INTRODUCTION

Over the past decade, statistical reports have accumulated rapidly around the subject of homelessness in the United States. Yet even the best empirical research does not tell us the kinds of actions we should take and the moral principles upon which we should base them. Thus good data alone do little to resolve this troubling social issue. In the end, it matters less whether we count 3 million or 300,000 people as homeless than knowing what to do about any of them.

In the case of a homeless person who also has an alcohol problem, this is the situation we face today. It is an ethical dilemma in the classic sense of the term, for the policy trends that currently define problems of alcohol and drug abuse run counter to the policy trends that define problems of homelessness. Thus the values that guide our behavior toward one issue do not inform—and may even contradict—our behavior toward another, although we may be talking about the same person in each instance.

These contradictions inevitably make coherent policy for the homeless with alcohol-related problems difficult at best. Detoxification programs, typically the gateway to other treatment services, particularly exemplify the ethical dilemmas...
posed in treating those who maintain neither sobriety nor a home—in short, the homeless alcoholic. This chapter examines a few of these issues and their implications for program policy.

DECEIT, DISCREPANCY, AND DENIAL

A persistent concern with providing treatment services to homeless alcoholics is the doubt about their real motivation for seeking treatment and, once in treatment, their likelihood of success. Can people who lack such basic needs as food and shelter use rehabilitation services effectively? Alternatively, can people with a history of alcohol problems use food and shelter provisions for the homeless in the manner for which they are intended—that is, without using them merely to support their drinking habit?

Dishonesty and denial have long been taken on faith as basic attributes of the homeless alcoholic; therefore his or her request for help is usually suspect. The skid row literature of post-World War II, for example, equated homelessness with the tramp, an older stereotype of a schemer, a con man, and a usurper of social services. In this vein, ethnographers, especially in the 1960s and early 1970s, depicted skid row survival as a kind of "one-upmanship," whereby securing a "flop" for the night, as one social investigator put it, was a way for the "Skid Row alcoholic to play a game with the established (square) elements of society" (p 76).1 Although these accounts may have been largely an attempt to change prevalent notions about homeless men as totally dependent and powerless, they tended to add to the perception of the homeless alcoholic as an untrustworthy client.

A rare challenge to this view as Bahr and Houts’s article, “Can You Trust a Homeless Man?”2 Their research included interviews with 400 men admitted to a shelter and social service center in New York City, which then were compared to information that these men gave during earlier intake interviews. The "discrepancy rates" between these responses demonstrated that homeless men were more likely to be inaccurate about dates and long-ago events because of age and mental disabilities than to be dishonest in their answers. Even so, the role of alcohol in discrepancies or dishonesty has been largely neglected in past research on homeless or skid row men.

In this regard, the trustworthiness of an alcoholic’s word belongs almost entirely to the alcohol treatment field. Central to all psychological treatment rationales is the concept of "denial." Not quite deceit and not really mental impairment, denial is used to explain why most alcoholics do not admit their drinking problem readily or seek help for it easily. As Bean notes, the concept of denial has its origins in psychoanalytic literature and is only one of several defense mechanisms.3 Denial is a disavowal of external reality; it differs from repression, a defense against internal impulses. In the nomenclature of ego psychology, denial is thought to be both common and normal in response to trauma. Traditional and popular psychology, for example, describe denial as the first stage of coping with a crisis. Translated into alcohol problems, however, denial is a more general and more static condition. According to Anderson, the denial in alcoholism is

a shorthand term for a wide repertoire of psychological defenses and maneuvers that alcoholic persons unwittingly set up to protect themselves from the realization that they do in fact have a drinking problem. (p 22)"