

HOME: BEING FOR A TIME

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AT THE FRONT DOOR

HORIZON HOUSE¹ and other “community-based” social housing programs result from periodic provincial government initiatives to decentralize large health care institutions such as Riverview Hospital in New Westminster. As reported recently, by 2007 the provincial government plans to transfer half of the existing 800 patients at Riverview into new facilities that will provide “a less institutional, more *home-like* atmosphere” (Efron 2003, 4, emphasis mine). The House is a fifty-unit, co-ed psychiatric facility in Vancouver’s Downtown Eastside; it is mandated to provide psycho-social rehabilitation for its residents. A jointly funded project by Canadian Housing and Mortgage Corporation and BC Housing, Horizon House was constructed in 1997 and replaced a pre-existing facility that was slated for demolition. The house is operated by a community-based social services society and is under the jurisdiction of BC Housing and the BC Housing Management Commission. Individual rehabilitation and community integration are two chief objectives under the global mandate of Horizon House.

These governmental initiatives propose housing alternatives that are hybrids of private and public space, designed to be “integrated” into neighbourhoods. Horizon House is an example of this type of hybrid. Therefore, the different groups involved in these ventures, including residents, staff, administrators, policy makers, the government, and the public, negotiate distinctions between “home” and “institution.” This article explores the ways in which home is manifested differently in theory and practice through language, behaviour, policy, enforcement, and transgression within an intentional community such as Horizon

¹ The name of the actual facility has been changed to protect the privacy of its residents.

House. Although a significant budget (\$138 million in the next four years) is allocated for this novel housing initiative, there is a dearth of literature and studies on domiciles like Horizon House. However, anthropologist Rae Bridgman has pursued similar investigations concerning the need for unconventional domestic spaces for unconventional populations such as the urban homeless. Her findings are illustrative of the challenges, creative diversity, and accommodation that such places can provide. In order to situate my analysis of Horizon House within the discourse of domestic space, I refer to Mary Douglas's "The Idea of Home: A Kind of Space," which is published in the 1991 special issue of *Social Research*, entitled *Home: A Place in the World*. Douglas's article provides an iconoclastic analysis of home and offers useful comparisons between it and bureaucratic organizations. Michel Foucault's (1997A) well-known sociological analysis of Jeremy Bentham's 1791 design of the Panopticon prison provides an important benchmark concerning relations of space, power, regulation, surveillance, and discipline, and, along with his investigation of "heterotopic and utopic spaces," is useful when considering Horizon House as domestic space.

My investigation of Horizon House utilizes an ethnographic and interdisciplinary approach. In March 1999 I conducted interviews with twenty-four residents of the house concerning their unusual domestic space. I draw on my own fifteen years of work experience and independent study in this type of facility. For the past five years, I have observed the daily rhythms of the house throughout the day, evening, and night; attended staff meetings; and read the minutes of resident house meetings. I have discussed the issues that are considered in this article with residents, staff, and administrators alike. In so doing, I have explored how members of an intentional community like Horizon House conceptualize "home" and negotiate the tension between "home" and "house/institution."

HOME AND MANDATE

Horizon House
is a safe home
that nurtures individuality and
supports personal dignity and growth
in an environment of respect,
encouragement, compassion, and love.

Mission statements embody ideals that corporate organizations use, at least in part, as a form of self-reflective evaluation. They are also

meant to promote a progressive vision,² inspiring the present and conveying it towards future prosperity. Mission statements are indeed utopic, pointing to places of being for which we strive and hope but rarely, if ever, attain. Viewed this way, mission statements can also be seen to reflect the original translation of the word “utopia”: “nowhere.” The mission statement cited here was drafted by staff, residents, and management for Horizon House.

“WELCOME”

Mission statements necessarily comment on considerations of the “good life.” The mission statement of Horizon House, for instance, reflects a middle-class ideology that sees the home as an incubator for the development of “well-adjusted” (i.e., socio-economically functional) individuals engaged in the industry of personal progress. Tamara Hareven (1991, 264) notes that “the home [historically] became an essential aspect of the identity and self-definition of the middle-class.” Thus, home became associated with stability, support, protection, growth, and the development of individual potential. Mary Douglas (1991, 288) dispels the romanticism of middle-class ideals associated with home and offers a sobering perspective: “as to those who claim that the home does something stabilizing or deepening or enriching for the personality, there are as many who will claim that it cripples and stifles.” For residents of Horizon House, certainly home is often associated with painful memories of loss, dysfunction, and despair. Even so, home is a kind of “embryonic” community in which personality and individuality are influenced.

Horizon House’s mission statement also resonates with the spirit of liberal enlightenment, with its enthusiasm for unfettered individual potential. Since its emphasis is on the individual, what is notably de-emphasized is the community of Horizon House. It is in fact “home” to almost fifty adult residents who share predominantly communal space in the form of common living areas, smoking and television lounges, washrooms, laundry rooms, recreational activity rooms, and a cafeteria-style dining room. The exception to this communal space is the “privacy” of residents’ key-lock bedrooms.

Culturally, community seems implicit within the definition of home. Is home constituent of community? Is community outside of home? Is home shelter from community and/or vice-versa? Hareven (1991, 268)

² Hence (perhaps) the recent semantic shift from “mission statement” to “vision statement.”

notes that, by the nineteenth century, home in the Western tradition had become associated with “an affirmation that, ultimately the individual found meaning and satisfaction in his life at home and nowhere else ... The home began to be viewed as a utopian community, as a retreat from the world.” She also observes that home involves the privacy of the membership from the broader community (society) as well as the privacy of household residents from each other *within* the home (268), an observation pertinent to the home life of Horizon House.

Horizon House is located in a poor, transient neighbourhood. To ward off (unsavoury) strangers, a sign on the front door asserts that it is a private residence. This public notice is ironic, however, given that Horizon House is considered to be a public housing program. “Public” then, like “home,” requires a description of its constituent membership in order to have meaning. Horizon House certainly includes a distinctive public, even while excluding another. Home, therefore, is simultaneously welcoming and unwelcoming, inclusive and exclusive.

What makes the resident public of Horizon House unique is its categorization as “hard-to-house” – a categorization that it owes to its funders.³ “Hard-to-house” refers to a myriad of difficulties that reduce the dwelling choices of individual residents: poverty, serious and persistent mental illness, developmental and personality disorders, alcohol and narcotics abuse, and major medical concerns such as AIDS and disability/ies. When some residents experience active symptoms such as hallucinations or involuntary emotional outbursts, when they exhibit signs of intoxication or withdrawal, or when they engage in any form of behaviour that is public and can be perceived as a threat, the safety of Horizon House as a home is compromised. The constituency of the house is, in a way, inherently at odds with its own mission statement, which emphasizes personal safety.

PRIVATE HOME VERSUS PUBLIC INSTITUTION

Neither here nor there, neither in a private residence nor in a psychiatric hospital, the residents of Horizon House dwell somewhere in the middle, a place akin to Foucault’s heterotopia. In “Utopias and Heterotopias,” Foucault (1997b) defines the latter as in-between spaces, as exceptional cultural constructs that lie somewhere between binary poles, such as private home and hospital (both also cultural constructs). Further, a key element of heterotopias is that two concepts, seemingly exclusive,

³ Bridgman (2002, 51) notes that, in Toronto, this population is referred to as “hard-to-serve.”

embody one physical space (353). Foucault's analysis focuses on relations of power in institutions and discourse. In "Everyday and 'Other' Spaces," however, Mary McLeod (1996, 6) is critical of Foucault's erasure of gender and class in his analysis of heterotopias, and she posits that what distinguishes certain out-of-the-ordinary places like Horizon House is that, "by breaking with the banality of everyday existence and by granting us insight into our condition, [they] are both privileged and politically charged ... They can provide us with our most acute perceptions of the social order."

Foucault's analysis focuses especially on specific (urban) sites used for social control and order. Historically, this would include leper colonies, the quarantine efforts during times of plague, and, later, "heterotopias of deviance" such as prisons and asylums. Horizon House, occupied by "individuals whose behavior deviates from the current average or standard" (Foucault 1997B, 353), would share a historical affinity with this latter category in that it contains and controls socially problematic behaviour. Indeed, as Foucault notes: "usually, one does not get into a heterotopian location by one's own will." He condemns institutionally modelled spaces such as asylums "for their insidious control and policing of the body" (qtd. in McLeod 1996, 6). Douglas (1991) asserts, however, that the home can likewise be a site of "tyrannous control and scrutiny" (287), where even its "most altruistic and successful versions exert a tyrannous control over mind and body" (303). Perhaps only a bureaucratically controlled residential program like Horizon House could have a mission statement that, in part, underscores its "otherness." After all, private homes do not typically have them. The house's mission statement, in combination with its constituency, draws attention to its purpose as being one of instruction, surveillance, correction, containment, and conveyance of cultural values. As a provincially licensed residential facility, the house must abide by non-negotiable standards and regulations. These standards represent an external (and abstracted) source of power and control that has significant influence on direct stakeholders of Horizon House (staff, residents, administrators) and that has direct effects on the architecture itself (e.g., regarding occupant safety and mobility access). Similarly, licensing affects resident behaviour and autonomy through establishing expectations of cleanliness, safety, and orderliness in common areas as well as in private rooms.

While residents' key-lock bedrooms could be assumed to be their own private spaces of retreat from the outside world and community, in fact they are not. House staff members are obliged to assist many residents

with activities of daily living (ADL). This obligation to assist and to intervene is motivated by job descriptions and, as such, recalls Foucault's sentiments concerning the insidious relations of power that permeate a regulated and discipline-oriented society. Staff can enter the locked, private spaces of residents at will. In fact, staff are *obliged*, on a daily basis, to monitor and evaluate the cleanliness of both individual resident and his/her bedroom as well as to monitor the cleaning of either/both (as deemed necessary). Yet, as Douglas (1991, 305) asserts, the ideal home "protects a person's body from voyeurism and intrusive scatology ... one of the effects of the home's procedures is to honour a person's incumbency of space." Furthermore, staff can also enter "private" bedrooms freely if "unacceptable" behaviour is suspected, such as smoking, drug use, and (even) sexual activity.⁴

Licensing regulations require that all rooms be inspected monthly by administrators and evaluated for both cleanliness and for the absence of safety hazards. A particularly contentious regulation is the one that considers smoking in private bedrooms to be a public safety hazard. Smoking in private bedrooms within the publicly funded facility of Horizon House has been prohibited as a result not of the house's licensing board but of joint municipal by-laws and provincial Workers' Compensation Board regulations. A clause in each resident's rental contract indicates that smoking is forbidden, and one is liable to being suspended from the house for failure to comply. This hotly contested issue is especially provocative during in-house discussions between staff and residents concerning what constitutes private and public space, what differentiates home from institution. One staff member protested about the cigarette smoke that lingers insidiously throughout the house: "We share the air." Indeed, in this dwelling model, compromises are necessary between the polarities of "private" and "institutional," and between those who inhabit this domestic space and those who administer it.

Douglas (1991) argues that the organization and operation of a home should *not* be akin to the organization and operation of a centralized government. In an ideal home, she asserts, "everything [operationally] happens by mutual consultation" (306). Residents of Horizon House do indeed participate in a form of dialogue with decision-making administrators; they conduct bi-weekly "house meetings," at which time they discuss and document suggestions for the improvement of their dwelling. Any recommendations resulting from these meetings,

⁴ When this involves sex trade workers, for instance, but also when it just happens to offend staff sensibility. In particular, homosexual sex between consensual adult males has been deliberately interrupted.

however, are peripheral to the real sources of organizational and political power that make fundamental decisions concerning the facility's ideology and operations. Resident recommendations are, to use a contentious architectural analogy, ornamental rather than structural.

"EXCUSE ME, DO YOU WORK HERE?"

Peter Laslett describes the home as "a *knot* of individual interests that must be negotiated" (qtd. in Birdwell-Pheasant and Lawrence-Zuniga 1999, 8, emphasis mine). Fifty residents make Horizon House their dwelling: does this quantitative reality in any way affect the potential for a "home-like" environment? Is there a quantitative limit to the membership of a home? When the constituent numbers are this high, I would suggest that it is challenging to meet each resident's personal needs. To this end, each resident of Horizon House is assigned a "primary care worker," a staff member who assists her/him with ADLs such as hygiene, laundry, and shopping. It is not uncommon for residents to be heard asking morning staff: "Who's my worker today?"

The sizable human resources involved in operating a facility such as Horizon House present their own challenge to creating a home like environment. The total number of employees at the house exceeds the number of residents. Included on staff are: registered nurses, psychiatric nurses, mental health workers, activity workers, kitchen staff, janitors, managers, and administrators. The sum of permanent, regular positions, however, accounts for less than one-third of the total staff roll, meaning that the majority of staff interact with house residents only on an irregular basis. These staffing particulars, combined with a high turnover rate of front-line positions, results in an ongoing influx of (virtual) strangers into the daily living environment of residents – strangers who, nonetheless, by virtue of their job roles, can exert their authority over residents at will. In addition to (perpetually new) staff, there is also a daily parade of "others" throughout the house: delivery workers, maintenance workers, medical specialists, and organizational associates such as administrators, board members, and union representatives.

A conventional Western understanding of home typically involves exclusivity of membership for the preservation of privacy and security of *select* members. The multitude of "others" within the house at any given time, however, strains the identification of a select membership and reduces the potential for a sense of communal or familial cohesion. Moreover, the residents of Horizon House have virtually no control over

the constituency of their membership; rather, external (and invisible) administrators determine the “placement” of new residents. These same others likewise may decide to evict residents without consulting the actual house membership. Finally, on a day-to-day basis, staff – not residents – regulate the exclusivity of the house’s membership by way of monitoring (and even documenting) those entering and exiting the building, shift by shift, twenty-four hours a day, 365 days a year.

GOD BLESS OUR PANOPTICON

In 1791,⁵ architect Jeremy Bentham presented a design for the ideal prison, which he called Panopticon. For his own purposes, Foucault used “Panopticism” as a means to analyze relationships between space, order, power, and discipline. According to Foucault (1977), Bentham described the social benefits of the design, namely, “*Morals reformed – health preserved – industry invigorated – instruction diffused – public burthens lightened*” (*italics in original*, 207). It is evident how the virtuous social objectives that Bentham cites above could become applicable to all manner of publicly funded dwellings of reform, such as Horizon House. For example, the interior design of Horizon House includes select structural features comparable to Bentham’s Panopticon. The front desk of the house emblemizes the variant power relations within. An imposing structure, it is situated next to the front entrance and within the main floor common area (much like a hotel registration desk). Its design and purpose are predominantly overt surveillance, not unlike the central guard tower of the Panopticon. The desk strategically shields the activities of workers – especially those of management – from others. Foucault argues that such structural shielding creates a mystery concerning staff tasks and that this knowledge differential between residents and supervisory others contributes to, and indeed *is*, the manifestation of staff power. Furthermore, Bentham proposes that such shielding – with its potential for covert surveillance – psychologically compels those who are observed to exercise self-regulated behaviour.⁶ In his analysis of Panopticism, Foucault (1997a, 357) asserts that, in such deliberately constructed environments, “inspection functions ceaselessly. The *gaze* is alert everywhere.”

The front desk physically separates staff from residents, except when that latter are invited behind it. The desk, therefore, creates a sort of

⁵ For an illustration of Bentham’s Panopticon, see Leach (1997, 360).

⁶ This theory is not unlike the one currently favored by Vancouver police authorities when defending the benefits of installing video camera surveillance in public space (such as street corners).

buffer zone and delineates membership: “us” behind it and “them” (or “others”) within the visual field in front of it. House staff tend to position themselves at the desk. Like the relationship between home and identity, the front desk valorizes the role and identity of staff. “In this facility,” the thinking goes, “this is where I belong. This is *my* space.” It is not uncommon, however, for staff to cryptically observe that, as a delineation between “us” and “them,” the desk is but a facile reminder of the oftentimes insignificant differentiation of publics such as “resident” and “staff.”

The front desk also serves as a shield to administrators’ offices, which are located behind it. These offices, along with the adjoining boardroom, represent the apex of the hierarchy of power for the facility. As these spaces are situated entirely out of sight, their roles and activities are further shrouded by mystery, secrecy, and, therefore, authority (this is felt not only by residents but also by staff). The overall effect of this arrangement of the front desk area versus the residents’ common area physically communicates the following message: “We can observe you at will – even record your activities – but you cannot do likewise; you can only acquire knowledge about us by request or invitation.”

While residents are occasionally invited into the secluded administrative offices, the staff room is always forbidden territory; indeed, it is reminiscent of inner chambers within old English country estates, from which the lower classes were barred.⁷ This small, intimate space is entirely concealed from the view of residents. It is designed to serve as an inner sanctum, separated and thereby protected from the demands of its exterior environment and the resident community. The door’s sign, “Staff Room,” demarcates who may enter and who may not. This sanctum is designated space in which the “masters” of the house are to find respite and to enjoy the greatest measure of privacy the facility can afford. Ironically, it is also the space in which *staff* members are freed from the surveillance of supervisors, residents, and one another. Staff members perpetuate Panopticism even as they themselves are included under its perpetual gaze.

Managers of Horizon House have periodically considered the efficacy of installing video surveillance cameras in out-of-the-way places throughout the house (e.g., in corridors and designated smoking rooms). The cost of such installation has always been a significant deterrent, but the invasiveness of the technology is also generally considered distasteful by staff, administrators, and residents alike. Besides,

⁷ See, for instance, Lawrence Stone (1991, 227-51).

however ironic it seems, around-the-clock staffing that includes hall and room checks is not generally considered to be as invasive as is the technology of surveillance. According to the rehabilitation model within which the house operates, staff interventions are generally regarded as manifestations of care whereas, by contrast, technology is considered to represent a depersonalized and lesser form of care.

Since well-being and individual rehabilitation are essential to the house's mission statement, monitoring resident behaviour is a primary activity and is carried out in a variety of ways. As Douglas (1991, 301) notes concerning the processes of a household: "much of the burden [of the home] is carried by conspicuous fixed times." At Horizon House not only are mealtimes set at a "conspicuous fixed time" but so too are the completion of residents' chores, the participation in recreational activities, the distribution of medication, and the administration of monies. Charting of weight levels, medications, dietary intake (meals), bowel movements, blood pressure, lice checks, house guests, and even "attendance" (whether or not a resident has been observed on a given shift) reflect other (enforced) surveillance activities perpetrated by house staff on residents.

Care plans are developed for house residents and, ideally, are meant to maximize personal care skills (and, hence, independence). The methodology of care plan design is behaviour modification. While such care plans monitor and assess resident behaviour, they also monitor the efforts of those staff members who are designated as a resident's primary care worker. It is, therefore, as important (perhaps even more important) for staff as it is for residents that the latter abide by care plans and expected behavioural outcomes since these can be interpreted as a reflection of job performance. By contrast, there are few, if any, actual consequences for residents who do not comply with their care plans. New ones are simply designed and implemented.

Monitoring of residents (and thereby staff) continues through monthly room checks by administrators as well as through "charting" entries on resident behaviours and activities. Staff members are obliged to record observations regarding resident behaviour that is deemed significant, such as observable signs of active psychiatric symptoms or disruptive "acting out." What undoubtedly results, however, is that staff include banal entries on resident activities and even conversations that would otherwise be private. In some measure, staff members are motivated to record such entries by a compulsion to demonstrate to administration that they are actively fulfilling their job descriptions.

The personal philosophical differences amongst the army of house staff members serve as yet another significant complication to the ideal of home as an environment involving dependable consistencies. There are as many worldviews related to the concepts of individual freedoms and responsibilities, authority, and standards for community living as there are workers providing direct care to residents. These variances inevitably result in conflicting messages being communicated to residents regarding the personal responsibility and privilege associated with home. Managers of such facilities are well aware of this problem and respond to it with a well worn practice in the field of psycho-social rehabilitation: “consistency of care,” which is essentially an attempt to homogenize (or even to mechanize) staff guidance of residents when implementing individual care plans.

Despite the best efforts of policies, procedures, and direct supervision, however, because staff are able to exercise control over valuable and scarce resources, some staff members still exercise petty tyrannies over residents. The practice of withholding monies, food, or even medication recalls Douglas’s condemnation of restrictive, patriarchal tyrants notorious to the concept of home. The practice of “peer monitoring” is meant to promote ethical interactions between staff and residents at facilities such as Horizon House. The need for (and common practice of) such monitoring of peers by peers seems to affirm Douglas’s arguments associating tyrannies and power struggles with the idea of home. Power differentials exist inside and outside of the home; both sites will find “haves” in negotiation, and in contest, with the “have-nots.”

LOCATION, LOCATION, LOCATION

The residents of Horizon House have been “integrated” into one of the most notorious neighbourhoods in Canada. Vancouver’s Downtown Eastside has become mythologized in the media for its per capita statistics on vagrancy, drug trafficking, prostitution, and street crime. Still, while some house residents are seemingly unfazed by their external urban environment, others are compelled to remain inside and, due to perceived external threat, are “prisoners” of their home. The neighbourhood of Horizon House, therefore, itself constitutes a significant compromise to its mission statement. The civic allocations of facilities like Horizon House are fraught with social and cultural meaning, reflecting, in part, a political response to what constitutes “community integration.” Likewise, on a microlevel, when (smaller) facilities designed as single, detached

(special-needs) homes for suburban locations face neighbourhood protests and citizen initiatives to keep them out, the civic tolerance and limitations of such “integration” are revealed.

By contrast, and quite ironically, Riverview Hospital – often vilified for being a psychiatric institution – is located on some of the most desirable parkland in the Lower Mainland. Contrary to stereotypes of such institutions as gothic and monolithic structures, the Riverview site involves a wide range of dwellings, ranging from hospital “lock-down” wards for acute psychotic admissions to dormitory and even cottage suites for residents in recovery from psychiatric illness. The landscape of Riverview, with its surrounding forest and wildlife, is akin to some of the most luxurious real estate in Vancouver. This appealing, pastoral environment is not unrecognized by Horizon House residents, some of whom spent decades at Riverview and consider it to be their “true” home. Hence there is a nostalgia for the unlikeliest of places.

INTO THE STUDY: MAKE YOURSELF AT HOME

My investigation of Horizon House presents a dwelling whose residents may appear to have little agency within their prescribed domestic space. I have not intended to propose that residents do not interact in diverse ways with regard to the structural dynamics of their space. I would argue, in fact, that while there is some resident support for these structural relations of power, there are also resistive demonstrations, which Michel de Certeau would term the “anti-discipline of everyday life” (qtd. in McLeod 1996, 13). De Certeau defines such “anti-discipline” as consisting of spontaneous “freedoms, joys, and diversity” in otherwise structured, regulated domestic environments.

The “free market” of commerce and industry within Horizon House, initiated and operated by its residents, is an example of such anti-discipline of the everyday. In this open market, personal shopping service (i.e., one resident buying goods for another) is procured and cigarettes and personal items such as watches and radios are bartered, bought, traded, and sold. Personal loans between residents, which may total hundreds of dollars a year, are also negotiated, and this entails acknowledging and assessing the personal “credit rating” of the residents involved. Such acts of anti-discipline often occur away from the perpetual gaze of disciplinary surveillance. At other times, however, these same acts of anti-discipline become the subject of further “corrective” institutional policies and procedures.

Just as residents demonstrate agency in how home is both idealized and actually performed at Horizon House, so too do they consider the idea of home in diverse ways. I would like to include here some reflections by house residents themselves on the subject of home. What do residents regard as home? Family-of-origin? A memory? Riverview Hospital? Horizon House? Out of the house's current population, I randomly surveyed twenty-four residents.⁸ Prior to each interview, I explained to each subject that I was interested in the idea of "home" at Horizon House and that I was writing an article on the subject. The specific questions I used included: "What is 'home' to you?" "What makes home 'home'?" "Is Horizon House your 'home'?" "What makes 'home' comfortable for you?" and, conversely, "What are things that do not feel like 'home' to you?" What surprised me immediately was the readiness with which residents responded. Talking about home did not require much forethought on their part. I was also surprised by the breadth of responses that detailed the tension between concepts of home and concepts of homelike facilities.

Most often residents stated that the concept of home implied the provision of the basics for self-preservation. Will and Frank, for instance, both consider home to mean, simply, "food and shelter." Jack, a longtime Horizon House resident and "hardened" consumer of cannabis, responded in beat-poet timing: "Home means: enough food, enough money, enough drugs."⁹

Pearl initially summed up home as a place where you can get: "breakfast, lunch and supper." Equally important as food and shelter to Pearl, however, is "personal safety." And, according to its mission statement, Horizon House does indeed prioritize this need. Pearl's emphasis on the association between home and personal safety was most poignant:

I lived in [single occupant] hotels for years and had my clothing, my radio, my money stolen all the time. [Displays her left ear lobe, which is split.] A woman ripped an earring through my earlobe once for no reason. This same woman [a neighbour] punched me in the stomach and I had a miscarriage. They're memories too ugly to remember. I can shut my [bedroom] door here and feel safe; no one's going to kick it in. When Jaelyn [a former resident evicted for violent behaviour] lived here I felt unsafe, and it didn't feel like home. Jaelyn threatened to

⁸ Actual names of residents have been changed to protect privacy and in respect of confidentiality.

⁹ Jack may also have meant "enough drugs" to mean the pharmacological regime he must comply with as part of his contractual agreement to reside at Horizon House.

kill me and other people too who lived here. She attacked people and intimidated them. We were all too afraid to even say anything. Jaclyn reminded me what it was like to live in a hotel, and I didn't like it.

Research on women and housing has found – quite uniformly – that personal safety is a priority. When they feel safer outside, homeless women often choose to “sleep out” rather than in co-ed shelter (Bridgman 2002; Culhane 2003).

A number of other residents, even though they were ambivalent about positive qualities pertaining to home, still asserted that the absence of arguing or fighting was primary to feeling that they were safely “at home.” Natanya explains that she reacts negatively to a certain “atmosphere,” which results from “too much fighting; too many bad words between people when there shouldn't be.” Unfortunately, as mentioned previously, sometimes this “fighting” results from a resident experiencing hostile delusions that manifest as emotional and oftentimes threatening outbursts in common areas of the house.

Perhaps referring to an insidious threat to his safety while living at Horizon House, Antonio responded negatively to the question, “Is Horizon House your home?” While Antonio affirmed that he has friends at the house, he also reported that the place is “too bossy.” I speculate that Antonio's sentiments recall the structural power dynamics and disciplinary surveillance detailed earlier. Such power relations may even function to compromise Antonio's sense of security within his dwelling. Even more obviously reminiscent of the Panopticon, Brian disavows the Horizon House as home: “This place is a prison. I live here because I'm crazy and there's nowhere else to go.” By contrast, however, Frank “thanks” the staff of the house for the “fellowship” that he enjoys sharing with them.

Residents also expressed that sentiments of belonging, of community membership, were indicative of home. Dorothy was jubilant in describing home as involving “going for [van] rides together and working together.” Nils agrees that home can be about support amongst family and/or friends: “it's about sharing,” he says, adding, “Home is where you get care. It goes up and down the ladder.” Put another way, some residents expressed the value of home as involving a specified, or select, membership.

However, Natanya complains that, in some respects, the membership of Horizon House is *too* selective: “I wish this place allowed animals,” she explains. “I would love to have a cat. Pets would give people something to think about other than themselves. Pets would make people happier.

Pets would help people to communicate with each other.” Unfortunately for Natanya, membership at Horizon House is limited to humans, an unfortunate consequence of structural power being firmly located within the hands of administrators who do not live in this space.

Some residents indicated that Horizon House represents a membership other than that which they associate with home. In contrast to Natanya’s previous complaint about the selectivity of house membership, Margaret argued that the membership of Horizon House was too broad: “This place is too big to be cozy. You want to be in a place that makes you feel comfortable, *where you don’t feel like an intruder*” (emphasis mine). Margaret is perhaps referring to both the expansive physical size of the house and to the constituent membership, which, on a daily basis, becomes swollen with strangers. Michael does not think about Horizon House when he thinks about home. “Campbell River [BC] is home; that’s where my sister is,” was his only response. While an affable and sociable resident, Karl too disagreed that Horizon House is his home. To him, home is “in Winnipeg ... or in Ontario” (wherever his estranged brother now lives). While Patrick affirms that Horizon House is his current home, at sixty-three he intends to “retire” to a seniors’ lodge in the BC Interior to be closer to his brother.

Residents also indicated the interplay between the internal and the external with regard to providing comfort. According to Francis, “It’s homey here. It’s kept clean, there’s comfortable furniture that’s nice.” This observation recalls Douglas’s (1991, 289) assertion that home has both “aesthetic and moral dimensions,” in which truisms such as “cleanliness is next to godliness” are observed and learned. Similarly, Steven reports that “pictures on the wall” contribute to the “homey” feel of the house. Walter, who has a degenerative eye condition that has recently caused blindness, generally affirmed that Horizon House is his home. “I feel comfortable here” he begins, “but I’d be more comfortable if I could see.” To speculate, he may mean that, if he could recognize familiar surroundings, then his sense of self, personal safety, and membership would thereby be affirmed. Again, Douglas (1991, 289) contends that “for a home neither the space nor its appurtenances have to be fixed, but there has to be something regular about the appearance of its furnishings.”

Susan also finds Horizon House comfortable as a home. “I was comfortable in the other place too,” she says, “but they tore it down and we moved over here.” Interestingly, the “old place” to which Susan refers was reviled by staff members as “uninhabitable,” and, in fact, the building was condemned and demolished (and another public housing project is

now on its site). When assessing domestic comfort and personal security, Susan obviously has a different view of her external environment than do many others.

Three males (Steven, Doug, and Brian) individually responded that Horizon House is *not* a home because they do not own it. "It's like renting here," explains Steven. "Home to me," adds Doug, "is my own place where people can come who will respect it." Not insignificantly, all of these men are of the post-Second World War (baby-boomer) generation, which tended to equate the attainment of a home with a measure of (middle-class) success, of "having arrived," of self-affirmation.

Such responses may also implicitly reflect the subjective *actualization* associated with "dwelling" as conceptualized in the phenomenology of Martin Heidegger.¹⁰ "Heidegger went back to Old English and High German roots to derive his concept of 'building as *dwelling*,' that is, as *being* on the earth" (Birdwell-Pheasant and Lawrence-Zuniga 1999, 6, emphasis mine), and he placed paramount importance on "dwelling" as relating to an inhabitant's privilege to think, reflect, imagine, and dream (i.e., to be a poet) in her/his orientation to the everyday. Vern, a longtime patient at Riverview but a current resident of Horizon House, affirms that the house is his home because it allows him to "focus on my writing." Vern's writing consists of seemingly random, disconnected words that are scribbled onto walls as often as they are onto bits of paper, cigarette packages, and magazine pages. However incomprehensible this work is to others, it is vital to Vern's own sense of well-"being" and, thereby, to his "dwelling."

In closing, I offer two resident responses that especially resonate with me. When asked if Horizon House was her home, Althea responded, "It's not with my family, but sort of, more or less." Implicit in Althea's response is not only the association of home with family of origin but also a recognition of the possibility of home as "elsewhere" ("sort of, more or less"). For me, Althea's response crystallizes the ambivalence associated with an "in-between" and "heterotopic" space such as Horizon House. As an intentional community – an especially contrived domestic space – Horizon House is laden with many cultural and social interpretations, yet it is also a site of diversity and flexibility. Earlier, I cited Will as simply equating home with "food and shelter." When pressed further – "But is Horizon House your *home*?" – Will smiled and replied, "For the time being." This response reminds me of the transient, even elusive, nature

¹⁰ See also Heidegger's "Building, Dwelling, Thinking ... Poetically Man Dwells ..." in Leach (1997, 100–118).

of home. It is as much a conscious state as it is a located place. Home: *Being*, for the time.

OUT THE BACK DOOR: AFTERWORD

The union that represents the majority of Horizon House staff is the Hospital Employees Union (HEU). The HEU is involved in an arbitration process with the licensing board for Horizon House and the Health Employers Association of British Columbia. The arbitration will, in part, determine whether Horizon House is to be a short-term stay facility or a long-term care facility. Although the categorization may seem insignificant, it affects many aspects of the facility, including its mission statement. If Horizon House continues to be a short-term stay facility, then it will remain associated with rehabilitation. The result of this will be that the domestic nurturance of “individuality and support of personal growth” will be upheld in the mission statement. Staffing and resources will continue to be oriented towards community integration, which is integral to a psycho-social rehabilitation model. This model is currently manifested, in part, through the hiring of predominantly community mental health workers and activity workers as front-line staff.

If, on the other hand, Horizon House is deemed to be a long-term care facility, then the resident public will be further diversified, with the result that physically infirm admissions will take preponderance over psychiatric admissions. The operational mandate of the facility will become associated more directly with long-term, extended medical care; it will become more akin to hospitals. The medical model will obviously influence the staffing of the facility, with a potential swell of “licensed practical nurses” (LPNs) and registered nurses (RNs) being added to the staff roster. The heterotopian nature of the facility will remain, even though it will be reconstituted significantly enough to warrant a reconsideration of its mission statement. Indeed, as Douglas (1991, 305) contends, “those committed to the idea of home exert continual vigilance on its behalf.”

Douglas adds that “the persons who devote vigilance to the maintenance of the home apparently believe that they personally have a lot to lose if it were to collapse” (306). These “devotees” include those, like me, who are employed in the service of facilitating prescribed ideals regarding what constitutes home. Many of us take what we know about home for granted. My investigation suggests that home is a problematic concept rather than one that can be taken as a given, that it is contextualized

within the shifting forces of social relations and institutional power. To those who often cannot speak for themselves and to those who are not involved in the making of domestic spaces for themselves, intentional communities like Horizon House matter. As the deinstitutionalization of mental health services continues, bringing with it an increased number of “community-integrated” and more “home-like” facilities such as Horizon House, considerations of what makes home “home” are important to policy makers and residents alike. Home can at once inspire and haunt us. Indeed, home matters to us all.

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