

I N T R O D U C T I O N

I was sitting on a bench near the Ferry Building in San Francisco, waiting for a friend and watching the sun come up over the bay, when a middle-aged black man sat down next to me. I had seen him a few minutes earlier pushing a shopping cart loaded with his clothes, sleeping bag, and other possessions. Despite the 85-degree heat, he was covered in several layers of thick woolen clothing and was completely hooded. Only his eyes were visible. As I turned to him, he began whispering silently to himself and then to the bell that clanged in the tower of the Ferry Building at 15-minute intervals. "Who are you talking to?" I asked him. "God," he responded. "How do you get in touch with him?" I pursued. "Through the bell," he whispered and abruptly stood up and walked away, pushing his cart in front of him.

A few minutes later, I watched a woman dressed in rags, with nothing on her feet, pulling a train of three carts loaded with what seemed like odds and ends. She stopped suddenly in the middle of the street, gesticulated wildly to the passing traffic, and went on her way.

In the next half hour, I saw a blue sleeping bag floating down the sidewalk. The young woman inside of it dug into each trash can along her path. Occasionally, she'd find a half-finished, discarded cup of coffee and would drink what was left of it. I walked up to her and offered to take her to a coffee shop around the corner. She came with me and told me she'd come to San Francisco from Italy for a vacation but couldn't remember from which city or when. After nibbling on a bun, like a little mouse, she excused herself politely and walked out. I saw her several



times after that, walking around the area, dragging her sleeping bag behind her, never talking to anyone. On one occasion, she disrobed in the middle of the public square, replacing her sweatshirt with a lighter garment.

I found myself totally absorbed by these people as they made their way silently around the city. I had been interested in people with severe mental illness throughout my professional career, from the time I was commissioner of mental health for the states of Vermont and Massachusetts through my 17 years as chief of psychiatry at San Francisco General Hospital and professor of clinical psychiatry at UCSF. In each of these positions, I designed programs for severely mentally ill people so they could live with dignity in the community. While most people, with this support, could be treated outside the walls of hospitals, budgetary constraints prevented us from developing the programs necessary to reach all the people who needed help.

Even with my considerable experience, I was always bewildered by how the mentally ill living on the street managed to survive when programs were unavailable to them. When I retired from my position at the hospital, I decided to find out. I wanted to get closer to these people in order to hear from them about their lives directly and personally. I wanted to understand how they coped with their illnesses and the stresses of homelessness and jail. I wanted to know what they thought about as they pushed their carts down the street, what they did with their empty time, how they managed at night, and why they made some of the choices they did. I wanted to know how they dealt with being “moved along” or arrested by the police when they were discovered sleeping on park benches. I wanted to know how they dealt with being so utterly shunned by society.

I wanted to know how they showered, where they relieved themselves when there were no public toilets at hand, and how some developed the motivation to get off drugs when life on the street was so stressful, barren, and discouraging, and when there was nothing else to look forward to but the next fix. I wanted to understand why they so often refused to take their psychiatric medications, why some preferred to live outside in the cold and rain than in shelters or transient hotels, and why in the world any of them would choose to live in foggy San Francisco rather than balmy San Diego or Los Angeles. In a sense, I wanted to see these people beyond their rags, their carts, their tin cups, and their strange behaviors. I wanted to see the ways they were the same as I was, not just the ways they were different.

To answer these questions, I decided I had to leave my office in the hospital and meet these people where they lived. I had to ask them if they would speak to me about their lives—their joys, sorrows, struggles, and triumphs. I had to try to see what it was like to live in their skin and walk in their shoes, enveloped in so much isolation and silence. I decided to spend time with them on the street, in their rooms, in court, and in shelters. This was the only way I was going to get the kind of nitty-gritty knowledge I was seeking. It was the only way I was going to understand what life was like from their point of view.

MY APPROACH TO THIS PROJECT

My original plan was simply to start up conversations with people I met on the street, hope they wouldn't think I was too weird, and ask them if they would talk to me about their lives. But after a few encounters, I was so intrigued and moved by

some of their stories that I developed a wish to share them with a larger audience. I wanted to convey the human face of mental disorders as a counterweight to the fear, hostility, and indifference with which mentally ill people are generally seen and portrayed. By giving them a voice in the public domain, I wanted to enable them to convey their longings, regrets, joys, anxieties, hopes—their essential humanity.

My initial intention was to focus on people who were presumptively diagnosable with mental disorders, at least from my observations on the street. But in time, it became clear to me, as it had in clinical contexts, that a very large number of people I met didn't fit neatly into formal diagnostic categories. Nevertheless, many of them were extremely troubled; were doing poorly in their lives by any standard; and were suffering from some combination of genetic vulnerability, difficult family situations, childhood abuse, traumas of war, drug addiction, poverty, and social marginalization. Most seemed to be missing certain crucial capacities needed to function normally in society. It was people within this broader definition of what it means to be mentally ill that I decided to include in this book. Some of the individuals I chose to interview were involved in mental health programs and were referred to me by their social workers. The vast majority, however, I approached directly and spontaneously on the street without any introduction.

I always talked to people privately, though often in relatively public places—standing or sitting on a street corner or in a coffee shop, subway station, or park. Early in my interactions with these individuals, I was struck by the beauty and expressiveness of their faces as they deeply and authentically told me about their lives. So I began asking people if I could take their photographs while we were talking. I decided not to pose them in front of

a black or white background even though this might have led to greater artistic effect, because I didn't want to decontextualize them from the physical circumstances of their lives. When choices had to be made, I strove for authenticity over drama.

MY EXPERIENCE ON THE STREET

When I first went onto the street, I wasn't certain I would be able to engage people to participate, especially when I explained that I wished to record their narratives and take their photographs while they spoke to me. I discovered, however, that most of the people I met agreed to participate, frequently after I was able to overcome their initial mistrust, anxiety, shame, and anger. Many were willing to talk to me with surprising candor and feeling about very intimate issues. They often spoke with tears in their eyes.

AN ETHICAL DILEMMA

Especially at times of intense emotion, I was concerned about how probing to be, even though these people had given me explicit consent to record and photograph them. Had this consent really been informed? I sometimes asked myself. Had they really known what they were getting into? Did they really want their voices to be heard when they were conveying stories that were so intimate and potentially so embarrassing? Regarding informed consent, I was careful to ask for consent both before and after conducting an interview or taking photographs. Thus, the person had an opportunity to withdraw his or her consent after hearing and answering my questions or having photographs taken. Only those individuals who consented both before *and* after the interview or the photography are included



here. (I describe my consent methodology in greater detail in the Author's Note at the beginning of the book.) Beyond the issue of formal consent, it seemed disrespectful, unfeeling, intrusive, and incredibly awkward to raise the camera between us and click the shutter at these vulnerable moments, recording forever the images of their distress. Yet my wish to convey to readers the depth of feeling so many mentally ill people were silently bearing, buried under their more visible symptoms, was one of the main reasons for the project. It was this very depth of feeling that I hoped readers might relate to.

Although my intent was fundamentally altruistic, I was often haunted by a concern that I was spying into the misery of other people's lives partially out of my own voyeuristic interest. I was often worried that I was using, exposing, and exploiting people whom life had already treated so poorly. I was a total stranger, yet I was asking people to expose their personal lives to me and to the public, even when this might be painful and, in some cases, humiliating. It is hardly surprising that, at times, I felt I had no right to be on the street and that the enterprise was somehow illegitimate, even though I had diligently obtained the consent of the people I was writing about.

WHY THEY PARTICIPATED

I began to feel more comfortable in my interviews as I recognized that most of the people who agreed to participate felt that they were receiving something in return—the possibility of being seen and heard, by me and perhaps by others, and of having some kind of impact in the world. Many participants had never been listened to as children, felt voiceless and invisible as adults, and were certain that no one would notice or miss them when they were gone. Having their words and images recorded seemed to give them tangible evidence that the universe had taken note of their existence, that they would leave their footprints in the sand. For some people, participating fulfilled a deep wish to do something they regarded as socially useful—to warn, to teach, to inspire, and to demonstrate that it was possible to do something constructive in the world. They shared their experiences to counter both their own and society’s perception of them as useless—or worse, destructive.

Those individuals who had been referred to me by mental health programs universally expressed the hope that by participating, they could give back to staff members who had truly cared about them—and even, in some cases, saved their lives. For these people, participation was an act of public gratitude, an opportunity to pay tribute to the staff’s work in a very personal way.

GOOD DAYS AND BAD DAYS

In the early days of the project, I was very anxious. One reason was that I felt like the ultimate outsider, the well-heeled, camera-toting guy who clearly didn’t belong on the street. Being on the street gave me a small taste of what it was like to

be “the other.” The sense of being different, of not fitting in, was extremely disturbing on some primal level, despite the fact that some of the ways I was different obviously gave me certain advantages in life. Moreover, I was the supplicant, the one who needed help and cooperation rather than the person who could give these things. I was the one asking for a handout—in the form of photographs and stories. I was the panhandler with the tin cup who could be ignored, derided, or dismissed. This was the worst part of the whole experience for me.

Although people were generally very friendly to me, there were some painful exceptions. Sometimes they regarded me with a degree of mistrust that I was unable to break through, and they dismissed me with a wave of the hand. This was particularly the case when a lot of methamphetamine was available on the street. More people than usual were high, irritable, suspicious, volatile, and very crazy. At these times, I was afraid that even looking at someone too directly might be experienced as provocative and lead to an angry eruption. Perhaps because I was careful, this never happened to me in any serious way, though I had a couple of trivial encounters. On one occasion, a young man saw me photographing someone, believed I hadn’t asked permission, and concluded I was being disrespectful. He hurled an apple at me, catching me in the chest. He later apologized when I confronted him about it. In another instance, a woman became suddenly and unexpectedly angry about my approaching her, picked up her crutch, and threatened me with it.

I met several people who were difficult to understand because their thoughts were so scrambled and delusional. These people might have been easily dismissed as “crazy” because they seemed to be living in internal worlds that were intensely dangerous and infuriating. Frequently, the people who appeared to be the most

enraged and explosive were also the most scared. Some of them may, in fact, have been hurt or invaded earlier in their lives, and were expressing their enduring reactions to these experiences in the only language they knew. Being with these people was always an unsettling experience, the more so when I was finally able to pick disturbing themes out of their confusing thoughts.

I often felt exhausted and drained at the end of the day and couldn't imagine how I was going to get back onto the street again the next morning. Wandering around in the absence of a clear-cut agenda often felt aimless and unfocused. I often wondered how the people I met could tolerate this kind of life as their steady diet. Occasionally, after spending time with people who were very disorganized and psychotic, I felt disoriented and off-balance myself. Even when people spoke to me in a way I understood, I frequently found what they said disturbing. Their stories of bleakness and misfortune often left me with a lump in my throat and an overwhelming sense of loneliness, isolation, and despair. At these times, I couldn't seem to separate my life from theirs, and felt only an inch away from falling off the same edge that had crumbled beneath their feet.

Lest I convey the impression that my experience on the street was mostly anxious or sad, I need to emphasize how many "good days" I had. Most people I talked to were welcoming, interesting, and smart; made me feel comfortable; and conveyed their belief that I was engaged in something valuable. Some people were funny and entertaining, seemed to genuinely enjoy their lives, and showed me a different side to my own. Equally pleasurable was being challenged by new experiences and forced to question certain cherished assumptions. Best of all, and a bonus that has lasted long after the conclusion of the project, were enduring friendships with several of the people I met.

PERSONAL INVOLVEMENT

Almost as soon as I began meeting people, I struggled with the question of how involved to become in their lives. Taking a detached and “objective” position, assuming a more classically anthropological approach, limiting myself to observing, recording, bearing witness, and in a sense remaining on the outside of their experience, seemed to undermine my original intention of understanding their lives more deeply. My decision was ultimately influenced less by these intellectual considerations than by my inability to resist the pull to become involved with certain people who welcomed me into their lives. In some cases, it seemed simply like the right thing to do. In other cases, I became quite attached to them and felt nourished by the give and take, informality, mutual acceptance, and ease of the relationship.

I tried to help some of these people with the issues they were struggling with, sometimes to good effect and sometimes to no effect. There are few experiences so illuminating, and so humbling, as trying to help someone solve an apparently simple practical problem, and failing miserably. Notwithstanding these failures when they occurred, I was always surprised at how simple acts of human kindness could make such a seemingly large difference. Although I may have sacrificed a certain amount of objectivity by my real-life involvement, I believe that I gained a much deeper understanding of people’s lives than would have been possible with a more detached approach.

FROM JUDGMENT TO ADMIRATION

Contributing to my initial anxiety were my negative judgments of the people I was talking to—the very judgments I was struggling



against. The result was that I initially couldn't figure out how to explain the project to the people I approached in a way they were likely to view as respectful and supportive, rather than shaming and denigrating. However artfully I put my request, I feared they would detect my underlying critique, as though I was saying, "Excuse me, sir, I'm interested in talking with you because you look so colorfully beaten up by life, like you can't cope." Or, "Excuse me, ma'am, you look like a real screw-up who's made a total mess of your life. It would really be fascinating to hear about how you accomplished this. Moreover, with your permission, I'd love to spread the story of your unhappy life, along with your picture, all over the public domain. Would that be okay?" Was it any wonder I expected people to turn me down?

As I got to know certain people, the negative stereotypes I was secretly harboring (and the fears I had of people's negative stereotypes of me) gradually melted away. Making contact with these

individuals and hearing their stories helped me genuinely appreciate what most of them had been up against from the day they were born, and what they were still dealing with day after day. Even when I saw how they were actively contributing to their unhappy lives, something that used to infuriate me, I began to understand why they were doing it. I could see that their “bad” choices were driven by forces that felt irresistible to them. With experience and exposure, my original judgments were replaced by admiration, and by the nagging and uncomfortable question of how I would have fared with the miserable hand that life had dealt them.

AGAINST ALL ODDS

In the course of this project, there were individuals who, against all odds, extracted themselves from life on the street, drug addiction, crime, and prostitution. Several of the people I met were real success stories. With the right combination of services, they were able to shake their addictions, take their psychiatric medications, get into supportive housing, and transform their lives. One man, who had suffered for 10 years with severe addiction and depression, is now drug-free, living in an apartment, and working part-time. Another man, after fighting severe depression and alcoholism, living on the street, and eating from garbage cans, was ultimately coaxed into a support system, where he is now working as an assistant manager of a homeless kitchen. One woman, after living as a drug-addicted prostitute on the street, was able to make use of a case manager, a drug program, and housing to free herself from drugs and the lifestyle required to support her habit. Another woman, who struggled with bipolar disorder and alternately lived in shelters and on a bus, was finally helped by a case manager to find a subsidized apartment and take psychiatric medications.

BREAKING THE CYCLE OF SOCIAL STIGMA

The negative views I held of people with mental disorders going into this journey were only slowly dislodged by my experiences. It is disheartening to recognize that these views are so tenacious. Sociological studies show that even when we intellectually know better, we respond to these disorders with fear, anger, scorn, blame, and disparagement. We continue to view homelessness and mental disorders as evidence of some deep personal flaw, proof of some intrinsic badness or guilt, a sign that the person suffering from them has done, thought, or felt something terribly wrong and therefore carries a permanent stain on his or her fundamental humanity.

Not only are these reactions ubiquitous, they are often as destructive as the disorders themselves. They not only wreak havoc with people's self-regard, evoking shame, guilt, self-hatred, and despair, but they also have very tangible and destructive social, economic, and political consequences that intimately affect people's lives. Almost everyone I spoke to carried the scars of this stigma.

The people I met had internalized these attitudes. Their predominant characterization of themselves was, "I'm a fuck-up!" Even though some recognized that the deck had been stacked against them from early in their lives, this in no way made them less self-forgiving. What they dwelt on most were the ways they had sabotaged themselves, disappointed others, and rejected offers of help. As one man put it so eloquently, "If you have a big nose, well, no one can blame you. It's just the way you were born. But if you have no teeth, it's proof that you've fucked up real bad and that you must be nothing but a fuck-up."

While at first blush there may be some evidence to support this kind of self-condemnation, even the most cursory look at the lives of these people reveals that this is only part of the story. For the vast majority of people who were willing to talk with me, the trajectory of self-sabotage was set early in life by their biological vulnerabilities and their wounding childhoods. Their own contribution to messing up their lives, though real, was more an effect for which they deserved understanding than a cause for which they deserved blame.

Beyond the immediate impact of stigma on the individual's self-worth, optimism, sense of efficacy, and motivation, the negative branding associated with mental disorders also has powerful effects at social, economic, and political levels. Reducing people to some "flaw," viewing them as fundamentally different, negates our ability to identify and empathize with them, and leads to a perception that they are somehow less human than the rest of us. When a group of people is viewed as less human, others with more social capital feel entitled to treat them as such. Examples include Jews following the establishment of Christianity, women branded as witches in colonial North America, enslaved African Americans in the United States, etc. This entitlement to dehumanize, enforced by social power, has almost no limits. The devalued group, particularly if also feared and blamed, as in the case of people with mental disorders, finds itself subject to the most extreme forms of neglect and abuse. People with mental disorders have almost never escaped this fate. Throughout history, millions have been beaten, chained, banished to the countryside, or reduced to living in barns and pigsties. But this is not simply their *history*: this treatment is occurring today, with 200,000 abandoned in the street, and another 250,000 incarcerated in jails and prisons. This is, of course, an understatement of the problem, because an even larger number of mentally ill

people are subject to other forms of legally sanctioned discrimination and neglect in almost all spheres of life, most notably in health care, housing, and jobs. The consequences of this can be found in their untreated symptoms and abject poverty.

Ironically, many of the characteristics that make these people seem strange and different from us are not an intrinsic part of their disorders but a result of our social and political decision to keep them impoverished. The features of their poverty (toothlessness, tattered clothes, shopping carts, and other aspects of their lives on the street) in turn make them look stranger and weirder than they would otherwise, which intensifies our reluctance to share our resources with them. And the cycle reinforces itself.

And then there is the pervasive sense of hopelessness we have about these people, a belief that there is no intervention that would “get them off the street.” This contributes to our tendency to “vote against them” at the ballot box, to deny them the resources they need. It is common to hear legislators justifying their reluctance to spend money on services for the mentally ill by arguing that allocating funds for this purpose would be like “throwing money down a rathole”; that is, it would have no real effect. My conclusion from the work I’ve done in the hospital and on the street has always confirmed my conviction that most people, no matter how dramatic their presentation, can be helped, and that the gap between what we know can help these people and what we are actually doing as a society to help is enormous. The hopelessness with which we approach this problem has become a self-fulfilling prophecy.

Perhaps this cycle would be less tenacious if it were not reinforced by another that involves our tendency to avoid any meaningful contact with these people. Our avoidance, the

ways we remain deaf to their stories and blind to their faces, has the effect of nailing in and reinforcing our conviction that they are fundamentally different from us, because we never really give ourselves the chance to develop another perspective. We don't see that beneath their symptoms and rags are people struggling in their own ways with intense feelings and needs, most of which are similar to our own. And this, in turn, contributes to our tendency to shun them, because they continue to seem so foreign, different, and strange. One of the reasons I wrote this book was to contribute to making these people known as human beings, thus reducing this pernicious cycle of social stigma. Perhaps the reader, on seeing their faces and listening to their stories, will come to regard them with a new perspective. Perhaps he or she will then vote differently at the ballot box when services for mentally ill homeless people are on the budgetary chopping block. Perhaps then these people will finally have a chance in life.

I M A G E S

&

S T O R I E S

**No person shall sit,
lie or sleep in or upon
any street, sidewalk
or other public way.**

**L.A.M.C. Sec. 41.18 (d)
Violators are subject to prosecution**

POSTED BY PROPERTY OWNER



**“I USED TO LIVE IN A HOME. NOW I LIVE IN A
CARDBOARD BOX.” —MARY**

I almost passed without noticing her, so small and still was she, sitting against the large, grey, bleak wall of the San Francisco Public Library. She seemed to be gazing at her hands, which were loosely folded in her lap. I walked back and kneeled in front of her. I told her I thought her face was beautiful and asked if I could take her photograph for this book. She smiled sadly and told me she had once been very beautiful, but that was a long time ago.

I was totally absorbed. Was it by her gentleness or her sadness or some vision of what she had lost?

She had once lived with a man who had hurt her, and she had used drugs to soothe herself. Then she lost everything.

As she told me how her life had collapsed, she began to weep. I couldn't bear to photograph her at that moment.

“THE ANGELS OF SUFFERING ARE SCREECHING AT ME!”

—DAVID

“Can’t you see them? They’re shooting things into my brain! They won’t stop torturing me! Even in my room they don’t leave me alone!”

David approached me when I was about to cross the street. Perhaps he noticed my camera and thought I was one of his tormentors, or perhaps he hoped that I knew them and could intervene on his behalf.

My first instinct was to pretend I hadn’t heard him. I didn’t really know what to say. In the hospital, I care for many people who say strange things. I’m not usually lost for a response, perhaps because I have some measure of control and power there. On the street, I am on *their* turf, where I feel professionally naked and where similar encounters often leave me wordless.

Before I could recover myself, he began talking volubly, with a painful intensity. His drift was difficult to follow, and it was not easy to interrupt him. When I tried, however gently, he became more agitated. At some point, not knowing what else to do, I put my hand on his arm, which seemed to calm him. There was something in his eyes that betrayed as much longing for closeness as fear of it.

He told me that he was born in Oregon to parents who separated when he was 7. He spent a confusing childhood being passed back and forth between them. At 13, he was sent to a home for juveniles, from which he regularly escaped—only to be returned each time by the police.



Defined as an adult on his 18th birthday, he was allowed to leave the facility. He had nowhere to go, so he lived on the streets in various cities. During his 20s, he became increasingly convinced that extraterrestrial creatures were shooting particles into his brain.

Currently, he lives in San Francisco, is supported by social welfare, and lives in one of the city's transient hotels. To my surprise, he agreed to let me visit him there.

His room was disheveled. In his toilet was a can of shaving cream, some of which was smeared on the mirror. He refused to allow anyone to help him clean because he didn't want strangers in his room, touching his things.

He passes his days walking around the city trying to duck the cameras he is convinced are tracking him. At times he becomes so delusional and confused that he can no longer take care of himself. When things reach this point, he is hospitalized and given medication, but as soon as he leaves the hospital, he dumps his pills down the toilet, fearing they will poison his brain. And the cycle begins again.





“IS THAT ALL YOU COULD GET ME?” — DANIEL

I passed him sitting against a Walgreens drug store in the financial district, with a cigarette in his mouth. He barely responded to me other than to say that he panhandled during the day and slept in doorways at night. He also told me that he had been placed many times in the psychiatric ward of the city hospital.

He asked me to buy him a bowl of chili. When I did so and handed it to him, he looked up at me and scowled, *“Is that all you could get me?”*

I bought him another portion, which seemed to satisfy him.





