

Reviled, Rejected, but Resilient: Homeless People in Recovery and Life Skills Education

John H. Wong, Ph.D.* and Gene L. Mason, Ph.D.**

INTRODUCTION

Each year, the Massachusetts Coalition for the Homeless holds the Interfaith Memorial Service for Deceased Homeless. Approximately 125 homeless persons die prematurely in Greater Boston annually.¹ In a recent 7-year period, 847 homeless deaths were documented in San Francisco—an average of 121 persons a year.² Their average age was 41.³ The American public shows some compassion for the plight of homeless men and women. However, a large segment of the public has an unforgiving view toward homelessness. Since the late 1960s,

* B.A., Harvard University, 1974; Ph.D., Massachusetts Institute of Technology, 1992. Dr. Wong is Senior Project Director at Education Development Center, Newton, Massachusetts. He is President of the Board of Directors of the Massachusetts Coalition for the Homeless. This article is dedicated to Kim: “Enjoy Mount Holyoke College and go MHC Soccer.”

** B.A. cum laude, University of Texas. 1962; M.A. University of Kansas, 1964; Ph.D., University of Kansas, 1967. Dr. Mason is responsible for Workforce and Entrepreneurial Development at the St. Francis House Moving Ahead Program. He is also a MAP graduate. Drs. Wong and Mason are writing a book on cases of formerly homeless people in recovery who have successfully moved to mainstream society and the treatment methodology that have helped them make that transition.

¹ See Interview with Sister Linda Bessom, Faith Into Action Together Coordinator, Massachusetts Coalition for the Homeless, in Boston, Mass. (Jan. 9, 2001). See also Massachusetts Coalition for the Homeless, *Factors Contributing to Family Homelessness*, available at <http://www.mahomeless.org/learnmore/factors.html> (last visited Apr. 16, 2001).

² See National Coalition for the Homeless, *The San Francisco Homeless Death Review*, available at <http://nch.ari.net/deathreview/sfdeathes.html> (last visited Nov. 26, 2000).

³ See *id.*

conservatives have argued that very poor communities are characterized by a “culture of poverty.” Edward Banfield’s influential *Unheavenly City* puts the onus of their plight on the “underclass” themselves.⁴ According to Banfield, they are flawed individuals. They can not plan, save or work for the future. They can not have stable long-term relationships, because they are driven by impulse and immediate gratification. They resent authority and have no sense of community or friends. Applying these perspectives, some Americans believe that homeless people should be held responsible for their own demise.⁵ They argue that the main causes of homelessness are personal frailties and poor decisions that lead people to substance abuse, joblessness, and life on the margins of society.

To combat this view of the causes of homelessness, this article presents three cases of homeless people who have cheated death and have become successful, employed members of society. These stories demonstrate that the lives of homeless individuals are immensely complicated webs of both personal decisions and circumstances beyond the individuals’ control. These are stories of celebration and inspiration. They illustrate that homeless persons do not have to die prematurely, and that no matter how many miles the addicted and homeless have to walk in darkness, there are ways to help them recover from both. These stories are about resilient people who have overcome very difficult circumstances, including incest, rape, physical abuse, alcoholism and drug addiction, and repeated incarceration in jails, prisons and mental hospitals.

⁴ See EDWARD C. BANFIELD, *THE UNHEAVENLY CITY: THE NATURE AND FUTURE OF OUR URBAN CRISIS* (1970).

⁵ See e.g., SUSAN YEICH, *THE POLITICS OF ENDING HOMELESSNESS* 26 (University Press of America 1994) (discussing the victim-blaming strategy of policy-makers in the late 1980’s and early 1990’s).

At the outset, it should be pointed out that these case studies of homeless people with a history of addiction are not presented as commonplace occurrences. The three cases focus on severe drug addiction. While 40 percent of the adult homeless population is drug or alcohol dependent,⁶ the primary causes of homelessness are the lack of safe and affordable housing and declining real wages and eroding work opportunities for many workers.⁷ A person earning minimum wage needs to work 119 hours a week to afford a basic two-bedroom apartment in Massachusetts.⁸ Twenty percent of homeless adults work.⁹ They work in low-wage jobs that do not make ends meet.¹⁰ In a survey on American attitudes toward homelessness, 36 percent of respondents said that they could imagine a situation in which they might become homeless.¹¹ As

⁶ See National Law Center on Homelessness and Poverty, *Homelessness and Poverty In America*, at www.nlchp.org/h&pusa.html (last visited Jan. 18, 2001).

⁷ See National Coalition for the Homeless, *NCH Fact Sheet #1: Why Are People Homeless (June 1999)*, at www.nationalhomeless.org/causes.html (last visited Apr. 1, 2001); see also UNITED STATES CONFERENCE OF MAYORS, *A STATUS REPORT ON HUNGER AND HOMELESSNESS IN AMERICA'S CITIES 2000: A 25-CITY SURVEY* 66-67 (Dec. 2000) (reporting that of the 25 participating cities more found lack of affordable housing and low-paying jobs as the cause of homelessness than any other cause).

⁸ See Massachusetts Coalition for the Homeless, *supra* note 1.

⁹ See National Coalition for the Homeless, *NCH Fact Sheet # 4: Employment and Homelessness (Feb. 1999)*, at <http://nch.ari.net/jobs.html> (last visited June 22, 2000).

¹⁰ See Richard Wolf, *Survey blames high costs, low wages for hunger, housing crisis*, U.S.A. TODAY, Dec. 16, 1999, at A4.

¹¹ See *What Americans Say About the Homeless*, PARADE MAGAZINE, Jan. 9, 1994, at p 4.

housing costs increase¹² and real income stagnates,¹³ homelessness is beginning to hit home with many Americans.¹⁴

This article is also about three women who attended and graduated from the Moving Ahead Program (MAP) at Saint Francis House, a nonprofit organization in Boston, Massachusetts. The comprehensive services at St. Francis House and the MAP 14-week life skills education class were instrumental in helping them make the difficult transition from homelessness to mainstream society and from addiction to recovery. The cases happen to be female. They also happen to be Caucasian. Because the homeless population is diverse, many cases of men or of different ethnicity could have been depicted instead.

I. LIFE SKILLS EDUCATION

In the late 1970s and early 1980s, when typing was an important office skill, what are now called Life Skills Classes were called Basic Typing (BT) classes.¹⁵ But BT classes taught

¹² See FANNIE MAE, THE 2000 FANNIE MAE NATIONAL HOUSING SURVEY (2000), *available at* http://www.fanniemae.com/news/pdf/national_housing_survey_2000.pdf (last visited April 1, 2001).

¹³ Although the economy is booming, the real value of the minimum wage has declined. The purchasing power of the minimum wage declined 18.1 percent between 1979 and 1997. See Massachusetts Coalition for the Homeless, *supra* note 8 (citing LAWRENCE MISHEL ET AL., THE STATE OF WORKING AMERICA 1998-1999 (1999)).

¹⁴ See United States Conference of Mayors, *supra* note 7, at 38-42, 61-66 (reporting an increase in demand for shelter services among individuals and families, and an inability of existing shelters to accommodate the increase).

¹⁵ See KEN AULETTA, THE UNDERCLASS 14 (updated & rev. ed., The Overlook Press 1999) (discussing the Manpower Demonstration Research Center (MDRC) Basic Typing program carried on in 21 sites across the United States).

more than just typing, math, and other basic academic and vocational skills.¹⁶ As described by Ken Auletta in *The Underclass*, BT classes taught the participants behavioral skills, including “how to set an alarm clock, speak on a telephone, dress for work, cash a check, say please or thank you, tell the truth about their pasts, write letters, conduct job interviews.”¹⁷ These BT classes were created as part of a major experiment in the early 1980s that combined employment with supportive services in an attempt to change the culture of poverty.¹⁸ Classes offered training, education, counseling, and employment to “ex-convicts, ex-addicts, long-term welfare recipients, and delinquent youths—the core of the underclass.”¹⁹ Today, BT classes are called Life Skills classes, a name that more fully describes the range of training that takes place.

Because of barriers and circumstances in their past, some homeless people in recovery do not know how to read a classified ad, fill out a job application, write a resume or dress for, speak at or follow up on a job interview.²⁰ Many homeless people have never had the opportunity or the need to go through the job application process. Most do not have the core technology skills required in today's workplace.²¹ Some do not know proper dining etiquette. Many do not have

¹⁶ *See id.*

¹⁷ *See id.* (discussing the MDRC program).

¹⁸ *See id.* at 13-14.

¹⁹ *See id.* (discussing the MDRC).

²⁰ Many other people who provide services to the homeless have made the same observation. *See, e.g.,* William Hermann, *Flight of Phoenix's Homeless Catches Suburbs by Surprise*, SAN DIEGO UNION-TRIBUNE, Aug. 8, 1999, at A27 (quoting a director of a homeless outreach center in Scottsdale as saying “[w]hen you lose your home... [w]hat seems like a common accomplishment for us—like filling out a job application—becomes overwhelming”); Barry Flynn, ‘Unemployable’ Get a 2nd Chance, ORLANDO SENTINEL, Oct. 2, 2000, at 18 (reporting that a center for the unemployed provides classes in “soft skills” such as interviewing for a job and appropriate dress); *Help Them Dress to Impress*, L. A. TIMES, Aug. 11, 2000, at B8 (noting need among homeless and others to receive help with hair, makeup, and business attire).

²¹ *See generally* Olga Acosta & Paul A. Toro, *Let's ask the homeless people themselves: A needs assessment based on a probability sample of adults*, 28 Am. J. of Community Psychology, p. 383. (Jun. 2000), 2000 WL 22644910 (noting lack of job skills among homeless). These types

adequate communication skills.²² Many do not have adequate money management skills.²³ Most adults would be too embarrassed to admit these deficiencies or to ask other people to teach them these skills. Moreover, homeless people may lack self-esteem, confidence, and trust.²⁴

In our research for this article, we found that MAP students have remarkably similar definitions of life skills. They identified life skills as "ordinary socialization skills" that they had missed when they were growing up. These are basic skills that they would need to live daily life in mainstream society instead of on the streets. One called it learning "society's manneristic ways." In *The Underclass*, one BT class participant wanted to learn "proper English" and enjoyed that particular aspect of the supported work program.²⁵ Another wanted to attain employment in a credit department, but recognized that he had to learn to be punctual and to be assertive in order to be successfully employed.²⁶ A homeless person in recovery living at the margins of society needs life skills as a foundation for entering the mainstream. We have found that life skills education helps them to interact effectively with others, builds their self-

of skills do, in fact, comprise a large portion of life skills courses. See e.g., Life Skills Ministry, *Achieving Necessary Skills*, at <http://www.life-skills.org/n-skills.htm> (last visited Apr. 2, 2001).

²² See JULIE STRAWN & KARIN MARTINSON, MANPOWER DEMONSTRATION RESEARCH CORPORATION, *STEADY WORK AND BETTER JOBS: HOW TO HELP LOW-INCOME PARENTS SUSTAIN EMPLOYMENT AND ADVANCE IN THE WORKFORCE* 31 (2000) (noting that the lack of interpersonal, teamwork and communication skills are thought to be a prime cause of low-income parents inability to sustain employment); see also Harry J. Holzer, *Career Advancement Prospects and Strategies for Low-Wage Minority Workers*, Urban Institute, at <http://www.urbaninstitute.org/workingpoor/careers.html> (last visited Apr. 1, 2001) (finding that a lack of social and verbal skills contributes to unemployment).

²³ See Kate Taylor & Janet Adamy, *Escape from Welfare: More than 38,000 People in Oregon Have Left Cash Assistance Since Reform Began*, THE OREGONIAN, Oct. 5, 1999, at B1 (noting that some participants in public assistance programs have problems managing their money).

²⁴ A lack of self-esteem and confidence are particularly troubling given that a recent survey of employers found that employers want "first and foremost, a reliable worker with a positive attitude." Marsha Regenstein et al., *Job Prospects for Welfare Recipients: Employers Speak Out*, Urban Institute, at <http://newfederalism.urban.org/html/anf25.html> (last visited Apr. 1, 2001).

²⁵ See Auletta, *supra* note 15, at 173

²⁶ See *id.*

confidence, improves their capacity for civility, and supports them as they reach for their dreams. Additionally life skills education can be liberating for the addicted and homeless.

A broad skills base is necessary to overcome any major problem or accomplish a significant goal. In many respects, life skills and liberal arts education are similar. Life skills education does for homeless people what liberal arts education does for the elite. A liberal arts education provides college students with basic courses in the arts, humanities, and sciences before they specialize in law, business, or other advanced training. A homeless person in recovery living in marginal society needs life skills as a foundation for entering mainstream society.

The following three case studies will examine how life skills education at MAP played an instrumental role in helping homeless people in recovery make the difficult transition from addiction to recovery and from homelessness to mainstream society. These cases are based on the personal accounts of the women.²⁷

II. THE SEARCH FOR MEANING AND ACCEPTANCE

A. *Sandra*

Sandra stood at the podium. She graduated *cum laude* in college and has a Masters degree in Education and a teaching certificate. She should feel comfortable in front of a class. Instead, she was petrified. She tried to speak but no words came out of her mouth.

²⁷ The reports in these cases are exactly that, reports. No attempt has been made to verify the information.

Sandra was into the second week of the MAP life skills class. It was her turn to present her "life map." In this activity each participant identified the significant milestones in his or her life journey and created a visual presentation—a life map—that showed the development and connection between important events. Participants used their imagination to express themselves, combining words, pictures, and colors to communicate their story.

Her classmates had done impressive life maps. Some were colorful. Others were dark and foreboding. All were expressive. Sandra had struggled with the very idea of opening herself to the class. After all, she was 47 years old and her life experiences could fill the entire wall, not just the 36"x24" poster boards that her younger classmates had used to present their life maps.

What part of her life should she reveal? That she was horribly abused as a child? That her alcoholic mother often put her hand in boiling water? That she was left alone for long periods? That she had permanent flat spots on her head from physical abuse? That she and her sister had been put up for adoption?

Her life with her adopted parents was too painful to discuss. They had money and material things, but no love or joy. Young and successful, the parents adopted Sandra when they could not have children. However, they did not know how to deal with their traumatized, adopted child. Sandra was a needy girl, but all she received was harsh discipline. Sandra acted out and the punishment was excessive. Her adopted mother's father and two brothers raped Sandra when she was in the fifth grade. Six sons of this affluent, idyllic town in New York State also raped her. Her adopted mother's attitude was that "it was impossible to rape someone." Sandra was blamed for being the victim. Her adopted mother impressed upon Sandra that she would be a failure like her birth mother—a whore.

Should I tell everyone that I became actively suicidal as a teenager? That I overdosed on diet pills and went into cardiac arrest? That when I awoke in a hospital room, my adopted father's first words to me were, 'do you know how busy I am?'

Her parents sent Sandra to several different schools, including a residential reformatory for delinquent girls. Sandra was rebellious and had difficult times at all those places. Her parents finally took Sandra to a state mental hospital, leading her to believe that she was going to some place beautiful and nice. She stayed at the hospital for five years. Then she escaped. She was 17.

Sandra's life thereafter revolved around five men. We will call them David, Charles, Larry, Robert, and her current husband James. Her relations with men were like wild swings of the pendulum. She experienced love and repulsion, and fear and trust. David gave her hope but quickly took it away. Charles opened a world of possibilities for her and she excelled. She grew intellectually and her success was a revelation. Larry and Robert each battered and exploited her. She self-destructed many times. She pieced her life together just as often. James is now a source of strength.

Her first husband had been her therapist. When she was at the mental hospital where she lived from age 12 to just before her 17th birthday she learned that her parents were going to turn her over to become an adult ward of the state when she came of age. She learned this from David, her therapist at the hospital. David helped her to escape. He actually arranged for her to get a weekend pass to go home with a fellow resident, a girl friend, to visit with the girl and her parents. "My therapist was going to get me out of this life. He was white, one of the few white people I identified with. Except for my adoptive family and my therapist, most of the people in my life have been people of color."

He got escape clothes for me—all black clothes for my midnight departure. He gave me a sleeping pill to give my roommate so that she would be asleep. At the stroke of midnight I was to get out of her house and meet my therapist parked nearby. I did it. I escaped from the mental hospital. This escape took place on April Fools Day 1966.

Her therapist drove her to Cape Cod, Massachusetts where he had prearranged for her to stay with his cousin. “Maybe I have a ‘Savee Complex’ but this was a heroic act, whatever his motivations may have been. He was married with two children. I later married him.”²⁸

The next year, when Sandra was 18, they had a child, Larue we will call him. During this period her therapist and husband frightened her often. She took their one-year-old child and left. With only a seventh grade education her job options were limited. Ultimately she became a waitress.

Her husband wanted the child back, and he threatened to expose her background to her employer if she did not consent. Then one day that their son was visiting his father the father simply refused to return him.

Sandra moved to another part of Massachusetts and worked 90-100 hours a week. University students in this area frequented the restaurant where she worked. She dates her drug addiction to this period. “I was doing a lot of 'speed'.”

Sandra then met the second man who had a very big influence on her life, a black man we are calling Charles. He was a university senior. This was a very exciting era on American college campuses, and in this university in particular. This was the era of Stokley Carmichael and H. Rap Brown. Charles represented a different aspect of this exciting period. He was a member of the Bahai faith. She credits him with helping her immensely. Students who knew

²⁸ In helping Sandra escape from the mental hospital and later marrying her, the therapist could be criticized for behaving in a highly unprofessional and unethical manner.

her from her work at the restaurant knew she was bright but uneducated. They encouraged her to go to college. Charles started tutoring her.

They fell in love. In a short period of time Sandra completed the GED, scoring in the 100th percentile, and enrolled as a student at the university. She also became a member of the Bahai religion. “The ‘progressive revelation’ of this religion was very attractive to me. That I could be one of the ‘roses in the garden’ pleased me.” She even went to Chicago and visited the Bahai Temple there.

Charles and Sandra were married. He was going to graduate school, and was intelligent and gifted. Sandra felt like she was starting to come alive, really alive. She entered the university while she was working. “I took two courses and wrote down everything the professors said. I learned to write very fast, so fast that they gave me A’s. The truth was that I didn’t know what was unimportant so I had to write everything down. But I loved to learn. It was so very exciting to me.” By the summer of 1970 Sandra had “speed” out of her life.

In 1973 Charles and Sandra had a child. They named him after a famous African. “I didn’t love Charles all that much, but I thoroughly loved Charles’s parents, especially his mother. She was a black woman married to an octoroon in Georgia, when it was illegal.” Charles' parents decided to help her. She was attending the university, had a new husband and a new child. They paid for the boy’s day care and Sandra devoted herself to academic pursuits. Charles completed residential graduate school requirements and they bought a home in New Hampshire.

He lived there and she came up on weekends. The baby was with Sandra during the week.

My life was so full and exciting I could barely contain myself. I was blonde and slim and pretty, and I did not want to be married. Charles was not a bad man; I just didn't love him. And in all honesty I didn't really want to be a mother either, but I was both. I was experiencing freedom, a freedom that I had never known in my life.

The hard work she had become accustomed to paid off and she completed a four-year curriculum in two and a half years. She double majored in Black Studies and American Studies. Then she was ready for graduate school herself. Sandra enrolled in the graduate school of education at the university. She received scholarships and fellowships and became the Head of Residents in the dormitory. As she was completing the Masters degree she trained the other resident counselors.

Sandra's two best friends were black women, Vickie and Valerie. She spent as much time as possible with them.

I was not faithful to my husband. I was dating a star of the football team when the team was champion. During this time I was abusing myself with alcohol, but I didn't know it. I had no major jackpots, but I did a lot of things I should not have done. I was offered cocaine one evening. I loved it. I stayed high as a kite for two days and nights.

I was accepted and excelling, but I partied every Thursday, Friday and Saturday night, and drank like a fish—before the party, during the party and after the party. Yet I was so alive. My mind and my body were quick. When I got a break I swam in the morning, played tennis and ran in the afternoon, and swam again in the evening.

Charles and Sandra got a divorce. They shared custody.

Independent of the stable influence of Charles, Sandra met and fell in love with a rebel. His name was Larry. To the impressionable Sandra, he had the dangerous streetwise looks. Right away she got pregnant and gave birth to a daughter. The relation with Larry was the end for Sandra. He led her deeper into the world of drugs. Sandra soon became addicted.

In the next 18 years, they had an off and on relationship. She pushed him away but let him back in. Over that period, she became a full-fledged user of alcohol, coke, and crack. She was to have approximately 10 surgeries, mostly OBGYN work, and she became strongly addicted to Percosets. The drug use took a huge physical toll on Sandra. She would do drugs overnight and be completely unable to function for two days. Larry was having sex with other women. This drove Sandra deeper into self-destructive behavior. The only clean time she had was when they were not together.

Sandra had three premature births and one child died within twenty minutes of birth. The doctors and Sandra knew that he would die. The death of her child was devastating. She had never dealt with death, and she was in no shape to do so. She also found her husband in bed with another woman on the same day the child was buried. She drank a bottle of cream sherry and went to the cemetery and dug up the baby's grave. At that time, two children stayed with her, a girl and a boy.

In 1985, Sandra started to go to detoxification programs. She began to escape from Larry. With Valerie's help, she moved to Boston in 1986. There were other attempts to escape Larry and his lifestyle—to Norfolk VA, back to Massachusetts, to an emergency shelter in Cambridge MA, to staying with Valerie, and to an emergency apartment for battered women in Boston. She did some teaching and student counseling, but she could not hold a job. She was unemployable most of the time.

Then driving under the influence of alcohol, she had a near-death car wreck. She went to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings. She met Robert there, a man in recovery, a man with a long history of incarceration—having served a life sentence at

Walpole State Penitentiary and paroled—sometimes psychotic and a batterer, but “he was charming, oh so charming.”

We got married. The day afterward, when I was clean and sober, he threw a cup of coffee in my face. I thought ‘this relationship won’t work’, but things settled down for a while.

On her daughter’s seventh birthday, she found out that she was pregnant again. Pregnancy, drugs, and disaster were still the controlling elements of Sandra's life. She did not want this man’s baby, because she was 40 years old and he was 50. She had an abortion. She was in much pain after the abortion. Robert went to get Percosets but returned with heroin. It was her first time using heroin. She became immediately addicted. She sniffed it for a month and then went to the needle.

During this time, Sandra worked for a real estate agent and was making money. Robert was working also. They could afford the heroin. The marriage could not. It deteriorated completely in 1989 and 1990. Robert moved to Huntsville, Alabama and the chaotic relationship of a year and a half ended. "However, he hounded me. I changed my phone number. I was scared of him. Even gangsters were scared of him. He would rob anyone." Then came astonishing news about Robert:

One day I got a call from a medical examiner in Alabama who informed me that all of his systems had shut down and he had died of full-blown AIDS. I had no idea. I was tested. Negative. Tested two more times. Negative both times. They could not believe it, nor could I.

Frightened by this brush with death she went back to AA and NA, taking her children to the meetings. She got a job and started her life anew. The children progressed in school and at home. Then Sandra allowed Larry to re-enter her life. She self-destructed. Within a few weeks

her whole life fell apart completely. She became totally unemployable. She used drugs and alcohol around the clock, smoking crack, drinking methadone and alcohol. Larry worked and obtained the drugs. Her life deteriorated completely. She lost everything she cared about.

I did not ignore my children until drugs took over. They did. My daughter started running away, just like I had done. My son's life was a mess. I could not not use. Larry was a functional addict. I was totally dysfunctional. His grandmother took the kids through the courts. I walked right out of the courthouse to the liquor store.

Sandra spent the next four years on the streets and in the shelters. She was carried out of the lunchroom of St. Francis House into the emergency room several times. In 1996, she found that all her inner strength was exhausted. She was completely defenseless. She could barely summon her last cry for help. Fortunately, a counselor at Saint Francis House heard it and helped her to be admitted into detoxification. He had done this many times before, perhaps 20 times. There was no reason for him to expect that this detoxification experience would be the one that finally made a difference. Many of these exhausting struggles had been life or death experiences for Sandra. There was no reason to believe that Sandra would finally step away from death's gate and make a more committed decision to recover from her addictions. "Hopeless I knew I was; helpless I thought I was." After she completed detoxification, the counselor suggested that she stay at a halfway house and join MAP. She summoned the strength to join.

Now standing at the podium of the life skills class, Sandra gathered her indomitable will and gave an abridged account of her life map. She overcame her fear to talk about her past. For Sandra, the life skills class was an important part of healing. Despite her fear at the beginning, she eventually bonded with her classmates. In this environment, she reflected about her life and goals. MAP validated her as a person who could have some control over her own life. After

graduating from the class she took a one-year sabbatical to build on this foundation. She took a job as a supermarket clerk near her halfway house and her sober house. She spent time at only those three places. She earned \$130 per week and \$100 paid for housing. She maintained an ascetic and sober life.

MAP's Director, Fred Smith, had been waiting for the next big step in Sandra's life. He wanted to help her find a secure a job that was more consistent with her potential. When she was about to redo her resume and search for a new job, she attended a graduation of other MAP students. Fred Smith saw her there and asked if she was ready yet. She said yes. He asked her to apply for a job as a Case Manager of the Next Step Program, the transitional housing program at Saint Francis House.

She has now worked there for over two and a half years. All of her homeless friends gasp in amazement that Sandra has come so far. They remember the times when she overdosed and was carried out of St. Francis House on a stretcher. Now self-assured, Sandra counsels residents and teaches them how to avoid a relapse. She also dreams about doing a doctoral program around the issue of women and addiction.

Sandra has a teenage daughter who is a senior and will graduate in June from an elite private school in Massachusetts. She has a high-school age son who lives with his grandmother, also in Massachusetts. He will move to Boston in June to live with Sandra and complete his last two years of high school. A second son lives in Georgia and is completing his medical residency. The oldest son lives in Massachusetts and, like his mother, is in a program of recovery.

I have my children in my life in a positive way. They are also doing great. I've been employed, productive and serene for over three years, working and living the way I should. I have remarried, to a man who genuinely is in recovery. We all just keep getting better.

B. Cyndi

The bulldozer arrived in mid-afternoon. Through the heat and simmering rays, it moved over the weeds and debris toward the "fort" on an old dock on the shoreline of Boston Harbor. Cyndi and 35 to 50 other homeless people lived in and around the fort. Some were in the bushes, some under trees, and some underneath the burned down docks out of view of the police. Each person in this community of homeless people had a job. Some brought water for cooking and cleaning. Some panhandled. Some collected cans. Others fished. Some had special skills. They baited homemade crab and lobster traps with chicken. Sometimes they would even swim out to the traps that the lobster boats would set out, pulling the lobsters out and putting them in plastic shopping bags with small holes. Cyndi's job was prostitution.

Cyndi had known that this day would come. The police posted flyers next to the old rusted "NO TRESPASSING" signs on the fence as well as on the fort itself. The flyers warned that she and the others needed to vacate within twenty-four hours or they would be arrested for trespassing. Cyndi and her friends would have to move to another bridge or dock, abandoned building, tents, or the nearby train station. The bulldozer brought down the fort as the police searched for homeless people in the area. Cyndi was already intoxicated, almost numb, feeling sad and depressed as she watched. Nonetheless, she felt a certain pride that it took such heavy machinery to dismantle the fort. The fort was an ingenious structure born of necessity and practicality. Wood came from old docks along the shore. Friends brought nails and hammers. Wood was layered with blankets and tarps to keep the inside relatively dry and protected from Boston Harbor's bitter elements. Residents hung two hammocks from the inside walls of the

fort. They put down ripped up carpet and a mattress found in nearby dumpsters. This fort and others like it were home to Cyndi for almost ten years.

Cyndi felt an attachment to the people in her community, even though she was the odd member of the group. She was then and still is a young, attractive Caucasian woman. Her community was comprised of Hispanic men originally from Central America. Cyndi was the only woman and the only non-Latino in the community. Other women joined the group, but they did not stay long. Cyndi stayed because she felt that the community protected her. She even learned to speak, read, and write Spanish.

The group would have to find shelter elsewhere. The entire dock area had to be evacuated. Producers, actors, directors, makeup artists, electricians, and all their equipment would be there soon to shoot a scene of a movie. Ironically, the name of the movie was *Blown Away*.

Cyndi was born in Boston City Hospital in 1970. She has lived her entire life in Eastern Massachusetts, primarily in East Boston, a close-knit Irish and Italian working class community. Her father was a jack-of-all-trades, a journeyman laborer. Her mother was a homemaker. She had two brothers and two sisters.

Cyndi's father sexually abused her. As far as Cyndi could remember, the sexual molestation began at age seven or maybe earlier. It continued until when Cyndi was 26. At first, he told her that this was how fathers showed their love. Soon, Cyndi realized that it was shameful and unnatural to have sexual intercourse with her father. He was smooth and soft spoken with her. When she later protested, her father threatened her. The molestation continued even after the state Department of Youth Services (DYS) took Cyndi away from the family and placed her in a group facility. She allowed her father to molest her on weekend visitations

because she thought that currying favors with him would be her way out of the DYS facility. The last abuse happened in 1996. After one of Cyndi's many encounters with the law, her father bailed her out of jail and took her to his place of work far to the north of Boston. He then demanded oral sex from Cyndi. Otherwise, he would not drive her back to Boston. Cyndi was used to bartering for what she needed. She consented to the act, because her father said it was "a favor for a favor" and she desperately wanted to return to Boston.

Cyndi believed that her mother knew about the incest but did nothing to stop it. Her mother witnessed at least one episode of molestation when Cyndi was eleven years old, but her mother simply walked away from it. Her mother never said anything to Cyndi about it.

Cyndi's mother was one of ten children. Cyndi's grandmother was obsessed with military life. The grandmother divorced her first husband when he refused to join the military. After she married her second husband, she also insisted that he join the armed forces. Three of her children became career army personnel. Cyndi's mother did not enter the military. But she adopted the military's disciplinary approach in her household, carrying it to the point of torture. She abused Cyndi and her sister physically and mentally. Punishment included doing push-ups, cleaning the floor with a toothbrush, and holding thick books at arms' length while kneeling on the floor. Cyndi had to eat cigarettes, leading to nausea and vomiting. She was forced to eat the vomit afterward. Her mother also used pillows to suffocate her, releasing the pillows only after what seemed like an eternity to Cyndi. Her mother often pulled Cyndi by the hair to get her off the floor. In defiance Cyndi once cut off all of her hair and went to school bald. Cyndi often saw her mother taking diet pills and drinking cough medicine. Her drug use added to the severity of the torment.

The neighbors were well aware of the constant turmoil in the household and they called the Department of Social Services (DSS) to investigate several times. The family, however, put up a front. The parents told the children to act as if everything in the family was fine. The deceptions worked, but they only delayed the inevitable. The constant abuse and chaos inside the household would erupt into charges of attempted murder.

As Cyndi grew older, she began to fight back and to run away. When she was fourteen years old she ran away one night, but returned to fall asleep on the stairway. When her mother found her, she dragged Cyndi into the house by the hair. Cyndi wanted to leave the apartment again. She wanted her mother to call DSS and her mother did. The caseworker told Cyndi's mother that Cyndi should take a walk, cool off and then return. Her mother hung up on the caseworker, and a struggle ensued as Cyndi tried to get away. Cyndi grabbed the telephone and hit her mother with it. Her mother took the telephone away. Then Cyndi took hold of a knife to scare her mother away from the door. Her mother grabbed the blade with her hand and got the knife. Cyndi got another knife and again the mother seized the knife by the blade. The police came in response to a call from a neighbor. Cyndi's mother said that Cyndi tried to kill her. They arrested her. She was found guilty of two counts of attempted murder and sent to a juvenile detention facility administered by the Department of Youth Services (DYS).

Cyndi spent the next three years in and out of different juvenile detention facilities. Five or six facilities expelled her for disciplinary reasons. She was completely out of control. At one residential school, she agreed to abide by school rules in exchange for weekend passes. At that time her parents were separated because her mother had left her father for another man. The incestuous molestation began anew. Cyndi tolerated the abuse because she hoped that her father could get her out of DYS control for the weekends.

When she was seventeen, Cyndi ran away from DYS. She took to the streets. Like many homeless runaways, she turned to prostitution. It was not long before she free-based cocaine. When she turned nineteen life on the streets had already taken its toll. She lost weight. She could not sleep and rarely ate because of cocaine use. She also lost customers and money as she tried to feed her addiction. Cyndi did not know to turn to the shelter counselors for help in dealing with her drug addiction. Instead she turned to the bottle. She discovered that alcohol could get her high and numb just like cocaine, but it was much less expensive. Thus began Cyndi's alcohol abuse. Her drink of choice was Vodka with a water chaser. She lived under docks and bridges in secluded areas along the shoreline of Boston Harbor with fellow homeless alcohol abusers.

Cyndi was arrested many times. In one instance, an elderly homeless man accosted her sexually. This man had visited Cyndi's Boston Harbor community before, They had given him beer cans when they had extras. When Cyndi screamed for help, he hit her with his cane. She got away. The next day she was standing at the train station and he came from behind and stuck his cane between her legs. Surprised and angered, she turned and hit him, knocking him to the ground. The police arrested Cyndi.

Cyndi's life took a turn in 1996 when she was twenty-six years old. She was drunk and told her boyfriend that she felt suicidal. Fearing for her safety, he called an ambulance that took her to a local mental hospital. After a weekend observation, the hospital released her to Andrew House in Boston for detoxification. She wanted to leave Andrew after a short stay, but the nurses, in Cyndi's word, "begged" her to stay. There are critical moments in every homeless and addicted person's life—the first blackout, the first night alone on the streets, or the first commitment to sobriety. For Cyndi, her decision to stay was a turning point. From that

moment, she began her difficult transition to recovery and mainstream society. In the next four years, Cyndi experienced triumphs and setbacks as she struggled to leave the deviant culture of addiction and prostitution to enter mainstream society.

The detoxification program introduced Cyndi to a new view of the world. The Andrew House staff cared about her as a person without any hidden motives or agenda. They wanted her to succeed. She completed the detoxification program, and went to a halfway house, bringing with her new clothes and personal items that the staff had bought for her. The halfway house functioned as a therapeutic community. There were strict rules. In Cyndi's words, they were intended to "break you down and rebuild you." She stayed there for two months. The rigid environment eventually proved to be too difficult for her. She had her father pick her up and she left the facility. But back on the streets, Cyndi called her old counselor at Andrew House. She explained to her the mistakes she had made. They took Cyndi back. The counselor was familiar with MAP, and placed a call to Fred Smith who arranged for her to stay at another halfway residence, the Shepherd House. She also attended MAP. For Cyndi MAP was a place of discovery and revelation. She found that the MAP staff, like the staff at the detoxification center, genuinely cared about her. The staff encouraged her to think positively about herself. She began to learn, in her words, "society's manneristic ways." She gained life skills that she did not receive from her parents or as a prostitute. She had to unlearn the aggressive survival skills of the streets. She learned to write letters and resumes, and other skills that proved to be valuable tool for hers.

The MAP staff believed that recovery from addiction is a process that does not happen in isolation but must be anchored in a positive work life and lifestyle. Cyndi identified her job interests and personal skills and matched them with a career. She wanted to work with people in

need. MAP arranged an internship for her at a nursing home. For the first time in her life, people around her, the staff and other students at MAP, believed in her and expected her to succeed.

After graduating from the MAP program, she moved into St. Francis House's Next Step, the transitional housing program located a few floors above the MAP facility. She stayed clean. She was hired as an Activities Assistant at the nursing home where she did her internship. She went on to become a Certified Nurses Assistant and worked at a Nursing Care Center in Boston.

After living in Next Step for a year she moved into an apartment with a girl friend. Her friend was an alcoholic, and Cyndi thought she could save her friend. But without the support of St. Francis House, and the recovering community, Cyndi relapsed. She was soon back to her old haunts and habits. She drank alcohol and smoked crack cocaine. She was arrested for assault and battery. She stole money from a potential "trick" and was arrested for robbery, her first such charge. There were more assault charges. Cyndi eventually served fourteen months in prison.

Recovery is a process that never ends. It is a constant vigil. Relapse is the norm. Recovery is more than a commitment to sobriety. It means replacing negative pastimes and associations with positive activities and a supportive environment. People with past histories of homelessness and addiction are afraid to trust others and build new relationships. The abuse and molestation draw the self-confidence and esteem out of the victims. Time after time, victims return to the perpetrator because they do not have the life skills to go elsewhere.

In the latter seven months of her sentence, Cyndi became angry at drugs and alcohol for what they had done to her life. She channeled that rage into recovery meetings and became clean and sober. Cyndi found a use for the letter writing skills she had learned at MAP. She wrote to Fred Smith. Fred told her that she could reenter MAP and begin again after she was released

from prison. She was surprised to receive a second chance. Fred did not judge her. On January 2, 2000, Cyndi was released. Fred found her a halfway house at which to live.

The life skills class the second time around brought new expectations. Being the veteran meant that she not only had to learn the skills but also that she had to model her behavior to the other students. She concentrated on responsibility. She had to rebuild her commitment to this recovering community.

Since April 2000 Cyndi has worked as a part-time receptionist. She has a new Hispanic boyfriend, who also works and shares the bills. Cyndi has gravitated toward Hispanic culture because the community of Latino homeless men had protected her. She remembers that she had brought a young Latino boy home once and her racist father had forced him from the house. Cyndi and her boyfriend do not make enough money to afford their own apartment. They share an apartment with an elderly man. The apartment is still better than the fort.

C. Rosemarie

Rosemarie stood alone at the center of a banquet hall. She searched around anxiously and expectantly. Peering beyond the rows of people watching her, she was looking for one of the two most important men in her life. She had only seen photographs of him. Robert is her son, whom she had given up for adoption at birth when she herself was only a child. She was 14 at the time. Thirty years later, there would be a reunion. They would finally see each other a year after reestablishing contact by mail and telephone. The other significant man in her life was her other son, Eric, whom she also had given up for adoption as a baby. She was 17 at that time. She was hoping that Robert would come to see her in this momentous day in her life, but she also

had ambivalent feelings about what he might think of her and what they would say to each other. He had promised that he would come and he had never failed her.

MAP graduations are momentous occasions. Tears of joy and gratitude are everywhere. Each graduate speaks from the podium. She had completed MAP and she stood with her classmates and their families at the graduation ceremony. There were approximately 75 people at the Harvard Club in Boston. She had seen a fellow graduate, a tall, powerfully built man holding a small, four-year old girl in his arms. Committed to sobriety and a new career, he had reunited with his wife and daughter. This huge man cried. Rosemarie could not help but remember that she lost her father when she was a child. While she empathized with the joys of her classmate, she wanted so much to see her own son. She strained to look at the double oak door that led into the hall.

A tall, large man in his 30s entered. He had long, dark hair. He looked around at the faces near him as he walked toward the middle of the hall. His eyes met with Rosemarie's. For that moment, time stopped for Rosemarie. They recognized each other instantly. They moved toward each other. He said softly, "Mom." They embrace warmly amidst the roaring applause of the standing and cheering crowd in the hall. Rosemarie was proud of her son. She thought that she was not deserving of him, but she held onto him firmly.

Rosemarie was born in 1949 in Bellingham, Washington, located in the northwest part of the state, just 20 miles south of the Canadian border. At the time Washington's economy was centered around forestry, fishery, agriculture, and shipping. Bellingham was then a rural area. Residents were primarily lower and middle class whites and Native Americans. Rosemarie's family was working class whites. Her father was a rodeo cowboy from Montana, working as a logger. He was also an artist. He died from a heart attack when Rosemarie was two years old.

Life with her mother was difficult. Her mother was schizophrenic and alcoholic. Living on welfare and social security checks, the family was always on the move, picking up to leave whenever they were behind on rent or in other kinds of trouble. It was not long before Rosemarie realized that she was not living a normal existence. Her nomadic life meant that she was in and out of schools and had no friends. They lived in one-room apartments and sleazy motels. She knew what it was like to occupy abandoned space. Looking at children with roots, Rosemarie felt ashamed of her mother and herself. Her world was different from other children's, and she found that she had no common ground upon which to talk and play with other children. They could not talk about wearing new clothes, riding a bicycle or playing with dolls because Rosemarie did not have any of these normal childhood experiences.

Over time her mother's condition deteriorated. Increasingly paranoid, she medicated herself with liquor. Eventually Rosemarie's mother had to undergo electroshock therapy, although it was more readily accepted in the 1950s than it is today, it was less sophisticated and effective. Without any parental or adult guidance Rosemarie became rebellious. When she was eleven she took to the streets, dressed provocatively, and acted older to get attention. The streets were the temporary outlets for the rage brewing inside her.

Inevitably and rather quickly Rosemarie found herself in trouble with the law. She was in the company of two teenage boys who stole a car in Mount Vernon, Washington and was held overnight in jail. She was eleven. Because of this incident, the courts sent her to a reformatory school for girls. From age eleven to sixteen, she stayed at this school. At first, she enjoyed the stability and routine. There were regular meals, clean clothes, and a bed; instead of meals only when she could get them and bus rides to the hovel in the next city. However, Rosemarie could not open up or make friends at the school. Refusing to speak to the other girls, staff, and

counselors, she sought solace in reading and drawing. She found that she had artistic talents, a gift from her father.

One staff member at the Reformatory School sexually abused Rosemarie. At first, he acted as a friend by bringing her treats and giving her special attention.

I chose to escape the staff person who molested me by removing myself from places where he could get at me. He could not visit me in my cell at night because the doors were so heavy and loud, even small sounds echoed through the five cells in the unit. What was finally intolerable to me was when he had me moved from a dormitory to a room that was a "double". He managed to keep that room private by re-routing possible bunkmates to other dorms. He oiled the hinges on the door so that he would be undetected when he made his nightly offerings of sex with me.

I was too ashamed to speak to anyone about this relationship where I became a sexual hostage. I also had to consider how bad my life might get if I told on him because his wife worked in the other of the two buildings that housed the girls. It did not occur to me that he had done this to other "students" until I saw him start on a new arrival.

I finally found a way—I "forgot" a diary that detailed his relationship with me when I ran during the daily walk to the building where classes were held. Another person found the diary so I did not have to be present when he was confronted. By the time I was arrested and my confinement was over he had been fired. His wife never said a word about any of it. Her shame must have been incredible. After he was gone, I still ran until the authorities figured out that I actually preferred to be out of the population. I stopped running when they took away my books, paper, and pencils.

The Reformatory School for Girls was a low-security institution. It was easy for Rosemarie to run away back to the streets. Whenever she was caught and sent back, the school confined her to thirty-day lockdowns. She had to repeat the seventh grade because she missed so much school between running away and being in an isolation unit. Running away thirteen times meant that she was in isolation for thirteen months of her adolescence. At fifteen, Rosemarie began taking drugs, including morphine and dioxins.

In addition to the frequent lockdowns, there were two failed attempts at foster care. Even as an adolescent, Rosemarie acted like a sexually mature adult and made foster families very

uncomfortable as they tried to fit her into suburban, middle class life. The daughter in one family could not accept Rosemarie because of her risqué appearance and the mother in another family thought she appeared too promiscuous for her son and his friends. In one foster home the family encouraged Rosemarie to write to express herself. She spent a summer there but stole money from them and ran away to Portland. In retrospect, Rosemarie regrets having run away from this family. The family provided a glimmer of hope in her brief stay there.

When Rosemarie was seventeen, she ran away from the Reformatory School for good. The school failed to curb the budding rebelliousness of an adolescent and teenager desperately looking for role models, understanding, and acceptance. However, what it succeeded in doing was to reinforce her view that she was different from other people. It deepened her distrust of authority and of men. Drifting on the streets, Rosemarie tried to find jobs but soon found that she did not have any work skills. Unable to work Rosemarie resorted to prostitution. She also did not look the part of a business employee. She learned an important lesson that she carried with her all her life—it was essential to look, talk, and act properly for the workplace.

Stability is the last word that can be used to describe the first eighteen years of Rosemarie's life. Any semblance of normal life disappeared when she was two years old and her father died. Rosemarie did not receive any guidance, protection, discipline, affection or nurturing from any men. Men abused her. Anything she obtained from men she had to barter for, using her femininity and giving up her body. Rosemarie had to grow up fast to take care of a mother dually diagnosed with severe mental illness and alcoholism. She never had a stable and secure home, education or friends. She never felt loved.

The next ten years of Rosemarie's life became one of the most stable periods in her life. Eighteen-year-old Rosemarie chanced upon a show where beautiful women danced in glamorous

costumes in front of men in riveted attention. She immediately said to herself, "That's for me." Young, beautiful, and confident in her femininity, she had little trouble getting a job. Rosemarie had been working as an artist's model. She saw little difference between posing nude in front of art classes and dancing nude before an audience. Thus began a twenty-five year career as a stripper.

Fortunately for young Rosemarie, she joined a legitimate supper club instead of a seedy adult entertainment bar. Coming from the vaudeville tradition, this Portland, Oregon club had a floorshow that featured comedians, singers, drag queens, dance numbers, and strippers. More important to the impressionable Rosemarie, the club had strict rules that prevented dancers from drinking and meeting men from the audience. Rosemarie found a home. The owner, performers, and staff took care of the young runaway. They coached her on the profession and the imaginative Rosemarie worked hard to perfect her newly found art. She enjoyed being the center of attention and found confirmation of her worth in the applause of the admiring audience. She worked with and learned from a transgendered dancer. In time, she went on the road to perform, traveling to such places as Japan, Tahiti, Alaska, Canada, and Guam, but returned to the supper club as a home base. She performed on television six times, with the camera showing only the head and legs in the final moments of the dance. She was the feature on a documentary not only because she was beautiful and alluring, but also because she had grown to be confident and articulate. In 1976, she married a young rookie policeman, an admirer of her performance.

Through the 1970s, Rosemarie blossomed from a lonely, unloved juvenile to a self-assured stage performer. After a wayward existence with her mother and the rigid institutional life of the Reformatory School, she found support, security, and structure at the club. Her fortune would have taken a much different path if Rosemarie had stepped into a regular strip bar.

These establishments tacitly allow, encourage or even force dancers to drink and mingle with the customers, which often leads to addiction and prostitution. Fortune had not smiled on Rosemarie during her first eighteen years, but chance led her to step into the supper club instead of a strip bar.

In 1980, someone at a nightclub offered Rosemarie a line of fine white powder. The dangers of cocaine were not widely known at that time. The drug felt great. Rosemarie often felt exhausted from work and the drug seemed to give her boundless energy. Soon she fell into the company of strange men with readily available cocaine. Some men battered her, others raped her. She felt humiliated each time afterwards. Addiction took over her life. She no longer traveled on road shows and lost her job at the club.

The downward spiral continued. Rosemarie began performing at seedy strip bars. Her marriage deteriorated and ended in divorce. Having failed in her relationships with men and having been mistreated by them, she had a lesbian affair. That relationship had its own abusive element and ended in six years. Rosemarie lost everything she had earned. Cocaine destroyed any stability she had. The applause from polite dinner crowds became howls from leering, inebriated men.

Rosemarie's first commitment to recovering from drug addiction came when she witnessed an overdose. A college student living next door died and Rosemarie discovered his body. She turned over the body and the gruesome face etched itself forever in her mind. She had shot dope with him the previous day and had even fought over the last hit. She tried to find help, but she was turned away at two detoxification programs because she was a "poly user." One program only treated alcoholics. The other program only accepted heroin users. Cocaine was not thought of as addictive at this time. Her sense of desperation increased, and one day she

walked into a police station, her ex-husband's precinct, and cut her wrists. This extreme act finally landed her in treatment.

Many drug abusers hold on to the illusion that changing where they live will change who they are. Desperate to remain clean and sober, Rosemarie moved to the North end of Boston, Massachusetts in 1985. A friend from the Guam tour was working in the costume business there. Her city of residence changed but the social milieu did not. To support herself, Rosemarie worked in bars where alcohol and cocaine were readily available. She relapsed and was soon totally out of control.

Frantic, she tried to get herself imprisoned to escape drugs. She walked in a police station and asked to be arrested for drunken driving. When the police declined, she asked an officer to accompany her to her car in the police parking lot. With the officer in her car, she drove into a brick wall, glancing off a parked car along the way. After that demonstration, the officer gave her a Breathalyzer test. When she failed the test, the police officer arrested her and placed her in a holding cell for the night. The next day in court, she received a summons to reappear at a later date on the charge of drunken driving. Rosemarie had wanted to be charged with driving to endanger, a more serious charge that could send her to prison. She looked at the drunken driving summons and exclaimed, "That's it?" She tore it up and left the courthouse.

In 1986, Rosemarie finally landed in jail, not the result of a desperate plan but a fit of rage. She was living with a man, a bartender and drug dealer. They professed to try to save each other from cocaine, but the basis of their relationship was the drug culture that engulfed their lives. To Rosemarie's boyfriend, the relationship centered on domination, power, and lust. To her, he was a steady source of drugs and relative financial safety.

One night Rosemarie found her boyfriend in bed with another woman in a hotel room. She felt discarded like an object. He had earlier tried to “pass her on” to another man in exchange for drugs. This was the final assault on her sense of self worth.

She had just seen the movie *The Burning Bed*, in which the female character responded violently after being continually brutalized in a relationship. Identifying with the heroine in the movie, Rosemarie set the boyfriend’s bed on fire while he was out cold from drug use. She then went down to the hotel lobby and called the police. When the police arrived, her boyfriend was throwing a burning bed spread out the window. The police arrested her and eventually she pled guilty to charges of arson and attempted murder. Because Rosemarie had no adult record, the court paroled her with time already served — four months. During plea-bargaining, Rosemarie discovered that her outstanding warrant for drunken driving had been elevated to driving with intent to endanger. Rosemarie finally received the warrant she had originally wanted. It did not come as a response to her cry for help. It surfaced as leverage for the prosecution in the plea negotiation. In the world of addiction, adversity, like interest, is compounded daily. Your past haunts you.

While in jail, Rosemarie wrote to the Faith House in Worcester to ask for help and gained admission into the halfway house there. After staying in the halfway house for six months, she went to work at a small theatre company. She found a creative outlet as a costume designer and kept herself away from her old haunts and drug use. She also found acceptance among theatre people who were not only serious about the arts but led responsible family and community lives. She loved talking with these people about plays and character development and she enrolled at Quinsemond Community College through the Women’s Reentry Program and studied the

liberal arts to improve and broaden her knowledge. The theatre community gave her encouragement and support as she took a full-time course of study and worked a full-time job.

In 1990, Rosemarie moved to Boston to enroll in the theatre arts program at Boston University. This theatre program did not offer her the support that she needed and received in Worcester. As a nontraditional student with considerable experience in show business and the theatre, she could not relate to beginning arts students that were half her age. She also had financial pressure. She could not find enough scholarship aid. She was afraid to look for a job, fearing that employers would find out about her felony record. She believed no employer would trust a felon who had started a fire in a public building (the hotel). To support herself and pay for school, Rosemarie began a business in the North End of Boston. She designed and produced costumes for exotic dancers, wrestlers, and transvestites. Soon, working full-time and studying full-time took its toll. Isolated from any social network, she returned to the environment that she knew well. She went to work in a bar. In 1996, she had a relapse for a year, became homeless, and entered Shepherd House for substance abuse treatment.

In Shepherd House, she heard about MAP. A spokesperson for MAP told a group of Shepherd House residents that MAP would help her with a career search, resume writing, and basic work skills. MAP's philosophy is that addiction recovery has to be based on successful and meaningful employment. Furthermore, MAP would provide whatever was necessary to increase the chances that she would overcome her addiction and find a career of her choice. The MAP approach made sense to Rosemarie. She recalled her Dr. Jekyll and Mr. Hyde life. When she worked hard and enjoyed her work, she maintained her sobriety. She joined the MAP life skills course on February 1996.

At the MAP orientation, the staff established positive expectations. One of the main goals of fourteen weeks was for each student to identify what kinds of skills he or she had, what she or he wanted to pursue as potential careers, and match skills to career opportunities. The staff asked the students to be enterprising, to imagine their ideal career, and to pursue their dreams. Like Rosemarie, students in the class were homeless, living in halfway houses, and recovering from drug and alcohol addiction. There were five men and six women. They ranged from a tough-looking man in his early 50s to a young woman in her twenties. They came from different racial background. Invidious drugs are not choosy in picking their victims.

Some of her fellow students have not had the kind of success in a career that Rosemarie had. These students had drifted from one low-paying, dead-end job to another. It was an eye opener for them to think that they could find a successful career. Rosemarie had successful careers in theatre and costume design. She wanted to return to design work but not to the trappings of the entertainment business.

The MAP staff had a positive word to say to everyone at every turn, regardless of what they might be looking for in a new job and career. They were encouraging and reassuring inside the classroom, at lunch, or just passing by. They were redirecting the students' attention from the bad situations and circumstances in their pasts to realizing new dreams in the future.

Fred Smith taught Rosemarie to hold onto her dreams. He told her to volunteer, do internships, get training, and do whatever it takes to get the right job and career. She was anxious. Most MAP students get in a hurry to move on. Many of them do not know the difference between following up on a job interview and harassing a perspective employer for updates on their application. Rosemarie was no different. Where could she have learned proper

follow-up—in the bars and strip clubs? MAP helped her to be professional and patient. The opportunity will come.

After graduating from MAP, Rosemarie obtained a job at a dry cleaner. It was not the ideal job, but she was already making a plan to realize her dream. Biding her time, she would improve her skills. With each piece of clothing she handled, she closed her eyes, felt the texture, and tried to identify the fabric. She learned through touch whether a fabric is eighty percent or one hundred percent wool, or some other kind of material. Already an accomplished tailor and seamstress, she was constantly trying to improve her abilities.

When Rosemarie went to see Fred, he had no idea what she had in mind. It is common for MAP graduates to return to St. Francis House. There is an active MAP Alumni Association which puts on social events, offers seminars on how to start businesses, helps with doing taxes, and plans other activities. Graduates drop by to get counseling, improve computer skills or take advantage of other services offered at St. Francis House. What Rosemarie presented to Fred was an ingenious idea to use her skills and background to improve MAP. It became known as Studio Shine.

To succeed in work one has to dress the part. The staff at homeless shelters often provide homeless persons who are in the process of applying for jobs with assistance in the job application process. This often includes counseling on how to improve their outward appearance. The homeless job seekers shower, shave or put on make-up, get their hair cut or styled, and put on decent clothes. However, many do not get the job or stay on the job.

To Rosemarie, outward appearance is a reflection of the inner self. It reflects a person's self-perception and esteem. It cannot be a mere façade of clean and neat clothing. Having lived on the margin and been rejected by the mainstream of society, Rosemarie understood that real

change is needed to transition to the workplace and mainstream. When a homeless person wears his or her hair long and lets it hang forward in his or her face, most people see it as slovenliness. Rosemarie sees a hurt individual hiding feelings of shyness, loneliness or shame. Unless shelter workers appreciate and address the underlying issues, they will not be able to help homeless people to change their “street” persona and appear work-ready. It is not simply a matter of handing the individual a set of clean but mismatched, donated clothing for a job interview. Rosemarie's idea was to create a program to help homeless people in recovery build their image from the inside out.

Fred Smith was skeptical. He agreed with the concept but he did not know how it would work in practice. Rosemarie was persistent, reminding Fred to apply his own lesson of following one's dream. In 1997, Studio Shine was born. In four years, it has become an integral and successful part of MAP.

The following is a case study of how Studio Shine works. It illustrates (in her own words) Rosemarie's sensitivity and respect for diversity and individualism:

For people who have a number of years taken out of their lives because of addiction, remaking an inner and outer image takes time and needs to occur in small steps. Nick was a musician and had started various businesses. He is over forty years old, so his drinking and drug use had probably started in the 70s.

When he sobered up in 1998, he still pictured himself as a guy in boots, polyester shirts with wide collars, and with a heavy drooping moustache. After more than twenty years of drinking, his hair had thinned, his face had aged, and he had lost a number of his front teeth.

I suggested that he trim his moustache and shorten his hair, but he was very unresponsive. I realized that his moustache was so long because he wanted to hide his missing teeth. The long hair went with the rest of that image. I did not want to criticize him further when I could see that he felt very low about getting older and about his appearance. So I worked with him on his 70s image, updating it a little at a time. I gave him a leather jacket, found him some cowboy boots, and found him some brightly colored shirts that were cotton.

His goal was to become an artist. He was very interested in computers and worked hard to develop those skills so that he could work in computer graphics. He enrolled in art school.

After he graduated from MAP he returned to improve his computer skills. He became involved in the Alumni Entrepreneurs Club.

I have been cutting his hair for a year. During each hair cut I would give him a little nudge about his grooming, about the length of his moustache, and the cut of his clothes (as he gained more confidence in his skills). Yesterday he had an appointment for a haircut and he finally said to cut all of his hair off, to do whatever I wanted—it was time to change his image once and for all. With the help of MAP, he is currently starting his own business. Nick helps us understand that people need to be themselves. He changed his image when he needed to and when he was ready to do so.

Nick could not leave the 70s overnight. He needed to see himself as a person living in the 90s. It took time. When the inner person finally matched the outer person, he was really ready to go on with his life.

In the 1970s, Rosemarie had appeared as a strip tease artist on television. In the late 1990s, Rosemarie and Studio Shine were the feature story of a Boston news program honoring her work for homeless people in recovery. Studio Shine is now an integral part of the MAP life skills program.

For Rosemarie and others like her, recovery is not an end state but a process. Sobriety means not only success but also constant vigilance. Rosemarie has four anchors that will help her to stay clean and sober. First, Studio Shine brings her enjoyable work and financial safety. Second, she has a network of support: her sons, her MAP colleagues, and the MAP Alumni Association. Third, she lives in a social and cultural milieu that offers many alternatives to drugs. Fourth, she has her dreams. Rosemarie has enrolled at Lesley University and will complete the baccalaureate degree concentrating in women's studies in May 2001.

III. MAP AND ST. FRANCIS HOUSE

Sandra, Cyndi, and Rosemarie have overcome incredible odds to still be alive today, to say nothing of maintaining jobs and staying connected to their friends and support network. Did MAP and St. Francis House play a pivotal role? What worked and how?

Fred Smith²⁹ describes MAP as a program "cocktail". A drink mix is admittedly not the best metaphor to use in the world of addiction. However, the metaphor does allude to important features of MAP and St. Francis House. There are a variety of programs and activities from which the participants can choose. The participants are asked and encouraged to make choices. The programs and activities are mixed to the desired effect. The participants tend to want more. Service is always provided with a friendly smile. Participants feel that they are accepted and respected.

MAP and all other programs of St. Francis House follow a so-called Strengths Model.³⁰ The Strengths Model focuses on an individual's assets rather than the pathology.³¹ MAP and St. Francis House focus on identifying and developing the participants' skills and competencies to achieve goals. The frame of reference for all activities is the person, not the disorder. St. Francis House programs also follow a holistic rehabilitative model.³² The programs work to assist clients in overcoming their crises and eventually undergoing a life change—a change from homelessness and addictive behavior to a new life centered on choosing and pursuing a career and connecting to community life and supports. St. Francis operates a day shelter and a transitional housing program called Next Step. The City of Boston operates an overnight shelter and Boston Healthcare for the Homeless runs a medical and dental clinic on its premises. These

²⁹ Fred Smith is the current Director of the Moving Ahead Program.

³⁰ *See generally* CHARLES A. RAPP, THE STRENGTHS MODEL: CASE MANAGEMENT WITH PEOPLE SUFFERING FROM SEVERE AND PERSISTENT MENTAL ILLNESS 44 (1998).

³¹ *See id.* at 31.

services are readily available to MAP participants. St. Francis also provides a variety of other services including counseling and meetings in AA and NA.

Within this infrastructure, MAP operates a life skills class. Within the first two weeks of the class, each participant creates his or her life map. The life map exercise is a public re-evaluation. For class members it is a point of departure from their history of addiction and a move toward positive outcomes in the future. Each participant demonstrates a willingness to draw closure on past problems and show a commitment to move on to a new life centered on a job, a career, and a valued role in society. The participants establish positive expectations for success, which is critical to overcoming negative and self-defeating behaviors.³³ For the participants the class is a beginning place to understand and appreciate each other. Each person comes to identify with the tragedies, disruptions, and pain experienced by his/her fellow classmates. It is a starting point to build support for each other and to bond with each other.

One of the basic principles of MAP is the belief that a recovery program has the best chance of being successful if it is accompanied by fulfilling employment with career prospects.³⁴ An unsatisfying work life could lead to addictive tendencies and work against recovery.³⁵ It is counterproductive to place students into jobs that they do not enjoy or dead-end jobs where they see no career advancement or future.³⁶ Over the course of the class MAP staff work with the students to explore their skills and interests, and to pursue long-term career opportunities of their

³² See generally Ira Greiff et al., *Beyond Shelter: Providing Rehabilitation Services to the Homeless*, 11 PSYCHOSOCIAL REHABILITATION J. 72 (July 1987).

³³ See Walter Kisthardt, *A Strengths Model of Case Management: Principles and Functions of a Helping Partnership*, in *THE STRENGTHS PERSPECTIVE IN SOCIAL WORK PRACTICE* 97, 99-100 (DENNIS SALEEBEY ED., 1997).

³⁴ See generally WILLIAM ANTHONY ET AL., *PSYCHIATRIC REHABILITATION* (1990).

³⁵ See Anne Roobins, *Employment Discrimination Against Substance Abusers: The Federal Response*, 33 B.C. L. Rev. 155, 160 (1991).

³⁶ See *id.*

choice. Since 1995, MAP instructors have used the skills identification and job readiness tools from *The Adkins Career Development Series* in their classes.³⁷ After years of experimenting with this series, MAP staff has adapted *Adkins* to meet the particular needs of the participants.

The participants have found it empowering to learn job search, application, and interview skills. They have found it empowering to identify what kinds of skills they have, ascertain what they want to pursue as potential careers, and to match their skills to career options. They have found it empowering to imagine their ideal career and to be encouraged to pursue their dreams. They live this dream in a six-week internship. The internship builds the confidence and self-esteem of participants to prepare them to tackle a job at the end of the MAP program.

Participants have found MAP enormously helpful to them in other ways. After taking MAP's introductory class on information technology, some students have moved to computer jobs and careers. Many learned the basics of personal finance, including balancing a budget, opening bank accounts, and saving for the future. They learned that the road to recovery includes putting money safely away and developing strategies to remain clean and sober when there is financial stress.

In addition, MAP staff work with participants to resolve issues with the legal system so that participants can take positive steps toward employment and recovery. Substance abusers and the justice system are familiar to each other.³⁸ MAP's approach is "escort and advocacy." Part of recovering is taking responsibility for one's actions. MAP staff members negotiate judicial settlements on behalf of participants. The staff's intent is not to circumvent the legal process but to work with the courts to ensure that MAP participants assume appropriate

³⁷ See *Adkins Life Skills Program: Career Development Series*, available at <http://www.tc.columbia.edu~ilcs/green.htm> (last visited March 16, 2001).

responsibility as one of the first steps toward rejoining mainstream culture. In that spirit, state and federal courts in Massachusetts have been willing to work out suitable settlements if the MAP participants show a strong willingness and commitment to change.³⁹

There are many reasons why MAP participants might need legal help, including the following:

- *Cases of Mistaken Identity.* In the history of MAP, there have been several cases in which warrants were issued for the wrong person.⁴⁰
- *Administrative Errors.* There are situations in which someone has met the conditions of probation, but the records were never closed officially, or instances in which a person is put on probation, but the records still show an open case. The legal system is overburdened.⁴¹ Mistakes are bound to happen. MAP works to correct those errors so that they do not hinder their recovery and other positive life changes.
- *Custody Cases through Department of Social Services.* Women participants in MAP may need assistance to resolve custody issues. For example, the case may be in pre-adoptive stage, at which time the final decision has not been made. The participant may opt for open adoption, which permits some contact between her and the child and also allows her to recover from her addiction and to have more time to herself for her own changes. In other situations, participants may be prepared to reunite with their children. We have found that

³⁸ See Susan P. Weinstein, *Ethical Considerations for Prosecutors in Drug Courts*, 15 FALL CRIM. JUST. 26, 27 (2000).

³⁹ See Judge Morris B. Hoffman, *The Drug Court Scandal*, 78 N.C. L. REV. 1437, 1463 (2000).

⁴⁰ See Joy L. Lindo, *New Jersey Jurors Are No Longer Color-Blind Regarding Eyewitness Identification*, 30 SETON HALL L. REV. 1224, 1225 (2000).

⁴¹ See Maggie Mulvihill, *Business Court Idea Draws Flak*, BOSTON HERALD, May 2, 2000, at 29.

DSS is more likely to support reuniting the family when they see the participants turning their lives around and making positive career development efforts.

- *Child Support.* Many male MAP students who are divorced or separated will not take a job because they owe child support. MAP's role is to help them negotiate a payment schedule that provides for their children and also to work with the participant to create incentives for them to continue to provide that support.
- *Parole Meetings.* For many MAP students, meeting the conditions of the parole is the final step in leaving their past behind. MAP accompanies students to their meetings with their parole officers and ensures that the participants understand those conditions and do not violate parole.
- *Meeting with the Probation Officer.* The MAP student should be prepared to take responsibility for his or her actions. He or she should also inform the probation officer that he or she is now in a recovery home, enrolled in MAP, and has taken other positive steps.
- *Court Cases.* In court cases, MAP's role is not only to support the student at a very difficult time, but also to provide formal testimony about the tremendous changes that the MAP student has made.
- *Re-establishing Identity.* Many immigrants and refugees in the program need to obtain birth certificates and other documentation from their native country in order to open a bank account or to get a job. It is often easier for American intermediaries such as MAP staff to facilitate that process with the consulate offices.

The Cultural Literacy component of MAP is intended as a relaxed and enjoyable way for participants to practice, succeed, and have fun integrating into mainstream society. The purpose

is to replace negative pastimes and “old haunts” associated with addictive behavior with positive activities and events. MAP helps participants to develop the skills and knowledge needed to enter the mainstream of the community culture. Examples of tours and site visits organized as part of the Cultural Literacy curriculum are:

- *Public Library—Literacy.* Participants tour and learn about the public library and resources available through the public library system. They obtain library cards and are encouraged to read.
- *State House Tour—Citizenship.* Participants develop an awareness of the political process, learn about the services available through the state house offices. The tour and discussion are aimed at encouraging voting and becoming an active participant in the political process.
- *Reggie Lewis Sports Center—Physical Fitness.* Participants learn about the benefits of exercise as part of mental and physical recovery.
- *Isabel Stewart Gardner Museum, Museum of Fine Arts, Museum of Science or Computer Museum—Arts and Science.* Participants develop cultural competencies, the tours and visits promote cultural enrichment, and fun and enjoyment.
- *Plays at Shubert and Wang Theater—Music and Theater.* Participants develop cultural awareness and become part of the mainstream in terms of cultural experiences.
- *Eating in Restaurants—Dining Etiquette.* Participants learn appropriate dining behaviors and etiquette. Participants culminate their MAP experience with lunch in one of the city’s good restaurants.
- *Community tours.* Participants take tours of the community around them to familiarize themselves with community resources.

Like the armed forces, MAP is aware of the importance of the outward image. The military has strict dress codes to reinforce discipline, establish confidence, and develop pride and team spirit among its personnel. It builds from the outside inward. For many people who are homeless and in recovery, they have to change their outside image in order to transition to the workplace and mainstream. But they have to change how they feel about themselves and how they want to present themselves to the world first. Rosemarie's creation—Studio Shine—helps homeless people in recovery to construct their image from the inside out.

Like colleges and universities, MAP also has an Alumni Association. Recovery is a continuing process that may never end. MAP's commitment to its participants is there as long as there is a need. MAP provides a program to support the emotional, social, career, and practical needs of graduates through its Alumni Association.⁴² For example, it sponsors an entrepreneurship group.

IV. CONCLUSION

It is difficult to believe that any life skills program can dramatically overcome tortured upbringings and tumultuous lives of homeless people like Sandra, Cyndi, and Rosemarie. Their journey is still a daily struggle to remain clean and sober. In 1999, two MAP graduates died from drug overdoses. These three women could return to drug use. They could overdose. They

⁴² Meaningful relationships that provide strong emotional support are crucial in recovery. See James Winarski and P. Dubus, *An Analysis of 16 Federally-Funded Programs For Homeless Individuals with Co-Occurring Mental Health And Substance Abuse Disorders*, Rockville, MD

have had relapses before, but they feel more tranquil, prepared, grounded, and supported by the right people than ever before.

One of the people who have helped MAP participants is Dr. Howard Shaffer, Director of the Division on Addiction at Harvard Medical School. He provides training on addiction treatment to the MAP staff. He is also conducting a long-term study of attitudinal and behavioral changes of MAP participants. His preliminary assessment is that participants develop a high level of interest and motivation in learning the variety of skills and competencies needed for careers, even though they have a low perception of their own levels of skill. Another preliminary indication is that the experience of Studio Shine and other socializing components of MAP increase the participants' self-regard and self-esteem. In his opinion, MAP has the capacity, if it can be replicated, to revolutionize how addiction rehabilitation services are delivered in this country. Dr. Shaffer also emphasized that successful addiction treatment programs for homeless people are good at one thing: they adapt to the individual and help them find meaning and acceptance.⁴³ Homeless people need and want meaning and acceptance in life. Doesn't everybody?

Center for Mental Health Services/Center for Substance Abuse Treatment (1994). (Monograph: 137 pages).

⁴³ Interview with Dr. Howard Shaffer, Director of the Division on Addiction at Harvard Medical School, in Boston, Mass. (April 30, 2001).