

“I’m Schizophrenic!”

How Diagnosis Can Change Identity in the United States

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One of the challenges of living with schizophrenia in the United States is the clear identity conferred by the diagnostic label itself. To receive care in a society so acutely aware of individual rights is to receive an explicit diagnosis. A patient has the right to know. But the label “schizophrenia” is often toxic for those who acquire it. It creates not only what Erving Goffman called a “spoiled identity” but an identity framed in opposition to the nonlabeled social world. Tanya (T.M.) met John Hood in San Diego.

When I met John Hood in 1998, he had just received San Diego County’s Mental Health Person of the Year award for his contributions to the mental health community.¹ It was the first time the award had been given to someone diagnosed with schizophrenia. I could see why people would want to acknowledge him. Tall and lanky, John had a big personality, and he was a great spokesperson for the “consumer’s perspective”—the point of view of someone who used mental health services. He served in a range of local mental health organizations, represented consumers for national organizations (Alternatives, the National Alliance for the Mentally Ill), and periodically flew to Sacramento to speak to the California Board of Mental Health. The year after his award, John gave the speech introducing that year’s winner, a mental health advocate (who did not have schizophrenia). It was clearly the best speech of the night—relaxed, confident, funny, full of to-the-point stories—and the seven hundred people in the audience fell about laughing more than once. John recalled that Richard, the man he was introducing, had been assigned

as the patient advocate for some poor guy who wanted out of his three-day involuntary hold at the hospital. When Richard arrived at the hearing, John said, he saw that the patient had his ear to the wall. So Richard put his ear to the wall, too. After a while, the judge said to Richard, “Do you hear anything?” Richard said no. Then the judge said to the patient, “Do you hear anything?” The patient said, “No, and I’ve been here for three days.” Later Richard got up to speak and said, “All those stories were true.” Then he said that when he and John had gone to Sacramento to speak with the Board of Mental Health, he was exhausted at the end of the meeting and John was chipper. So John put his arm around Richard and said, “I feel sorry for you. You think so carefully about what you are going to say, and you choose your words, and you worry about the effect of what you say on the relationships you have with people. I can say anything I want. *I’m schizophrenic!*”

John Mack Hood III—he liked all his names—grew up in Southern California. He said that even in kindergarten he had been withdrawn, not “socially appropriate,” a term he learned from the mental-health-treatment world.

Then, at the end of sixth grade, I said to myself, I will be a heavyweight. I will go out and make friends with the most popular people in school. And I did. It worked. I still wasn’t able to deal with reality, in the psychological sense. But I was elected to be the Boys Federation representative from my homeroom and the Red Cross representative from my homeroom, even the homeroom representative from my homeroom. I did some wild stuff. I skinned a cat in physiology and pinned it to the door of a young, beautiful English teacher. I became notorious for that.²

The year John graduated from high school, his family moved to London so that his father could pursue a doctoral degree at University College. John stayed behind and got a job at a gas station in Colorado. He lived in the attic above the station. The attic had no shower, so John didn’t shower. It didn’t occur to him to find one elsewhere, and he had no friends to point out that he stank. He lasted three months before he came down with a horrible rash and ended up in the emergency room. Looking back, he could see that this was the beginning of getting ill—what a psychiatrist would call the “prodromal” stage, the months that precede the explosion of psychotic symptoms clinicians call the first “break” with reality, when patients typically become hospitalized for the first time. “All this stuff is pathological in some sense, but the real symptoms, when I became aware of them as symptoms, came later.”

John did moderately well that year as a freshman at the new University of California in San Diego, up in La Jolla by the beach. It was the middle of the sixties and he threw his lot in with the counterculture. More than three decades later, the counterculture was still his reference point. I'd given him a tape recorder and a pile of cassettes so that he could talk to me even when I was not present. He taped more than a hundred hours of material, often late at night, often without his dentures, so that the words are blurred and rounded. On cassette after cassette, as he muses about his childhood, his friends, his illness, and his daily life, he interprets his stories through the music of that time.

It was Sunday today, or yesterday, and I was at great peace. I listened to Bob Dylan's 1966 Prince Albert Hall in London concert, and it was a two CD set and I have it on tape. I listened to it and it just brought me into contact with how I understood every word he was saying. It makes me realize the song "Like a Rolling Stone" is as much a learning experience for me as it ever was. *You know something's happening but you don't know what it is, do you, Mr. Jones?* I see that I really am a Mr. Jones and that I don't know what's happening, the bottom line.³

John looked like a hippie even at the end of the millennium. His hair was long, he had a beard, and he wore an embroidered Muslim skull cap. He gave me an armful of paperback books on the sixties to read, because he thought I'd never understand him without understanding those times. He made cassettes for me of the music he loved, music that was playing every time I went to visit. He told me that one of Neil Young's records explained his life. "If I could have made an adjustment within the counterculture, I would have been okay. The counterculture kept me stabilized that first year." It seems to have been clear to him, by the end of his first year of college, that he wasn't going to make it in the mainstream.

The summer after his freshman year, he went to live with his parents in London. On his way from California, he stopped in New York for a night. In a cheap hotel room he shared with a stranger, he felt his mind take off. "It whirled and it would not stop." Nevertheless, he arrived in England without incident. It was a bad summer, lonely and isolated. He knew no one and argued constantly with his parents, who were frightened by the drugs he was taking and horrified by his long hair, his clothes, and his hippie lifestyle. He came back to California that autumn, but he had never signed up for a college room—he may not have been enrolled—so he camped out in friends' rooms.

Someone made an appointment for him to see a psychiatrist to talk about “the workings of the mind.” The night before the appointment, John stayed up all night and wrote page after page about his own philosophy of mind. “I expected that *I* would teach *him*.” During the appointment, the psychiatrist asked him whether he would like to stay that night in the hospital, and John agreed because “after all, I was homeless.”

Since then John has been hospitalized about a dozen times, although he had not been hospitalized for over a decade at the time I met him. He had taken antipsychotic medication for three decades. He told me that he had never heard voices, but he heard the walls creak loudly and repeatedly. Small sounds would capture his attention so that they stood out against the backdrop of the everyday, vivid and demanding and threatening. “Creaks” was the best term he was able to produce to describe them. He felt that these creaks were punitive. “I am obsessed, as I am to this day, by the idea that there is a supernatural force that makes creaks in the walls, and that they are God telling me what I am doing wrong. There is a real creak. You might not notice it, but it is there.” He would see streetlights turn on and off, or see shifts in the light’s intensity, and to him these shifts were dense with meaning. It was as if some small sensory event that a normal person might register and ignore somehow swelled in importance for him and became insistent, so that he could not turn away. John would see people signal that they were attacking him and defending themselves against him by scratching their chins or their ears, or shifting position and leaning on their elbows. He called this the “social game.”

I never saw John react to these moments, the way you can see sometimes that people hear voices when they turn and look or get so distracted they lose the conversational thread. The most apparent evidence of his illness was that he would shift from everyday common sense into flagrant delusion. He recorded this on a cassette in November 2000:

Well, it’s now quarter to eleven. It’s the eleventh or something like that. It’s Friday night and I’ve already slept for the night. I’ll probably sleep early in the morning like two. It’s hard to say when I get tired. I thought I’d talk about my political politics. It’s controversial to a lot of other people, and they had different feelings about it. We’re right in the middle of recounting Florida’s votes, and I actually ran for president this time, this year, the year 2000. It’s November 2000. This is the election I was running for president.

And then he’d shift back—in this case, to describing his day at work. Next on this cassette he said, “Anyways, I was going back to my story, it’s sounding

a bit like . . . where they could lock you up in an insane asylum for no reason whatsoever." John knew that he had ideas that were part of what he called a "delusional system," but he also felt that what he experienced was true. He felt this intensely—the realness impressed itself upon him and he could not shake it.

It is not uncommon for people with serious psychotic disorder to feel that they are committed simultaneously to different epistemic frames. They often know that some of their thoughts and sensations are symptoms of a mental illness, and yet they also feel that those thoughts and sensations are accurate perceptions of their world. At the beginning of the illness, the person may not identify these new events as "symptoms." They are part of the new horrors of her life. Pulsations beat upon her skull, or people begin to sneer and hiss at her, or her mind becomes no longer safe and the world is made of porous air. Some clinicians argue that many delusions arise from the patient's need to make sense of these unnerving thoughts and sensations—that people decide they are victims of alien invasion or government spying because they can think of no other way to interpret what they experience, and then the delusions become entrenched because the thoughts or pulsations or voices don't stop.

John moved between these different perspectives throughout the time I knew him, laughing at ideas he called delusional and yet treating as real the parallel universe in which they made sense and in which supernatural events seemed to take place around him all the time. In a sheaf of notes for a speech in 1998, he wrote, "From an early part of my life and during my mental illness, I studied very hard to be a Wizard and even though our society has no criteria for Wizards, Warlocks, Witches, Prophets, Saints, etc. that does not mean that mental health clients may not relate well to these types of people." He sometimes thought of himself as the risen Christ, although he did so with self-teasing irony. "I thought there was this job, a good clean job, which was the Second Coming, and I thought I fulfilled the conditions for it, even though I don't believe in biblical prophecy or anything like that. So I saw myself as able to have more authority and power than was appropriate. That was delusional." But he called himself a shaman throughout our conversations, and he was clear that if he had been born in India he would have been called a holy man. In London, that was what the psychiatrist had told his parents.

For about a year, maybe a little longer, I met with John several times a month. I'd drive down to the sketchy neighborhood where he lived independently in a one-bedroom apartment. There were posters thumbtacked to the



FIGURE 1. John Hood drew this to represent the experience of someone with schizophrenia.

walls and a couple of dilapidated couches. There was a beautiful portrait of him that he had commissioned from one of his friends for \$300—an oil-painted mosaic of a photograph she had reproduced many times and lacquered, so that John seemed to multiply across its surface. A table shelf in the corner held dozens of pill bottles, those standard-issue orange plastic containers with white lids. The fridge held little besides beer and Coke, and the air was usually

thick with cigarette smoke, but the kitchen and living room were tidy. The yard was mostly cracked clay with struggling grass, and the air always seemed to be hot and dry. Still, John invariably wore a blazer and a hat. We would sit and talk about music and schizophrenia and the mental health system. Once, when I commented that he lived in a complex world, he said that that was exactly the point. "I have a very complicated truth, which no one can figure out, and I work with it in a dynamic kind of way. The bottom line is that the system is so complicated that it had got me through a lot of binds."

Sometimes John talked about these multiple frames as "two worlds": the world of being a shaman, and the world of being a normal working person. "I'm starting to see more how I have two sorts of consciousness that are alive. You know, I have work." He understood that there were ways of talking and acting that were appropriate to the normal world, the clinical world, the world his parents lived in. "I can talk in the clinical jargon that's very orthodox and what's considered standard normal clinical talk. I can talk about it in an intellectual standard way."

"Shamanism" was everything else. His dreams. His sense that he needed to know more about Jungian psychology. The wild, odd ideas he associated with his madness. "When I go out, I can go crazy if someone is babbling at me for twenty minutes. I feel like I'm going crazy. Then I bring peace back to myself and swim in the consciousness of mystic union." He talked to me about astral journeys and his "shadow side" and about an angel that perched on his bed once when he was sick and told him to take his medication. In a long tape he made for me in June 2000, he began by talking about shamanism and then shifted into a contrast between the sophisticated psychoanalyst who knew about the unconscious—"a combination of a philosophical system coupled with a behavioral science and what I would consider a more shamanistic technique"—and the idiocies of modern biomedical psychiatry. And then he paused. "Sigmund Freud wouldn't touch me with a ten-foot pole. He never would have touched a person who was diagnosed with a psychotic paranoid schizophrenia."

This was John's terrible dilemma. It was hard for him not to despise the life trajectory that had taken him out of the upper middle class into shabby housing and public assistance. His talk of shamanism was one way to make sense of the otherness and to make it seem like an advantage, a gift, which most people did not understand. But he didn't really think he was better off. Mostly, he made sense of the difference by identifying it as a failure created by his social world. "We are cultural heretics," he explained. "We are probably the most hated people on the planet."

There is no question that the most terrifying part of schizophrenia is the sense that one's mind is slipping beyond one's grasp, unreliable and out of control. In some fundamental sense, that shock must be common to those who experience schizophrenia, regardless of their social community or the cultural expectations with which they live. Our inner voice, our thoughts, our sensations: these are the most intimate of human experiences, and to feel them alter must be profoundly disturbing. In some ways John recognized that he had an organic process in the brain that had profoundly changed his mental experience. He repeatedly called himself ill. But he blamed his sense of being flawed on the social fact that there was a biomedical model and a biomedical psychiatry, and throughout the time I knew him, he managed his sense of dual realities through a vehement rejection of what he took to be the social expectations of a normal person.

John hated the idea that he had a "diseased brain."

I'm on the California Board of Mental Health, as a consumer. When we come around for introductions, what I say is, "My name is John Hood, and I have a diseased brain"—and they all laugh. Can you imagine how insulting it would be if you turned to me and said, "I'm *sorry* you have a diseased brain?" When it gets right down to it, the medical model is an *insult* to me. To say that I have a diseased brain: it does not validate me.

From this point of view, it is not the putatively diseased brain that is the problem. It is the idea that you have a diseased brain that destroys you. "When it comes down to it, there's no greater stigma than the client thinking that his mind is diseased."

He despised himself for taking medication.

It makes you hate yourself so much more because you take medication. They say, there's nothing wrong with me except I have to take these damn pills, that's what's messing me up. It's the most stigmatized group in the country. That you need pills in order to function. I can see guilt on my mother's face even to this day when I pull a pill out of my pocket and eat it.

He often used the verb "eat" to describe taking medication.⁴ The word captures the basic-as-bread role medication played in his life: that it was not ancillary or cosmetic or corrective, but that without it, he was not right.

And he saw the label "schizophrenia" as the sign that he was set apart and different and bad. "When I talk to people, I have to say, 'I am a person with schizophrenia,' and I don't like that. I'm not 'with' anything. I have severe

functional impairments when it comes to certain aspects of living. I'm not 'with' anything, I'm me." One afternoon when I was at his apartment, I tried to understand why the word had such a caustic quality for him. He had a friend over, a woman who was also diagnosed with schizophrenia. "When people say that you are schizophrenic, what does that mean?" I asked her. "Well," she responded drily, "it means that *they're* not schizophrenic."

In the past few decades, people who call themselves "consumers" or "psychiatric survivors" or "ex-patients" have sprung up as groups around the country. Most take a strong stand against diagnosis and mandated medication. They see themselves as fighting for the rights of mental health patients, and they have become a potent political force in mental health across the country. It was because of their political authority that someone like John could have a seat on the California Board of Mental Health. Many of these groups set out to reverse the stigma of being "crazy" and to wear it like a badge. That, of course, also underscores the differences they try to erase: abnormal versus normal, mad versus sane, us versus them.

In the end, this may have been what undid John. He had built his identity on not being one of "them"—the normals. He was mad, he was crazy, he was a shaman. But shortly before John was named Mental Health Person of the Year, he became a "peer counselor" in the local county psychiatric hospital. The post was newly invented and, thus, ill defined. The clinical staff thought that it would help soften the hard line between normal and abnormal for inpatients to have someone who had recovered (more or less) work on the inpatient wards. These positions have become more common around the country in recent decades as the Recovery Movement has become more dominant. Most people assume that the positions are good not only for the peer counselors' clients but for the counselors themselves.⁵

But the job was hard on John. I went there with him one afternoon. There were some twenty patients in each of two units, one short-term and one for longer stays. The patients were quite ill. The place reeked because few of them bathed. I had a long conversation with someone who explained that we were on a spaceship and that she had been artificially born out of an egg created by people on the unit. John ran several different groups—those sessions that pepper the days of inpatient units and provide activities for otherwise long hours. In one group, he showed a *Beverly Hillbillies* episode and asked people what the plot was and what it meant. In another group, he played music from

the 1960s and '70s and asked people whether they had ever been as happy or as sad as the songs described. He seemed comfortable.

And he loved the job. He loved having a pass that allowed him to enter the hospital as staff, and having keys that would open locked doors. He thought he was good in the role.

I remember, there was this wonderful woman, younger than me, she was asked the very first day to take me around and show me what goes on there. She took me to her first group, and I hadn't met anyone yet. Then I started discovering some of the clients I had been locked up with at mental hospitals, or in board and care facilities, we all had the same friends and we had some real stories to swap. So I get on the unit and Michelle introduces me and in about ten minutes not only am I contributing heavily to the group but pretty soon I am running the group. It evolved so quickly. This is really what I like doing.

But he also felt like a double agent. He felt that he worked as a staff person and was treated as a staff person—"but clearly, I am considered mad by our society." Because he was mad, he was like the patients, and he hated the authoritarian oppression that he fought so hard against as a consumer. Yet he felt that he had the authority of the staff in turn.

I've got those double-locked doors in my life when I do my major double agent work and negotiations, and it is clear what the two sides are. I have the staff and I have the clients, and I trade secrets with each and I can't get caught doing it. You gain confidences and rapport and take them on as a personal friend, find out what their strength and weaknesses are, where they might crack, what they might do. You can use that information in the way you think is best. . . . But when you are a double agent, you don't know if the other person already knows, and you never know how much of the truth they are telling you.

He talked about being a double agent again and again in the cassette tapes he made for me. There are long passages about how much he accomplished on the unit, and how important his work was. The time I visited his job with him, at the end of the day he told me that he had made 250 crucial interventions. But the cassettes are also full of guilt and betrayal. He had crossed over. He didn't like it.

In some ways, the straddling of the irrational and the rational, the mad and the sane, is inherent to mental health services. Any clinician engages both with the autonomous rational decision-maker and the crazy person in each encounter with a client. In *Everyday Ethics*, the anthropologist Paul Brodwin describes the pain clinicians feel in managing the straddle. They want to treat

clients like themselves—as more or less freely choosing adults—and yet their mandate is to get them to comply with decisions that other people have made for them. They have an impossible job. “Operating at the boom rungs of a strained system, they cannot conceivably give clients what they need [safe housing, refrigerators and televisions, drug-free friends]. Yet they must impose services that clients explicitly do not want.”⁶

That is the challenge of mental illness. The ill person is, and is not, what we call “competent”—able to assess the world and respond to it in a way that others around them deem normal. The less competent a person is in the eyes of others, the more those others will take over for them. To “care” can mean to take over someone else’s autonomy, yet most clinicians go into the profession to restore autonomy to people in pain. The way a clinician makes a call can feel like a judgment on his or her own humanity.

For John Hood, the decision to be the authority over someone else’s mind felt as intolerable as confronting the stark reality that other people were willing to judge him mad. I thought he used his countercultural sensibility to negotiate his unease with being the authority, just as he had used it to manage his unease with being mad. To be a “cultural heretic” was to reject both roles. So he would bring his Beatles and his Grateful Dead into the clinic to play to his clients, and to see if he could get them to love it as much as he did. But it was an awkward patch.

Whatever initiated the descent, by 1999 people began to say that John was “doing less well.” He seemed less stable, more prone to outbursts. His talk became more jagged and wandered farther afield. He began talking about going off his medication. There were days when he was foggier than usual. I started meeting him in the afternoon rather than the morning, because he seemed more alert later in the day. He was involved with a client-run drop-in center called the Meeting Place, and around this time the center collapsed because no one was paying the rent or utilities. Some of the clients had located a health provider willing to support the center, but only on the condition that a nonclient would be in charge, and the clients had agreed. John became furious. He felt that the values of the center had been violated, and that the clients could not acquire the sense of self-worth the Meeting Place had fostered if it was no longer client run. He felt they had turned it from a place to encourage growth into an adult kindergarten.

It was also around this time that John became a Jehovah’s Witness. Some of their members had come to his door to proselytize, and John decided they

had their finger on the truth. He began to go to meetings and to argue with their elders, and his apartment became noticeably full of their books and pamphlets. Sometimes I wondered whether he saw his conversion as a perverse joke on the people who had converted him. John was still working at the hospital, and he set out to save a client on the unit whom, he said, the staff did not want to deal with because the client was too violent. He signed up a string of Jehovah's Witnesses to see this man and marched them in and out of the hospital. He wanted me to see the man too, but I refused. I'd already met the man on the unit and he had scared me, because he leered at me, and I knew he had hurt someone badly. I had never been frightened of John before, but that afternoon I was. He suddenly straightened in his chair and began stabbing the air with his finger, shouting at me that a book I had written was so one-sided it was ridiculous, and that I never described him as a shaman. I told him to calm down and then he yelled at me some more and then suddenly said, "You want me to calm down? I'm calm!" and he sat back and shut up like a petulant child.

Now John started calling me at home, which he had never done before. He called because he wanted thousands of dollars to buy the house next door, because a friend of his was getting evicted from it. He called because he wanted me to buy him a machine so that he could copy tapes he wanted me to see. He was beginning to have more trouble at work. That month I sat next to his boss at some mental health event in the hospital, and she said that she was worried about him. She thought he had cut way back on his medication, and she told me that the woman from next door who had been evicted was now sleeping on his couch. She thought the woman was using drugs. Then she sighed: "Every day I come in here, and I look at the vending machines in the courtyard [beyond the locked gate to the unit] and I wonder what it's like to look at the vending machine and to know that you can't get to it to get a coke." She'd tried to leave the gate to the courtyard unlocked for a while, but then someone had tried to hang himself in the space, and the hospital wouldn't let that experiment continue.

And then I left town for a while—it was summer—and when I came back a month later, John was in a hospital way out in the east county. This meant he would lose his house. People on disability payments often lose their income when they are hospitalized. John was behind on the rent anyway, and his landlord wanted him out. That week I talked to the man John had introduced as his successor as Mental Health Person of the Year. Richard didn't know

the details of how John had ended up in the hospital, but he had been over at the house shortly beforehand. He brought John some Taco Bell to remind him of the times they'd spent together, when they would go to Taco Bell and "solve the problems of the universe." John stood in the front yard eating it like an animal, and Richard said that it broke his heart, because John seemed so ill that Richard worried he might never recover. And yet just a few weeks earlier John had been to a meeting with him when consumers were going up to the microphone, one after another, to make statements. John got up and said, "For some reason I can't get this Beatles song out of my head." And then he sang the first verse of "Nowhere Man," which ends with the phrase "making all these nowhere plans for nobody." The audience cracked up.

I moved from California that autumn, before John left the hospital. The next time I saw him was in the spring of 2001. He was living in an old hotel that had been turned into supported housing for people with psychiatric disabilities. He was still charming and effusive, but his words no longer made as much sense. He lived in half of a room, decently sized but dirty. He still had a bunch of books, including one I'd written (partly about him), and lots of tapes, and his portrait, and a mess of clothes. On the porch there was an enormous hookah, or water pipe. We sat out there in the heat, swathed in strong tobacco, John unnerved by my presence after so many months, angry and distant but talking loudly and insistently all the time. "God stinks," he said at one point.

I didn't come out to San Diego again for several years. During that time I would get packets from John—long, scrawled letters with drawings and metaphysical reflections. I wrote back, but more briefly. In 2005, I returned to the city and decided to find him.

I drove out to El Cajon to meet him in a settlement way south of the main city. I was about an hour late (I got lost), but when I arrived John was standing on the street waiting for me, in sunglasses (which he took off for our meal, mostly) and an old man's spiffy getup: an olive felt fedora, a shirt neatly buttoned with a bolo tie, and a gazillion necklaces with various significant items hanging from them—a Mary icon, a sacred tooth, a wedding ring he said he'd offered to someone who refused him. He was getting married again, he said, to two black women who worked at Volunteers for America, and he would move to Africa with them. He invited me to visit.

It was indescribably sad. Still, he looked good—even dapper. He carried a pack of playing cards from Hawaiian Airlines, and said he liked cards but

didn't play them because he'd read the Bhagavad Gita, and everything had gone wrong from a game of cards. (Close enough, I thought to myself.) He referred to himself several times as a Muslim cleric. He said that he no longer heard his creaks. Then he said that it wasn't that the creaks had stopped, but that he had stopped giving them significance—he no longer allowed his thoughts to follow them.

He'd been homeless in the years since we last met. He didn't like the old hotel, so one day he just left and slept on the street. Homelessness is hard, he said, because you have to be vigilant all the time and you are constantly in search of food. But there was a freedom he really liked. You wake when you like, sleep when you like, say what you want. It was safer than some of the hotels he also slept in, because in hotels there are corridors and people can rough you up. But then he immediately said that he'd been attacked three times in one day on the street. He ended up with a staph infection in his hand that had not healed for months. He talked about what hard work it was to be on the street, how you constantly were looking for food, stuff, how getting stuff made it harder too because then you had to protect it. He eventually left El Cajon as well because police swept out the area he slept in and swept away his stuff. In fact, even when he was "in" El Cajon he seemed to come and go. He went down to Mexico and stayed in what he called a brothel (it was a cheap hotel), which he said his case manager had arranged.

Remarkably, he seemed to have had contact with his caseworker, on and off, during all this time. He said that he kept that connection because he wanted services, but his caseworker couldn't give him any. That is, he wanted money and food. But his caseworker wouldn't do that. The only real services, he said, came from the church, which fed him. The caseworker would say things like "Be here in three weeks." John said, "You can't make plans like that. Who knew where you would be in three weeks?" But eventually John left the street because his caseworker told him to be somewhere at a certain time, and he did so and went into the office, he said, and he was really hungry and he saw another person's candy bar in a drawer and he took it. At least, that's the way he remembered it. He said, "You know, I was delusional back then." And then two police squad cars came, and an ambulance, and a whole SWAT team (as he remembered it), and he ended up in the hospital for three months, which he said he hated. When he left, he went to a locked facility in Alpine. Then he was transferred to El Cajon. He said he didn't know how much longer he could last there.

He did eventually find a placement in a care facility for persons with serious mental illness. About ten years later he sent me a packet of drawings with a phone number, and we spoke. He said he had a place to live, and friends, and that everything was okay. But the clarity that had once been so striking was gone. I couldn't follow much of what he said.

He lives there still.