cat and kicked me out and stole everything including my pets…”
- you had pets?

“yeah, I had two cats and four rats. And the SPCA wasn’t going to help me because the Pigs were all on his side because he was a rat, he ratted out some gun dealers and they let him get away with the murder by not showing up for a trial and then they let him get away with murdering my cat, I managed to get the SPCA to help me by threatening to solicit the neighbor’s help in rescuing my endangered pets and they would be really embarrassed. So they got my pets, when I got my last cat back he died a few minutes after in my lap. And he had a big lump on his side, I assume it was a methanol injection because he was accusing me of poisoning his cat with methanol and pets don’t drink methanol. And so there was a big abscess on his side, he died and it was the ugliest thing I ever saw. I’m scared to have pets now because I have no legal right to anything in my room.
- so you have had pets in your lifetime. Its been a part of your life in the past?

“yeah, I wish I could have them again. But not in this fucking town.”
- not in this neighborhood?

“not in this town. Not with the Vancouver pigs here.”
- its impossible for you to have a pet again safely?

“As a matter of fact theres a website if you want more details.”
- about?

“about my cat’s murder.”
- your own website?
“yeah”

- so this was a huge event in your life it sounds like? Have you had pets since you were a kid?

“yeah”

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**Closure**

- Do you feel “at-home” here? What does, or does not, make the place you live a home?

“I don’t belong there. I’m not a lookout member. The people that don’t belong there were fast-tracked into B.C. housing. And I should be fast tracked into B.C. housing because I don’t belong there. It’s a big crack shack shooting gallery where they encourage people to shoot in their rooms.”

- so that… not belonging there because you are not one of the hard to house… people is what makes it not a home for you?

“yeah”

- Is there anything that we missed? In terms of your quality of life, your dwelling situation, anything that you would like to add that you feel is important for us to know?

“no.”

- that’s it?

“yeah, I gotta go get a prescription now I might break the doctor’s sphigometer.”
My experience right here in this building is I, a lot of people accept me, they don’t mind me at all. Every neighbor I have is friendly to me except one and he thinks I’m a evil person. He thinks I’m a Satanist.

- How long have you lived here?

A year and a half or around that. Around 16 months.

- how would you describe your overall quality of life?

Now its improved dramatically ever since I got out of Maria Gomez. Totally different vibe, its totally… I have a place where I can move, I can be myself, I don’t have to worry about having my door smashed in from people trying to take over your apartment or whatever.

- so your quality of life is improved, but how would you describe it?

Its, been enhanced greatly. I’m able to communicate much better with people. I’m able to meet people now and take them somewhere. I can even have a relationship now. I haven’t been in a relationship in almost five years, since my partner died. And I think that’s something I have to do is to start dealing with that. Sorry, I’m going off topic…

- no that’s okay, I’ll try and keep up with you, and keep you reigned in to the interview questions. But you’re already talking about this question; What is important to you for a good quality of life?

An atmosphere that is conducive to being and staying sober and places that you are able to just go and sit and be able to have a quiet period. Anywhere I’ve lived down here I’ve never had a foyer like this to be able to go down and sit down and watch people go by and not have to be accosted by sixty million people coming to sell you Crack. It happens as soon as you step outside the door though, but its just nice to have this secure place. I feel safe here, I feel that I’m not gonna be broken into when I leave. I don’t think they are going into my room like other places I’ve had stuff moved, stolen. I’ve lost so much to shitty landlords who abuse the right to go into your apartment and take whatever they please.

- Okay so you are already addressing this too, but your current dwelling situation, how that affects your quality of life.

My current situation, it affects my quality of life is I’m able to maintain myself, I’m able to eat properly, if I ate, when I do eat I can eat properly.

- What are the bad things about the dwelling situation that you are in in terms of quality of life?
Well, I’m being asked to do more and more things around the building, they’ve found that I’m gullible. I’ll help people and I get everybody, Joe Blow, to help them move furniture and everything and I just, I am getting too old I can’t do it like I used to, I can’t go full tilt. And people were surprised I made it to forty. People thought I woulda died like fifteen years ago and then they are all dead now.

- so the bad things are that people are calling on you for help?

They can abuse, you can be set up for more abuse that way. Because you’ve opened your house and you’ve let the people in and they know that you have a place where they can go and smoke their drugs. And I don’t let people do that in my house anymore. Like on the way down there was a girl out on the street, she had a rig full of whatever I don’t know what it was and she was: “can you taste test this and tell me if its heroin?” and I said “no I can’t. It triggers me.” And she just wouldn’t accept; “it triggers me” “you’re my friend, you should do that” she said. “you’ve got hep C” and “so, so do you” and she said; “no I don’t” That’s why I don’t use anymore.

- okay let me ask you this; the dwelling pattern in your life since and including adolescence, how would you describe that? What kind of places have you lived in since adolescence?

As a child I had a very nice home, in my teenage years I had a very nice home. I was very much taken care of I had lots of things I needed. My family, they supported a lot of the things I did. They didn’t understand me very much, they couldn’t understand what I did such as art and drawing and with animals not being around people. I didn’t like to go around a lot of people so I stayed away from people most of the time.

- Can you say concretely what you mean by “very nice place?”

Very nice place, it’s a split level bungalow with eight rooms in it, I could live in any room that I want. And a basement that I could use. I had a fridge, a stove, everything in the basement. It was like having my own apartment. And my parents never came down there. The house was big enough, they’re on a triple lot. And they live in St. Catherine’s right outside… oh where is it? Niagara lake (unclear). They have a lot of money, my parents. I never, that’s one thing I don’t do, I don’t take money from my parents, my Mom anymore, my Dads passed away, but I have to be independent, I don’t, my other brothers and sisters all live off of them. I’m the only one that doesn’t do that.

- so whats your dwelling situation been like since then?

Since I moved out its been up and down, up and down, I’ve had nice places. I had a penthouse apartment overlooking the inlet where Serena Virk was killed, just down the street from me. Nice place. It was a beautiful, I’ve had some beautiful places. I’ve lived with people, yeah, I’ve lived in high-rise apartments that have beautiful views and
beautiful art, nice things all around. I know good things, I’ve been around good things, I
know good, bad, in-between.

- So you’ve had a variety of different dwelling situations.

Oh yeah, from the top to the bottom, rock bottom.

- what would you change about your dwelling situation to improve your quality of life?

I would make more community oriented place where people could work out problems
with their neighbors. And the could go: “oh, well you make noise at this time and it
irritates me” You know it hasn’t become a problem yet, but its irritating someone so you
talk to people, no one does that ever. They always let it grow into this big fucking mess,
where they can’t control it anymore. If its not, not controllable anymore, what would you
like to be in a place where you can’t control what’s happening inside your own home.

- okay, so that’s what you would do, you would improve the communication
between neighbors and community members?

Yeah, I would have a community oriented building which they say all of these buildings
down here are, but they’re not. All they do is look after themselves, they say they’re
looking out for someone, but their only goal is to make ten dollars to buy more Rock.

- Would you like to move away from this neighborhood or would you like to
stay in this neighborhood?

Right now I’m enjoying the neighborhood, my family is all here. I don’t even have,
outside I wouldn’t know where to go. I can go to St. Catherine’s…

- Family? Did you say your family is here?

No, they’re in St. Catherine’s Ontario. That’s far enough for me.

- so you are good here?

Oh yeah, I love it here.

- Can you describe your current living situation to me right now?

Right now my living situation right now is a very good one. I have a large living room, I
have a kitchen that I can cook in, I have a dining room I can eat in, and I’ve got my
bedroom and a little hallway with an entrance way. Its quite nice.

- you have enough room for all your belongings?
Oh, yeah. Way, I’ve got to throw out things, because I have garbage that I shouldn’t even have in that building. I shouldn’t have even brought it with me, I was just sort of attached to it. You know you get attached to things and take it with you and… don’t ask me why, I probably have thirty boxes at home and “why do I save this?” I think everybody does that: pack rat.

- so you have everything you need there, like bedding, soap, clean clothing etc.

yeah, right now I do, I have, like even with DERA, like if I came down here and asked for soap they would help me out I’m sure. Up to cat food. Anything, I’ve never asked for anything though I try to be independent if I can.

- do you feel safe in your space?

I feel safe in my apartment. When I leave this building I don’t feel safe; no. I have people that are very angry at me now. One of the pharmacies down here had a big huge scandal and I put my face on the TV saying that I got paid by a person for two-fifty and hour, the person paid me two-fifty and hour for eight hours a day I got twenty dollars. I make forty dollars a day now, that’s doubled. What’s wrong with that picture? That’s abusing the poor. Even at forty dollars a day its abuse. You can live on that… anyways… sorry.

- its okay, so talking about safety or unsafety in the neighborhood, can you say more about what, more concretely, what that is?

Its, I guess its having things coming to haunt you, cuz you know when you deal with people down here for so many years and then you stop using you still know what’s going on. Its just, it gets to be, when you were saying that I just started thinking about moving again and why am I still attached to this one area? I know why I’m attached to this area, because I can get my drugs here. I still have a problem with drugs I just realized that. You know it can marijuana or whatever, I’m really off topic.

- that’s okay. Do you have the privacy that you need?

Yeah, oh yeah. I actually love the privacy I have now. I can walk around naked if I want, I can have clothing on and off it doesn’t matter. And I walk by the windows I don’t care. I have a good place. The places they have here are wonderful I think. They’ve done a really good job of housing me.

- so its safe, you’ve never been assaulted here.

Not here, no. I’ve never been threatened, I’ve never had physical… I’ve been threatened a few times by people that were very drunk/intoxicated, but they didn’t know what they were saying. And I was just: ‘whatever’

- are you secure there, are you at risk for eviction?
No, I’m not at risk for eviction I hope not [he knocks on “wood”] I don’t think they
would evict me.

- so in terms of dwelling space and your health; how do you think its related?
  For instance have changes in your health been related to changes to your
dwelling situation?

Oh, yeah, I can even tell with my animals. One of my cats comes out now and walks
around, before she would just run to one spot. She was traumatized from where she was.

- because of the space?

Yeah, it was horrible where I lived before. Like I, they torched my, you know your spy
hole? They torched it so I couldn’t see who was there. Like that’s the sort of thing I
would have to put up with every day.

- sounds like it clearly affects your mental health, emotional health…

Yeah, with that, there was also the black mold that was on everything. You’d open the
window and get this black mold, all you have to do is see it and you’ve already inhaled it,
people don’t realize how easy spores carry. You know if you have something across
there you blow it and you’ve got spores on you, and they travel real fast, anybody.

- have you ever, if you’ve become homeless or changed places in your dwelling
  has it directly affected your mental or physical health?

Oh, yeah, its affected my mental and physical health. I’ve gained weight, I am more
together I’m more centered, I’m actually dealing with a lot of my addictions and I’ve
actually figured out a lot of things that I need to work towards.

- okay, since you’ve moved into this space…

Yeah, but the previous one, I wouldn’t even, I was so terrified sometimes in that place,
the Marie Gomez. But I survived, what doesn’t kill you makes you stronger.

- ‘kay how about this: has your mental health or physical health caused a
  change in your dwelling situation before?

Oh, yeah, I was in denial my addictions and I got evicted because I was “bringing drug
addicts into the building” imagine that: a drug addict bringing drug addicts into the
building.

- so you got evicted in the past because of that?
Oh, yeah, bigtime. More than four times I’d say. I’ve lost friends over my drug habit. I’ve really…

- and you’ve lost homes?

I’ve lost homes, friends, people… way too much and I have learned. I have learned, believe me.

- so those changes in your dwelling situation, how did that affect your mental health, physical health?

Well I was, I am able to cook better, I am able to do things, eat properly.

- okay, well in the situations where you were booted for being a drug addict, because of drug use… so that led to getting a better place?

Yeah, I had to become sober before I realized I had to change things. That’s when I was at Marie Gomez and I was seeing all these people around me using, and it made me want to use, so I did use when I lived there and I realized after I used it can’t be a good thing to be doing that all the time. And you know its… I just think about places… it brings back a lot of memories just thinking about it. I tried to block out a lot of the things I’ve done in the past. I tried to block out things and then I start thinking about it and I remember all these little details that come back. I’ll go upstairs and think: oh, I forgot to say that and that.

- so, you already said that your place is good now, you get enough sleep…

I never get enough sleep. I’m always tired. Its an ongoing thing, I like to sleep, I like sleeping.

- is it related to your dwelling space?

No. I’m into lucid dreaming. I like lucid dreaming. And its really neat once you realize how easy it is to do. You can lucid dream in almost everything.. whatever.

- so you spend a lot of time sleeping and dreaming?

Yeah, I do, yeah.

- so how many meals per day or per week do you prepare and eat at home?

I’m luck if I eat every two days I have a meal, usually a big meal. But I don’t eat that much anymore. I’ve actually gained weight since I’ve been living here.

- you have your own washroom? Do you share it with anyone?
No.

- How about your hygiene? Are you able to bathe and change clothes regularly?

Yeah, I’ve got… I just get… my partner used to do all the laundry so when I do the laundry it makes me think of that. So, I don’t want to do that. But, I realize I have to do my laundry and I have to be more conscious of my appearance and my cleanliness. I couldn’t understand why people weren’t coming over to my house, and there was a smell in it I couldn’t smell and no one would tell me. And they were so scared of having a reaction from me saying something smelled and actually I wrote a card to this person saying “thank you for your honesty” No one is honest with eachother.

- so you had issues with hygiene.

Oh, god yeah, I was super hippy, I wouldn’t bathe for months on end.

- does that have to do with your dwelling space?

Oh, yeah there was no shower. There was no bath tub, there was nothing.

- but now that you have your own washroom…

Oh, yeah its changed. I haven’t died my hair or anything like that yet, but I’m able to do stuff like that again or have conditioners or facial… stuff like that like I wasn’t before.

- are there pests like bedbugs, cockroaches…?

Theres cockroaches, bedbugs have all gone. Everyone says theres bedbugs in my apartment, I haven’t seen one. They say that these are bites by them and they’re not, I have looked and looked for them. They think I’m crazy now, because I don’t see them. I say: “where are they?” I shut the lights off and gone back like an hour later and theres none. But there are roaches, the roach problems getting better tho. I’m really working with people in the building to try and get that under control. But I am next to the garbage chute, I forget that. They’ll thrive next to the garbage chute.

- okay, so emotional issues with your dwelling situation: do you feel comfortable there?

Yeah.

- is your illness, and when I say illness I guess I mean in your case, yeah just mental health, your drug use. How is that affected by your dwelling situation?
I don’t have the desire to escape, I have no desire to. I like being together and watching something or reading something and not being fried all the time, its nice, a place to have your head together and think of other things besides getting your next ten dollars.

- so did you say you have no desire to escape?

Yeah, I always desire to escape, but you know I’m not doing it chemically anymore. I do take drugs tho, like very sparingly like I’ve got Restoril upstairs and marinol, but I don’t take it right now. I used to not be able to do that. Now that I’ve got a place, I save, I don’t have to worry about that. I can put it down and not use it. And that’s something I have never been able to do for years and years. Ever since I started using, I could not stop using, I would use it til it was all gone.

- I see, so now you have a place wehre you can set it down and leave it…

Yeah, I don’t have to repeatedly: “all I have to do is get high, get high, cuz if I don’t they’re gonna steal it from me” I guess that’s what I mean.

- so clearly it makes it better, your mental health, habit whatever.

Yeah, oh yes.

- how does having an illness, or just, or a habit such as using, how does that affect your ability to have a place? Like to clean it, cook food, have guests…?

I was just saying; I’ve got to pick up stuff. My house isn’t the cleanest in the world, nor is it the dirtiest. Cuz people would come over and say: “your house is a mess” and I would go over to other people’s house and I look at mine and think mine is horrible, but mine isn’t half as bad as, I don’t have half the stuff that these people do, but I’m putting out this thing that oh my place is so bad that they are going to kick me out. I’ve got this underlying feeling that they’re gonna kick me out because they think I’m dirty or they think I’m unclean. But I’m not that unclean, I even asked staff here: “is this clean enough here?” Well the roaches are heavy but its not that bad. And I keep on thinking over and over again; people are out to get me, they want me to be kicked out, they don’t like me you know that sort of thing.

- so that affects your ability to take care of a place?

Yeah, it does. Because then I get all; “I don’t care anymore” and suicide talks and all that stuff. But, I’m not going to, why would I kill myself now? When things are just starting to go good? But yeah, the housing, when I got better housing it changed my life entirely. It was absolutely a necessity, they need this social housing and housing for everyone. Theres enough room here, theres enough [labor?, unclear], but they don’t. We need to get some sort of active group to do that. Well they have in the states. They don’t have it here, you know they have all the ex-presidents building houses, Jimmy Carter started it. Maybe some day we’ll learn.
- how, if at all, is your housing situation coordinated with mental/physical health services?

Its easier to keep and make appointments, it’s a place where you can centre yourself out of. Like you have a calendar, mark the dates down when you have appointments and stuff like that.

- so this is a DERA apartment, are they coordinated or actually linked with physical and mental health services?

They can, yeah they’re linked, sure they’re linked. They’re known by other groups.

- so they are coordinated with other groups. But therens no place on site that does med management, no nurses, things like that?

Not here no, there are buildings, Portland Hotel is like that. And I wouldn’t live in the Portland Hotel if you paid me. That’s like being locked up in an insane asylum. They destroyed that building. They’re beautiful rooms too.

- do you know your neighbors? Are you friends? Do you trust them? Do you share common areas or space with them?

One of them across the hall thinks I’m a Satanist. The other one can’t hear anything, he’s deaf, the other girl can’t talk English. Everyone else on the floor I get along with and have no problems with.

- okay, so do you trust them?

I wouldn’t give my keys to my place; no. I don’t trust anyone down here. Because who knows, like one person gets a key, they can go to a keymaker and make twenty and hand em out. You know somebody who has a vendetta on you or something, they get your key, that’s easy to do too. And you think people down here… [inaudible] and vroom they’ve moved in.

- do you feel that you’ve been, or that you are now being discriminated against by landlords or other people because you are a hard drug user?

Yes. I had people that had all these, the, all the neighborly things that you do, I’ve tried to work with my neighbors, I’ve gone and made food for them, I made a cake for one guy across the hall. He ate the cake and never gave the plate back or anything, I don’t’ care about the plate, its meaningless, but then hes talking about me in the next breath to another person right in front of me, and I say “say it to my face” and he turned his back and it was this big “If I don’t see you, you are not there” kind of mentality.

- so you felt you were being discriminated against for being a hard drug user?
No, there are other instances and I can’t think of any off hand, but I was discriminated against more than once for being an IV drug user. That was… 666 Alexander, when I lived there the landlord, he would always uh, tell how he would tell me how he needed to fucked up when he came around and when he had stuff to say that was harsh he would sort of candy coat it and give you money and say “oh, this is this way” Then you would learn like two days later that hes doing some kind of weird repair and you have water pouring into your room and he didn’t make, any way to help in any way, shape or form, because we were drug users.

- so they knew they could inconvenience you, take advantage of you…?

Oh yeah, what drug addict is going to phone the police? “oh, I’m gonna phone the police after I do my next fix.” Or whatever.

- so would you say that there is a less of a respect for sort of basic human rights between landlords and tenants down here?

Yeah, they have to start some sort of program to inform. Because a lot of these buildings are run by Chinese, and the Chinese, some of them learn English, some of them don’t and the ones that don’t they try and understand what is happening here and they have such a hard time, because where they are from they just shoot everyone.

- so there’s a cultural…?

Oh yeah, the cultural thing down here is huge. The drug dealing down here, they’ve got the Chinese, the Hispanic, the Black, all these different areas. We were talking about that last night actually how uh just up from the Sun Ah they’ve got this Carribean sort of vibe going on down there and uh, its just amazing all the different cultures that come down in this area. And now you are starting to see Chinese addicts, which is something that you never saw before. You actually see Chinese people that are fixing drugs and that’s almost racist on my behalf, because you know you would have think that I would have seen that or experienced that here but, you don’t. They don’t do that, or they hide it well.

- Do you have room mates or would you prefer to have room mates?

No. I prefer to live by myself right now.

- is it possible for you to have guests over?

Oh, yeah. I can have guests anytime. I let them in. I’ve got a buzzer, I push it and they’re in. I won’t have people over that are going to use cocaine in my apartment or in front of me.

- but, it it a comfortable environment to have people over?
Yeah, it is. It is comfortable. Its like, I could have coffee there, tea or whatever.

- Is pet ownership a part of your life?

Oh, yeah. My pets, I forgot about my pets. I’ve got two cats and they take a lot of money. I spend a lot to keep their upkeep pretty good.

- so its important to you?

Very important, my cats eat before I do.

- has that always been part of your life?

Ever since I was born I had animals around me. There was period I didn’t have any animals because I felt it wasn’t good for me to have animals, or fair to have an animal. So when I was able to stop using for a while I got a set of cats; Jelly and Rhubarb. I still got one of em, the other one passed away, it was older, a lot older than what they said. They said: “he’s only ten”, he was more like eighteen.

- so its important for you to have a place where you can have a pet?

Yeah, its important for me to have animals around.

- so the animals are happy?

Yeah, if they’re happy, I’m happy. It’s the only thing I really have is my animals right now. It’s the only, very few people I even trust.

- so for companionship its important?

Companionship, anything. Its hard to find anyone you can trust anymore. Everyone is after money now. All they want to do is dig for as much money as they can get. There is no satisfaction in living your life as uncluttered as you can. And having all these people jump in on it and say “oh I need this, this, and this” and “ten bucks for this, ten bucks for that” its always in multiples of ten. That’s easy to convert into drugs that way.

- so okay, just to close up; to wrap it up: do you feel at home where you live?

Right now; yes. Yes I feel, I go home, like I’m happy, I talk to the cats and I would say hi to the girls, well one is a boy. Yeah, I’m just glad that I can have a home where I can…

- what makes it a home?
The fact that I can control what goes on in my environment. How it works. And, its just nice to be able to do what you want to that’s conducive to better living and conducive to keeping your mental sanity together.

- and you’ve got that where you live now?

Yes, I do. I think I’m sane anyway.

- so its basically because you can control the space? What’s going on there?

Yes. And I don’t, I’m not controlled by a powder or substance either anymore. Well methadone, but I get it, its not a problem. It’s a problem to get off of it, which I have heard its almost next to impossible by so many people who have tried. And it really frightened me because I am thinking of stopping to use methadone. I don’t want to have narcotics in my body anymore, I’m tired of them I just want off the frigging train. I don’t want to be chained to a… I can’t go anywhere. They won’t give me ‘carries’.

- so, is there anything that we missed, that you want to add that you think is important for me to know for the study?

About the poverty or life in housing or…?

- yeah, just about quality of life or mental health related to the dwelling situation.

Yeah, the mental health is one of the biggest factors with people being homeless. People being homeless they have no hope, they have nothing, nowhere to put their feet up, nowhere to change, nowhere to dry their feet, they don’t have dry clothes, their feet are rotting. You wouldn’t believe the people’s feet down here. I look at mine and think mine are bad, but people are walking around with flip-flops on now, and its pouring rain and that’s all they have on their feet. And they have these huge holes in their feet. And one guy, Gypsy, the guy in the wheel chair, I tried to help him numerous times, I tried to set up housing for him, I worked really really hard and he’s just… it was a waste of time because a day later hes all: ‘I’m not living there, it’s a fucking hole.” “And you are living on the street instead of having a room? Okay, you’ve got problems I can’t solve.” Nor can anyone.

- what does it take, like to get someone into a home like that?

Will power. You have to have will power and you have to stop the drugs or else you won’t have a home. You have to be in control of the drugs or else the drugs control you. Which I am just becoming aware that I don’t need these drugs in my body. People would be shocked that I’m saying that even.

- so you said in homelessness, they have nothing, they are hopeless…
what do you have to spring off to have a better day when you don’t even have a place to sit down or you are able to do anything except walk and try to find somewhere to curl up in a ball.

- what comes first do you think: mental illness or homelessness?

Both, they go hand in hand unfortunately. But I think the homeless situation is probably worse.

- Its going to lead to …

Its gonna lead to mental illness. And it does, it has affected me mentally. I’ve seen other people, I can take you on the street and show you people who were absolutely amazing people ten years ago, but now they have burnt their whole brain out and they are like a fried piece of toast or bacon. They are cooked. They can’t, they won’t function like ever again. Its that bad, its really sad. And that’s due to not having an adequate place to go to do their drugs or to do their food or whatever. It’s a sad situation and its not just here that its happening. Its happening all over the world. And the garbage thing too, we are destroying our whole world. And we are doing it to ourselves. Right now there’s a current of garbage that goes, it’s the size, two times the size of texas. That’s absolutely disgusting. What sort of future do we have where we’ve got all that frigging garbage that we don’t… they were taking about how they had Hawaiian garbage and Japanese garbage and they’re talking about all the different countries where garbage comes from.

- so it sounds like you are seeing a relationship here between people that are homeless…

And mental illness. Other countries have housing, I just got lost..what was I talking about? The global scale. Some people can’t live with other people. I can live with other people, I can live with anyone. If they have respect and dignity for eachother and you don’t have much respect down here for people who… people don’t respect people who are homeless. They don’t think they deserve anything. They are treated really shitty. Anyways its hopeless now.

- what about dignity?

There’s no dignity down here. People spit on you. They look to their, as they roll by in their 2005 car that costs them 300 dollars a month. That’s my rent. They are driving my rent. And they sort of have this look on their face, its almost looking down their nose at you. It just happens so much its crazy. Yeah, it’s a global thing. The whole poverty, the housing we need, it can’t be underestimated we need the housing now, not ten years from now. They’ve got to start housing people. Doing something anyways. Even like makeshift shelters so people can sit somewhere for like ten hours or sleep for like 12 hours, have enough sleep for the day. Cuz you will start seeing things if you don’t sleep, the chemicals in your body get all messed up, your serotonin. And you start hearing, seeing and doing things you would never ever do.
okay, I think we’re done. Anything else?

No. I hope I didn’t confuse your talk.

- no not at all, I think its great what you’ve been able to share.

Right on, I’m glad I could help. Sabrina’s great, I try to help her with anything I can. She’s been down here for a long time helping a lot of people.
“Glitter” Transcription

How long have you lived where you live?

6 months.

- How would you describe you overall quality of life?

So far, so good if I didn’t have too much of my health problems, I would be just fine. Its so hard living down here. Being on your own, no family, life is hard.

- What kind of health problems would you say.

My depression, my anxiety, my heart condition, which is a problem ‘cuz I can’t work and I have to watch what I’m doing.

- What’s important to you in order to have a good quality of life?

Better surroundings, better environment, better home-life.

- What do you mean by better? Can you say more about that?

Better? Uhmm, being able to support my family, get a good job. Be able to look after myself.

- Better surroundings. What do you mean by better surroundings?

Better home life, take care of myself better, house condition wise. Right now I’m not happy with where I’m living right now. I just want change in my life. I want to change my life and take care of myself and be able to take care of my family. The surroundings where I am, its not safe. Its not safe to live in. If somebody lit a match in the kitchen it would go “poof”. And with all the mold in the walls, its not suitable for anybody. I wouldn’t even bring my children there.

- The place where you live now? So can you say more about the bad things and what are the good things?

The bad things is the shape it is in, the house is in. The good things is the rent is not being jacked up high. Like some places the rent is going up and up. Mine just stays. The rent is not being jacked up. So, that’s one good thing about it, but the rest of it is disastrous.

How does that effect your quality of life?
My health problems, its making me worse, making me sick. Making me worse than I already am. I’m trying to get better, not sicker than I am.

- So its effecting your physical and mental health?

Yes.

Can you talk about the pattern of dwelling in your life? What kind of places you lived in from adolescence to now?

I lived home all my life. I moved out when I was 25.

Whats that mean? Home?

I stayed home with my parents.

In a house?

I stayed home with my parents in a house. Yes. Until I was 25. And then I moved out to my own. Out on my own, my mom wanted me to experience, she always used to say to me: “Once you move out, everything’s gonna change. You’re on your own, you gotta do this for yourself. I’m not gonna be there to pick up the pieces if something happens.”

How old are you now?

I’m 41.

What kind of places have you lived in since then?

Oh, I moved to Calgary. I was living on the streets of Calgary, for about four years. I was homeless out there and I only got a place when I became pregnant with my son. And I was still living in the streets. I was about 7 or 8 months before I moved back home.

And what kind of place was that?

The place that I moved into was good. The people were very kind. They were helpful after the baby was born.

- So it was a room in a house or…

It was a room in a house, very good quality home. Very safe. Very warm and lots of love in the house.

What would you change now about your dwelling place to improve your quality of life?
I want to get a new place. Like move out and change. Change my whole lifestyle.

What about the physical space itself? What do you need in terms of that?

I need a bigger space, you know. I just want to have my own space and be able to do things. And not have somebody knocking on the door every five minutes asking me do I have this or that and the other thing.

Does anyone else have access to your dwelling space right now?

My room mate, she does.

So it’s a two bedroom house?

It’s a main floor of a house. And its just the two of us, but it still gets, it gets… real interrupting when I’m trying to watch something and she’s knocking on the door every five minutes: “Do you got this you got that?” And

In your bedroom you mean?

Yeah. And the bathroom, she doesn’t clean that much after herself. Its like me doing the cleaning. Keeping the bathroom clean.

So you share a bathroom with one person?

And kitchen, and kitchen.

So you said you don’t have enough space for yourself and all your belongings and stuff.

Yeah, its like I need a bigger space. My rooms not big enough. I have a lot of stuff.

Do you have everything you need in your place, like food, blankets…

I don’t have any food. I just got some blankets, some friends gave me some blankets from down here, some of the ministries, or the people the churches and stuff helped me out.

So you were short on blankets before tho?

Yes.

What about toiletries like soap, TP,

Lots of that, they gave me that as well. They’re good people, you know, you need something they are right there to help you out.
Do you feel safe in your dwelling space and your neighborhood?

No, I don’t feel safe. Because there is a lot of drugs. Drug dealers upstairs and downstairs.

Have you been assaulted before in your home?

No.

Has it been broken into?

I think someone has been in tampering with my door. Been in and out, cuz some of my things have gone missing.

Things have been stolen?

Been take out of my room, yeah, while I’m not there.

So, its been violated while you are not there, robbed maybe.

Yeah, and the only person that knows is my room mate. She what I got in there. The stuff I had in there, I showed her what I had in there, and then I came home one evening and the stuff that I showed her was gone, so she has got some way of getting in there. I think its her.

So, there is one person that you live with and you don’t trust her?

I don’t trust her anymore. Sorry but I don’t.

Is the place secure in terms of being able to pay rent or are you at risk for being evicted at all?

No. My landlord has no problem with me. I just play my music and keep to myself.

And your rent is taken care of?

Yes, the ministry pays.

You are on disability? What for?

My heart condition. My depression, I’m on medical…

So you get a monthly payment that goes directly to your landlord? You don’t see it.
No, I don’t see it.

So your health, you said it’s making you sicker. How is your health or changes in your health related to your dwelling situation?

I’m not eating, I’m not sleeping properly and there is mold, I can see mold on the walls and the ceiling.

So it’s not suitable.

It’s too cold. There is air coming in through around the windows and it’s cold.

I’ve heard a few people talking about mold in the place.

Mold. It’s ewww.

That’s not very healthy.

It grows out of the walls. It destroys your respiratory tract. I have a destroyed respiratory system now. I’ll never get better.

Why would a place have mold?

Because it’s not kept up properly. You can tell by the way the house was built. The house should have been renovated, the whole inside taken out and rebuilt. And the wiring is something else.

It’s very old?

Yes. And the landlord is not doing anything. He is a slumlord, is what they call him.

So in the past have you ever become homeless or evicted because of changes in your health, mental or physical?

I’ve never been evicted from anyplace that I have lived.

What about vice versa; has your mental or physical health been effected by changes in your housing situation?

Yeah, by moving around a lot, it’s like I can’t find a place. I want a place that’s, I want a place that I can stay in and I wouldn’t have to move all the time. Somewhere that nobody knows me. Somewhere that nobody knows me and I can start over.

How would that make things better.
Well for me is I, my business is my business and no one doesn’t know, have to know about it. I don’t have to give out everything I own like money. You know, if they are hungry, like food, money. I’m always lending money and food.

So you feel like you are being taken advantage of in the community that you live in?

Yeah, used. Yeah, especially my room mate, shes a bad one for money.

Are you able to sleep as much as you need to in your place?

No. I need at least 18 hours of sleep.

18 hours of sleep per day? How much do you get?

I probably get about five or six. Its noisy. Very noisy. The walls are paper thin, you can everything that goes on next door. No privacy, you can hear each other talk through the walls. Might as well say hi. You can hear me through the walls, that’s how it is.

Are you able to prepare food where you live?

No. The stove is not working. The fridge is disgusting.

The stove doesn’t work?

NO. And the fridge is disgusting. I’ve told everything to DERA. I am talking about that now. Everything is like, the kitchen cupboards are falling apart, its totally rotted. Totally. The doors are off, the doors are falling off. So the inside of the cupboards, what it looks like, the walls. The plaster is coming off the walls. Its disgusting.

Do you have your own washroom?

Even the bathroom is disgusting.

Are you able to bathe and change clothes regularly with the washroom facilities that you have?

I gotta really rinse that tub out in order to bathe. Its really disgusting.

So its not clean enough where you live. Are there pest infestations, like bedbugs or…

Actually there isn’t a problem with bedbugs. Mice, mice is the problem.

What do mice do?
They chew. You can hear them in walls at night scratching. My room mate got up one night and found one right here (gesturing to her chest) sleeping. On her chest. She looked down and the little things looking up at her. She jumped pretty quick. I’m complaining. Its like my last place too, mice, all night long, in running around. I caught like, I don’t know how many in traps. The landlord will provide traps, but he will not get rid of the problem.

Mouse traps, that’s about it.

It is. And I lost about 200 dollars worth of my clothing because it got all chewed up. And he won’t even reimburse me. They got into my drawers and my socks were all chewed up and destroyed,

Really, I had no idea.

Oh yeah, they chew up everything. I found a sweater of mine that I had at the house now that was all full of holes in it.

From mice.

Yep. I thought I wouldn’t have the problem, but here it is again.

What if you get a cat?

They have one downstairs, but it belongs to the neighbors, its not ours. But he does his job, he caught a few. Hes a good cat. This one is not lazy, he loved chase them. He’s a perfect mouse chaser.

Do you feel comfortable in the place you live now?

No, I don’t.

It make your illness worse you said. Can you say more about that? How does it make it worse?

I wish someone would just come over and see the place. They would be so shocked its not even funny. I hate there. I want to get out of there as soon as possible. And I want my rent given back to me, that’s what I want. I won’t even have my children come and see me, no way.

So generally speaking, uhm, having a heart condition, being depressed. How does that effect your ability to have a place and take care of it?

No problem, if I have a decent place. I’m good at keeping my house in order, but that place I just don’t wanna do anything with.
You don’t’ want to have anyone over, cook a meal…

No, I’m too embarrassed to have anybody come over.

That’s gotta effect your emotional health:

Yeah, because I’d like to have my friends over. “Hey come on over and I’ll cook you dinner or something” I can’t do that.

That’s a big part of having a place.

And I can’t have, I have a partner too, but he’s somewhere else right now, but no even when he comes, when he was living with me I was embarrassed, because when you look at our place, like he’s the one that kept it straight and organized, but still that, you know how hard to keep it clean and still kept, it wasn’t completely what we wanted, not what I wanted anyway.

Okay, I have another couple of questions here for you.

Well that’s a cute little teepee.

Oh, yeah you like that? That’s a geodesic dome, me and my friends built.

Whoa, that’s cool. You should have one written for homeless, one for homeless.

Well, that’s, we did put that on there too.

That’s one thing that makes me mad, all these buildings that are going up and they will not turn them into shelters.

Okay, so you said something about your partner, is the space suitable for intimate relationships?

It would be, if it was better kept up. Of course.

What about spiritual practices? Are those important to you?

Yeah, it is.

Is there space that will allow for that now?

No. No, but I would. You know because we are both into our beliefs.

Your spiritual beliefs? So you would have like say;

We used to do Bible studies together.
So, the place where you live now there is no way to do bible study. So you would have groups, bible study groups?

Yeah, have some friends over, and they would join us and …

- so it is unsuitable to facilitate your spiritual practice

(Nods ‘yes”).

- Okay, so is your current housing situation, is it coordinated at all with mental health services?

No, I’m also looking for a place because they havd suggested that a caregiver come in. Someone to help me twice a week. But I can’t have anybody there, its not suitable, they wouldn’t want to work there if they saw the place. They would probably be scared to even walk in the door. Its that bad.

- so you are looking for a place that would have support services linked to it somehow?

Yeah, well my doctor wants me to get the help, services because my heart, he’s worried right now.

- About the stress of the lifestyle, the life…?

Because he knows the type of person I am. Because I get real emotional and I can’t wind up with something wrong again. He doesn’t want me in the hospital again. So I have to take it easy.

- In the hospital again for…?

A heart attack. I don’t need another one. And the way things are going, I’m gonna wind up having another one.

- Because of the place where you live?

Yes.

- So, you are on meds now, and that’s not facilitate by the living arrangement.

No.

- Do you know your neighbors?
I only know the neighbors live next door to me. That’s it.

- Are you friends?

Not next door, in the neighborhood, no. I don’t know anybody in the neighborhood, nobody.

- Do you feel that you are now, or that you have been discriminated against by landlords, or neighbors because you have a mental health issue?

Oh, no, that’s private. They don’t know anything about that.

- Did you say that you had been discriminated against though?

Because I was noisy. They said I was noisy, and I’m so quiet you wouldn’t even know I was in the house.

Your room mates?

Yeah, my room mates. They said I was noisy. How can I be? I’m hardly home.

Right now they say you are noisy?

Yeah, I’m out now for the evening. I’m not even home. So… I don’t know.

- So did you ever have a landlord say, no you are not moving in or you are getting kicked out because…

No.

- Would you prefer to have room mates, or live alone?

I’d rather be on my own.

- Howcome?

I just want my own space. I don’t want people invite… I just want to be on my own. I always wanted this these last few years, but I could never do that. All I wanted was myself and a partner that was it. And get my kids back and just be a family. That’s it, that’s all I wanted.

- Oh so your goal now is to get a place together with your partner and get your kids?

I’m working on my kids right now, get them first and worry about him later.
- So that’s what you would prefer to have?

Yeah, like a family life. That’s what I want.

- A home with family…

Yeah with my kids.

- So now it isn’t really possible for you to host guests, to have guests over?

No. No way.

- What’s it like to have guests over now?

I’d be ashamed. I wouldn’t even have them over. I’ve had people that want to come over, I told them they don’t want to come and they say ‘oh, it can’t be that bad.’ Oh, yeah it is that bad. No way you are not coming in my door, no.

So its just impossible to host guests there.

I feel bad enough myself just living there. What am I doing there? That’s what I keep saying to myself. I gotta get outta there.

- Do you have pets?

No.

- Have you had pets in the past?

Nope.

- So, pet ownership has never been part of your life.

No.

- Do you feel at home where you live?

Its not a home. A home is where its just me, my kids, and that’s my home. Get my own place, that’s my home.

- Can you say more about what makes a place a home?

Having all my stuff the way I want it. You know, have the house organized the way I want it kept. And have my kids and you know that’s my home. Like I can come home from a hard days work and say; I’m home now, this is my home, I can go and relax, I don’t have to answer to anybody.
- you don’t have to answer to anybody?

I can do what I want without anybody else bugging me.

- Is there anything that you think we missed that you might want to add, that you think is important to know in this study? In terms of how QoL is related to dwelling space?

I think people should be, for me I think if they had a home, a proper environment and everything they would get better. Like I would be much better if I had a better home life.

- And so what are the essential things that you need?

A decent place to live in. You know, a place that is not going to fall down and go boom, and everything fall. I’m bound to find something fall on my head, one of these nights something is going to fall from the ceiling or something. No the guys stomping so hard up there everything shakes.

- And the place is rotten?

Yeah, one of these days its gonna be like: ‘hi neighbor’ (gesturing things falling down around her). And everything comes falling down, that’s what its gonna be like. And the highway is so close it shakes the whole house.

- So in your case… if you had a better place to live your life would be...

A whole lot better. I want to get outta there.

- And that applies to everybody?

I think that’s basically what it is. If they had a better home environment they would be much better. Even if you are sick sometimes you get better. They say the best place to get better is at home. But you can’t get better if you don’t have a decent home.
"Hockey Stick" Transcription

The purpose of this interview is to assess further your experience of quality of life in relation to the place you live, or dwell. I am interviewing people living in a variety of dwelling situations in the DTES. We are interested in whether or not the kind of place you live (whether you are homeless, in and SRO or other type of dwelling situation, affects your experience of quality of life). Most importantly; the study’s design calls for a description of how it is, for you, to live in the place where you live. Please speak only from your own experiences, focusing on your life, and not the lives of others.

How long have you lived here?

I live on the doorstep of 12 E. Hastings. And I lived there for approximately four years.

- Four years.

In between somewhere uhm, in between 2004 and 2008 I lived in an apartment at Maria Gomez.

- uh huh briefly

yeah briefly.

How would you describe your overall QoL?

Uhm my overall quality of life… is uhm from the uhm probably has reached a point where it couldn’t be described in any other way as uhm the last, the last stop for myself. Like I’ve been saying all along I can only speak from my experiences and my own true feelings. From what I seen and what I’ve known and what I understand from a lot of addicts in general in recovery in AA in treatment centers and detoxes and counselors and where I’m at right now is basically the last stop for myself. I know that I know that I’m lucky to be alive today and I’m a survivor and every day I wake up knowing that this could be my last day in this world.

- because of quality of life.

Because the quality of life that I, that I choose and uhm another point of view would be uhm a disease that isn’t by choice. The uhm disease of alcoholic addiction and drug addiction. Uhm is uhm not really by choice, but a lot to do with circumstances because if I had choice I was uhm I would uh say that I would never ever want to use again and
uhm alcohol and drugs uhm would disappear out of my life and I would never have to use another uhm fix of heroin or have another drink of alcohol ever again

- so quality of life … it couldn’t be much worse is what you’re saying?

No.. in a nutshell yeah. It couldn’t possibly be worse…. Uhm if

- what would be important for you to have a good quality of life?

To have good quality of life for me is not something that can be attained by and large if I were to win the lottery today and I had a million dollars or if I became a multi-millionaire of course uhm the quality of my life and my living standards would be a dream come true. Like you have all the uhm luxuries in life you know.

I like to live in a nice clean place. If I was to have a job or whatever you know. My quality of life is all about money you know, and that I don’t have.

**Dwelling and Quality of Life Questions:**

Does your current dwelling situation affect your QoL in any way?

Like I said I don’t have a home. Everyday is a battle just to save a little bit of what I own, from time to time.

- of what you own?

Yeah, say I make a little bit of money, by perhaps panhandling or by uhm somebody’s uhm generosity and give me ten dollars and I decide to go out and buy some food. Because I’m living outside I don’t have a refrigerator to put it away or cupboards to put it away. There’s also the chance of losing my groceries or anything of value… [inaudible]

- so those are some of the bad things about your current situation, being homeless. Are there good things about it?

I don’t’ wish, for me myself, I don’t wish my drug addiction on anybody.

- what bout your dwelling situation; being homeless…

I wouldn’t wish, uhm, its my drug addiction. It’s a direct affect.
I can’t see myself living in a doorway if I was sober, bottom line.

no I have much more potential.

and you said you wouldn’t wish that on anybody. Could you describe the pattern of dwelling since and including adolescence? What’s it been like? What kind of places have you lived in since you were a teenager?

Uhm, I don’t know. Poor, very poor upbringing you know. I had to tell you that I come from a place of poverty you know and uhm there have been money in my life since I was a teenager. My living conditions have never been, have never been that great at all.

so have you lived in apartments houses?

I lived in houses. Like I said I lived on a reserve…

what reserve did you come from?

The Burrard Indian reserve in North Vancouver and my grandpa built that house that I grew up in. And he never had a carpenter certificate or nothing, he just built it with his bare hands you know.

what was that place like?

It was a very cozy and warm place when my grandmother was still alive. There was somewhat of an orchard in the very large property surrounding my grandma’s house. The apple trees and pear trees and cherry trees they were .. I remember that they bear much fruit and the grass was always cut.

Since then what kind of places have you lived in? When did you move out of there?

Being a drug addict my life had been dysfunctional. I can’t describe it any other way. I’ve lived, for basically the last ten years of my life, I’ve lived from place to place. And I’ve depended on myself for resources and stuff. And uhm…

so basically no permanent place for the past ten years?

No, uhm just sleeping on place to place and a lot of couches and uhm a lot of doorways. Uhm and a lot of cardboard boxes and living inside a garbage bin.
- did you say a lot of cardboard boxes?

Well, not a lot of em. … and uhm.

- what would you change about your dwelling place to improve your quality of life?

Uhm, what we’re talking about now is kind of uhm, I’d be dreaming if I could change anything to improve the quality of my life right now. Given the time, and I notice that it is a part of me that still has a desire to live a better quality of life.

- what would you change?

Like I said again I would change my obsession and my compulsion to use heroin and cocaine and to drink alcohol.

- Would you like to move away or stay in this neighborhood?

Uhm, I would love to move away.

- Can you describe your living environment right now?

I am one of many street people on skid row. We represent the poorest, the lowest income per se in all of Canada, we have the lowest yearly annual income for each person.

- so you are a street person. What does that mean? You actually live on the street?

Yeah I actually live on the street and kind of struggle to survive for many years. And like I said I’m lucky to be alive. I’m lucky to be alive. Actually you know there are a lot of deaths on the downtown eastside. I don’t take life for granted. I’m not a fool. I understand that on a whim somebody close to me or an acquaintance, or somebody that I become familiar with just because we share uhm… there something else that I need to say, but I don’t have the time, its important to understand that people that there’s a good percentage of the people that are in the dates that spend a lot of time in between uhm Gore street Cambie street uhm Heather street and go to Cambie and Pender and Cordova. I’m familiar with a lot of the same faces everyday so I’m not the only one that is really familiar that has become familiar with the downtown eastside. Like I said a lot of people have come and gone. Some have been lucky enough to recover and move on. Some people that I consider friends haven’t been so lucky. They die, O.D. and diseases and whatever. Some people contract deadly diseases by their addiction alone and by the needle. H.I.V. and hepatitis a, b, and c. And like I said again… on the dtes, the quality of living here is changing. Everyday I notice that there are less and less people that live right down on Hastings; skid row. A lot of people have gone away and found recovery and stayed in recovery. And by the grace of god hopefully for the rest of their life free of alcohol and drugs.
can you describe briefly where you actually live?

**Physical surroundings**

How would you describe your physical living environment?

Probes: Does anyone else have access to your dwelling space? How many rooms does it have?

Do you have enough space? For yourself? For all your belongings?

Do you have everything you need? Such as food, clothing, a bed with blankets, toiletries, soap, etc.

- none of these questions actually apply to you because you are homeless. Can you say a little bit about what it is like to live there?

If I were to take a look at myself, if I was able to step back and I actually I’ve had some clean time too in the last few years. I’ve had 3-6 months clean and I came back downtown and I really didn’t feel part of the uhm the old crowd that I used to hang out with when I was stoned. It was like they wanted to talk to me I wanted to talk to them. I got a good feel… I got to see myself and my living standards and my overall situation and I really understood in a sober and kinda way that… I can’t really put a finger on any one feeling…. It’s a lot of regret inside my heart. I wasted a lot of life and a lot of years just uhm basically uhm being stoned out of my mind you know. Its fucked up, I’ve been either been in hot pursuit of my next fix, which is the obsession and the compulsion and nobody gonna get in the way, of me and my next fix and you can’t bug me and you can’t stop me and you certainly can’t you know, change my mind, I’m gonna get that fix, I’m gonna get that fix. I’m either in hot pursuit of my next fix or else I’m stoned out of my mind after I get that fix or I’m sleeping and then I wake up and I’m sicker than a dog and I need to have that heroin or cocaine. So that’s basically the four states of my being: being stoned out of my mind; sleeping; looking for a fix; or sick. And it’s a ongoing circle and that’s my life. Either I’m scamming chasing around the money trying to find resources to supply my habit. Or else I’m uhm

- so there’s nothing in there about dwelling per se, about keeping a home

Oh no, I don’t give a shit. No barbecues in the summertime.

- but you do dwell, per se, in the same area. Those patterns of movement take place in the same place. Same neighborhood?
I can honestly tell you that fuck, I was gonna drop. Nevermind, let’s go on to the next question.

- How’s your health related to your dwelling situation. Have you become homeless or evicted because of your…

That’s the only reason why I’m homeless. I can’t function as a normal person. My reality is upset and distorted I’m not myself. I’m not I can’t concentrate on anything other than my dope, its become a dependency, I’ve become dependent on it in my life. A healthier and a better way of living isn’t part of my makeup anymore once I’ve become dependent on my sickness, which is the drugs and the booze. There’s no way I’m becoming a successful human being by way of participating in society and being a productive human being with a job and a home and a family and friends paying my taxes and perhaps voting in the politics that are going down. If we want to bitch about our standard of living and where we live and our quality of life we certainly have to vote and at least have a good understanding of what we’re talking about you know there’s a system. You know basically there’s a lot of ins and outs and stuff, basically getting politically involved and stuff its important that the leadership in this country in this community in this municipality you know understands that there are people that do need help you know.

- So you could get into a position where you could help other people.

That would be ideal.

- Let me ask you, can I ask you about your place… do you get enough sleep where you live?

I could sleep all day and all night if I wanted to. I could basically just exist. Sometimes the only thing that forces me to get moving is uhm, I could just like I said basically exist without a problem. I’m burned so many bridges and I’ve become so …

- Where do you eat?

There’s a lot of resources on the downtown eastside. Its probably a good idea to get the nourishment and stuff. A lot of times I could care less about it…

- How often do you shower? Bathe, change into clean clothes?

Its embarrassing. You hit a really sensitive question for me, its because I haven’t fucking showered in about three weeks by now I should probably start smelling pretty ripe. And my feet are pretty rank. If I take off my shoes I would fill up this room with a pretty nasty stench. Athletes foot for sure.

- So you don’t have any place to get clean clothes?
There are showers around here. Yeah like I said I’m on social assistance and I suppose…

- are there any pests where you live in the doorway there?

Rats. There are rats there and there’s bedbugs and there’s cockroaches and there’s rats. I’ve been pretty lucky to avoid too many confrontations with the fucking rodents because I’ve been sleeping a couple times and they crawl right up on me and for some reason they like it right in the middle of my chest the breastbone they go (tap, tap, tap, tap, rapidly on the table.). the pecked on me like a woodpecker on a tree and when I woke up and I looked it was a fucking horrifying experience for both I and the rat fucking he ran the other way and I ran this way. And dammit I’m not scared of anything in this world but I have a phobia for rats, I’m terrified of them. Not as terrified as I used to be. And they are a spirit too, its not fair, our world is a fucked up place to live in nowadays you know. It’s a crazy world with a lot of crazy shit going on. Everything in this world has a purpose and its not the rats purpose to have to live on the streets like some homeless person like myself who have to pick through the garbage bins just to get a bite to eat.

- Can we talk about your emotional health? What’s your emotional life like in relation to where you live. Lets take a break.

- how is your emotional state affected by where you live?

For the most part I spend a lot of time being on guard. There’s a lot of danger in this lifestyle that I’ve chosen to live. Like I stated many times I’m lucky to be alive. It is a life or death situation in a lot of ways. And a lot of fucking people that I choose to spend time with… some people will get in a dispute over a ten dollar crack deal and somebody ends up dead. I can’t afford to feel any kind of remorse or sympathy or anything like that.

- is your illness affected by your dwelling place?

Like I said the place where I live I have no possibility, I could just lay down there and exist, and if I could I could lay down there and sleep without moving or without anybody bothering me. So like I said I have no responsibilities or bills to pay. Where I lived or where I told you I live gives me a lot of room to pursue my first love, pursue my marriage to heroin and cocaine.

- you talked about being possessed…

Let me tell you that there’s four aspects of my makeup, that make me who I am. There’s the physical me, my mental state, my emotional state, and then there’s the spiritual that makes me who I am… and uhm this is a physical disease that I have, it affects my physical it affects my mental and uhm it affects my emotional obviously it turns me cold.

And in a lot of ways this disease is a spiritual disease. And the key out of this is the greatest success out of recovery from this disease is, once an addict always an addict, but
you can put it in remission hey there have been people that have been addicted to alcohol and drugs a good forty years of their life. And have been able to quit when they are fifty and live the rest of their life drug and alcohol free and live into their nineties you know.

- how do you think your dwelling place affects that or what’s the relationship?

Like I said I’ve been fortunate to be able to sleep where I am without anybody frowning upon me. There’s no question that any answer that I give to the questions that we are talking about today is gonna satisfy the curiosity or the need to understand where the interviewee is coming from, we are here we decided to do it here about my dwelling and the best way I possibly can describe my living situation it all has to do with my addiction. And my dependency to drugs and alcohol otherwise I wouldn’t be living in a doorway. As a curiosity it is certainly something we want to question. Driving by on the streets you know people out there, a lot of time when I was younger I was always interested in mood altering substances I used to look at street people too and wonder what was going through their mind and stuff when they’re standing on the street looking so rough and tough scary looking and unkempt and very cold nothing in their eyes. They’re very unhappy and cold stare like I said scary for people to see. And out of curiosity what the fucks going on. I suppose people look at me that way too. “How does that guy sleep in that doorway.” It all has to do with my addiction. And I could see that when my mom and me were driving by in our car. There was always something to look at when we were driving through this downtown area. Mostly involved a confrontation. Everybody seems to be interested in a great big outbreak and a scrap going on. I don’t know if society today, if we ever stop to give our spirit a second thought you know. My body is gonna, I’m gonna die and my body is gonna go into the ground some day you know, that’s the darn truth, but when my body goes back into mother earth I want to stay as healthy as I possibly can. Just because of my need and for lack of a better word, my instinct to survive you know. I want to live. I don’t want to die. That’s a shitty idea. But perhaps if I was closer to god I always thought dieing would be painless. I certainly … jesus Christ.. any day of the year. I love god. It’s the first thing I do with my life. My life depends on Jesus Christ today. I wouldn’t be alive today, in the true meaning of alive and the true meaning of death are in any capacity a spiritual challenge for everyone to see that. Life and death are my spirit going to heaven and eternal life. Death is not, [inaudible]

WE are the living. Our lord Jesus Christ will come to judge the living and the dead. And the dead are the people that have died and gone to hell. Like I said the spirit will live forever no matter which way you can design your faith, because faith has everything to do with whether we go to heaven or go to hell when we die.

- lets get through these last few questions

Is there any coordination between where you live and services.

Like I said the needle exchange. And if my behaviour ever got, that I was no longer making any sound decisions in my life in the way I carry myself there would be... even
the police.. I’m on a first name basis with the police now. The public in general are kept by way, by the way I carry myself and behave. So it’s important to me that I behave a certain way that doesn’t affect anyone in a negative way or make them uncomfortable I am welcome to stay in the doorway. Otherwise I could go be an asshole somewhere else, be a freak somewhere else. A part of me just wants to be left alone. [inaudible]

- do you feel at home where you live?

Yes.

- you do, what makes it feel like you are at home. What makes it home to you?

Basically, like I said, I guess it’s the way I carry myself, I try to respect people to the best of my ability.

- so you are in a community where there is a familiarity with other people.

Exactly.

- that’s what makes it a home?

Yeah, you know. It has become home by way of yeah people are used to seeing me in the doorway now.

- so there is a social familiarity with the place and that makes it your home?

Yeah, they even call it “[X]’s place” sometimes.

- is there anything else that we missed or you want to add that you think we need to know?

I definitely want to say this has become a pretty big issue that it has affected me it has driven into me… I don’t need to crusade through the streets and bitch, bitch, bitch, its my responsibility and there are resources.

- what’s your responsibility?

Just to be the best person I can possibly be and you know on good behavior, keep peace. That’s it.

- what is the relationship between homelessness or having a home and say emotional health or mental health or health in general.. What do you think?

Basically I’m not always gonna be homeless, I’m gonna stay in a hotel room and I’m sure my self esteem and my state of being will improve not just on a mental level, but on an emotional level too. I’ll probably be a bit more satisfied. I need a place with a shower, a
home base where I can sleep properly without getting kicked around and stepped on and waking up every ten minutes to a screaming siren and people being murdered…

End
The purpose of this interview is to assess further your experience of quality of life in relation to the place you live, or dwell. I am interviewing people living in a variety of dwelling situations in the DTES. We are interested in whether or not the kind of place you live (whether you are homeless, in and SRO or other type of dwelling situation, affects your experience of quality of life). Most importantly; the study’s design calls for a description of how it is, for you, to live in the place where you live. Please speak only from your own experiences, focusing on your life, and not the lives of others.

How long have you lived here?

I live on the doorstep of 12 E. Hastings. And I lived there for approximately four years.

- Four years.

In between somewhere uhm, in between 2004 and 2008 I lived in an apartment at Maria Gomez.

- uh huh briefly

yeah briefly.

How would you describe your overall QoL?

Uhm my overall quality of life… is uhm from the uhm probably has reached a point where it couldn’t be described in any other way as uhm the last, the last stop for myself. Like I’ve been saying all along I can only speak from my experiences and my own true feelings. From what I seen and what I’ve known and what I understand from a lot of addicts in general in recovery in AA in treatment centers and detoxes and counselors and where I’m at right now is basically the last stop for myself. I know that I know that I’m lucky to be alive today and I’m a survivor and every day I wake up knowing that this could be my last day in this world.

- because of quality of life.

Because the quality of life that I, that I choose and uhm another point of view would be uhm a disease that isn’t by choice. The uhm disease of alcoholic addiction and drug addiction. Uhm is uhm not really by choice, but a lot to do with circumstances because if I had choice I was uhm I would uhm say that I would never ever want to use again and uhm alcohol and drugs uhm would disappear out of my life and I would never have to use another uhm fix of heroin or have another drink of alcohol ever again
- so quality of life … it couldn’t be much worse is what you’re saying?

No.. in a nutshell yeah. It couldn’t possibly be worse…. Uhm if

- what would be important for you to have a good quality of life?

To have good quality of life for me is not something that can be attained by and large if I were to win the lottery today and I had a million dollars or if I became a multi-millionaire of course uhm the quality of my life and my living standards would be a dream come true. Like you have all the uhm luxuries in life you know.

I like to live in a nice clean place. If I was to have a job or whatever you know. My quality of life is all about money you know, and that I don’t have.

**Dwelling and Quality of Life Questions:**

Does your current dwelling situation affect your QoL in any way?

Like I said I don’t have a home. Everyday is a battle just to save a little bit of what I own, from time to time.

- of what you own?

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- so those are some of the bad things about your current situation, being homeless. Are there good things about it?

I don’t’ wish, for me myself, I don’t wish my drug addiction on anybody.

- what bout your dwelling situation; being homeless…

I wouldn’t wish, uhm, its my drug addiction. It’s a direct affect.

- direct cause of that you think?
I can’t see myself living in a doorway if I was sober, bottom line.

- bottom line you wouldn’t see yourself livin gin a doorway if you were sober

no I have much more potential.

- and you said you wouldn’t wish that on anybody. Could you describe the patter of dwelling since and including adolescence? What’s it been like? What kind of places have you lived in since you were a teenager?

Uhm, I don’t know. Poor, very poor upbringing you know. I had to tell you that I come from a place of poverty you know and uhm there have been money in my life since I was a teenager. My living conditions have never been, have never been that great at all.

- so have you lived in apartments houses?

I lived in houses. Like I said I lived on a reserve…

- what reserve did you come from?

The Burrard Indian reserve in North Vancouver and my grandpa built that house that I grew up in. And he never had a carpenter certificate or nothing, he just built it with his bare hands you know.

- what was that place like?

It was a very cozy and warm place when my grandmother was still alive. There was somewhat of an orchard in the very large property surrounding my grandma’s house. The apple trees and pear trees and cherry trees they were .. I remember that they bear much fruit and the grass was always cut.

- Since then what kind of places have you lived in? When did you move out of there?

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- so basically no permanent place for the past ten years?

No, uhm just sleeping on place to place and a lot of couches and uhm a lot of doorways. Uhm and a lot of cardboard boxes and living inside a garbage bin.

- did you say a lot of cardboard boxes?
Well, not a lot of em. … and uhm.

- what would you change about your dwelling place to improve your quality of life?

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- Can you describe your living environment right now?

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Yeah I actually live on the street and kind of struggle to survive for many years. And like I said I’m lucky to be alive. I’m lucky to be alive. Actually you know there are a lot of deaths on the downtown eastside. I don’t take life for granted. I’m not a fool. I understand that on a whim somebody close to me or an acquaintance, or somebody that I become familiar with just because we share uhm… there something else that I need to say, but I don’t have the time, its important to understand that people that there’s a good percentage of the people that are in the dates that spend a lot of time in between uhm Gore street Cambie street uhm Heather street and go to Cambie and Pender and Cordova. I’m familiar with a lot of the same faces everyday so I’m not the only one that is really familiar that has become familiar with the downtown eastside. Like I said a lot of people have come and gone. Some have been lucky enough to recover and move on. Some people contract deadly diseases by their addiction alone and by the needle. H.I.V. and hepatitis a, b, and c. And like I said again… on the dates, the quality of living here is changing. Everyday I notice that there are less and less people that live right down on Hastings; skid row. A lot of people have gone away and found recovery and stayed in recovery. And by the grace of god hopefully for the rest of their life free of alcohol and drugs.

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I can honestly tell you that fuck, I was gonna drop. Nevermind, lets go on to the next question.
- hows your health related to your dwelling situation. Have you become homeless or evicted because of your…

That’s the only reason why I’m homeless. I can’t function as a normal person. My reality is fucked up and distorted I’m not myself. I’m not I can’t concentrate on anything other than my dope, its become a dependency, I’ve become dependent on it in my life. A healthier and a better way of living isn’t part of my makeup anymore once I’ve become dependent on my sickness, which is the drugs and the booze. There’s no way I’m becoming a successful human being by way of participating in society and being a productive human being with a job and a home and a family and friends paying my taxes and perhaps voting in the politics that are going down. If we want to bitch about our standard of living and where we live and our quality of life we certainly have to vote and at least have a good understanding of what we’re talking about you know there’s a system. You know basically there’s a lot of ins and outs and stuff, basically getting politically involved and stuff its important that the leadership in this country in this community in this municipality you know understands that there are people that do need help you know:

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- is your illness affected by your dwelling place?

Like I said the place where I live I have no possibility, I could just lay down there and exist, and if I could I could lay down there and sleep without moving or without anybody bothering me. So like I said I have no responsibilities or bills to pay. Where I lived or where I told you I live gives me a lot of room to pursue my first love, pursue my marriage to heroin and cocaine.

- you talked about being possessed…

Let me tell you that there’s four aspects of my makeup, that make me who I am. There’s the physical me, my mental state, my emotional state, and then there’s the spiritual that makes me who I am… and uhm this is a physical disease that I have, it affects my physical it affects my mental and uhm it affects my emotional obviously it turns me cold.

And in a lot of ways this disease is a spiritual disease. And the key out of this is the greatest success out of recovery from this disease is, once an addict always an addict, but you can put it in remission hey there have been people that have been addicted to alcohol and drugs a good forty years of their life. And have been able to quit when they are fifty and live the rest of their life drug and alcohol free and live into their nineties you know.
- how do you think your dwelling place affects that or what’s the relationship?

Like I said I’ve been fortunate to be able to sleep where I am without anybody frowning upon me. There’s no question that any answer that I give to the questions that we are talking about today is gonna satisfy the curiosity or the need to understand where the interviewee is coming from, we are here we decided to do it here about my dwelling and the best way I possibly can describe my living situation it all has to do with my addiction. And my dependency to drugs and alcohol otherwise I wouldn’t be living in a doorway. As a curiosity it is certainly something we want to question. Driving by on the streets you know people out there, a lot of time when I was younger I was always interested in mood altering substances I used to look at street people too and wonder what was going through their mind and stuff when they’re standing on the street looking so rough and tough scary looking and unkempt and very cold nothing in their eyes. They’re very unhappy and cold stare like I said scary for people to see. And out of curiosity what the fucks going on. I suppose people look at me that way too. “How does that guy sleep in that doorway.” It all has to do with my addiction. And I could see that when my mom and me were driving by in our car. There was always something to look at when we were driving through this downtown area. Mostly involved a confrontation. Everybody seems to be interested in a great big outbreak and a scrap going on. I don’t know if society today, if we ever stop to give our spirit a second thought you know. My body is gonna, I’m gonna die and my body is gonna go into the ground some day you know, that’s the darn truth, but when my body goes back into mother earth I want to stay as healthy as I possibly can. Just because of my need and for lack of a better word, my instinct to survive you know. I want to live. I don’t want to die. That’s a shitty idea. But perhaps if I was closer to god I always thought dieing would be painless. I certainly … jesus Christ.. any day of the year. I love god. It’s the first thing I do with my life. My life depends on Jesus Christ today. I wouldn’t be alive today, in the true meaning of alive and the true meaning of death are in any capacity a spiritual challenge for everyone to see that. Life and death are my spirit going to heaven and eternal life. Death is not, [inaudible]

WE are the living. Our lord Jesus Christ will come to judge the living and the dead. And the dead are the people that have died and gone to hell. Like I said the spirit will live forever no matter which way you can design your faith, because faith has everything to do with whether we go to heaven or go to hell when we die.

- lets get through these last few questions

Is there any coordination between where you live and services.

Like I said the needle exchange. And if my behaviour ever got, that I was no longer making any sound decisions in my life in the way I carry myself there would be… even the police.. I’m on a first name basis with the police now. The public in general are kept by way, by the way I carry myself and behave. So it’s important to me that I behave a certain way that doesn’t affect anyone in a negative way or make them uncomfortable I
am welcome to stay in the doorway. Otherwise I could go be an asshole somewhere else, be a freak somewhere else. A part of me just wants to be left alone. [inaudible]

- do you feel at home where you live?

Yes.

- you do, what makes it feel like you are at home. What makes it home to you?

Basically, like I said, I guess it’s the way I carry myself, I try to respect people to the best of my ability.

- so you are in a community where there is a familiarity with other people.

Exactly.

- that’s what makes it a home?

Yeah, you know. It has become home by way of yeah people are used to seeing me in the doorway now.

- so there is a social familiarity with the place and that makes it your home?

Yeah, they even call it “Nathan’s place” sometimes.

- is there anything else that we missed or you want to add that you think we need to know?

I definitely want to say this has become a pretty big issue that it has affected me it has driven into me… I don’t need to crusade through the streets and bitch, bitch, bitch, its my responsibility and there are resources.

- what’s your responsibility?

Just to be the best person I can possibly be and you know on good behavior, keep peace. That’s it.

- what is the relationship between homelessness or having a home and say emotional health or mental health or health in general.. What do you think?

Basically I’m not always gonna be homeless, I’m gonna stay in a hotel room and I’m sure my self esteem and my state of being will improve not just on a mental level, but on an emotional level too. I’ll probably be a bit more satisfied. I need a place with a shower, a home base where I can sleep properly without getting kicked around and stepped on and waking up every ten minutes to a screaming siren and people being murdered…
End
“Nice Girl” Transcription

The purpose of this interview is to assess further your experience of quality of life in relation to the place you live, or dwell. I am interviewing people living in a variety of dwelling situations in the DTES. We are interested in whether or not the kind of place you live (whether you are homeless, in and SRO or other type of dwelling situation, affects your experience of quality of life). Most importantly; the study’s design calls for a description of how it is, for you, to live in the place where you live. Please speak only from your own experiences, focusing on your life, and not the lives of others.

How long have you lived here?

“I’ve lived downtown eastside for three years”

And your current place, less than two weeks?

“Yes”

How would you describe your overall QoL?

“Uhh, I’d say its poor, I would say”

What’s important to you to in order for you to have good QoL?

“Safety, like a home that’s safe uhh, form violence. And that there is suppot for me, like an outreach of some kind. Having a homeless shelter nearby helps.”

- Having a homeless shelter nearby helps?

“Well, a woman’s centre”

- Oh having a woman’s shelter. ‘… because it offers counseling, it offers outreach, it offers food, clothing, those types of things, that you know our daily issues. I guess the area that I live is important too. So I have other things like the food bank readily available. Harbor lights, also they provide lunch. So the area I live is satisfactory.”

- So your current dwelling situation; how does that affect your quality of life?

“It affects my quality of life in a big way. Cuz uh, you know I have to eat. That’s the basic need of ours, our basic needs right?
- yeah, so your talking basic needs: safety, food…

“yeah, yeah…shelter, yeah.”

- What are the bad things about this dwelling situation in terms of your QoL?

“uh, you know, I don’t have a lot of money to provide, you know, the sweeter things in life like furniture. I’m starting all over again so I’m gonna need help in some way. Other than an inheritance I have coming I don’t have any family, I’m pretty much alone. And I’m on minimum human resources so it doesn’t leave very much extra, I think I survive on 200 bucks a month so… for my needs. Yeah, so I find it, financially its tough for a single woman right now.”

- Since adolescence how would you describe the pattern of dwelling in your life? Since and including adolescence?

Time marker: 3:59

“okay, uhh, pretty much my mom was a single parent and she was at work during the day. We lived in a, my mum bought a house, it was in an old dwelling, my mother owned a duplex we lived in. So in highschool… we were in upper middle class, in a cul-de-sac you know, white picket fence.”

- okay, so kind of suburban…

“Coquitlam.”

- okay, since then? What kind of dwelling situations have characterized your life since then?

“Pretty much apartments, rentals…”

- like one bedroom…

“Shelters, I rented a house in Kamloops for several years, but I had a room mate as well so.

- uh huh.

“I had a pretty good life in Kamloops, there’s less violence and less drug addiction.”

- uh huh
“that’s visible in any area…. Yeah, so it just seems like the last couple of years that my life has changed… lets say for the worse. With living arrangements.”

-uh huh

“But I’m trying to make it better. Hopefully this new start with DERA helping me, this building will help me, will add to my life.”

- you are hopefully moving in the right direction and will improve.

“Yeah, the quality”

- your quality of life will improve.

“yeah”

- What would you change about your dwelling place to improve your QoL? You said that you would like to have furniture…

“yeah furniture, some food, yeah hahahaha. Right now I could say I am struggling right now. So, maybe more outreach programs where they could reach, come to me, they reach me seeing as how I’m probably not… its really hard for me to ask help, maybe a group or a group of individuals that find out how I’m doing instead of me having to reach out, them coming to me.

- okay

“yeah, that would help me. Yeah, I don’t know if there’s a group of people that do that or… I know mental health has health workers, mental health workers but I don’t know if… I’ve never been involved with mental health so I don’t know.. I was thinking of checking it out to see if there have any more services that…”

- so it sounds like one of the things you might change is to engage, is to be engaged in mental health services.

“ yeah maybe, yeah take a look at that.”

- Counselling, psychotherapy…
“Yeah, counseling.”

- In terms of recovery? Recovery from drug addiction?

“Yeah because it’s not so much that I use, but I’m recovering from the effects. And it’s not only in my life, but in my dysfunctional upbringing. My core family.”

- So you feel like there’s some work to do…you just need the resources to do the work.

“Yeah, and even my children…. what would you call it… I’m disengaged with them, I have no contact with my own children.”

- Oh you have kids too.

“Yeah and I tend to go into a depression, in the last little while not knowing where they are and not knowing what they’re doing, it weighs a lot on my mind and I think that has a lot to do with my depression, when I go into a depression. I tend not to eat, not to take care of myself, you know what I mean?”

- Yeah

“It’s hard for me to get up and face the day some days, just to come down here actually.”

-just to come downstairs, depressive

“coping, the coping skills.”

- Would you like to move away or stay in this neighborhood?

“I’d like to stay in this neighborhood for a little while anyways. I can’t see any housing that would be better than this right now. Maybe in a different area eventually through B.C. Housing, maybe I could get a different building somewhere else.”

- Yeah?

“Yeah, that would be good.”

Physical surroundings

- Could you describe your physical living environment?
“Oh it’s a one bedroom and its got a fairly large living room and I have a little kitchenette and I have my own bathroom and its clean, high ceilings, there’s windows fresh air, its clean hallways... its not like the Wonderworks. Waterworks was an old dingy building, there was cockroaches and bedbugs...”

-Where you had lived before?

“... and rats, yeah. So, and the people living in the building, I didn’t know what their issues were, if they are just released from... you know I don’t know... there’s a lot of mental health patients in the SRO’s.

- yeah, sure

“and I don’t know if they are schizophrenic or dangerous or... you know.”

- so you don’t feel safe because you can’t predict what kind of behavior...

“... yeah, but here I feel like there’s more of a, I guess, a watchdog, or I don’t know why, I just feel safer here. Maybe because DERA is right next door.”

- Do you have enough space for yourself? Do you share?

“Yeah I share with my friend ___, he’s got HIV so, I tend to be his hard rock, we live together and we make the best out of each day right?

-Yeah

“yeah, when one is down the other one is up, so yeah.”

-Do you have everything you need? Such as food, clothing, a bed with blankets, toiletries, soap, etc.

“yeah we have the basics, but like I say we’re just getting back on our feet again, so we do need some furniture. And a little more food would help, hahahaha. Yeah, but we are gonna go to the food bank today so...

Security

- So your current place is safe.

“oh yes, its safe definitely, and clean.”

- What about the neighborhood?
“The neighborhoods not as safe, no. So that’s why I stay in a lot, so I don’t know too many people to visit, so I stay home a lot because of that, I stay indoors. I go to my doctor’s and I come home, the only time I go is when I have something that I need to get done… I go get my methadone and I come home.”

- Have you been assaulted in the neighborhood before?

“Oh yeah, I’ve been assaulted in my past hotel, I was assaulted, I was stabbed.”

- Stabbed and robbed?

“Yeah I was, at the Stanley hotel.”

- you were at the Stanley?

“Yeah I was stabbed in the leg there by another tenant. A couple of the drug dealers that tried to take my room over, but… so I ended up leaving there quietly because I just didn’t want the hassle. And I knew they wouldn’t go away, so I ended up moving to the Lucky Lodge, so from the Lucky Lodge I moved to the Wonder Rooms and now I’m here so…

- And you were homeless briefly?

“Yeah, for brief periods I was homeless in-between finding a place to stay, I would go to like Powell Place the Women’s shelter there, yeah, they provide a safe environment for me. That’s where I tend to go when I’m homeless. But then you can only stay certain amounts of time now, like every three months you gotta be gone for a six month period of time I guess cuz they found people were taking advantage of the shelters. And they saw that it wasn’t helping. But then there’s more homelessness and then the Lifeskills has that nightly shelter for women, up at Oppenheimer there – the lifeskills centre, which is for mostly street women.”

- oh yeah

“Yeah, like some ladies of the night, yeah, lower bottom drinking drugs, and I guess people I don’t know of all ages, all colors.”

- Do you utilize services there?

“At Lifeskills? No actually.”

- So, at your place now… has it been broken into? Anything stolen? Or otherwise violated?

“No.”
- Is your home secure? Are you able to pay rent etc without any problems? Are you at risk for eviction?

“no, not yet anyways.”

- Okay, so lets talk about your physical health in relation to your living situation. How has your health, or changes in your health related to your dwelling situation?

“I guess its too soon to really say. I’ve only been here, like I say, a week in my room, in my apartment. So two weeks I spent downstairs in the smoker’s pit in DERA. So, I made do with camping out basically. So its too soon to really tell you know, I mean I feel okay, but I’m a little on the depressed side, only because it’s a bare [place]… you know, I have a bed for furniture and that’s it right now, I mean I’m homeless, I went from homeless to …

- having a home

“Yeah, I have to get everything. I have to…”

- has your dwelling situation affected your physical health?

I can’t really say, its been a week…

- In the past.

In the past, yeah.

- how so

I’m pretty, I rebound tho, health… physically, I’m pretty strong that way. I don’t show on my physical side for a very long time that I am hurting. Because I uh, I don’t know what it is… my metabolism. I just have a good front I guess you could say. Hahaha. Coping skills.

- Are you able to get as much rest and sleep as…

Yeah, I sleep, I tend to sleep too much.

- right we talked about that… [referring to screening interview]

-Are you able to prepare and eat food in your home?
Well, yeah, yeah we do have a kitchen. Its just we are lacking food, like I said we’re going to the food bank, so I gotta do that today as well.

- okay so, so

After I leave here I’m going to the foodbank.

- hows your, ok the physical part is fine.

Its fine.

-what about the emotional part

emotional  like I said I’m a little down.

- you’re a little down and that’s related to your dwelling situation…

Well its related to my whole life situation, my father just died, he died seven years ago I just found out, he might as well have just died. So I’m in a depression over the loss of my father, he was a big role and a big part of my life for many years. So yeah, I’m feeling a little depressed I don’t wanna start crying or anything so.. [inaudible]

- uh huh, uh huh, sounds difficult…

Maybe the next uhmm, appointment will be better [referring to the next research interview]

- its okay, its okay,… uhmmm is your mental health affected by your dwelling place

Well of course everything is, all of it is affected, you know every area of course it affects…but like I said being here has been a breath of fresh air. It’s a positive.

- so its made your emotional health, your mental health better…

Yes, yes. Safer yes, I feel safer anyways. Yeah, theres no boogeyman here hahaha. The staff are nice, whereas at my last place the landlord was really nasty.

- uh huh

So I went through the, the whole uh arbitration.

- that’s right

when I didn’t think it would ever end. But uh, apparently we’re taking him to civil court over the matter. Because yeah it did have a big effect on emotional and my physical well-
being, and my mental issues. In the Wonder rooms I had been there two years and I was hanging on to a my housing and it was it was it wasn’t a good atmosphere, it was unhealthy. Even though, but it was roof over my head.

- so it made you sad or

yeah, I was upset because I wanted to make it my home and it seemed yet again it never worked out so… To me having a home is everything you know. At least its that safety where I can go that no one can tell me, you know, you have to leave or you have to go to sleep or you know.. hahaha I’m my own boss right? So no one can tell me what to do or where to go.

- so you have freedom and dignity

Yeah, freedom and dignity thank you.

- and so trying to establish that and not being able to was frustrating?

Yes it was very frustrating. It was wearing me down actually.

- It was wearing you down…. Emotionally, physically…?

Every way, in every way, in every way.

- so it made you sad… anxious…?

I ended up on the street, yeah I was crying all the time yeah. So I felt hopeless, I felt helpless that I was gonna stay on the streets forever

- cuz you couldn’t establish a home, a home…

yeah a home which is very important. Everyones gotta have a home. You know. If you don’t have that you don’t have nothing. You’re nobody.

- Hopelessness

Oh yeah, its one thing not to have a phone number but to not have an address is somtheing else, ahahaha. You know at least they could send me mail or come to visit me or you know. I was someone.

- you could have guests over.

Yeah. Exactly, yeah.

- Uh
Social support

How, if at all, is your housing situation coordinated with mental/physical health services?

Well its, it isn’t but it is. They’re at hand if I need them.

- they’re ready at hand…

Yeah, yeah, because DERA’s right next door. If I had a problem with anything the resources are right there. I’m right beside the help, hahahaha…

- so it doesn’t have to be coordinated because it’s close.

Exactly. And the women’s centre is close by so…

- so there is nothing associated with it like social workers, case workers…

- Are you on meds?

Just methadone.

- that’s not facilitated by your living situation.

No, that’s at the pharmacy.

- Do you know your neighbors in the current place?

NO I don’t I just moved in so… I know a couple of them to say hi… I want to stick to myself because I don’t want a whole bunch of trouble. In the past I put myself out there too much and I was too friendly. So I’m gonna take my time in getting to know others in the building.

- Its difficult to trust…

Well yeah, once again, yeah I have to take time. Its smart to take some time instead of putting myself out there… you know opening my home to people I don’t know that’s been my problem. That’s why I ended up homeless… losing my place. Quit bringing the wrong people over. And my judgment of character hasn’t been the greatest. Naïve I guess you could say. I guess I just wanna believe in the best, I just don’t think people would lie to me or would need to lie to me when they first get to know me. But there are people who do lie I realize that now. Pradators I guess you would say.
- so some of the people that I’ve interviewed down here say that you are a mark, that everybody’s a mark…

Yeah, basically yeah, everybody’s a mark yeah, yeah.

- everybody’s a mark in this neighborhood. If you’ve got your shit together to any degree you’re a mark…

exactly, yeah

- like one person said “I’m not shitting myself so I’m a target” So if you’re somewhat together you’re you’re a target. Yeah so you pretend you aren’t even when you are. Like even if you have your shit together you pretend you have nothing and that you are nothing cuz then people will leave you alone right? What are they gonna want from me if I have nothing right? If I say I’m broke… you know… you know I like saying that I have rules I can’t bring people into my home. People that are hard to say no to I just tell them I can’t have company. Or there’s a ten dollar cover charge, hahaha I tell them right?

- okay, sorry I’m getting a little sidetracked. So you are on methadone, methadone maintenance … have you been discriminated against because of that? By landlords or neighbors?

No, but my last landlord was a pharmacy owner and he tried to force me to go to his pharmacy to get my methadone. And that’s why I got kicked out of the dwelling place because I wouldn’t go to his pharmacy.

- really?

Really. That is

- that is discrimination, but not the kind I would expect.

Yeah, so he was, yeah. _______ from the downtown pharmacy…

- so it’s a pharmacy owner who is also a landlord.

Yeah and who is taking advantage of people, marginalized people with mental health issues and health issues. Yeah so even in the care, or in the field you get taken advantage of by professionals. So of course its hard to trust.

- I appreciate your willingness to engage in this study because you have no reason to trust me.

Well Sabrina says you’re okay so… you’re okay. Hahaha
- Do you prefer to have room mates or live by yourself?

I prefer to have room mates. I have a room mate, because it helps it does. Because then I would be all alone and more prone to going into myself and maybe not come out you know. Like go into such a depression that you know, someone would have to find me starving to death you know. Wasting away like I’m sure a lot of people do down here.

- Really because they live alone…

Because they live alone, yeah, I could see that happening. Or overdose or whatever. Yeah, taking all their meds because they are thinking people don’t care. But they do, luckily I haven’t lost site of that. And plus having that inheritance is gonna help me a little too its that light at the end of the tunnel thank god my father thought of me. Yeah he had a little bit in his pension plan. So I’m just waiting on papers because apparently there are taxes that are involved so I’m just waiting on, his union sent me a package with some forms to sign. It will probably be 6-8 weeks before I get any funds but at least to know that its there so I can get some furniture and I’m gonna just pack my refrigerator you know and my cupboards you know because I get depressed If I open my refrigerator and there’s you know an orange and apple and some juice maybe. You know some ice cubes: wooo! Hahahaha Or a box of Kraft Dinner you know.

- And also just eating well it helps your energy..

Yeah and your mind. I’d go crazy if I didn’t eat. At least I have food to eat you know. So that’s important. Nutrition is a big thing. And having good health officials, like my doctor. I have to go on my, you know I have to do my random urinals. So today I have to go pee.

- What for?

Just so he maintains I’m not taking any heroin still. So he tests me occasionally. You know so I’m not taking advantage of the program.

- oh right, so they don’t want you using heroin and taking methadone.

Yeah.

- In your place is is possible to have guests over?

Oh yes it is. I have my own intercom and I have my own card and nobody stops me. I have the freedom yes. I have the choice and I didn’t have that choice before in the hotels that I stayed at. There was a fee at some of them to have a guest.

- like the ten dollar cover.
Yeah, and then there was hours, strict hours, you know visiting hours. So I felt like a child you know. Form ten in the morning til eight pm I was allowed guests. At eight o’clock there would be a knock on the door saying your guest will have to leave. There’s no overnight guests so a family member or even a friend in need say someone is homeless. Couldn’t even do that without the fear of them saying hey we’re gonna call the police. Yeah, so the use of that is too much too, there’s always the threat of the police that’s what they were using.

- What about pets?

Pets are not allowed, but I can see why. There’s enough bugs and bug problems and there’s not space really. I mean maybe for a cat.

- Would you like to have a pet?

I wouldn’t mind having a cat I suppose, a choice of having a cat. But I’m really not a cat person, I want a dog and I don’t believe in keeping a dog in an apartment. It’s not fair. Even if you went out and exercised the dog still I don’t think it’s fair a dog needs room to run. Yeah, the city isn’t a place. I see a lot of dogs. I don’t know what people do with their dogs when they go to work. They just must leave the dog at home. So I couldn’t do that to an animal.

- Do you feel at home where you live?

Yeah yes I do.

- What makes it feel like home? What makes the place where you live a home?

Just smiling faces you know, like a doorman. It helps seeing the doorman always welcoming me and having my roommate home.

- So consistency…

Consistency, yeah. Familiar safe faces, some of the tenants that I’ve got to know. We have a tv room. So yea.

- People that you see regularly, having a roommate, and being able to come and go as you please…and so forth. Is there anything that we missed? Is there anything that you’d like to add that you feel is important?

Just uhm, I thought maybe you know more of a welcoming committee when you first come, when you are a new tenant I suppose. Yeah like, I don’t know they usually have them in small towns. You know what I mean; the welcome wagon. Something like that. More of a health welcome wagon, a health nurse or something. Just to make sure that you aren’t alone or that you aren’t suffering from depression undiagnosed. Or that you
are not a harm to yourself or maybe others in the building. Because you are in downtown right? Eastside so you are prone to have some illnesses right, some more than others.

- there's a good chance

Well addictions for sure, drug addictions, whether it's in recovery or not.

End

Are there support services related to your living situation? (such as caseworkers, onsite nurses, social workers, psychiatric consultation etc).

Do your basic needs include medication management? Is that facilitated by your living arrangement?

Have you been hospitalized, or used the ER, since you have lived here? How is hospital utilization affected by your living situation?

Do you know your neighbors? Are you friends? Do you trust them? Do you share any common areas or space with others?

Do you feel you are, or have been in the past, discriminated against by landlords or neighbors because you have a mental illness or because you are a hard drug user?

Would you prefer to have roommates or live individually?

Is it possible for you to host guests? How is it to have guests over?

Is pet ownership part of your life, now or on the past? How so?

**Closure**

Do you feel “at-home” here? What does, or does not, make the place you live a home?

Is there anything we missed? Is there anything you would like to add that you feel is important for us to know?
“Phillip” Transcription

- So this portion will be recorded.

So this is the audio here?

- Yeah.

Wow. It looks like blood work.

- Its software for musicians, it came with the laptop.

So if you had a band you could… is that what its for?

- Yeah, its like a four-track.

Oh, yeah, is this the same readout? In other words you could sample this into your music..

- Yeah, I could do that..

Well remember to do that then. Woot woot, discarnate the soul, electric, autonomous. Woot woot.

The purpose of this interview is to assess further your experience of quality of life in relation to the place you live, or dwell. I am interviewing people living in a variety of dwelling situations in the DTES. We are interested in whether or not the kind of place you live (whether you are homeless, in and SRO or other type of dwelling situation, affects your experience of quality of life). Most importantly; the study’s design calls for a description of how it is, for you, to live in the place where you live. Please speak only from your own experiences, focusing on your life, and not the lives of others.

- How would you describe your overall QoL?

Not the best, if I can say that. Would you like for me to use ‘poor’ or ‘moderate’?

- No, just the way you would describe it.

Okay. Pressurized. Under the thumb.

- Whats important for you to have a good QoL.
I think space is the most important thing for anyone, no matter where you are. Like to have a sense of space or be offered a space. You know like a good host is gonna invite you in and put you in a spot where there is space and make sure you feel comfortable wherever it is. So you just have your own space, and I think there are aspects to space, like not just physical space, psychic space so I’m interested in the idea like they say in quantum physics that any phenomenon is changed simply by the fact that there is an observer. Which suggests that you can’t get any objective results about any phenomena if there’s no place new under the sun right? You go for a walk with your girlfriend, or your’re with your friend out in the wilderness and that sense of space is freeing up, but to think that there is a pervert or CIA somewhere behind a tree checking you out to see how you behave under certain conditions and there’s artificial stimulus placed along the river for when you go for a walk to see how you are going to react to these things would make you feel spooked out if you thought that or maybe observed that it could be that, probably could be that way. So these are issues that concern me relative to what’s going on with computer government and not so much documentation for everything which are always required to go to a trial and stuff like that. Now that there’s more shredding and stuff like that, mobile shredding trucks going around shredding legal documents I have uh strong concerns about things like human rights or how they can be trespass violated or changed in process.

- So those things are important to you regarding QoL?

Yeah that’s what I see all these things concerning issues regarding space, as that relates to human rights meaning surveillance technologies and things.

- Does your current dwelling situation affect your QoL?

Physically it’s a step up, so I was grateful for that you know I got my own washroom and stove and facilities are all new. I’m grateful for that, but there’s been a few indications that I’ve been dogged by these problems for a couple years where I felt, I got a lot of good clues, and observations without trying to read into it, not always when I was on drugs because I had been spooked and sort of paranoid about these issues right, and some of them may have got too big because of my involvement in them, you got hypersensitive, hyper suggestable relative to substance use, but then even when I’m not using substances I can see patterns and also hear the stories of other people. So I’m not an expert, I’m a generalist in that way and I do make connections and I,… One good thing about being pressurized is the feeling that your space is cut off. Start being cut off deliberately in some ways, is to see that a lot people…

- What are the bad things about this dwelling sitch in terms of QoL?

Surveillance.

- You feel that you are under surveillance living in this building?
Yeah, and feel maybe more in this place rather than any other place. I’ve actually considered the fact that, like okay, I think its possible that an ipod can be a celebrity you know, just like Fraser who gets a million dollars an episode, but I don’t get no million dollars an episode nor have I necessarily found anyone, other than a PHS employee, who I was absolutely terrified for my life in that moment. And I was pleading with her, I says look this is really hard for me and I was wondering if you know anything or if you can tell me anything about this. The reason shy I asked her, an employee, is I suspected someone within the Portland might know something about this predicament that I was in. All she could tell me was, and she was a little nervous telling me about this, was I was being targeted in a game. And I asked her if she could tell me any more and she said no I can’t tell you any more hatn that.

So I felt like she wasn’t just trying to fuck around when she said that. So that type of thing and other indications make me think that the underground network and there’s all kind of cultish things and there’s documentation whether its legal or illegal I think illegal means sick bird now, that’s all it means. They should change the dictionary cuz that’s all it means now; sick bird. It doesn’t mean against the law. More and more my perception is anything goes. It seems to me that anything goes as documents disappear it means that anything goes. But for me especially spiritually and philosophically, saying so is not the same as being so. So anybody can go to corporate university course like Stanford, anybody can learn about how to have a good blog and how to have a good airbrushed logo on their homepage and all this bullshit about what their service is to mankind, its all really good. Even recently a news man after Obama’s inauguration speech said, well if Obama can just convince people of what he said, if he didn’t mean what he said, that would be just as good, maybe even better. So its almost like all the people in the media and the culture are being sold on this idea that… Well as long as you make people believe you who fucking cares. Its like this idea Jesus Christ is actually Hannibal Lecter, his blog says he’s Jesus and he’s healing people apparently. So you all come to get healed by Jesus and then nobody will know that if he invites you back for supper he’s actually gonna stab you in the back and chop you up and eat you and drink your blood. Nobody would know that, because look what are you insane? What do you do drugs? What? Look at his website you know, he says he’s Jesus you know, so it could be Hannibal lecter you see? So that is what the problem is it’s the dharma end, its all the era of the genuine fake. So for me Lucifer controls, and this is why Lucifer is the Prince of the Air, he controls the computer media.

- This is getting a little off topic. So what are the good things about your dwelling space?

I’m not dead yet. I could be in a body bag over there in the corner like a corpse or something. Maybe I am and this is all just residual brain activity, but apparently I’m breathing and it’s a nice day and I’m grateful to be here. I’m trying not to focus on the negative things because I do a fair bit. And remember what I’m grateful for and who I’m grateful to. So these are important things.
- Okay, how would you describe the pattern of dwelling in your life since and including adolescence?

I lived in a brownstone, lived in a ghetto, I lived all over this town. Mostly like that like I lived a lot of years in Toronto I lived in the Kensington market annex area so it was all kind of lower middle class I guess. And it was all older housing.

- So you’ve always had an apartment or one bedrooms or sros?

Yeah, one bedroom. Usually not SRO’s cuz I’ve been 12 years or so dtes, but mostly I had apartments and sometimes rooms in nice old houses and stuff.

- Have you spent any time homeless in those years?

Not too much time, some time when I was a teenager, a few days and weeks maybe in my 20’s and recently five months here in Vancouver a couple years ago.

- What would you change about your dwelling space to improve your QoL?

I thin maybe I would like to participate in more things that were community oriented or group oriente d like humans scale things. They have a community kitchen thing here, which I enjoyed participating in a couple of times. Downstairs. But then a woman that was volunteering came in advocating marijuana and she handed me one of her things and she said ‘yeah we’ve gotta get rid of some of the people that don’t belong here.” And I said oh, who would be the judge of that? And she said “I would” just as long as you can do it with compassion.

- Is she from the Compassion Club?

Well she’s like my age and she’s got all this hippy-dippy; hey bro and, then when I’m working with her in community kitchen she is talking about building community, but when she’s talking she said there are people who don’t belong, and as long as we can do it with compassion she said. And I’m thinking this woman is out of her mind because either your judgmental or youre compassionate. And if you you are thinking in terms of righteousness like you can judge who does and who doesn’t belong right, to me that was a big warning sign. So I haven’t participated in any more community kitchens here. Because I don’t necessarily trust that even if it was just an off the… not really… it said a lot to me. And the the other guy who kinda coordinates community kitchen he said “oh that’s him” or something like that. And its just like its really digesting me how much two faced things are happening, I don’t’ know if its happening elsewhere in other areas of town, I think software is encouraging it. But there’s less chance that peple will have to be held accountable for their particular transgression of what used to be law on account of a person’s rights. If they think they can be unaccountable this is what I see, there is really a smug arrogance around what people are doing. And they’re involved in
surveillance they’re doing spying they’re ratting out, whatever they’re doing as if it’s a righteous activity.

- so basically what you would change is the orientation of the community…

Yeah if your gonna do community kitchen then fucking fo community kitchen. And then to say a statement a couple times later like, at the same time she’s complaining that hardly anyone comes down here. And I say oh well I’m here and I’ve been here for the last few times. And she didn’t say anything about that. You know but her thing was yeah, well hardly anybody comes in so we gotta find out who they are and find out why they’re not coming in. Its like her attitude is two faced its showing a pose like hippy-dippy love piece and like she’s gonna be the righteous bitch who decides who does and who doesn’t come in.

- so some hypocritical attitudes down here…

yeah hypocritical attitudes and two-facedness. I’m 51 years old in the last couple years this kind of thing has become rampant. Including a few very important issues and people. But when I apply it to them they turn it on me and ask when was the last time I slept or did drugs. You see what I mean? Why not just answer the fucking question first rather than turn the tables?

- would you like to stay here in the neighborhood?

Move away.

- So how would you describe this space?

Its okay. But everything is changed by the fact that theres an observer, and I think there may be a whole cadre, the auditorium is full and I don’t even know its an auditorium or what this is. This is a soundstage. Yeah it’s a bachelor soundstage. I’m not on drugs now by the way, although I could be.

Does anyone else have access to your dwelling space?

I suspect so, yeah, I’ve left a few times and sometimes I just don’t remember, I’m too spaced out. A couple times I know for a fact, because I’ll do it deliberately, usually when I go out I leave just one light on, a door open, the washroom door whatever. And I come back and it would be changed, there would be another light on. And there will be an object moved. So I wonder like that guy is not very conscious when he comes in maybe inspecting the suite or doing it deliberately to let me know that someone is coming in or someone has access when I’m not here. Yeah.

- Do you have enough space here for yourself?
Relatively yeah, its fine, its great.

- What about all your stuff?

Yeah, maybe even a bit more. I’m not a big acquirer of stuff. I like to give stuff away, I find stuff and, most people I know don’t respect stuff that much. But I don’t respect people all that much either although I give them all the respect in the world.

- So all of your belongings are here in this space? Everything you own is here.

Mostly yeah.

- Do you have everything you need here like food, clothing, bed with blankets…

yep, I need some toilet paper though. I’ll go an buy some after I sample into garage band here.

- Do you feel safe here?

Not always, but generally.

- In the neighborhood?

Usually, but not always.

- Do you have the privacy that you desire.

No I feel that my privacy is being obsolesced, taken away or non existent. It’s a hoodwink right, but they want me to think its my apartment or something, but I tend to think it’s a soundstage. Before I do they’re all ‘here he comes’ so before I do anything its always gonna be Fraser, he gets a million bucks an episode so you don’t want to do too many takes. They got a camera right out here right fucking now that’s looking at me, its Hal 9000. Sorry Dave we’re gonna have to shut you down dude. I saw your lips talking and you don’t like the mixed coporate media con-glom do you Dave?

- have you been assaulted in your home?

I’ve been peppered and assaulted.

- Pepper sprayed?

No. I’ve never been assaulted here, except somebody shut the fuck up or I’ll slap you bitch but that was just weird. This guy that’s been staying here, and I’m thinking these
guys have been staying here for the past couple days and they should fuck off too guys, so I thought they fucked off and 10 or 20 minutes later I hear em banging again and realize they’re camping outside and I was like hey man quit fucking hanging in the hallway. Anyway, whatever that means.

- So you said your space had been violated. Has it been broken into?

No, but see I look at illegal surveillance cuz as a B and E yeah, but has there been a break in no. I feel like I’ve been broken into already. I wish people at some point in their surveillance, you know if I’m being surveilled, I wish that there would be some aspect of that could be more up front about it, instead of just having people that are watching me or are affiliated with that, you know give me little clues. You know oh you should be this way or you should get on track. Say I’m talking to somebody in the food line or on the street for a couple of minutes. They seem to be saying things that are quite deliberate and strategic. And some of it might be good, but its strategic you know ehat I mean, its scripted and I can feel that. Maybe because I like jazz and eagles still play hotel California exactly the fucking way they did in 1973, so who wants to go see that shit. Or you know.

- Are you secure here? Are you able to pay rent and stuff?

Yeah, I’m secure here. As far as I know, but as I say I do feel a little bit known about. You know I don’t want to get into specifics. Someone knocking on the door that I don’t know yelling about drugs, you know that was a deliberate thing to let me know I’m being watched. There are other individuals in this building that are more sketchy have more criminal records, but they don’t have the same thing happening to them. So I think because of what … who knows you know what I mean?

- So you feel like you are the target of some persecution or somebody might want to kick you out?

Yeah. And I would say its more, possibly something political, or possibly socio-economic or I don’t know what the hell. But that its not really antying to do, I don’t have a criminal record. So I don’t know who this guy thinks he is, we’ll make one for him or I don’t know. Or just the fact that about the police and what they’re doing. But I don’t sell drugs, I don’t advocate them, and I don’t do them on the street. So its almost like if you’re gonna hide out, or its….

- guilt by association just because you live in the ‘hood?

Guilt by association. Yeah, and they think well if you’re so low profile don’t figure that you can be low profile because they’ll make you higher profile, and the fuckers are out on the street ripping shit off every day. And so I’m glad the surveillance is up to that level. And if they want to knock on the door I would invite them in. If they want to kick in the fucking door I’m totally at rights, I’ll kill them. Anybody that does that is probably
coming in to kill me. But that’s the only thing I don’t have anything to hide and I don’t like being made to feel fearful or like I’m cowering you know. Are they going to make me feel guilty? But the intensity of the surveillance makes me intimidated sometimes. But that fearful apprehension isn’t guilt, its just like fuck, when people are escalating and I’m trying to fucking downsize, what the fuck up?

-So considering changes in your dwelling space over the years, how has your health or changes in your health been related to your dwelling situation?

Quite a bit of it. I think maybe overall here I’m a bit more content. But I need to get active to get moved away from the dtes so I’m trying to do that too.

- So in other words; have you become homeless or been evicted in the past because of the mental or physical health related events.

Yeah. Well I’ve been evicted because if in the last place I was too fearful and too apprehensive, it was so, the guy beside me was a cowboy who had a computer. And everything I heard him say, I was there for two months in that place, and basically everything I heard him say was a comment about what I was gonna do. And he was saying this to a jew guy and this and that. Various things. So its just the idea of being spooked.

- so you got evicted…

I decided to move out, but it was suggested to me that I might want to look for other accommodations. Okay so that was suggested and I felt a vibe.

- Was that place worse than here or better than here or what?

Very similar. It was a room. SRO. It was all like way more sanitary, it was renovated and looked after facility. It was city of Vancouver.

- It was an SRO?

Mostly SROs are what I consider older buildings like the Regent or Balmoral or something like that. With mice and shit. So this place wasn’t like that, it was more layed out like this. No washroom, but they did have a small fridge.

- has your mental or physical health been affected by changes in your dwelling situation?

Yeah, maybe since I moved here I have gotten a little bit better and I’m trying to not pay attention to surveillance things. Because I think in a certain way, I don’t’ really know how to go into these changes without sounding psychotic, essentially I spoke about a book called the Monkey Puzzle Tree, which mentions covert mind control experiments in east of Vancouver. I spoke publicly about this at VANDU because I was facilitating a
crystal meth harm reduction group, and I just raised this point: Mind control research projects involving crystal meth amphetamine. So within a couple weeks of mentioning this, I had been facilitating it for a couple years, I was shut out of VANDU and fired from my job at insite around that same time. And within a couple months of that I was told there was a contract out on my life and I was being spooked quite a bit around the neighborhood by people saying things to me like my time was up, but the PHS employee. So my feeling is that this could be a big covert op going on on the dtes. And I might have been naïve relative to the paramilitary or corporate hardballers and financiers involved in this issue. Because it wasn’t my intent to be some kind of smart alec conspiracy theorist or something.

Anyway, so targeted in the form of a game. And is this game continuing and I think yeah. Its being done and the way the surveillance is being set up around me is perfect for creating a situation to the point of where if I do feel pressurized to the point of a reaction, well the the reaction about? Say the police are called because I lose it because I’m steamed pissed off you know, and I am a lot of the time by what I perceive this to be, and what it is is this a set up. They’re trying to create a psychotic reaction deliberately. So when I tell anybody about it its totally gonna be a closed book case, the guys drug induced psychosis. Because they are working on me deliberately to create that impression. Or to create that state. Because if its true, that they do mind control experiments with crystal meth, the woman in the book says that if you are chosen as a victim of these mind control experiments, or anyone that gets awareness about it, is worked on and pressured psychologically until they appear to be a blithering idiot and that no one would take them seriously, because obviously they just fried their brains on crystal meth. So anyone who was involved in this stuff know that and its their area of expertise. So its pretty easy to lay out this thing against me and I suspect it is what is going on. There’s the Portland hotel by the way, across the way. I notice things. I do notice that when I wander over to the window from time to time, I notice a lot people staring back. And these bottom windows are tweaked with various colors, to make a certain affect to get a certain reaction. Its all deliberate.

- I got a question for ya.

This scripted shit.

- Okay lets say in other conditions other living conditions that you’ve lived in, the factors that characterized those spaces may have made it more likely to have a psychotic break. What is it about this place that makes it less likely?

To have a psychotic break?

- Yeah.

Because I’ve been through it before. So you know you get good at something by patter recognition, or by repetition. Reps you know. So I’ve been through this a lot of times, it’s the same shit that’s been laid out the past couple years. Is been going on for years.
And then when I got shut down I felt intuitive about what it could be related to so I did my best to back off the issue and shut the fuck up. But almost immediately a war, a total, full assault, a psychic terrorism thing was launched against me and it hasn’t’ stopped for about three years.

- Do you feel that this space here makes it less likely?

What that these mind games are going on you mean?

- Well it makes it less likely that you’re being persecuted or surveilled or targeted?

Yeah, because like I said before, I like space. I think that every person, and every creature for that matter, appreciates space. Space is really the highest gift that you can give right? But if I invite you into a space and I’m showing you an apartment that you like or your find or suspect when you move in that you are being audio and video surveilled, that the whole fucking thing could be a sound stage, for the furtherance and continuance of what you have already suffered and what has put you in the ward two or three times, not totally, obviously the drugs were a factor, but the determining factor, or the straw that broke my back or whatever, the fact is that if people are doing mind control experiments relative to crystal meth its quite obvious for me to observe that crystal meth makes me and others highly suggestible. LSD in the 60’s when they did, tried to do mind control it showed no real potential at all. It tended to freak people out, they got a little suggestible, but crystal meth they might be continuing to research it because it shows a lot of potential for tweaking that and is it being tweaked deliberately in my case? O yeah.

- Are you able to get as much rest and sleep here as you need?

Sometimes. Depends if I’m using or not using. But even if I’m not using, ever since this has been going on I’ve had the feeling that I should be vigilant. Because I don’t’ trust, if somebody is going to declare some type of warfare on me or make me the target of a game, then, but they won’t come to your door and let you know this, if something is covert they are hiding, they’re cowards, they’re ashamed of their source. They can never say this is what I’m doing because its not meant for my benefit. They want research results therefore I’m a lab rat, so this is their echo lab and they’re conducting a show according to how they may think…

So you may not get as much rest as you need because you are vigilant.

I’m vigilant, yeah. And I don’t like the whole toothpaste thing, I don’t like eavesdroppers, what my neighbors are doing I’m not that interested in. Even if they’re doing crystal meth, or maybe they’re doing lesbian scenes over there, maybe my old girlfriend …
- Speaking of which, are you able to prepare food here and eat what you need?

I’m a vegetarian. Yep.

- How many meals per day or per week would you say you prepare here.

One a day I guess. I’m using the food things a lot around here, but I’m also shopping a bit. I’m shopping at sunrise there tomorrow and I worked at health food stores many years of my life too. So I have and interest in that. I’m a systematic under eater you might say.

- Hows that? What do you mean?

I don’t know, maybe just being a vegetarian. I was a strict vegetarian for 17 years, I eat meat now but I don’t’ seek it out. If it has meat in it I won’t eat it sometimes or I give it away. I tend to be a light eater, but I eat very well, into my thirties I was into macrobiotics and strengthening foods so I think I was strengthened by that, I think my immunity was strengthened through that and maybe it still is. I’m losing ground here, but I try to eat consciously. I munch here and there, but I try to eat mindfully of nutrition.

- Do you bathe and change your clothes regularly? You can do your own laundry and stuff?

This is pretty clean, this is kind of dirty.

Is this clean enough for you? Any bedbugs? Any rats? Etc?

The floor, I need to sponge mop the floor, but its okay. A few bedbugs, but its almost like anybody who lives in the dtes and anybody who invites anybody through the door you know these bedbugs are like hitch hikers right. I don’t really have a problem with bed bugs, but I’ve noticed a couple in the last whatever it is. They get in.

- not to the point where its driving you insane? Some people I’ve talked to their places are infested with bedbugs.

Yeah, well here is one theory, I think bed bugs might have been genetically mutated like the AIDS virus, to perfectly mime the symptoms of drug induced psychosis, one of which is bugs are crawling all over you. But now they are. Imagine that; genetically modified to perfectly mime the symptoms of drug induced psychosis and then literally introduced into the dtes as biological warfare. That’s, a conspiracy theory.

- Do you feel comfortable in your space?
Not always, just because the whole surveillance. I don’t want to dwell on it, and it really sounds like I am, but that’s just because we are here now. I want to spend less time in this area to cogitate and speculate. So when people ask me what I’m doing I say breathing, and they laugh, but by regulating my breathing and being conscious of it I can moderate my thinking which has been a problem and my thought being paranoid. When I’m short of breath, so breathing is more of a priority to me, more than thinking, more than feeling. So that’s what I’m doing I’m breathing. And life is breath. You need space in your lungs.

- does this affect your ability to have a place?

Yeah, because its like if I don’t feel comfortable in my skin because I’m either imagining bugs or there’s something, its just eht feeling. And even assuming it was a drug induced feeling with no basis in reality, even if I’m given the feeling that it did, would cause someone concern. Because then they would be preoccupied with what is or what isn’t real, and not taking care of business…

- taking care of house keeping stuff. Like stocking the kitchen, cooking food doing eh dishes…

yeah, so I got the dishes done, the floor needs cleaning, but then I threw this over the window at night because I’m spooked sometimes and I don’t want to worry about eyeballs looking in, or skyballs, or any kind of balls. So it changes you know, and overall Idont’ like that feeling of apprehension.

It changes your space?

Yeah.. So maybe its got nothing to do with mind control at all. Maybe its simply a thing to put a fire under my ass to say that I don’t’ belong down here. And to to get me motivated to get the fuck out of here. In which case, I’m starting to get paranoid right now, I think I’m on the right track because I’m starting to get motivated. And I’m starting to use less because when I use they know when I pick up and use every time apparently, or at least that’s what the voices in my head say and uh I mean, that’s when they escalate. If it is being done deliberately that’s when they can have more effect. If I’m just outta my mind, pick your circle…

- What do you mean?

What spooks me the most is that it could be… in order to undermine my credibility of what I might say if this is a covert operation, and apparently this is the fact of [ … inaudible] so if they are doing mind control with crystal meth and its being done to me, which the book says it is being done to people who find out about it, its being done for one reason, trying to kill me off or trying to create a situation whereby my credibility is undermined. I’ve never been in a psych ward before, I’ve been in a psych ward three
times in the past year alone. That’s just because, one of the doctors at VGH says; well at least I haven’t fried my brains on crystal meth, that’s what she said.

So a lot of people have this opinion that its good to have millions of kids in the western world are on Ritalin. Its not really good, just because they pay attention in school. But crystal meth, which is a form of meth amphetamine…

- Sure its very similar to Ritalin.

Even if its dirty, well there’s no benefits to it. It puts black holes in your brain and it makes you go psychotic. So I’m not trying to dis that dis-information. I’m not trying to dis the information relative to the substance and psychosis. All I’m saying is it’s a pretty, they can use that to their advantage right, because relative to these experiments that are going on, anybody that even says anything about, especially if they use it, and especially if they’ve been to the psych ward because they use the stuff. I know for a fact that if I get any media or if I write and article about it, or should I share information that is public domain that the first card that’s gonna be brought out relative the questions that are going to be brought up the first one that’s gonna be played by people who may or may not be involved is uh well: he’s on crystal meth and he’s been in a psych ward, so who is going to believe that he just fried his brain. But its good Johnny is at school paying attention otherwise he wouldn’t know who is frying their brains on crystal meth.

- Is this place coordinated with mental or physical health services?

I think so yeah, there is someone down the hall who gets a nurse.

- Street nurses?

It seems that way, yeah. I think that person may have a physical disablility so they get food outreach. And I got some of that when I was over at the last place; the Alexander rooms. I had this urgent response team.

- Are you on meds?

Seroquel, I’m prescribed meds, but I don’t’ take them every night.

- Is that coordinated with this place? Like at PHS they have a psychiatrist that comes around.

Yeah, Dr. Van Helsing over there.

- Do you have meds right now?

Do you want to toss acouple back? Feeling stressed?

- I’ve never tried seroquel.
Okay, seroquel.

 - What's it do for you?

Wow, hey? It's an anti-psychotic. All I know about anti-psychotics is I've never taken them before a year or so ago really. But they had me on risperidol, olanzapine, some other shit and seroquel. And I noticed risperidol I had an allergic reaction to I got really plugged up and green gunk in my nose it was horrible. And then the side effect was weight gain. So it seemed to me that seroquel is the most light weight anti-psychotic, it's the least heavy anti-psychotic and has an effect similar to valium. It's more of a relaxant, that's how I find it effects me, and I find it to be the most mild of these anti-psychotics. So when I got outta the psych ward they were telling me that I need to take four anti-psychotics for at least two years I knew that was all bullshit so I went down to the mental health team in Strathcona and got it immediately reduced to one, which is what I wanted, but I just need seroquel, I don't need to take four fucking anti-psychotics just because these guys are trying to convince me.

 - So you went where?

Strathcona mental health centre. Kinda dtes.

 - In terms of you feeling that you are under surveillance... does seroquel make you not feel that way?

It kinda chills me out. One thing I'll say about using speed, it helps kids pay attention in school right? And also it helps fixate attention on certain issues. So I think for sure I've blown it all out of perspective, out of proportion. You know I should be chill, get outta the neighborhood or whatever it is. But it can make me obsessive about noticing certain things whether they're imagined or not. So seroquel will help that too. And if I get sleep anyway sleep in general will relax me and make me feel like oh, lifes not that bad, not that much under the microscope. But when I use, this is my perception of it, if I use then the surveillance is up they know when I use or whatever and I wonder if they can actually put an electromagnetic signature in the dope itself too. And that's another thing, anyway when I use they accelerate the thing that's gonna make me feel pressured and freaked out. Because it's like lab rats, Pavlov's dog: If I do the bad thing I get the pain stick. If I use I get the pain stick, because oh fuck then I'm all freaked out. But if I take my seroquel and go to sleep, which is what they are telling me to do. I'm tired I need to go hit the sack, I'm tired and its all good right. But there may be concerns that I may panic. Or if I use they want me to panic, because 'yeah give him the pain stick' and do all this shit.

 - So the other meds you were using, you stopped using just because of the side effects?
I didn’t feel, yeah mainly for the side effects. And there were a few psychiatrists there who, I complained of stuffiness, and he was like ‘oh well maybe less of this’ and it was better, it improved there, then he had me on two or something. But when I lost my cool one day they increased it by two or three milligrams you know. It was harsher, I was restless one day so I was walking around the hall and I thought, ‘I’ll jog’ so then they stopped me; ‘stop stop, you’re going too fast’ you know its all about taking the decaffeinated coffee and you take your seroquel you know. Then I felt it’s a war, its actually a war, it’s a cult, between the sleep; ‘take your heroin, you know, nod off’ and uhm the non sleep cult which is: ‘ping!’ okay, now they can say they don’t like crystal meth and the cheap shit that’s gonna fry your brains because its got drano in it. I think the real reason they hate it is cuz it wakes people up, and they get pattern recognition and its an empathogen, remember counselor Troi on Star Trek, she could read the minds of the aliens, what’s really going on…

- she could read the emotions.

The emotions okay, she’s an empathy. Amphetamines are classified as an empathogen originally.

- I didn’t know that. Where did you read about that?

Uhm, when I was looking and researching crystal meth because it helped me study stuff too. I was looking into the Nazis and how they were using it. Yeah and I believe that their pharmaceutical guys classified it as an empathogen. So that’s interesting eh. So I think that’s the whole reason they hate it, because if its all operation hoodwink covert ops and being two faced, oh appear to be doing this when your doing that. Then people who do speed will become homeopathically aware. And maybe a little spooked or paranoid about it but they better be careful what they say about it you know because the butterfly net can come down over them in seconds. That’s the trump card: ‘you’re on crystal meth, you fried your brains.’ But then you talk to a lot of binnies who do speed and many of them who go out at night have been followed by Chinese guys in black sedans with GPS, that’s a fact, that happened to me too. And I even got visited by a policeman when I got outta the psych ward who wanted to tell me that it was not the official position of the VPD that this was going on. A cop agreed with me when I was stopped one time, he said ‘yeah really that happened to you’ I was being followed around for a couple weeks, the cop said; ‘you’re not shittin’ I said ‘no’

- I got a question for you. So you said you hadn’t been in the psych ward until recently. So let me ask you this whether your experience of being under surveillance, when did that begin?

It began mostly after I brought up this matter about covert operations down here on the dtes, which might implicate PHS, which funds VANDU where I gave a talk and also insite which where I work.
- So what I’m really interested in is what the dwelling situation that you were in when it began? When you began to have the feeling of being under surveillance.

Maybe it was at the horrible hotel down the street there, the worst in town, the Balmoral was it? The Regent, I was staying at the Regent around that time.

- you were in the worst place in town when this started to happen to you?

Yeah, but it wasn’t really as much as it was…

- Its and SRO?

Its an SRO. I’d always pay my rent on time, but I was one day late for my rent and every single object that I own was taken from me. All it was was pictures of my daughter, shiatsu archives and spiritual material.

- All your stuff was taken from you? You were evicted?

Yeah, I was evicted cuz I was one day late with my rent and illegally evicted and all my stuff which has no real value on the street…

- And that’s when you started to have the experience of being under surveillance?

No, not so much, but I wonder about that stuff that disappeared there, cuz it was all spiritual material. Also, and this is conspiracy shit, pictures of my daughter, stuff that couldn’t get any value at the re sell. And most times when they put the crack heads up to doing shit like that, they do it all the time, you know they only take shit that they would be able to sell out here a couple days later for crack, they’d sell everything for crack. You wouldn’t be able to get nothing for crack cuz all I had were spiritual material, pictures of my daughter and right, now what happened to that stuff? It disappeared. I think it got looked at, archival material, some of it was conspiracy stuff like governments and aliens, all kinds of stuff. Now all that stuff disappeared, and I don’t think it just disappeared, I think some eyeballs got to look at that stuff, it was esoteric…

- and only of a personal value.

Yeah, a personal value only. And I definitely think of that surveillance thing getting alittle spooked, and I was getting edgy at my work there at Insite, cuz I was using, but also because I felt there was surveillance. And yeah, definitely the surveillance started there. And uh I even recognized one guy, it was the only guy in my life I felt I could kill the guy, I could murder the guy and I could and theres times when I felt like I would, but I won’t because I have a vow of non-violence and I’m basically a non-violent person. If they want to drag me down to the leve that they’re at its not gonna work.

- okay lets try and get through these, its getting long.
I’m long winded.

- do you know your neighbors? Are you friends, do you trust them, share any common space with them?

There’s a woman over here named “aaa” in the corner over her and she’s got this husband who is kinda drunk all the time. He seems to be a nice guy, but he talks to the cops and I think she’s a bit of a gossip. When I moved in here the guy was like ‘oh crystal meth’. I hear people who don’t use crystal meth say it ten times a day, that’s more times than I ever say it. So you know, in terms of crystal meth, so whatever the fuck they think they know about me…. I could be a lucky charms head, or a count chocula head. So I never try to judge, for one thing I’m not that gossipy and nosy, and for another thing I’m not gonna judge someone based on what I’ve heard or will I limit them, what I think or what my perception is, I would still give the person a hearing.

And then there’s this blonde guy over there and I wonder if he might be pimping out for PHS on the spy thing or…

- so you don’t trust them per se?

yeah, when I moved in they were renovating the suite next door, when I hear the guy renovating say just one comment in the elevator and he gave away the surveillance project that he was working on. Then I went upstairs and he had the door open in the suite he was working in, which happens to be the one above this one, and I go ‘innovations in fiber deployment’ he goes ‘huh?’ and I split.

- do you feel like you’ve been discriminated against now or in the past because you have a mental illness?

Yes, yes totally. My experience is that, well I think the place I was just before here they were given a heads up ‘oh keep an eye on this guy cuz he’s been in the psych ward’ and blah blah blah. As soon as anyone hears that it makes you the nigger of the whole place, they judge you. And I felt that completely over there, and I do here too. I got people at welfare telling me ‘ you can’t get a crisis grant cuz you got one in May’ and I’ll be like ‘oh okay, can I get that in writing please?’ and he says ‘ the ministry doesn’t give anything in writing anymore’ that’s what he told me. So those kind of things where they’re just playing me for a stupid idiot ‘ oh well look I got a mental disability’ everybody wants a piece of flesh ‘he’s just an absolute idiot, he’s fried his brains on crystal meth so we’ll just tell him any shit and he’s gonna believe it’ you know. But now I’m standing up for my rights, its been a long process. As I learn my rights I’m learning basically I’m being lied to all the time by people in welfare, administrative people.

I told this joke to this girlthere and she remembered it, that’s the one thing she remembered about me. ‘you know why Jesus was nailed to the cross with his hands like this? So he couldn’t jerk off. That joke sounds like just a joke right, but you know why
they don’t have my hands nailed to the cross? So I can jerk off and then they can film it. They didn’t want the Pharasees getting a photo and sent it to weekly world news that would’ve ruined his reputation as the savior. They’re making jerk off videos of me, it’s a feature length god damned fucking film. Now that’s a fucking truth, from the bottom of my fried brain.

So I asked this woman at Dodson, I said what do you know about surveillance, ‘oh that would be totally ridiculous, when was the last time you slept or used drugs?’ Oh okay, so then when I went into Alexander rooms I asked a woman there, she said oh you look down today, yes well I feel discouraged because I thought surveillance was going on at the Dodson. She said ‘oh that would be riduculous’ then later when I was reflecting on her talk she was totally patronizing me, she knew all about it.

- Would you prefer to have room mates or live individually?

The way it is now, I would prefer to have a friend or maybe a room mate. I wouldn’t mind individually, but since there is no such thing as privacy, I’m already a group, I’m a crowd.

- So is it possible for you to have guests over?

Yeah, they just put up a new notice though through DERA, influenced by police it looks like, that there’s gonna be more closely monitoring.

- Well, doesn’t that have to do with that murder that happened upstairs?

Well, I think they kept the police at bay, they didn’t give them as much access as they wanted. And the murder gave them more access. And it was the first time I had seen generally, in such a situation they might be 24 hours max, these cops camped out in the room and in the hall for a week. Another person in the building told me he was shown a drawing of a suspect that he recognized. That’s all I know. But I know the cops are in all the buildings now, they’ve done all their work on the street so they are looking for bad guys like me in the buildings.

- how is it for you to have guests in here?

Its okay. I don’t harbor fugitives or criminals.

- do you enjoy hosing people here?

More its like people who I knew, I was giving them a space because they were temporarily homeless right. I’m not a socialite that seeks out people. I don’t mind that people are coming by less frequently because there is more scrutiny, I believe there is a cop or two in the building.

- have you had pets?
I like cats, I was just thinking of getting another cat.

- What's the space like for intimate relationships?

It’s a weird thing how feeling or really being surveilled can really put a damper on your sex mood. It has kind of done that. Maybe I’m highly sexed as an old man but I don’t know, I had like one woman here and it was good just to be with her you know. I always had girlfriends all my life until I ended up down here at age forty four years old. Once I found out that crack cocaine made crack cocaine the number one priority, so me, my dick or whatever I’ve got to share is only secondary to crack. Or them having sex with me is their way to get crack. And I was confounded by that just because I hadn’t gone out with a lot of prostitutes and I had only been with women who wanted to be with me so I realized it was a mutual exploitation thing and I stopped doing it, I stopped sexing the girls. I’m friends with quite a few of them. It’s a neighborhood thing.

- Is your space suitable for spiritual practices?

So my space, practicing spirituality, the heats been turned up, all this surveillance, all this pressure it really brings into focus how important it is to stay dedicated to the truth. Not the truth as I see it, or you see it, or they see it. Just truth in terms of the space or respect. The truth of who is going to admit that they are involved in taking the space away. The whole thing is to frame me and make me look like I fried my brains and I’m totally psychotic. Far be it from me to say I don’t want to be assimilated. Resistance is not futile. This is a huge corporate monster machine. And I think computers is ruled over by the prince of lies. That wasn’t obvious in the first 20 years but, its becoming more obvious now. The highest gift I could give to you or anybody is space.

- Do you feel at home here? What is the essential thing that would make it a home for you?

No. When I’m not scrutinized or feel like a specimen on a Petri dish being always looked at, by people and tweaked by various substances and chemicals, electric shocks and stimuli to be.

- Is there anything that you could do, to make you feel at home?

Oh I put this over the window [a large blue, opaque tarp] and I put things in front of the door sometimes.

- Last question: Is there anything that we missed?

Oh yeah, the way of the eternal; says that the more you get down to the physical plane right, there’s laws, more laws so at the grossest level of life you have more laws, meaning more conditions. So that there is one over, there is one law on which all the other ones are base which is: Love is all; do as thou wilt. So if you’ve got love and Christ said love
covers a multitude of sins if your intent is to help and to do the right thing, then whatever
other mistakes you might make is covered. Its covered by the fact that you are doing the
right thing, because your heart is in the right place. So when I say love is all, I mean like
space. That kind of love; neutrality, to ability to keep your counsel and take your hound
dog sniffing nose to wherever there is something to sniff around for. So that’s what I
would say concerning space and living situations right.
**“Pink Watch” Transcription**

The purpose of this interview is to assess further your experience of quality of life in relation to the place you live, or dwell. I am interviewing people living in a variety of dwelling situations in the DTES. We are interested in whether or not the kind of place you live (whether you are homeless, in an SRO or other type of dwelling situation, affects your experience of quality of life). Most importantly; the study’s design calls for a description of how it is, for you, to live in the place where you live. Please speak only from your own experiences, focusing on your life, and not the lives of others.

- How long have you lived here?

Three years, on the dtes for 30 years, in this particular place I’m in now; 3.

- How do you describe your overall QoL?

Totally negative. Its so negative all the time. I think I need to get outta here before I change my… I’m gonna try. Word has it that it doesn’t matter where I go, this will be an affect to me, because drugs is everywhere not only on the dtes.

- What do you mean when you say negative?

Because I have a hard time, I seem to have a weakness in really living around it. A bigger weakness than actually I thought, but strong enough to continue to live sober.

- What’s important for you to have a good QoL?

A housing, low housing, a little ways further up than I am now. I’m on Dunlevy street and I would like to move up to Campbell, I have a new area where I would be close but not too close to the dtes where I survive off at times.

- What do you need to have a good QoL?

I need low income housing, I think I need low housing that is for recovering addicts. That’s what I think I need. I want to live on my own accord, but continue to be sober.

- Does your current dwelling situation affect your QoL in any way?

Yeah it does. It just, I keep finding myself almost just wanting to put myself back where I was because I didn’t realize how big of an impact it would be when I came home from recovery. And I’m really overwhelmed and nervous about it because it would make me sick to go back to what I was doing. It would make me so sick.

- What are the bad things in terms of your QoL and what are the good things?
The bad things are the amount of non-recovering addicts that linger in my building. And not to mention that I live right by Oppenheimer park which is generally quarter packed with people who sell drugs all the time. So these people are in connection to a lot of the people in my housing complex. So they go, that’s where they stash, that’s where they … so it’s kinda really unhealthy for me.

- Those are the bad things…

Yeah.

- What are the good things about it?

Oh my goodness, the good things are not everybody there are addicts and alcoholics. I really thank God for some of my neighbors, because my next door neighbor is constantly he, and if I don’t see them I check on them and if they don’t see me they check on me so because we all, in other words we communicate together and check on each other because of the situation that we live in.

- Okay so the good things about it are your neighbor and you are friends with your neighbors and there’s a bit of a community there?

Yes.

- How would you describe your pattern of dwelling since and including adolescence? What kind of places have you lived in?

Oh my god, horrifying places. Totally horrifying places, places that have like sometimes almost no wall given how many holes are in a wall. So and very, very low qualification management/owners whatever, that whoever is supposed to keep these place up to par are just totally, some totally, and some simply just aren’t responding to the needs of the building or the needs of the tenants.

- That’s all down here?

Yes, that’s all downtown. Everything I will discuss with you will be things I have experienced in my own time down here for the last 30 years, and the housing is a big part of it.

- So since adolescence have you lived in SROs?

What’s SRO’s?

- Single room occupancy…
Oh, yeah totally, a lot. Yes, constantly room after room disgustingly. Yeah, hotel rooms and…

- So have you been on assistance?

Yeah, welfare. I’ve been on welfare all my life. My parents deceased when I was 13.

- And you are aboriginal? What band are you from?

I’m from the Haisla band. That’s in Kitamat B.C. Its up North.

- What would you change about your dwelling space to improve the QoL?

I would want to, I know I don’t have that much power, I know I just want to move, I want a landlord that actually really owns the place or rents the place to really, really fully help people and not just to make the money that they need to make. Because it just doesn’t work right now, it just doesn’t work. Because a lot of the landlords are just there for the money. They just don’t care about upgrading the places or getting rid of the extra lives that are living in the place such as rodents and cockroaches and spiders and bedbugs all of that stuff is… and it brings down my self esteem and it grosses me out and it makes me sick. Yeah, definitely. The place that I’m in rightnow is semi-okay because there are some people in there that use drugs and they just don’e care about heir living arrangements or whats in their living arrangements. So as for me I’m just constantly cleaning my place and I got a cat because of the rodent situation, I know when rodents scent a cat they won’t come near your place and so I got a great big beautiful cat and shes so comfortable there and I am and I thank God for that because she’s…

- I have a question on here about pets…

Oh do you okay.

- So would you like to stay away or move away from the neighborhood?

I would like to move away. I woiuld like to move away. I have some situations with it because this is where I’ve been living for the past 30 years so I’m kind of scared. Because I don’t know my way around anywhere. I don’t know anywhere past Abbot street and anywhere past commercial street. That’s it. So its overwhelming, but I would like to get outta here.

- So how would you describe your physical living environment?

It’s a bachelor suite.

- Which means what?
It’s a one room place. Its just one room. It has a little miniature kitchenette with a double hot place. Its got a double hot plate and one sink and its got a big fridge in there. There’s one part that I don’t like about it, and its that I don’t have my own restroom. I would say there are about 13 people on our floor, there are three bathrooms; one for women two for men. As for the bathtub rooms there’s one for women and I think two for males.

- So that’s no fun. Is is sanitary?

No it isn’t, its not. They do have a cleaning person that comes in supposedly daily, but that doesn’t happen. And if he does he doesn’t clean everything, he just goes over the floor with a mob, but he doesn’t like wash the tub out and stuff like that. So its really kind of nasty. People don’t care cuz they’re not focused on these things, they don’t care how they live, but…

- Are you able to bathe regularly and change into clean clothes and stuff?

I am, yeah. There’s a laundry facility on the 2nd floor there.

- So that bachelor is your own space. Do you have enough space there for yourself and all your belongings?

No, I, my heart is still broken from that. I had to do away with all that stuff that was given to me by family when they deceased and stuff and I couldn’t pack it around and I had to let it all go and pretty much wind up with nothing. I don’t have no possessions.

- So you lost a lot of stuff that was important to you?

Yeah, and the abusive, the management that they honestly don’t care down here how they treat or how they abuse the legal system with their rental, you know they don’t, they throw a lot of our stuff away, I lost like pictures and …

- while you were out?

No, I was asked to leave my premises by the first of the month…

- so they evicted you at some point?

Yeah and I was having a very difficulty due to financials the welfare wouldn’t pay for my move. So I was I think it was the day I phoned thme and told them I couldn’t pick my stuff up til the next day and they said okay so I went down there the next day with a friend from my chrch and when I got there my stuff was all gone, there was just a few odds and ends of my stuff there. So they said they had to get rid of it because they had a tenant to move in and they had no space. That was on the 2nd. When I went there.

- that’s not legal tho right?
I didn’t want to put myself through all that, my main issue was with my things. That’s self abuse actually. It was very tough I still pain today about it with heartache.

- So you don’t have much belongings now?

NO I don’t have anything that’s really important to me now.

- Do you have everything you need such as food, clothing, a bed with blankets…

I have a bed with blankets. I have very few clothing, but I’m working on that. Yeah, I have all of that stuff.

- Do you feel safe where you live now?

Somewhat.

- What about the ‘hood?

The neighborhood is accumulated with drug users, drug sellers etc. So it’s not safe for me at all.

- As a recovering addict or just as a person>

Either, either I think. Because people hurt people down here just to steal a toonie. My ex-brother in law got murdered a few months back for five dollars and that was just one block from where I live. He had five dollars in his hand and an addict so needed down he just stabbed him in the heart and took the money.

- So, not the safest feeling the the neighborhood?

No not safe at all.

- Do you have the privacy that you desire?

Somewhat. And I say somewhat because I make that I make that happen for me somewhat. Like for instance if somebody knocks on my door and I’m not expecting anybody I don’t answer it. I deliberately don’t answer it, because everybody who comes to see me has to buzz in in order to come and see me, so if somebody’s not buzzing in to come see me and just knocking on the door it’s obviously somebody from the building on my floor. Because my building we have an elevator that you have a key to go to the floor. So for instance…

I can’t go to the fifth floor without a fifth floor key. When you move into your place you get a floor key. So that’s one good thing about the safety part of the building. Except I
found out something. And this is so weird I found out, but in a way it’s a good thing I found out. People that live up on the 6th floor their key works on the 4th floor. Okay so I’m on the 4th floor so I’m not too happy about it, but that’s the way the ball rolls so whether I like it or not I must be exception to it and just be prepared the way anybody should be prepared living down here and always expect the unexpected. That’s the way I roll.

- - So privacy…

Yeah, I just deliberately don’t answer it, because my family they usually phone me and I don’t really hook-up with people down here, I do programs down here, but I don’t get close with anybody or… lets put it this way: I can’t trust anybody. Because everytime I put my trust in somebody they automatically think that they got it made and they can pull the wool over my eyes. So that’s why I say always expect the unexpected because they will tell you they love you and they will actually gain your trust and slam you…

- so it sounds like you have the privacy that you need.

I definitely have the privacy that I need with the assistance of …

- that’s a big deal I think.

It is a big deal, I’m very thankful for that.

- I think the bachelor suite might be the lowest level where you have the privacy that you need.

Yeah, I should be a lot more thankful for what I have.

- well you still have to share the washroom and stuff, that’s a big deal I bet.

It is a very big deal for me because I think about… I watch silly shows… I shouldn’t watch tv because I see a lot of nasty things happening to people thru things that I have to live like, like sharing the bathtub and stuff. And its just kinda scary when I learn about the safety of a human being down here, given what goes around down here, not only bedbugs there are things called body bugs and headlice and things like that and having to share a bath is…

- sounds difficult.

Very difficult yeah. But I’m always walking around with that bleach bottle tho. Always, I always do. So you can make it work if you do your footwork that you have to do.
- so your home, has it ever been broken into or have you been assaulted there or has it been otherwise violated?

Yeah, yeah it has. I truly think that that was my own doing because it was me who allowed that person into my house, I allowed him to gain my trust and my husband was there as well and he took us hostage and kept me in our own home locked in our room not allowed to go out in to the bathroom and stuff like that.

- In the place where you live now?

Yeah, and uh.

- Like he held you hostage with a weapon?

No.

- he threatened violence?

He threatened violence. And that if we didn’t continue to do what we had to do to make it be okay for him to be there that he was gonna kill my husband in front of me. So we spent days on end reading lips and trying to make plans of how to get out of this situation and he, he uh, beat us with a crowbar. And my husband almost died from it. He's in recovery right now.

- your husband

yeah.

- I wasn’t expecting to hear that. What about are you able to, are you able to pay rent and whatnot.

Yeah, I’m okay.

- Can you say whether changes in your health are related to changes in your dwelling situation?

I did get kicked out before, but it was never cuz. I actually got evicted from where I live now because of this person that did that to us. So, in order to keep my place there I, I was to work with the police. This I did not want to do because down here they call that a rat. I thought well nobody could hurt me or my husband in any way that we haven’t been hurt already so you know, in other words I’m not afraid to die. I’m not afraid of it if that’s what they have to do in order to go on with their lives.

- so you got evicted after the hostage situation thing, then you got to move back in?
I got evicted and before the eviction notice took place, before it got to the date where I had to leave, I went to management and told them that I was fearful of these people to come back and harm me because we got out of it, he was angry, this guy was angry that we made it out because my phone rang, and this is how we got out; my phone rang and they kept making us answer the phone and just turn down whatever was there or whatever, and I told him that my doctor did absolutely refused, because of my cancer, he absolutely refused for me not to go in to the office. And that’s how we got outta the situation. So instead of looking at it as a hostage situation the manager looked at it as me allowing these drug people to move in to my house. And god that was nasty, but anyway they evicted me, before the eviction time came up I went down to see them and I told them that the police were on their way and that he would see a clearer picture of what happened, but I wasn’t gonna tell the story umpteen times so if you want you can come up to my place or we can come down here so that’s what we did, we went down to his office and the police questioned me and the manager was there and the police told the manager that he might want to think again about the eviction. And so that’s how I got to stay there. I just pleaded and cried, I didn’t want to go into those hotel rooms again, were the doors are so dingy and loose, you can just blow on it and it would fall over so you’re really not safe anyway.

- Did you ever move into a place and then have a relapse or breakdown due to a change in the dwelling spaces?

Yeah every singles time I moved it was a bad effect on me bigtime all of the above. It was, I was fearful of the people that lived wherever I was moving because I didn’t know them and I was also fearful of going to the restroom in those places. So, …

- So the place wehre you live now, does it have pests?

Not in my place..

- Do you feel comfortable there?

I do.

- Is your mental or phys health affected by it… Does it make it better or worse because of the place itself?

Somewhat. I, no actually I’m okay.

- So you are able to have a place and do everything it takes to have a place: clean, cook, host guests

No actually I have a mental health disorder so I have a home maker that comes in to clean for me once a week, so she will come in and do laundry and sometimes she cooks the meals for me, but I just let her do what needs to be done and I try to do a lot of it myself.
- its challenging tho?

Very challenging, very challenging.

-So you don’t host guests?

No, I’m really excluding. I’m so excluding. I pray one day I will be so comfortable I will not be excluding.

- to have guests over and stuff.

Even my family, I just can’t seem to be comfortable. Anybody. I don’t know why, but maybe one day I will find out.

- Does it have to do with the actual space?

It might have to do .

- Like if you had a place with a living room a bathroom and kitchen then…

Yeah, it would. I would. Its small, yeah. No, its embarrassing.

- Is your housing situation coordinated with mental or physical health services?

No.

- are there support services? You said you had a home maker.

Yeah, she’s through my doctor clinic. Not through the housing thing, no.

- So your place doesn’t have nurses or social workers or things like that.

No. That would be nice. That would be helpful. Yes.

- As it is you just take care of your own meds and stuff.

Yeah, they put em in a blister pack for me and the nurses come by once every two weeks to check and see how I’m doing, to see how my mental and physical health is.

- Do you share any common areas other than the washroom?

No.
- Are you or have you been discriminated in the past by landlords because of mental or physical health issues or because you are a drug user or alcoholic?

All the time. They think I’m crazy. They call me crazy, the neighbors, the landlord, the manager too. He thinks I’m really crazy. But I would think I’m crazy too if I looked at what I’m doing. Because in my window I’m like four floors up and in my window you know the top of a four burner range? You know the white thing that goes over the hotplates that comes off of a stove? I found it in the alley when I was putting garbage out one day and I brought it in. My landlord, I think he has a hard time looking me in the eye now, because I put it in my window. With another bird on the other side because I seem to have a situation with thinking that no matter how high, or where I am, it doesn’t matter where I am because somebody has, where there’s a will there’s a way if someone wants to hurt somebody. And I always think that somebody’s coming to hurt me cuz I never, I’ve always been like that since my nephew got murdered in my home I have been so living in fear.

So the thing in the window is for…?

It’s for protection. Should somebody try to throw anything, or try to shoot me, that’s why, that’s exactly why I put it there. In case somebody tried to shoot me. Maybe they want to look at me, I don’t know what to think. I think I’m still living in that past trauma. I think people will come and get me because I’m still alive and that I might know who they are that killed my nephew. I’m afraid of that.

And when did that happen?

That happened in 1994. It’s a long time. When I hear it it’s a long time, but when I try to heal from it it feels like it just happened.

- When you talk about it it sounds to me like it happened recently.

Yeah, I feel like that.

- Have you ever been kicked out of a place or not allowed to move in because of discrimination?

No.

- Would you prefer to have room mates?

Absolutely not, absolutely not.

- Pets, have you always had pets?

No actually Rosy is my first pet.
- Your cat right now is your first pet? How do you like it?

I like her. I love it. Because she loves me unconditionally and I love her unconditionally.

- So you don’t see parting ways anytime soon? So if you look for a place in the future it will have to be pet friendly?

Yes, exactly. I’m not gonna move without her. I wouldn’t let this particular place go until I know that there are no conditions towards my cat.

- So you mentioned your husband. Is there space for intimate relationships?

Uhm...no, actually well you know actually we’re both living separate lives but we’re still together. I don’t know how to explain it, I don’t know how that sounds but he’s living in his own place and I live in my own place because we truly believe that in our addiction that we both, when we were in our addiction we fought like cat and dog, because of the drug. ‘ahh you get more and I get less, what’s up with that’ It was just grossly the addiction. And it caused barriers, negative barriers in our relationship and then negative barriers led us to separation. Because of harming each other and lack of trust.

- Do you think the space, the dwelling space being a bachelor had anything to do with that?

Yeah, I think so. It has something to do with it because of the small place, being in a bachelor suite…

- You can’t go into the next room if …

no, you are always there together and whether you are going to be or not, that’s your living arrangement. And so that created another great big barrier in our relationship, then finally we both, after that guy did that to me in our house, after we got free from that, we both decided okay let’s go our own ways and heal our own ways and see where this brings us from there. So we’ve been doing this ever since and uh, I think actually 2009 might be a good year for us. I’m hoping a praying we can both stick to our recovery and look after our health and so when we both look after our health, but when we’re not together and I don’t have him to look after and like I was nurturing him and everything, I was doing his laundry and spoiling him rotten all the time where he would take that for granted and be abusive towards me anyway. So now we both have time to think and consider how we both want to treat each other so and so far so good.

- So you had to have separate living spaces to get anywhere you are now.
Exactly. But it's still a big impact on the both of us where the trust thing is because our past keeps on creeping up on us and stuff and the old distrust then and stuff. I just have to remember to stay in touch with my feelings and learn to trust, to continue to trust.

- okay last questions: Do you feel at home? And what makes it a home? What's like the essence of what it is that makes it a home?

I do feel at home where I live because I've got what I feel like I need.

Got privacy.

I got my privacy, that's the most important thing for me, because my cancer is eating my kidneys and so therefore I have extensive health issues where surgery couldn't keep me, surgery couldn't save me so my body parts that function for regularity are shutting down. So like this is why I have the bathroom issue, really really have the bathroom issue. My health issues require massive privacy. So, yes I am comfortable where I am.

- Mainly because there is some element of privacy and you can control the space?

Yes, exactly.

- Anything we may have missed that you thought of that you think we should hear for the study?

The neighbors in the hallway, they meet, they fight in the hallway and stuff like that. That's the only bad thing about it, is having to hear scary things like that. Some of my neighbors are violent with each other. The one on my left is safe, he's clean and sober. But he one on my right is a couple that's constantly fighting and drugging.

- So that has a big impact on your life.

I don't know because of the shooting and stuff I'm afraid that this is gonna happen right outside my door or something. Or, yeah that I might get shot or something. Or a body or something in the bathroom is the scariest thing.

- So going into the bathroom and discovering a body is the scariest thing?

Yeah, totally, cuz we all have a key for that.

- Who would have guessed? I would never have guessed that you had this kind of anxiety.

It's pretty scary.