1 David's Life and Hard and (Sometimes) Good Times

David Christopher Ruether was born at Pomona Hospital in Pomona, California, on December 6, 1959. My husband, Herman, and I were both graduate students at the Claremont Graduate School at the time. Two things stand out for me about David's birth. The first is that the doctor induced labor, because David was not being born quickly enough, and he circumcised David without asking our permission. These procedures bothered me because I wondered whether the drugs used to induce labor might injure the baby and because it had not occurred to me that it was the practice in American hospitals to circumcise male babies without asking permission of the parents. The other thing that stands out for me is how excited Herman was at the birth. I remember watching his head bobbing up and down in the window of the delivery room door as he eagerly tried to catch a glimpse of his newborn child.

I named David for my uncle David Sandow, husband of my paternal aunt. David Sandow was from the Jewish tradition, a musician and artist who had been a surrogate father for my sisters and me while our father was in Europe during the Second World War. David, who had no children of his own, was our mentor in music and the fine arts. Naming my son after Uncle David was a way of honoring this relationship. Years

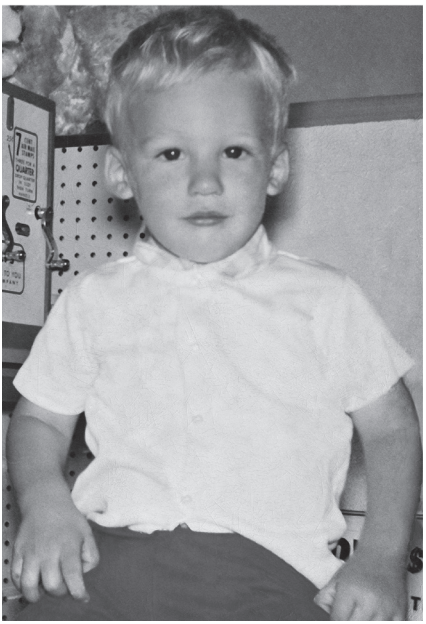
later, while executing my aunt's estate, I was touched to discover that Uncle David had cherished a picture I had given him of our David as a blond, rosy-cheeked two-year-old.

Early Childhood, 1959–1966

David is the middle child in our family. His older sister, Becky, is twenty months older and his younger sister, Mimi, three years and three months younger. We lived in Claremont, California, when our children were preschoolers. I had a teaching-assistant position at Scripps College, which was paying for my tuition in Claremont Graduate School. Herman taught at California Polytechnic College in Pomona. A Mexican woman cared for the children during the hours I was in class. She was a motherly woman, and I remember her settling into a rocking chair with David on her ample bosom as I ran out to class. Later, Jo Verich, a good friend with three children of her own about the same age as mine, took care of David and his sisters while I was in school. They enjoyed playing with their Verich friends during the hours I was away each morning.

By the time David was three, we had purchased a home in South Claremont, a former orange grove ranch house that had been moved to a pleasant neighborhood. There was a garden in the front of the house and a large covered patio in the back. Many a child's birthday party took place on that patio. Much time was also spent at the Claremont Park in the wading pool and playing on the merry-go-round and swings. Becky was athletic, and David was hard put to keep up with his older sister on the swings and gym bars or when riding bicycles.

When David was five years old, he began kindergarten at St. Paul's Episcopal School in Pomona. Starting school apparently awakened some tension in David, which was expressed in some new behaviors. To my surprise, he became a bit of a playground terror and got into a few fights during recess. I also remember that he developed a tic, in which he would jerk his head nervously. I tried to get him to stop, and after a few months he eventually did.



David as a two-year-old

During this time one of our favorite things to do was visit the Barnes household in nearby La Verne. Kate Barnes, a graduate of Scripps College, was a poet married to a Pomona College professor of English. The Barnes had four children and they owned a large property in the foothills where Kate raised horses. There was also a swimming pool on the property. Long, lazy afternoons were spent riding the horses, traveling the foothill trails in a horse and buggy, or swimming in the pool. Another favorite excursion was to La Jolla, California, to visit my mother, who had a charming house with orange trees in the backyard that was located two blocks from "Wind and Sea" beach. We would drive or take the train there for weekends or summer holidays, and we would wander the beautiful beaches and elegant shops of this seaside resort town. During the summer of 1965, at the height of the civil rights struggle, I volunteered with Delta Ministry in Mississippi while my three children enjoyed a pleasant summer with my mother in La Jolla.

Washington Years, 1966–1975

In the summer of 1966, we moved to Washington, D.C. I had completed my Ph.D. and had accepted a part-time teaching position at George Washington University and a part-time position at the Howard University School of Religion. Herman had a teaching position at American

University School of International Service. We rented a three-story town house in the Arlington Heights area of Washington, D.C.

School and Church Communities

That fall David began first grade and Becky second at the local Catholic parochial school on Sixteenth Street. The nuns were authoritarian and, I learned, accustomed to hitting children with rulers. It also very soon became apparent to me that they mourned that the clientele of their school was changing from upper-class whites to middle-class and poor blacks; they expressed joy in having the Ruethers add a couple of white children to the student body. Being very much involved in the civil rights movement, I was sensitized to and offended by their racism. Although David was only six years old, he too remembers these nuns as "mean." One day I stopped by the school during recess and found my son and daughter huddled under the school steps, while the other children shouted and rushed around. I took David and Becky out of the school and transferred them to a private school on the Wisconsin Avenue side of town.

We found a worshiping community in St. Stephen and the Incarnation Episcopal Church, which had an ecumenical membership and a strong civil rights and peace orientation. The liturgies reflected a liberation theology approach, and many civil rights and antiwar protest movements had their staging areas at St. Stephen's. Fourteenth Street, which ran next to the church, was the major corridor for burning and looting during the riots in Washington that followed the assassination of Martin Luther King Jr. in 1968. On Palm Sunday, after the end of the riots, parishioners marched down Fourteenth Street, placing flowers in the barrels of guns held by the troops that lined both sides of the street.

David grew up in this activist church from the ages of seven to thirteen, and was good friends with Andrew Wendt, son of the pastor, William Wendt. David participated in civil rights and antiwar marches, picketed the White House, and on several Good Fridays walked in

Stations of the Cross processions that wound through official Washington, identifying various sites of global injustice as places where Christ had been crucified that year. We knew the Berrigan brothers, Daniel and Phil, and their followers. Mary Moylan, one of the Catonsville Nine who, in 1973, poured blood on draft files in Catonsville, Maryland, was a close friend and neighbor whose home was a place of frequent social action gatherings.

In 1968 we bought a home in the upper Sixteenth Street area. David and Andrew Wendt both attended the local public school in the third and fourth grades. David's sister Becky remembers this as a fun neighborhood, with lots of kids to play with, but also a tough environment, where bikes and bags were stolen often. Later, I moved both David and Becky to a parent-run school near Catholic University, attended by the children of middle-class Washington professionals. Our children were among the few white students and they became accustomed to being with Asian and African American classmates who were smart and competitive.

David could read before beginning first grade and thus was allowed to start first grade early. He also skipped seventh grade. This was a mistake in my opinion, because it pushed him ahead of his age group. Due to this accelerated pace, David graduated from primary school in 1972, the same year as his older sister.

Trying Teen Years

In 1972–1973 I was a visiting lecturer at Harvard Divinity School in Cambridge, Massachusetts. We lived in a working-class neighborhood just north of the city. David and Becky went to a Catholic parochial high school with very progressive nuns. The students were mostly children of working-class Boston Catholics. Unfortunately, they conceived a prejudice against David as a Southerner. It had never occurred to me to think of my children as Southerners, but having grown up in Washington, D.C., their accents sounded "southern" to the ears of Bostonians. David was also "pretty" and wore his hair in shoulder-length

light brown curls, which perhaps also aroused their prejudice. These experiences wounded David's budding sense of his masculinity, but he did find a home at the local YMCA where he became an outstanding member of the swim team.

Another much deeper wound to David's psyche occurred two years later when he was fifteen. At the time we were vaguely aware that a middle-aged gay male couple lived in a large corner house in our neighborhood, but neither Herman nor I ever met them. Sometime in the year before we left Washington, one of these men lured David into his house and either exposed himself to David or committed a sexual act with him; it is not clear to us what actually happened. We first learned of this incident during one of David's hospitalizations years later, when he broke down in tears and told us about it. David had been harboring a deep sense of shame over this incident since his mid-teens.

We returned to Washington at the conclusion of my visiting lectureship at Harvard. David attended Gongaza, the Jesuit high school in D.C., his sophomore, junior, and senior years. He was a middling student, prone to conflicts with the Jesuits and constantly judged as not working up to his potential. I tended to defend him, thinking that these were normal growing pains that would resolve themselves in the post high school years. There was no evidence of mental illness, at least not that we could notice, and it did not occur to us that this might be a possibility.

David and Becky's close friends, many of whom were the offspring of Washington professionals, were into drugs, mostly smoking marijuana. We didn't know the extent of their drug use, nor what effect being in this drug culture had on David. He did not seem to us to have a drug problem, but evidently he was much more attracted to the "highs" that drugs promised than we realized.

David's reflective turn of mind at the age of fifteen is expressed in a short poem he wrote after a long, hot drive in the family car across the desert from Mexico to California:

"The Desert"

Is the weather so hot I cannot feel? Think?
The mind floats,
Concentration and comprehension are gone.
I lie in the back seat in an oblivious state.
Will it never end?
This cooped-up-ness?
I want to be active,
Not a vegetable to be cooked by the elements
In a square tin box.

Death is outside the window.
The graves created by a harsh environment,
Waiting for another victim,
Waiting for yet another being
To be rendered useless,
Another bone to bleach,
More metal to rust.

This is god's wasteland,
Though it is graced by beauty and wonder,
By unparalleled spectacles of vision.
It is never-the-less forsaken,
The Devil's playground,
Which God has set aside for his alter ego
And for those who are strong enough
In spirit to rend the veil of civilized illusion
And gaze naked into her stark reality.

Chicago Years, 1976–1987

Both Becky and David graduated from high school in 1976. David was sixteen. I had been offered a theological chair at the Garrett Theological Seminary in Evanston, Illinois, so we made plans to sell our house and move to the Chicago area. We looked forward to moving away from Washington to extricate our children from their circle of friends, many of whom were now heavily into drugs. Since we felt that David was too

David at sixteen: Graduation from Gonzaga High School, Washington, D.C.

young and immature to go on to college, we decided to send him to a preparatory college in Cambridge, England, where the daughter of a colleague had spent a year after graduating from high school. A year abroad seemed like a good idea for David's development. The son of a first cousin was also a student at Cambridge University, so David would have a family contact there.

We drove from Washington to Chicago in two cars: my husband, our younger daughter, and I in our van, and David, then a competent driver, piloting our orange Volkswagen with his older sister as passenger. I still remember David's and Becky's proud, smiling faces looking out the window at us as we drove parallel along the highways.

David headed off to England in the autumn of 1976, but the stay at Cambridgeshire College did not go well. He was registered for English, Spanish, history, and psychology, but he attended little to his schoolwork. Among the students were a group of wealthy boys from Turkey and other Middle East countries who smoked hash. Other students with whom David associated also used pot, and LSD was available as well. David dropped acid at least twice, going berserk and riding around in cabs and running up and down stairs in the YMCA where he was living. In January his advisor told him and us that he should leave. He returned home to Evanston in early February.

Something Is Wrong with David

Mimi, David's younger sister, remembers that she felt immediately upon David's return from England that there was something wrong with him. She sensed that David was acting "different," although she can't name exactly how.

In the spring of 1977, we endeavored to have David start school at a local community college, but he was unable to concentrate. On the theory that perhaps he needed more time to "get himself together," we allowed him to go off to Cuernavaca, Mexico, for part of the summer to study Spanish.

David was familiar with Cuernavaca because we had spent summers there as a family when he was in his earlier teens. David had taken Spanish in high school, and during his time in Cuernavaca he became fairly fluent in the language, writing letters and even poems in Spanish. David had another major achievement during this time, too. Along with a friend, David climbed Mount Popocatepetal, the snow-clad peak that borders Mexico City. This is a feat that he still cherishes.

David was scheduled to return from Mexico in the latter part of the summer to attend summer school at Santa Cruz University. In preparation for this, he had stayed with his grandmother in La Jolla, California, before going to Cuernavaca, and had used the time to study for college entrance exams. He had taken the exams, with success, at San Diego High School before heading to Mexico. But David's time in Mexico was cut short. He had been in Cuernavaca only a month when we got a call from an acquaintance of his alerting us to the fact that David was wandering around incoherently and shouldn't be there on his own. David returned to California, managing the bus ride on his own, but his plan to attend summer school in Santa Cruz fell apart disastrously. Unable to concentrate in class, David took to walking around the area instead. On one occasion the campus police found him walking on a wall, and told him to get down. There was a verbal exchange and David apparently made an insulting comment in Spanish, which one police officer understood. David was arrested and jailed, even though there were no

charges. Herman drove to California, and David was released into his father's custody, with orders not to return to California for a year.

David was sullen during the ride home with his father. Herman says that David often glanced at him angrily, and he sensed hostility in David, something he had not previously observed. Yet David also seemed to have no idea what he would do without his parents. At one point Herman said to him, "You know, we won't live forever. What will you do when we are gone?" David replied, "I guess I will just curl up and die."

During the next year David lived in our home in Evanston, and we witnessed periodic bouts of violence, coupled with vituperation. He particularly targeted his father, throwing out vicious comments that deprecated Herman's entire humanity and all his interests. In one fight David sent a blow to his father's face that broke his glasses. On other occasions the houses in which we lived bore the brunt of David's violence: a gate broken, the door to our bedroom shattered, a chandelier in the dining room smashed. Once when Herman and I were away and David was home alone with his younger sister, David went into a rage, throwing books and destroying the rungs of the stairs leading up from the basement.

By now David was six feet four and his physical capacity was beyond our control. A friend who was in medical school visited us during this period and reported with alarm a "word salad" pattern of thought in David's speech, which she identified as characteristic of schizophrenia.

We began a round of visits to therapists, first attending family therapy in a local hospital and then consulting with therapists who focused on David. We also began to call the police when David became violent, and, as a result, he was taken to psychiatric wards of several local hospitals. After a stay of usually two weeks, David would come home calmed, but eventually the cycle would begin again.

We struggled to help David pursue school or employment of some kind. At one time or another he managed to hold down jobs providing room service at the Orrington Hotel in Evanston, washing dishes in a local college cafeteria, and cleaning up the town park, but in each case the job lasted only for a month or two. We connected David with a tutor.

We also helped him sign up for a distance-learning course, which he was able to complete with a lot of encouragement from us.

Finding a Place for David

Eventually it became evident to Herman and me that we could not allow David to continue living in our house. It seemed only a matter of time before he would do something that would result in serious injury to one or more of us. The tension and danger that David brought to our daily lives seriously jeopardized our ability to keep up with our teaching responsibilities and the additional writing and lecturing I was doing. His younger sister, then in high school, needed a calm family environment.

We began to search for a therapeutic community that would accept David. Our hope was to find a place in the country with outdoor activity, since it seemed to us that the best thing for David was to be physically busy, with organized work and recreation. In a handbook of intentional communities we found several interesting options.

The first place we arranged for David to live was off the coast of Maine. Duck Island was an experimental therapeutic community organized by a somewhat maverick Doctor Cloutier, who was critical of the standard psychiatric approach to treating of schizophrenics with drugs. David was there for a little more than two months, and he remembers it as one of the most positive experiences of his long career with care facilities. Living on Duck Island required vigorous physical activity. All supplies were brought over from the mainland by boat. These had to be purchased in regular trips and then loaded onto the boat in high surf, rowed to the island, and unloaded. David seemed to thrive with this physical activity. He also walked around the island daily and wrote a good deal of poetry and other reflections. Unfortunately, Doctor Cloutier did not have the means to keep the community running. Duck Island closed at the end of the summer and David returned to Chicago.

During the next year we experimented with care facilities in the Chicago area. David was very resistant to them and clearly felt threatened by the typical psychiatric board-and-care housing. On one occasion, as Herman and I were getting ready to leave after settling David

into his new residence, David made a move as if to jump out of a second-story window. David did stay some months at a residence called Squire's House, which looked a bit like a motel and provided little besides a room and food service. But he frequently walked home, some twenty miles from downtown Chicago, putting us in a position of having to drive him back to the residence.

We continued to search information sources on alternative communities and eventually found another therapeutic community, this one in western Massachusetts. Gould Farm agreed to take David in the fall of 1984.

Gould Farm was a much more established place than Duck Island, having been in business for many years. There were many more residents and a full staff. The activities consisted of farm work, grounds maintenance, and food preparation, as well as opportunities for education and physical recreation. The philosophy was one of a highly organized—even regimented—day with regular hours of work. The expectation was that if one could operate within this supervised regimentation, one could prepare for independence; there were work opportunities within the community (a store, a restaurant) to which a person might graduate.

David was put on the food preparation team, having held jobs before in this kind of work. But he typically got up late and missed breakfast, and so was relegated to dishwashing. By late fall David was having conflicts with staff demands, and by Christmas, following a fight with another patient, he was sent home. We were paying for David's stay at Gould Farm, and the costs were becoming prohibitive for us.

After another two years of David moving back and forth between our home and care homes or hospitals, and meeting with therapists, we again began to search for a therapeutic community that would provide David with work and regimen. We also explored the theory promoted by one of David's therapists that schizophrenia might be caused by certain vitamin and mineral deficiencies. A clinic near Princeton, New Jersey, did tests and prescribed a regimen of vitamins and minerals. We took David for these tests and put him on these supplements. It is not clear whether it was of any help.

David Hears Multiple Voices

By this time, David was plagued heavily by multiple voices—male and female—that he seemed to think were coming from radio and television but were broadcast to him personally. These voices, in so far as he was able to discuss them, seemed primarily to demean him, telling him he was worthless. Our constant efforts to explain to him that these were his own inner voices and that he should reject their messages and affirm his worth were of little avail. David experienced the voices as something outside of himself that bombarded him.

These voices prompted some of David's bouts of rage, usually directed at another patient whom he "heard" saying negative things about him or members of his family. Several times he struck others because he heard them demeaning his beloved grandmother (who by this time was dead and whom the offenders had never met). Medications never seemed to have the slightest effect on diminishing David's voices.

Hawaii Years: 1987–1995

In 1987 we discovered Kahumana, an interesting therapeutic community in the Hawaiian Islands. Kahumana was begun in downtown Honolulu by an ecumenical alliance working with people with mental illness. The group consisted of a Catholic nun with a psychiatric practice, a priest ordained in an Eastern rite Catholic church, and a group of related people who belonged to the Anthroposophical tradition, which is well-known for its alternative school system.

After establishing their ministry in the city of Honolulu, the group decided to relocate to a more rural setting. They bought property in Waianae on the north end of the island of Oahu and established a community with extensive fruit orchards, a chicken-raising project, and meditative gardens. Residences were built for the nun and the priest, and attractive community buildings in a native Hawaiian style were constructed for the residents, who consisted of a small community of "patients" together with the families of the Anthroposophical group.

Kahumana offered opportunities for several kinds of spirituality and religious services, including an Eastern rite mass, but there was no pressure to participate in any of these religious activities.

In the summer of 1987, we took David to Kahumana, loaded with his regimen of vitamins and minerals. He settled into a pleasant room in one of the patient residences. An activity director got David involved in riding and grooming horses. She also signed him up for membership at a local athletic club, where he played tennis regularly. A mile walk brought him to a beautiful cove and beach where he swam.

David was willing to help care for the orchards, and he was put in charge of caring for the chickens, which involved carrying out the vegetable and fruit scraps from the meals, mixing them with grain, and scattering the mix among the chickens. David enjoyed these tasks and worked at them consistently. The director praised David for his initiative when many other patients preferred to lie about in their rooms and watch television. We called David weekly and every six or eight months planned a trip to visit him for a few days.

The first year at Kahumana went very well, but in the second year both David and the community deteriorated. While jogging back from the beach, David was hit by a car and though not badly hurt, he was bruised and shaken up. The activity director and her horses disappeared. The priest gathered around him several young male staff, which David seemed to find threatening. We have no evidence that there was any actual misconduct by this priest, but there was a certain "gay male" ambiance that was upsetting to David, and soon he was fighting with them. By the end of the second year, David was expelled from Kahumana and placed with the mental health system of the state of Hawaii.

David's Sexuality

It is appropriate at this point to say something about David's sexuality. The nun at Kahumana suggested to us that David was homosexual and that his strong homophobia reflected his denial of this. Although we would not rule out this possibility (and are not against healthy gay relationships), we were inclined to reject this judgment. We have many

David in Hawaii at thirty-five, c. 1994

gay male and lesbian friends who are mature adults in good sexual, mostly monogamous, relationships. These friends consistently report that they knew they were homosexual because from their early teens they were spontaneously physically attracted to people of the same sex. Same-sex attraction also filled their fantasy lives. Even though most were socialized to fight these attractions and to feel ashamed of them, they could not by force of will make themselves feel attracted to people of the opposite sex.

David's sexual history and fantasy life seem clearly heterosexual. During his teens and twenties, he had several fantasized relations with young women, particularly a young Mexican woman, the daughter of a family with whom we stayed in Cuernavaca. Over the course of several years, David wrote long ardent letters in Spanish to this young woman, which she occasionally reciprocated. Later he imagined some attraction to other young women whom he met, but not of the same duration.

David has had at least two heterosexual experiences that we know about. While visiting friends in Washington before leaving for Cambridge, England, in 1976, a young woman took him to bed after a party. David found this experience gratifying and affirmative; that is, unlike the experience with the gay older man, there was no trace of shame or guilt about this experience. David also had a sexual experience with a female friend while in Cambridge. He may have had other such sexual experiences, but has not told us about them. For a while he became interested in "girly magazines," which he pored over, although he has not done so recently.

What mainly characterizes David's sexuality is its immaturity. Sexually, David seems frozen in mid-adolescence, having never moved on to an actual sexual relationship as a friendship nor bonding for even the shortest time with a female or male. During a recent hospitalization, a staff member complained to us that David masturbated. This had never been mentioned to us before, but it may have been going on for some time. We don't necessarily see masturbation as "bad," but rather an expression of someone who feels sexual urges but is unable to express them with another human being.

Since his crisis months at school in England, David has not been able to make deep friendships of any kind, male or female, although he occasionally seems to have positive associations. His vehement homophobia comes out when there seems to be any hint of a man coming on to him, and this doubtless reflects his negative experience as a teen. But one should not assume that this reflects a repression of homosexual attraction. The evidence of his fantasy life and limited sexual experience suggests an immature, inhibited, but heterosexual orientation. One odd wrinkle in this question of David's sexual and personal maturity occurred in early 2005 (some ten years after leaving Hawaii) when David, out of the blue, claimed to have a daughter in Hawaii. Later, he even expanded this to claim two daughters. When we inquired about the mother, he said she was a beautiful girl at Kahumana with whom he had had a relationship. This was a surprise to us, and we are inclined to dismiss it as a fantasy. Such a thing might be possible, of course, but since the Kahumana community is fairly tight knit, we assume that if David had had such children, someone would have informed us.

Why David would suddenly claim this paternity after such a long period is mysterious. Perhaps it is a way of competing with his younger sister who is married with two children. Recently he asked me somewhat wistfully whether I thought he had children or not. I said I didn't know, but I thought if he did someone from Hawaii would have told us. Somehow thinking that he has children seems comforting to David, but, notably, he seems to have no thought whatsoever that having children might entail some responsibility on his part.

David's Hawaiian Experience

After leaving Kahumana David remained in Hawaii for another six years. He was assigned a social worker who established a relationship with David and stayed with him as long as he was a resident of Hawaii and enrolled in the state health care system. David's social worker got him on Supplemental Security Income (SSI) for the first time in his life and connected him with a clinic where he received an expensive experimental drug called Clozaril, which seemed to make him function much better. Hawaii's system for assigning social workers was clearly superior to what we would have experienced in Illinois and California, and we were relieved to have a person we could contact to find out what was happening with David.

The Hawaiian health care system consists of three interconnected parts: mental wards of hospitals, out-patient clinics, and small board-and-care homes run by families who provide housing for four to six patients in units added to their own homes. During his years in Hawaii, David experienced all of these facilities, bouncing in and out of hospitals eight times over six years, regularly visiting the clinic that monitored his medications and did blood tests, and living in four family care homes. No care home lasted more than two years. Always some incident—fighting with another resident or acting inappropriately, like running outside naked—would land David in a hospital ward and then there would be another placement.

David went on long walks around the island, sometimes having the experience of visioning a "paradise" where he could "live forever." Once he told us that he had discovered the Garden of Eden, but he knew he couldn't stay. A free bus system that circulated the island facilitated his travels. Generally, he seemed to get back to his care home by the end of the day.

In 1995 David's situation deteriorated. He became paranoid about riding in cars on freeways and on more than one occasion, he opened the car door and jumped out. For a while he was homeless, sleeping in the backyard of a clinic, and he spent a few days at a drop-in shelter in Honolulu. Finally, David's social worker arranged for David to return to

Illinois. In fall 1995 David flew into the Chicago airport. Since we were out of town at the time, his younger sister met him and drove him to his new home at the La Grange YMCA, where David could participate regularly in a nearby mental health program.

Chicago Again: 1995–2002

The next seven years were a constant cycle of hopes and failures. David resided in four board-and-care facilities, most fairly large, dingy, urine-smelling, multifloor urban hotels with two to four patients to a room. None of these facilities provided any real activities, though they made a pretense of doing so. David had stays at four or five hospitals, where his condition was briefly stabilized through medication. He also stayed in three nursing home facilities, where people with mental illness and others with physical handicaps lived alongside elderly residents. This practice, which is common in Chicago, seemed very dubious to us, but David actually seemed comfortable in these mixed facilities and got along better there than in facilities solely for those with mental illness. One reason for this is that the nursing homes were cheerful and clean and generally had ample trained staff.

For a time David lived in a board-and-care facility in the Near North Side of Chicago, close to a park and the zoo. This very pleasant neighborhood with its many restaurants and theaters is popular among young professionals. But most important for us, it was only a few blocks from Thresholds, which is reputed to be the best mental health program in Chicago and in the United States in general. Fifteen years earlier David had participated in this program for a few months before dropping out. We had high hopes that it might work out this time, but it was a complete bust. David would walk to Thresholds, but not go in. After hanging around outside for a while, he would return to his room. David lacked the self-confidence to walk in by himself and get involved in the activities, and there wasn't anyone at the door to help him do so.

Herman and I followed David through these various changes of address, visiting him, checking on his clothes, and tending to his general well-being. When possible, we took him on excursions. Sometimes

we drove him to Evanston to spend the afternoon in our home, where he might help his father with some chore, such as gardening, and have a meal.

David Develops the "Flips"

David developed a self-destructive behavior that we came to call "the flips" because he would literally flip over benches and tables or somersault down stairs. Once in a bookstore with his father, he "flipped" from a second-floor balcony to a book table on the first floor. It became difficult to take him to restaurants, because he would suddenly flip backward in his chair. I began to anticipate from David's silence and the concentrated look on his face when this might happen. I would try to rush him outdoors, thinking that on grass he wasn't as likely to break something or to injure himself. Nonetheless, David's flipping behavior resulted in several injuries. He broke a foot when he flipped over the stair railing on the second floor of our house. At one board-and-care home, he flipped down the stairs on several occasions, one time breaking an arm. But the most disastrous flip was on the stairs in another care home where David broke an arm *and* shattered his ankle, which resulted in a prolonged hospital stay and the near amputation of his foot. For several months David had to wear a device on his leg with metal pins extending into his leg bone. The ankle healed eventually, but it is permanently deformed, as is his foot.

What was the reason for David's "flipping" behavior? Knowing that he might be injured, why did he persist in throwing his body around so violently? I have two theories. One is that David's flipping is a kind of self-induced "shock therapy." When the voices and inner tensions become unbearable, violent motion somehow brings relief. The other theory, which doesn't exclude the first, is that flipping is a way of getting out of an unpleasant place. David's headlong flip down the stairs at Winston Manor resulted in a broken arm, and similar behavior at The Wilson cost him an arm and an ankle, but the net result was that he was removed, at least temporarily, from those facilities and placed in a more pleasant hospital. Was this David's intent? He never suggests so. Rather,

he claims to aspire to some kind of "accomplishment"—namely that he should be able to fly through the air, perform a perfect flip, and land lightly on his feet.

Family Commitments and Restrictions

Over the many years of David's struggle with mental illness, Herman and I have gradually developed what I would call a combination of "grace" and "limits" with respect to our relationship with our son. By grace I mean that we want to remain permanently committed to David no matter what he does, no matter how incapable he becomes of forging a more positive path through life. This, of course, is a problematic commitment since we are not getting any younger and David shows no signs of becoming independent. It is also evident that despite the services the state provides for David, the responsibility for truly caring for him ultimately falls to his family. As long as David and we are alive, Herman and I will be there for him. However, this does not mean that we don't have deep ambivalences about the effects David has on our lives.

A few months after the onset of David's schizophrenia, Herman and I determined that we were not going to let David's illness destroy our life or to so absorb our energies that we would have no life of our own. An incident took place after David's return from England that cemented this conviction for me. David had been living with us for six very intense months, during which we had made the rounds of therapists and hospitals with our son and had been subjected to his outbursts of violence. Finally I decided it was time to reclaim some space in my life that wasn't given over to David. I decided to have an open house and invite my faculty colleagues to see our new home.

David reacted to this announcement with surprise, saying, "No, we can't have these kind of social events anymore." With some shock I realized that David had given up any expectation that he could develop his own life in the outside world. He wanted only to withdraw into our home, pull its four walls around him to shield him from the world, and depend on us to guard his refuge. I understood then that not only must we have an open house, we had to continue to have a social life,

regardless of whether or not David is able to "have a life." What this has come to mean in practice is that David cannot live with us nor can he come and go freely from our home. We maintain contact and are committed to our relationship with David, but the time he spends with us and in our home is limited to afternoon and early-evening visits of four to six hours once, twice, and sometimes three times a week, depending on his proximity.

David's sisters have their own approaches to understanding and relating to their brother. Both are saddened by his sickness, but they are also clear about their need to live their own lives, which include demanding jobs and, for our youngest daughter, two growing children. David's older sister has a deeper ambivalence toward him. For a while, Becky had a hard time believing that her brother was really mentally ill and thought he was simply "pretending" in order to escape responsibility for his life. She is critical of medication and sees it as primarily sedating him, rather than helping him. She is annoyed by David's occasional expression of a provocative and sometimes salacious fantasy life. She herself has some physical health problems, and she doesn't feel she can allow him to threaten the fragile balance by which she maintains her life. As the sister closest to him in age and in childhood experiences, Becky particularly finds David's decline distressing, but she feels that she cannot help him and also cannot be vulnerable to him.

David's younger sister is less emotionally conflicted by his situation. But David's illness concerns her because she worries whether one of her own children might be vulnerable to mental illness. Mimi often arranged to visit with David when he lived in Chicago and would sometimes take him to a movie or out to eat. David had a hard time relating appropriately to Mimi's children when they were small and did things like swing his leg over their heads. Mimi's older son, then about four or five, sensed this as strange behavior and exhibited wariness toward Uncle David. Now that David is in California and Mimi lives with her family in Chicago, she can no longer visit him regularly, but on Christmas trips to our home she makes a point of seeing him at least once.

For both Becky and Mimi, the question of who will take responsibility for David and how to do so when we are no longer here remains

moot. Clearly, neither of them feels able to step into the role that Herman and I are presently playing. When I discussed this book with my youngest daughter, she recalled an incident that happened almost thirty years ago when all five Ruethers were participating in family therapy. At one point Herman, David, and I went out of the room. The therapist then turned to Becky and Mimi, and said to them pointedly, "Someday this will be your responsibility."

California: 2002 to the Present

Herman and I moved to California in mid-July 2002, and David, who at the time was in fairly good shape physically and mentally, went with us. He was very excited about the move and had asked me if the place where he was to stay had a swimming pool. I said, "No," but the place where we were going to live had one, which he could use.

The flight to California went very well. David was cheerful and enjoyed the food and the in-flight movie. The next morning we took him to his new residence, which turned out to be a cluster of one-story cottages around a patio, just off a busy main street. I had arranged to pay extra so he could have his own room, but from the moment we stepped into the facility, it was evident that David was disappointed. Clearly, his new residence, with the usual array of psychiatric patients, clustered in small groups in chairs on the patio, quietly talking to each other, did not meet with his rosy vision of life in California.

Arranging Supplemental Security Income (SSI) payments for David's medications proved difficult. We spent several days at the Social Security office in Pomona arranging for David's transfer to Cal-Med. I had to pay out of pocket for his first month of medications, which cost more than $1,000. Finally things were worked out for his state support.

During our first month in California we saw David almost every day. He accompanied us on endless trips to purchase furniture and other items for our new house. We bought David a desk and a bookcase for his new room and investigated getting a typewriter, which he wanted for his writing. But the constant contact would of necessity lessen as September approached, because I would begin teaching in Berkeley and

would come home only every third weekend. Herman could continue to see David, but not as frequently.

But before September arrived it was evident that David was not comfortable at his new residence in Claremont. He hid himself away in his room and imagined that the residents were all talking about him. I found him on one occasion standing in a corner behind the door to his room. David was also hostile to the doctor and refused to talk with him. This amazed the doctor, a very pleasant and hearty gentleman, who was accustomed to a having good relations with patients.

Soon we got reports that David was hitting people. After assaulting a staff member, he was expelled from the facility. The owner very kindly contacted another facility in South El Monte, about a half hour away, that agreed to take David. We scooped him up with his meager belongings and drove him to the new residence, lodged in a former Catholic convent.

South El Monte is primarily a Hispanic community of one-story homes owned by working-class people who take great care of their residences and gardens. The board-and-care facility there consisted of a two-story residence, which served as an office for the director and housing for some staff, with a cluster of cottages behind. Each cottage had a bathroom, a living room, and several bedrooms, with one or two beds in each. Another small building housed a dining room and a second room that was purportedly for activities, though these never seemed to actually happen.

South El Monte is typical of many facilities in the United States for people with mental illness; Hispanics and Asians, mostly immigrants without any special job training, serve as caretakers. Doubtless this reflects the low pay available for such work. At South El Monte the director, who was Sikh, ran the facility almost single handedly, managing financially by having a minimum of paid staff and sometimes using his teenage son as a helper. I doubt that the director or either of the facility's two staff persons had degrees in mental health, but they were kind and intelligent. The director viewed the patients as people who shouldn't be expected to be rational. Occasionally he would yell at patients and strong-arm them into compliance, but overall the staff was remarkably

calm, seeking to keep a minimal order. The agenda for such facilities is focused on maintaining the status quo, rather than encouraging people to develop. Most psychiatric patients at such facilities seem content with a passive life of eating, sleeping, and watching TV. David was not content. The director arranged for David to go to a "program," which seemed to us to consist of little more than acquiring treats, exercising (music and dancing), watching television or movies, and art activities. There was no emphasis on developing skills or preparing for employment. David lasted at South El Monte for two years and eight months, thanks largely to the extraordinary forbearance of the director.

David's Mood Swings and Wanderings

During his time at South El Monte David's mood went in cycles. At times he was affable and capable of sustaining some activities with us. We took him to numerous parks in the area for walking and swimming. A nearby miniature golf course also provided several afternoons of recreation. We got him a bicycle, and he enjoyed riding it around the fairly quiet and safe streets of residential South El Monte.

At times we drove David back to our home at Pilgrim Place to swim, to walk in the Claremont Botanic Garden, and to eat a meal at our house. We visited several museums in the Los Angeles and Pasadena area, including the Huntington Gardens, which David liked very much. At the Huntington, we usually did not visit the museum but took the garden walk instead, as David did not seem able to sustain the tension of looking at the pictures with other groups of people. For a while movies became a regular activity.

But at other times we would arrive with plans for an "outing" only to be received with hostility—sometimes a stream of vituperation or simply a moodiness—that made it clear that David was not able to sustain activities with us. In those cases we either left immediately or, if we had started out on an excursion, turned the car around and took him back to his board-and-care home.

It was also at this time that David began what would become periodic marathon walking sprees. When life seemed to become intolerable

for him at his residence, he would take off for a long walk, either to our home in Claremont or to his sister's apartment in Redondo Beach. Our Claremont home is about twenty miles away from South El Monte, linked by a busy freeway and with no very direct local roads. Although we tried to instruct him on how to take buses, David mainly would walk this distance over a day or a day and a half, sleeping along the way. He would arrive footsore but ebullient at his achievement. We would give him a bath, wash his clothes, take him for a swim if he was up for it, and then have a meal at our house, after which we would return him to his residence. He was always willing to return, since we had made clear that staying with us more permanently was not an option. He did so, not happily so much as resigned to his fate.

More troubling were his long walks to Redondo Beach, a trip of some forty miles through major Los Angeles urban streets. To our surprise, no one ever robbed or hurt him, and he met several people who helped him, even though the streets he traversed passed through neighborhoods considered dangerous. When he had been in better shape we took David for a couple of outings to his sister's apartment and for a swim at the beach, so he had some idea of where her apartment was, although his ability to walk there from South El Monte was something we had never imagined. His arrival was extremely unwelcome to his sister, who was horrified that he might turn up at her house and want to stay. Becky was very busy managing her own life and demanding job. She clearly did not want to have her brother imposing himself on her space. She talked of moving away to another area where he would not know where she was.

The first time David walked to her apartment, Becky drove him back to South El Monte. The second time he showed up, she refused him entrance to her apartment. He hung around on the beach and was picked up by the police while rifling through a Dumpster for food. Taken to a public hospital, and then to a psychiatric hospital, he was eventually returned to the board-and-care home in South El Monte. We told him that he could come to our house if he felt he had to, preferably by bus, and we would receive him briefly, but under no circumstances was he to go to his sister's.

Life Moves On

David's attitude toward his two sisters is ambivalent, oscillating between playful, slightly hostile references and wonderment that they have responsible jobs. He seems to have a hard time imagining that his sisters have moved on since they were all teenagers. Both finished college and earned graduate degrees, while David's life has only gone downhill since he was seventeen. Becky is a computer animator at a leading Los Angeles company and Mimi is a lawyer for the city of Chicago. Once or twice David has asked, "Is Mimi really a lawyer?" What Becky does for a living escaped him altogether until we took him to a movie she had worked on and he saw her name in the credits.

David also has a hard time imagining what we do with our days, and has sometimes asked, "What do you do all day?" I reply that we garden, swim, and read books, feeling I should not overwhelm him with the actual complexity of our lives, which stand in such stark contrast to his pathetically diminished existence.

David's Hospitalizations

In the thirty-two months that he lived at South El Monte, David was hospitalized at least six times, usually at a small facility solely for persons with mental illness in the Hawthorne area of Los Angeles. The doctors never contacted us when David was hospitalized, and our calls to them were never returned, even though we made the long trek of more than an hour to see him at least once a week. Generally, these hospitalizations lasted two weeks, during which time medications were used to "stabilize" David so he could be released and return to his residence. The doctors, who were overworked and changed continually, never told us what medications David was on, and we found it difficult to discover what medications the hospital had prescribed for him. Other than sending a list of prescribed medications to David's board-and-care home, the doctors didn't follow up on David after releasing him from the hospital, nor did the social workers who were responsible for arranging placements for David upon leaving the hospital.

During David's hospitalizations we found the social workers we dealt with to be somewhat more responsive than the doctors. Even then, however, we always had to initiate contact, and it was up to us to keep the lines of communication open. The typical hospital program was passive and offered little to engage David. Nonetheless, he attended group sessions during which things such as hygiene and grooming were addressed; nothing was discussed of future education or employment. There was little opportunity for exercise, other than dancing and occasionally basketball on the hospital patio. Patients were not expected to perform chores, not even caring for one's own property or self. Cigarettes were handed out freely and seemed to be a means of sedating patients. David, who had been proud that he had been able to free himself from cigarette smoking five years earlier in Hawaii, was gradually induced to take up smoking again.

David was hospitalized several times for fights with another male resident, who himself seemed to be as much or more the aggressor. The director seemed not to blame David too much for these incidents and accepted him back after the usual two weeks' stay in the hospital. Then David began to act out physically in ways that caused injury to himself, tumbling over benches and fences, and his increasing use of cigarettes (which were handed out daily by the director) began to take a toll on David's room. We continually counseled David not to smoke in his room, which was forbidden, but his compliance with this rule was minimal.

In the spring of 2005 David exploded in his room, breaking furniture and smashing his guitar. He was sent to the hospital with a clear indication from the director that he would not be accepted back. After several weeks back at the hospital, David was placed in another facility in the heart of Koreatown in Los Angeles.

This facility was a two-story former rooming house. David shared a second-floor room with a roommate whom he seemed to like at first, saying he was "the best roommate I have ever had." Having a roommate he liked forced David to socialize a bit, rather than hiding in his room. The director seemed very affable, and at first he lauded David as a fine resident. But there was something about the man that did not ring true to me. He seemed to be a glad-hander who talked a good line about

how well organized his facility was, but I suspected that the reality was quite different from the rhetoric.

We visited David several times in his new residence and took him to nearby Griffith Park for picnics and to the zoo. But David was severely plagued by voices and could hardly sustain a conversation or even a visit with us for more than an hour or two. One late afternoon David disappeared, apparently telling people he was going to his parents' house. For five days he walked around Los Angeles with little sense of the geography, initially heading west toward LAX and then turning around and walking east. He ended up at Echo Park, a few miles from his board-and-care home, near downtown Los Angeles. A kindly stranger undertook to call us and we in turn arranged for David to return to his residence.

At that point the director and staff seemed perfectly happy to accept him back. But soon David's behavior deteriorated. His feeling of alienation from the other residents kept him from attending meals, which meant that it was also likely he wasn't getting his medications. Neither the director nor the staff seemed to notice this behavior, and it was some time before we became aware of it. We wonder if they would have allowed David simply to starve to death.

One day David exploded, throwing his desk and bookcase out the window of his room. They damaged a car in the parking lot below, for which we had to pay. The director of the care facility called the police, who took David to a public hospital. As in such situations previously, we had great difficulty getting information as to his whereabouts. At first we were told that the public hospital had discharged him, and under the impression that he was wandering about, we reported him as a missing person. We learned afterward that David had been transferred to White Memorial Hospital in Boyle Heights, an area just south and west of downtown Los Angeles. After great difficulty and much persistence, we managed to be in contact with someone who acknowledged that David was in the hospital. We were never given the name of a social worker, though one would think such information would be readily provided to family members who were obviously concerned about the patient and interested in his well-being.

We visited David at White Memorial and were struck by his extreme nervousness. The voices were plaguing him severely. He was happy, however, that he had been interviewed and accepted in another board-and-care home. We planned to visit David again the following week, but were told that he had been discharged. We were amazed that no one had thought to contact us to inform us of David's release. It was as if we didn't even exist. There wasn't a social worker available on the weekend, and no one else could tell us where he was. Consequently, it was the following Monday before we were finally able to speak to a social worker and learn that David had been discharged the previous Thursday or Friday; she was not sure which. She told us that David had been offered transportation to the new care home, but he said he would get there on his own. He was left to do so, which astonished us, since David didn't know where this care home was located nor did he have the means to get there on his own.

David wandered for five days without money, food, or water. We tried to file a missing-person report, but got continual runarounds from the Los Angeles Police Department. Finally, the Claremont police agreed to register a missing-person report. On Wednesday afternoon David showed up at his former board-and-care home, hungry and asking for food. The director was extremely averse to allowing David to stay, but some staff women fed him and allowed him to spend the night. However, because David was no longer a resident, we were faced with trying to get him placed in a hospital ourselves.

We drove to David's former care facility and found him sitting on a bench outside the residence. His story was different from the one we had been told by White Memorial. According to David the hospital had told him there would be transportation to his new board-and-care home. For a time he had stood outside the hospital with a girl who was also waiting for transportation. Eventually, she was taken away in a cab, but he was told to wait. After waiting and waiting for transportation to arrive, he had started to walk. David claimed that he walked to Commonwealth Avenue, where he met some people who gave him money and food. He stayed with them for four days and then decided to walk back to his former residence. David said that he was

aware that he would not be taken in, but he didn't know where else to go.

David was tanned but thin when we found him, having lost sixty pounds over the previous few weeks. He actually looked remarkably well and seemed quite cheerful. As instructed by the Los Angeles hospital, we drove him to an emergency facility in Bellflower, which did the intake clearance and then sent him on to a hospital.

After some weeks in the hospital, it became time for David to be released. The social worker assigned to David seemed particularly inept, so the work of finding a new place for David fell to us. Herman and I were determined that David would go to a board-and-care home more convenient for us. We searched a list of such places near our home and got positive responses from several. We chose a medium-size place in South Pomona within a fifteen-minute drive of our home. The hospital arranged for David's transfer. The social worker, who had done nothing to assist us with David's new placement, took credit for having "found" David a place.

This board-and-care facility was located in a poorer, mostly Hispanic neighborhood of apartments and small single-family homes. It looked like it might have been a motel at one time. David suggested as much, but he also claimed it had been a prisoner-of-war concentration camp. The facility was made up of several rows of buildings. Each building had three units comprising four rooms, with two beds per room, and a bathroom. At one time there may have been a swimming pool in a small side yard, but when David lived there, the only recreation available was a basketball hoop. Allegedly, basic math and reading classes were offered, and some residents gathered to play games, like Bingo. David had no interest in the games or classes apart from a cooking class that afforded him the opportunity to acquire a soda from the kitchen refrigerator. The food served at meals was heavy on starches. Lunch regularly consisted of baloney sandwiches or Ramen noodles, but something fancier, like tacos, was served several times a week. Cake and ice cream appeared for special holidays and birthdays.

The people in charge—a man and two women—were Filipino and were part of a network that included another such institution in a

nearby city. The man had some medical training, and the person who dispensed medications was fairly responsible about doing so. They figured out quickly that we could be an asset in helping control David's behavior, so they called to talk with us whenever there was an issue with David, which we appreciated. They regularly made arrangements for the weekly blood tests that David needed because he was on Clozaril, and they also arranged for him to get to dental appointments.

The atmosphere at the residence was very permissive. The patients, about a third female and two-thirds male, sometimes walked around barefoot or in socks. While generally adequately clothed, they often dressed oddly and were scruffy in appearance. Many passed the time sitting outside talking; others spent hours rocking back and forth or lying on the ground muttering, cursing, or shouting. Patients were free to walk in and out of the facility at will, but the staff seemed able to keep track of them, and they were aware if anyone disappeared for more than a day.

Increased Physical Ailments

David's physical health while at the Pomona board-and-care proved to be a roller coaster of ups and downs. Two months after moving in, he took a "flip" and broke his hip. He was sent to a hospital for surgery and then transferred to a nursing home, which provided some minimal rehabilitation. David found this place intolerably restrictive, however, and soon made himself unacceptable.

Soon after returning to the Pomona home, David developed a severe infection of a bursitis on the elbow that he had injured while living in Illinois. Every time David was hospitalized, we had appealed to the doctors and staff to look at the sack of fluid on his elbow. They always promised to do so, but never did. In time we realized that mental illness facilities do not regard patients' physical problems as their responsibility. Likewise, medical hospitals ignore physical problems other than those for which the patient is admitted. Consequently, no one paid attention to the bursitis on David's elbow and it became seriously infected.

A staff person at David's board-and-care home arranged for him to go to Los Angeles Metropolitan Hospital, where doctors administered antibiotics and then did surgery on his elbow. David was sent back to Pomona, but the elbow was still dripping pus so he was sent to a different hospital. They, too, administered antibiotics, but unable to cope with David's mental issues, they sent him on to another medical center in Culver City that has units for both physical and mental health. After several rocky weeks in the regular medical unit, David was sent up to the fifth-floor psych unit, where both his psychological and physical problems were attended to.

Following more intensive surgery, David was sent to a nursing facility in Pasadena for rehabilitation. He was there for several months as his elbow healed. We visited him about twice a week and found the facility clean and pleasant enough for people who need permanent nursing care, which David doesn't. It was a standard institution of this type with perhaps 200 patients, usually two to a room. The population was a combination of elderly and chronically ill paitients, along with a few recovering patients who could expect to leave. I suspect that many were on psychotropic medications, although I don't have data on that. Clearly, David was given such medications, along with medical drugs, such as antibiotics. He had an IV in his hand all the time he was there.

Other than reading or watching television, patients had few activities to choose from. There was an organized program that consisted mostly of games conducted by a recreation specialist. David found them boring and geared to the elderly; he never participated. There were two or three exercise machines for physical rehabilitation, which David liked using and thought of as serious activity. The highlight of the day was the cigarette break, which took place about every two hours on a regular schedule from after breakfast through early evening. For David it was a not-to-be-missed event, and sometimes we would have to hurry back from an outdoor excursion so he could attend the cigarette break. Nursing homes, mental hospitals, and board-and-care homes seem not to have heard that cigarettes are bad for one's health. All distribute them and organize opportunities for patients to smoke.

In spring 2006, when his elbow was finally pronounced healed, David returned to Pomona.

Growing Older and "Aging Out"

David's behavior mellowed after returning to Pomona. We now saw little evidence of the angry man who had in the past wreaked havoc on our home and other property and lashed out at us and at others. David is still plagued with multiple "voices" that demean him, and he is given to a variety of fantasies and obsessions. He believes, for example, that his little finger is broken and that a tooth pulled by a dentist in 2002 has deeply impaired his psycho-bodily wholeness. He is also obsessed with the idea that people steal his notebooks and publish his writings.

Daniel's mellowing may be an expression of "aging out," which is a pattern some mental health experts have identified in which people with schizophrenia seem to lose some of the most virulent symptoms of the disease as they approach their fifties. I don't see aging out as evidence that David's medication is finally working but that it's likely he now requires less medication, although it is not evident that he can be weaned from it altogether.

Although David was getting along reasonably well at the Pomona board-and-care, he constantly hoped to find a more satisfactory place to live. Unquestionably, it is a marginal place. The neighborhood is dangerous and the clientele is scruffy. David claimed that several of the female patients were involved in prostitution; in fact, on two occasions we saw women being dropped off at the facility in a manner that seemed odd. The facility also had a reputation for drug dealing; we did observe communication across a particular fence that seemed suspicious to us. David thought that drug dealing was happening, though, thankfully, he wasn't interested in taking part in it.

Patients also engaged in a lively trade in cheaply acquired goods including televisions, refrigerators, coffee makers, and other appliances. David acquired several such items for very little money, though some no longer worked. Patients also picked up bags of food from a nearby

food bank to sell to other patients. David purchased food in this manner, but he also got food directly from the food bank. Stealing was rife among patients. David regularly lost money or personal items, although it is hard to sort out what was actually taken and what he misplaced and claimed someone stole. Still, David's tales of people coming into his room and stealing things could not be attributed only to fantasies born of paranoia. A heater was stolen and later returned, but food, money, and clothes constantly disappeared. David was harassed regularly by a resident who lived with his girlfriend in a neighboring unit. (Sexual coupling seems to be allowed.) David believed the man stole his wallet and other items. Generally, the staff did little to counteract such stealing, choosing instead to let the patients work it out between themselves, but they did transfer David to a different unit.

In March 2009, through the intervention of his social worker, David moved into a new place in La Verne, California, which is even closer to our home. This was the first time that David moved from a board-and-care home voluntarily, instead of being thrown out for bad behavior. In fact, the managers at the Pomona facility expressed regret that he was leaving and assured David that he would be welcome to return if he wanted to.

David's new residence is clean and pleasant and in a much better neighborhood, but it has the atmosphere of a nursing home and most of the residents are in wheelchairs. Previously, David had vehemently rejected this option, but then he accepted it. He seems content there for the moment, but it too is unsatisfactory as a place where he can have any real community or outreach to activities.

David continues to be very passive. He depends largely on us for activities and relationship, and his dependency and lack of self-initiative causes us concern. It is hard to imagine what will happen to him as we get older and more infirm, and die, which is likely to happen in the next ten to twenty years, since Herman was born in 1930 and I in 1936. David seems to have no concept of how to survive without us.

We are constantly casting around for new options for him for work, housing, education, and social life. In order to encourage David to be active and to enlarge his social circle, we try to involve him in a variety of activities on his thrice-weekly visits with us. Some Tuesdays we

volunteer at the Beta Center, a food pantry where David and I organize donated food to be given to the clients. On Fridays we may take part in the peace demonstration to protest the wars in Iraq and Afghanistan and the threats of war against Iran. The demonstration is organized by some members of the Pilgrim Place community where we live. At David's request, we began attending the youth Mass at Our Lady of Assumption Parish a half block from our home in Claremont. He seemed to enjoy the popular music and youth participation, but he has since grown tired of its enthusiastic style. I also save up my errands, from picking up or dropping off papers at school to shopping for food and household items, and do these with David. He enjoys doing these activities with me and is helpful in carrying loads and suggesting ideas for meals. Thus I combine doing things I have to do with being with him and getting him to help me.

In November 2008 David began pushing the limits of the agreed-on times for visits to our home. He would show up unexpectedly, having walked the entire way. On several occasions this caused serious inconvenience, particularly when he arrived while I was teaching a class that meets weekly in our home. Since David had difficulty returning to his residence by bus, we generally had to drive him back, which was a further inconvenience. We became very insistent that David respect the schedule for visits to our home, even while conceding that his unexpected arrivals are likely to continue. We have since found a better way of dealing with this issue. Shortly after David moved to his current residence, we helped him tune up his bike and get a bike lock installed. A few days later David showed up at our house on his bike, looking very pleased with himself after successfully negotiating three miles of busy streets. Herman congratulated him on his accomplishment, gave him a meal, and then sent him off to return to his residence, which he did willingly.

Sometimes during his visits to our home, I help David enter his writings on the computer. This task gives him great satisfaction. Some of what David has written, in both English and Spanish, was composed in pencil during his stays at the psychiatric hospital in Hawthorne, California. David shares his reflections on questionable aspects of the

mental health system. He also reflects on cultural hypocrisies, writing in a stream-of-consciousness style that includes flashes of insight and wit. David's writings reveal a surprisingly sophisticated vocabulary. He spells well but occasionally makes up words.

One day after we finished entering some of his work on the computer, David shared his worries that at some time in the future he might have to "live outdoors."

"Do you mean, being homeless?" I asked.

"Yes," he replied. David then went on to say that he worried about what would happen to him when we died. "Maybe we could arrange a liturgy where I would die also," he suggested.

I replied that I hoped to find him better housing in a community where he could be happy without us.

Later that day, while sitting at the dining room table, David commented, "I still have hope that my life can be interesting."