

DIANE MERTENS

*Tuesdays*

Tuesdays I volunteer in an eight-by-ten office filled with stacks of shiny brochures on living with mental illness. I sit at a donated desk on a donated swivel chair and answer a donated phone.

The caller tells me that her son is a freshman in college. He used to be depressed and fascinated with guns, but now he thinks he's Jesus. And regardless of the evidence the caller offers her son—he's not Jewish, she's not Mary—he remains certain of his claim. I picture a pinball inside of a brain, bouncing from one synapse to another until it smacks into Jesus, smacks into Jesus and will not let go.

The caller says her daughter is twenty-six, has bipolar disorder, and recently flushed her medication down the toilet, moved from the caller's house and into an apartment with a bisexual stripper and the stripper's pimp. The pimp gives the caller's daughter cocaine. He tells her where to go and what to do, and he takes her every penny. I tell the caller that all volunteers and members of this organization either have a relative with a mental illness or live with it themselves. I invite her to a support group and tell her that giving voice to our personal stories is the first step toward healing. She tells me that she must get her daughter away from the stripper and the pimp. She says that if *she* can't make her daughter leave them, the police will.

But they won't. They can't. That's the law.

A man steps into the office and shuts the door. He hasn't shaved in days. His shoulders are broad and his gray shirt hangs loose over his jeans. I've never seen this man before; not in this office or at any of the classes or support groups or forums we offer to families and individuals affected by mental illness. He says he's here to talk about his brother. He has this brother, you see, that's kind of nuts. Nothing real big. He just talks to people that probably aren't there. Beads of sweat stand above the man's upper lip. He says this

brother of his has a job. But the job doesn't seem like much to anybody. And this brother of his is a nice guy, but when somebody's kind of a little nuts, what are you supposed to do? I stand and give the man a brochure. His nails are bitten to the quick. I tell him that mental illness is difficult for families and can make life seem overwhelming. The man says this brother of his tries to be happy. But it's hard. The man's lips are chapped. His tongue darts from one side of his mouth to the other. He tells me he lives in another city and has a damn good job and real friends. But people have to check on family, and that's why he passed through here—to check on his brother. I step to the door, open it wide, and ask if he'd like to sit and visit a bit longer. He would, he says, but this brother of his might be waiting.

The caller says she spoke with me several weeks ago and forgot to mention that her son—the one who thinks he's Jesus—wears a non-stop smirk. She wonders if the smirk is from the marijuana he smokes, or from DXM—an ingredient, she says, found in cough suppressants. She's read that it can cause permanent brain damage, and thinks this might explain why her son lies and steals without remorse. On the other hand, he's never shown emotion, not even as a little boy. She studied the *Diagnostic and Statistical Manual of Mental Disorders* yesterday and found him best described under psychopath.

A young woman steps into the office and takes the chair beside my desk. She says her name is Sarah\* and that her therapist told her to stop here on Tuesdays and visit with me. Sarah's eyes are green, and her straight hair is the color of summer wheat. She asks if I like it here. I tell her Tuesdays are my favorite days. She says she'd like to join one of our support groups. But not yet: she's learned to not rush into things because of what happened a few years ago, when she was in college. She had lots of friends and went to lots of parties and studied all the time and had so much energy she couldn't sleep. And then one day, she couldn't get out of bed. Just couldn't. She thought she had the flu. But she didn't get better, so her parents brought her home. She slept for weeks, and then—like magic—she suddenly felt like her old self again. She headed straight

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\*Names have been changed.

for Value Village, raced a shopping cart up and down the aisles, and tossed dresses and jeans and jackets and boots into the cart until she couldn't see over the top. By the time she reached the register she thought her heart might explode. "That would have made great headlines," Sarah says, "*Bipolar Girl Dies at Value Village.*" She laughs and tilts her head to one side. Her hair falls from behind her ear and brushes against her shoulder, and I wish that Sarah graced the cover of all brochures on living with mental illness. She asks if I've ever had a breakdown. I tell her no. "Lucky you," she says. And she's right. I am lucky. After all, mental health is a matter of brain chemicals in balance—one roll of the dice, one flip of the coin.

Sarah tells me that she's twenty-three. She's kept a journal for years and knows from reading it exactly when she started to fall apart. Before her break, her handwriting was pretty and she wrote about school events and time with friends. But midway through her journal, her writing becomes cramped and crooked, with entire sentences running up the margins, telling of senseless, horrible things. Like at the gas station. She was nineteen then. The station was miles from her college, out in the middle of nowhere. She stopped there late one night, and while she cleaned her windshield, the attendant asked her where she was from and where she was going. Sarah saw that the sky was filled with stars, and that this man wasn't really a man. That he was more like a big brother. This thought made her happier than she'd ever been, so she held her arms out and the attendant took her by the wrists and swung her around so fast that her feet came off the ground and her body was parallel to the concrete. The next morning she opened her eyes to a motel room that smelled of diesel and beer and sweat, next to a man she did not know. "He wasn't the first man," Sarah says, "and he wasn't the last." She tells me the entries in her journal about the many men are the most difficult for her to read. But she makes herself read them. She never wants to forget that there was a time when she risked everything she had to be with men she knew nothing about, and that without medication, she could go there again.

The caller's adult son suffers from schizophrenia. He's lived on the streets and off. Right now, he lives in her house and has once again stopped taking his medication. I glance out the window. Snowflakes dance on the air and dust the rooftops across the way, and I'm

reminded of those small glass globes that appear in stores every Christmas, and of the lovely silence that snow can bring. The caller says her son is kind and means no harm, but last night, while she slept, he went into her garage and dismantled her entire furnace for the third time this winter, screw by screw, piece by piece. She hasn't called her daughter yet. Her daughter is pregnant and worries far too much about her brother, and if schizophrenia is hereditary. I think of the article I recently read: humans share more than 99% of the same DNA, and that it's the tiny quirks that make each of us unique. *Tiny* seems like the wrong word, because how tiny can a quirk be if it causes one to wander the streets for years at a time or to dismantle a working furnace?

The woman sits on the chair beside my desk. The man sits on the corner chair with his eyes closed. His hair is matted and his skin is an awful shade of gray. The woman's skin is pale and flawless. She wears bright pink lipstick and a pink jacket and a pink sock hat, and the bangs of her yellow wig are so thick that they stand out from her forehead a good half-inch. Two braids jut from beneath the sides of her hat and point skyward, much like the braids of Pippi Longstocking. The woman tells me she's deaf. Her name is Rose, and her words sound as if she's shouting from the far end of a tunnel with her nose pinched. She says not to worry; she reads lips. She nods toward the man and tells me that doctors say Hal has schizophrenia. He won't take medication. Rose places one hand over her heart and says she and Hal are divorced. Hal opens his eyes and stares at Rose. His fingers pick at the wicker on the arms of his chair, and I wonder if he's deaf, too. Rose shouts that Hal wants to live with her, but she will not live in sin. She will not disappoint God. God hates sinners. She's afraid to live in hell. But Hal on the streets makes her cry. Every night, she must search for him. Feed him. Give him a blanket. She asks me to find Hal a room. "Shit," Hal says, and he's out the door in a blink.

The man chooses the chair beside my desk. His eyes are blue with a hint of gray. He takes a pen from my pencil jar, uncaps it, and tells me that his daughter lives on the streets of a distant city. Her name is Katie, and when she was in college and lived abroad, something went haywire. The man caps and uncaps and recaps the pen.

He says that by the time he finally got Katie home, she constantly stared at nothing. The staring turned into refusing to come out of her room. Then—ten years ago—Katie disappeared.

The man sets the pen on my blotter and stares toward the window. He asks if I know what hell is. For the longest time, he did not hear from his daughter. Now she calls once or twice a year. He smiles, and I try not to picture this man waiting so many nights by a phone that does not ring. The man reaches toward the bookshelf, takes a brochure, rolls it tight in his hands, and taps at the edge of my desk. He tells me that Katie's grandfather had the same illness—paranoid schizophrenia. "He took his life," the man says, and glances in my direction. I wonder where Katie is, and if her eyes have a hint of gray.

I once was required during graduate school to tour a mental institution. This institution also housed the severely mentally impaired, and as I walked between rows of metal beds and shoed flies from open mouths and glanced into eyes that seemed to see nothing, I knew this place was hell gone wrong. Family visitations, we were told, were rare, and I thought how odd it was that I stood in this place with my hand light on the arm of one person after another, who, in all likelihood, hadn't been touched by family in years, and that I'd leave with the memory of their skin on mine, and maybe—just maybe—I'd someday come in contact with one of their family members, and not one of us—not me, not the person I'd touched, not the family member—would realize how intricately woven we are in this world. But then the guide took us past a glassed-in room with muck smeared on the walls and diapered school-aged children plucking at their bare chests, and my mind went blank until the door of a locked ward in the last building of the tour banged shut so loud behind me that I felt certain the walls had been permanently jarred.

This last ward smelled of urine and bleach. Men and women, young and old, paced and sang and cried. One woman stepped close, her breath hot on my face. Her cheeks were powdered fire engine red and her lipstick was the color of black cherries. She put her fingers into my hair—her palms flat to my scalp—and stretched her arms sideways until she reached the ends. She walked away, and as patients shuffled over the oak floor to stand in line for small plastic

cups of multicolored pills, the slow sound of shoes and slippers on that floor seemed to stall time.

Later, outside and on the brick walkway, the sun was bright. I glanced at the wrought iron benches and the beds of pink and violet flowers, and if I hadn't known better, I'd have thought I was in a state park and that the urge that had been building inside of me from the start of the tour to kick something didn't make one bit of sense. But what did? Did it make sense that families pulled into the driveway of this institution and left with one fewer member, never to return? This was years ago, before we, as a nation, became collectively aware of the horrors that could be found within the institutional setting. But when that awareness struck, we then—without the slightest grasp of the realities ahead—flung open the doors in the name of individual liberty and inadvertently guaranteed a great number of those in dire need of mental health care nothing but the streets.

Today is mailing day. Volunteers are scattered at tables around the meeting room. They fold newsletters, their talk of smashed dinner plates and children with bipolar disorder. The woman across from me stands with her back ramrod straight. Her hair is solid brown and held flat by a crisscross of bobby pins at her ears. Her name, she says, is Meredith, and her younger brother suffers from a chronic mental illness. "I brought James," she says, and motions toward where he sits along the far wall. His hair is gray. He holds a newsletter far from his face and squints through thick glasses.

I go back to my folding. Meredith creases her newsletters with the edge of a ruler. When James was young, she tells me, voices intruded upon his life. There was an infraction. This infraction caused James to spend almost three decades in an institution. I glance again at James. His white shirt is starched and pressed. Meredith says that several years ago James was released from the institution and placed in a group home. The home was abominable, a waste of taxpayer dollars. She contacted the authorities. The home was closed, and for over a year now, James has been in her care. He tends toward anxiety and requires round-the-clock supervision. She had to quit her job. The financial toll is beyond comprehension. She says she joined this non-profit because she wants James to mingle with people who will understand his infraction. I glance at Meredith. James's

infraction, she tells me, was that he mistook an elderly woman for a tormentor. Meredith says that I must remember that medications then were not what they are today. She sets her ruler on the table, picks up her stack of perfectly creased newsletters, and holds them at her waist. The stack reaches her chin. She tells me that there was shoving and screaming and much more that James does not recall. There were neighbors and an ambulance. Two days later, the woman died. I study Meredith's bobby pins. She turns, walks to the front of the room, and stops at the table of mailing trays. There are six of these large trays. We have a very long mailing list, and for good reason: one out of every four families in this nation is affected by mental illness. When I first read that statistic, I couldn't get it out of my head, and took to counting shoppers I'd pass in the aisles of the grocery. I'd near the fourth shopper and have a tremendous urge to nudge the person with my basket and ask how he or she was holding up. Of course, asking would have been absurd: shopper number one, two, or three may just as easily have been the one who got smacked with borderline personality disorder, or perhaps has a brother with manic depression and a happy trigger finger. Meredith decides on the tray at the right of the table. James folds his newsletter and moves to her side. He says something. Meredith smiles and glances at her watch. James is much taller than Meredith, and quite thin, but I can see in the way that he stands that he's her brother.

I click open the inbox and read the first message. The sender's name is Frances. She's seventy-one and writes from a thousand miles away. Her son's name is Ray. He lives in my city. He's deeply disturbed and unable to work. Frances is physically ill. Ray is about to be kicked from his apartment, and she can't support him. Frances wants help in finding him a shelter.

There are no shelters in this city. Besides, the law protects those impacted by mental illness to the point that it's the ill individual—the person in the pickle—who's expected to have moments of clarity and seek help, as if a nose is broken and not a brain. Ray's address and phone number loom large on the screen. Volunteers here are trained to respond only to the contact person, which, I suppose, stands to reason.

I dial Ray. His voice is deep and rough, as if he hasn't spoken in months. I tell him that I'm calling to see how he's doing. "Oh," he

says, and this *oh* reminds me that, in the wake of a brain disorder, curiosity seems to vanish. Ray tells me he's got this court case. For driving under the influence. The district attorney is pissed off because Ray won't sign his form. Ray is pissed because his appointed psychiatrists won't answer his questions. That's because they know they could go to jail. They have him on methadone, Paxil, and lithium. I tell Ray that I forget his attorney's name. "Let me think," Ray says. While he thinks, I think. And what I think is this: I hate brain disorders.

"Got it!" Ray shouts. "The Law Offices of the Society Council Representing the Accused. Last year I had sixty-seven thousand dollars!" Ray breathes into the phone. He breathes and breathes and breathes.

"Ray?" I say.

"My tub," he whispers. "All it takes is warm water. And five razor blades." Ray's line clicks. I dial 9-1-1 and tell the dispatcher what she needs to know. She finds Ray in her database and says the police were there several weeks ago. Someone had complained about Ray and his gun. I glance at the wall clock, surprised by her forthrightness, and wonder what made Ray turn his thoughts from a gun to razor blades.

The dispatcher's voice message says she's sorry, but that Ray did not meet the criterion for hospitalization, and I know without a doubt that the policeman who stood at Ray's door does not have a relative with a brain disorder, or he would have known to say *razor blades* and witness firsthand where those words would send Ray's mind.

The caller's son is twelve. He reads and comprehends at college level, and is concerned, for example, with the link between time and black holes. Her son is in a gifted program, and was a model student until this year when he became withdrawn and irritable, then stood on his desktop and shouted to his classmates that he planned to hang himself. The caller took her son to his pediatrician and then to a psychiatrist. The pediatrician is convinced that the caller's son has lupus. The psychiatrist is convinced that the caller's son has bipolar disorder. *Death* and *fuck off* are now her son's favorite words. And when her son made his way to the roof of their house one night and stood at the top pitch and shouted his favorite words to the firemen

who later talked her son back down—talked him down many times over, actually, because her son views the roof as the perfect place from which to leap—the caller says she grew tired of the rooftop and tired of the shouting and tired of wondering why this has happened to her son.

Today is the second day of the inquest. The father is on the witness stand. He tells the court that his son had a rare form of obsessive-compulsive disorder. Geometric images filled his mind. This would sometimes cause his son to stand in one spot for hours: the front entry, the staircase, the back hall. The images, his son told him, were intricate and beautiful. One particular image—the most elaborate—needed to be stored. The father glances toward where his wife and daughter sit. Tears stream his face. The father says that he repeatedly offered his son ideas as to how this image could be saved. The father is pencil thin. A picture of his son was in yesterday's paper. It was the same picture that was in the paper six months ago—the day after the son died. The son's hair was wavy and his smile was wide. He was twenty-five. The father says his son had an endless number of friends, an engineering degree, and a strong religious faith. Early in the morning on the day his son died, the son had asked his parents to join him in prayer. They prayed to God for relief. The day moved on and the son seemed at peace. That evening, the father and mother left the house on separate errands. The father then attended worship. When he returned, his son was agitated. This was so unlike his son. The father tried to calm him, but the son yelled and slugged him in the forehead. The father takes a handkerchief from his pocket and wipes his face. He says that he told his son he was going to call the police for help. The son rushed to the kitchen, grabbed a knife, and shouted that, before the police arrived, he'd be dead.

The father steps down from the witness stand. The officer who shot his son takes his place. The officer is tall and is almost as thin as the father. He has short brown hair and is no more than thirty-five. The father now sits by his wife and daughter. They are in the front row, to the left of the courtroom. The mother is small and has auburn hair. The daughter's hair is blond. She wears it in a ponytail. The detective who investigated the shooting asks the officer to

explain in detail what took place after he encountered the son in an upstairs bathroom.

The son, the officer says, was on his side in the tub. There were slash marks at his neck. There was a pool of blood. I think of the boy who sat next to me in junior high choir. He was shy, had straight As, and a mouthful of braces. Before he hanged himself, he spread a blanket on his basement floor. I picture my high school friend. He was smart and funny. He drove with his radio blasting and one hand on the steering wheel. Late one night he took his father's pistol, walked to a field, and put the pistol to his head. I've often wondered, why the blanket, why the field? I glance at the officer. I think of the son in the tub and the care he also took not to leave behind a literal mess that seemingly would require no more than water rushing down a drain.

The officer tells the court he announced to the son that he was there to help. The officer then reached for the knife. The son clutched it and stood. This surprised the officer. He ordered the son to drop the knife. The son stepped over the edge of the tub. They were now within three feet of one another. The judge stares toward the back wall. Her robe is black. Her glasses are wire rimmed. Her lips are pale. The detective asks the officer at what point he ordered his first back-up officer to deploy the Taser. The two back-up officers sit directly in front of me. Their uniforms are starched and blue, and whenever the court rises, I notice first their holstered guns. The gun that the officer on the witness stand carried on the night he shot the son was presented yesterday as evidence. It sits now in a box on a table, covered with a beige cloth. The detective reminds the jury that this is an inquest. His voice is even. His suit is brown. He turns toward the witness stand. He asks the officer if, when he encountered the son, the son was wearing a shirt. The son was not. The officer is soft-spoken. His eyes are clear and blue. His gaze is locked on the detective. The detective asks the officer if, when he fired his gun, he heard the sound. The officer did not. The detective has no more questions. The officer steps down. His back-up officers rise. He steps beside them, and there are now three black holsters in a row. The officers have the exact same haircut and stand with their shoulders squared. They remind me of well-scrubbed Boy Scouts. The detective states that the coroner's report is next. Charts depicting the body and the pattern of blood splatter will be presented. The

judge announces that court is adjourned and will reconvene in one hour. The father and the mother are not to be present.

I follow the father and mother and daughter from the courtroom. They stop in the lobby. Family friends cluster around them. I think it was the mother who called the office where I volunteer to request that someone attend, but I'm not certain. I introduce myself. She takes my hand. Tears fill her eyes. She turns to talk with her husband. The daughter tells me that her younger brother is now at peace. She opens her Bible and reads a passage. Her voice is light and sweet. She slips her Bible into her purse, holds out her wrist, and shows me the bracelet she made soon after her brother's death. The stones in her bracelet represent hope and life eternal. Her parents decide on Starbucks and we leave the courthouse.

The sky is blue and the air smells of cookies from the bakery across the street. The father steps beside me. The others are ahead on the sidewalk, talking and laughing. The daughter pulls the rubber band from her ponytail and shakes her hair free. The father tells me that the past six months have felt like eternity. He says many people have asked if he and his wife will be selling their house. They did spend the first few weeks away. Returning was difficult. But their son loved their home. The father puts his hand on my shoulder. His hand is warm and firm. I wonder how many times he's thanked God that he was the one to come home first that evening. He says that he and his wife have drawn plans for a complete remodel of the bath. Nothing, he tells me, will remain the same.

A woman stops in the office doorway. Her hair is gray, and her blue coat swallows her shoulders. "I'm Audrey," she says. "May I talk to you?" I recognize her voice. She used to call here every Tuesday, her words hushed and solemn, asking how she was to survive on Social Security and take care of her mentally ill daughter, Claire. This was maybe seven or eight months ago. Claire was then twenty-five, and the last call I got from Audrey was to tell me that Claire had punched her in the eye, shoved her over their couch and into a wall, and took off for the streets and to the men who offer drugs for sex.

"I've got Claire with me," Audrey says, and in Claire steps. Audrey takes the chair beside my desk. Claire takes the corner chair. Her hair is honey brown and curly. She puts her hands to her skirt and smooths it, over and over, as if the beige corduroy doesn't suit

her. Audrey says Claire just got out of jail, and that she's not supposed to come near Audrey. "But," Audrey says, "she lost her pills. For bipolar."

"Clamp it, Audrey," Claire says, and turns in my direction. Her eyes are green and her lashes are long and dark. "I need a job," she tells me. "And a place to stay. With a bed." She folds her arms across her chest, and each hand squeezes the opposite arm so hard that her knuckles go white against her brown sweater. "You got coffee?" she asks, and I direct her to the community kitchen. She returns with a cup and stands in the doorway. She glances toward the poster on the back wall that is bordered with smiling faces. She tells me that assholes run the county jail. The corners of her mouth twitch and her hands shake and her coffee spatters the carpet.

"It's speed," Audrey says. "A man gave it to her. But she did Bible study in jail."

"Shut the hell up," Claire snaps. She sets her coffee on my desk, puts one hand in her skirt pocket, takes out a silver lighter, taps her thumb to the top, and stares at me. "Say," she says, "can I smoke?"

"No," I tell her. Claire's eyes narrow. Her eyelids are perfectly lined in a soft shade of green, and I remember her mother once telling me that Claire had been a talented artist in school, and had held much promise. Claire slips the lighter back into her pocket, puts her fingers to her bangs, fluffs the ends and sits once more. I tell Claire that I'll do my best to find her housing, but that finding housing is next to impossible. I tell her that every place we call will want to know about her time in jail and about her medications and her life on the street, and that, in all questions asked, we must tell the truth.

Claire takes in a long draw of air. "Tell them," she says, "I can't kick speed." I dial the direct number of the retired minister who came last month to talk about his new position at an agency that seeks housing for the mentally ill. Mr. Scott answers and I tell him about Claire and that speed is making her jittery. He asks if men are part of the picture. I tell him yes, and he wants to speak with Claire. I offer her the receiver. She wants to sit where I sit. We change places. She clamps the phone between her shoulder and her ear, scrapes the tip of her thumb back and forth across the serrated edge of the tape dispenser, and tells Mr. Scott she was in jail for

assaulting her mother. That some ass wipe had told her mother to press charges. She glances in my direction, and from the way she cocks her head and glares, I figure she knows that I was that ass wipe. Logic, of course, is not something one tries to convey to one on speed, but I hope the day comes that Claire realizes that pressing charges against an abusive, ill family member is the surest, most heart-wrenching, expedient way to get help.

Claire's mother cups her hand to her mouth and whispers toward me that Claire has had sex with four men in the last two days. Claire leans across my desk, grabs her mother's wrist tight in her hand, pulls her arm onto the desktop, and works her elbow firm against the wood. Audrey's hand sticks sideways from above Claire's grip. Claire tells Mr. Scott that God reached her through jail Bible study and that she promised God she'd stay away from fucked-up men and drugs. But that when she got out of jail there was so much light on the streets that she forgot about God.

Claire releases her grip on her mother's wrist, grabs a pen, and leans low over a scratchpad. She tells Mr. Scott yes, she can leave right away and come to his office, and that yes, she understands she can't have housing unless she signs a paper accepting treatment for her mental illness. She repeats an address as she writes. Audrey coughs. Claire glances up from her writing, her bangs over one eye, and blows her mother a kiss.

Dean sits in the lobby outside of my office, talking to his hands. His face is thin now, and his hair is so bushy and wild, it's difficult to imagine that when I first met him last year, he was husky and handsome and on medication that gave him the freedom to live a somewhat normal life in supervised housing. But the housing came to an end a few months back: his medications had been changed, and within three days he kicked in a fire door—a felony—and landed in jail. One would think that a caseworker and judge would have enough knowledge between them to know that a change in psychiatric medications can sometimes cause all hell to break loose, and that Dean should have been re-stabilized, not put behind bars. Odder still, Dean was later assigned a court date and released to the streets, as if, along with paranoid schizophrenia, he carries a day planner.

Last week, I spotted Dean roaming the streets not far from this office. Later, I asked his mother at a volunteer meeting if she'd mind if I got him a backpack with toiletries, plus pens and notepads, so he could keep track of the numbers that spin through his mind and that he likes to put to paper. His mother smiled. She has a beautiful smile. She also has her own business and does well. Still, Dean is twenty-eight and has been ill for fifteen years—an expense beyond compare—so she frequents thrift stores and keeps sweatpants and shirts in the trunk of her car. When she sees him on the streets, she pulls to the curb and lets him choose a replacement outfit. She said my offer of a backpack was nice, but he's had at least twenty. She shared all of this as if sharing her favorite recipe for chess pie. But then, is there any other way to live with such sorrow?

Dean puts both hands to his thick beard and tugs. I put on my coat and step into the lobby. I remind Dean that I'm his mother's friend, and tell him there's a restaurant around the corner. I ask if he'd like to join me for breakfast. He stands and holds the lobby door open. We step outside and I duck my head against the wind. Dean's sweatshirt is tattered and smells dank. He walks on his toes and bumps against every concrete pillar we pass. He tells me his mother is nuts. He asks if I've ever been locked up. He asks if I'm crazy.

The restaurant is busy. The girl who greets us at the front counter glances at Dean and smiles as if a gun is pressed to her back and she's not to let anyone know. She heads into the noise of the dining area, leads us to an empty booth, and sets two menus on the table. Dean drops onto the bench and scoots to the far side, puts his mouth near the wall and speaks gibberish in a deep voice. The room goes quiet. I slip onto the bench opposite Dean and slide to the middle. He turns, scoots across from me, and opens his menu. "What are you having?" he asks, and I'm surprised by the sudden softness of his words. The sound of forks against plates at nearby tables begins, and a part of me wants to laugh, although nothing about this is funny. It's just that Dean reminds me of a high school student in a special education class that I taught years ago. I'd ask a question, and that boy would give the correct answer, then send his desk crashing to the floor, hurry to my side, and shout that he wanted to saw off my legs. I was fresh out of graduate school and hell-bent on fixing his brain. Silly me. I do know this: I owe that boy

thanks; he gave me the chance to learn firsthand what goes on in a mind that's truly on the fritz.

The waitress arrives. She pours coffee into our cups and asks Dean what he'd like. He wants ham and biscuits and gravy and pancakes and eggs. She asks how he'd like his eggs. "Scrambled," he says. I order biscuits, and the waitress hurries away. Dean folds his hands on the table, as if in prayer. He leans toward me. "My mother," he whispers, "hears voices." I nod, take a sip of coffee, and ask Dean to listen to the sound of the other diners. He furrows his bushy brow. His eyes close. I count silently to ten. I ask Dean if he thinks the voices in the restaurant might be similar to what his mother hears. His eyes open wide. "No!" he shouts. "She hears demons." The room quiets again. Dean glares at me. His eyes are as dark as bittersweet chocolate, and his skin is as pale as milk. Demons, he tells me—in case I haven't been listening—assign set amounts of time to accomplish specific tasks. For example, if he lights a cigarette and smokes it within the allotted time, he has sufficiently satisfied the demons.

The waitress returns with our food. She sets a bottle of syrup and two large plates in front of Dean, a small plate with two biscuits in front of me, and a bowl of butter packs and jam between us. Dean grabs his fork and begins. Gravy dribbles onto his beard and biscuit crumbs cling to his lips. I spread butter on my biscuit and watch it melt. "So," I say, "demons like set periods of time." Dean nods. He says that demons also like to tell him when to go into the Safeway and when to cross the street. If he doesn't listen, they tell him to step back. "Step back?" I ask. Dean takes an enormous bite of scrambled eggs, pours syrup on his pancakes and ham, and tells me that if he doesn't step back when he's told, the demons will castrate him.

I spread raspberry jam on my biscuit and ask Dean if he'd like a place to go each day. I tell him there's a new clubhouse with a library and computers and a cafeteria. He tells me there is no such place. I tell him that there is—that I've visited there—and that the members are nice. He asks if any are retarded. I hate that word. I tell him the members are learning job skills and will one day be employed. He asks if I need a day laborer, picks up the slice of ham, and takes a bite. Syrup runs down his fingers. I explain to Dean that I have the address and phone number of the clubhouse. He says

retarded people give him the spooks. I reach in my coat pocket for the clubhouse director's card. I hold the card out for Dean to take. He stares at my hand and says it isn't nice to kill people or to stick things into vaginas. "I tell you what," I say, "try the clubhouse once, and if you don't like it, I won't mention it again." He shrugs, takes the card, and slips it into his sweatshirt pocket.

The waitress returns and sets the check on the table, refills our coffee cups, and removes Dean's empty plates. Dean rips open a sugar packet, dumps the sugar into his coffee, adds cream, and stirs his coffee with his finger. I pick up the check, glance at the total, and Dean asks if I realize that the numbers one, two, three and four—if arranged properly—can answer any question in the world.

The caller says she spoke with me months ago, and that her son—the one who thinks he's Jesus—stole videos last night from a local store, and that the police called her house and are searching for him. But her son has disappeared. She's worried that the police will find him and she's worried that they won't. She's also worried about her son's fascination with guns, and wonders if this could be a problem.

Robert steps into my office with one of his clients from the job-training program. He tells me that Tom can't concentrate today, and asks if I could talk with him. A ball cap sits low on Tom's head. He's olive-skinned, his face so smooth I guess he's in his early twenties. I invite him to sit. He takes the corner chair, leans forward, and talks to his shoes. I glance at Robert. "The mental health clinic," I say, and they leave.

Tom and Robert are back. Robert says the clinic won't see Tom. We are to call other agencies. Tom sits again. He tells the bookcase that too many people are talking. Robert hands me a list of phone numbers. I dial the first agency. The woman there says that even though Tom's hallucinating, that's not reason enough for immediate medical attention. She asks to speak with Tom. I hand him the receiver. He taps the brim of his cap and tells the woman that he feels weird, like this day happened before. He tells her he wants to go to the hospital. He opens his mouth and moves his head as if he's screaming, but he's not. He hands me the receiver. The woman

tells me her agency can't see Tom. I dial the next agency and the next. Tom talks into the tip of his index finger. The closest hospital is five miles from here. Six, tops.

Tom climbs in on the passenger side and buckles the seatbelt. My car is small—a stick shift—and our elbows almost touch. It's sunny and early on a Tuesday afternoon. I travel seven blocks and cross the railroad tracks. "Is this your car?" Tom asks. I tell him yes. He tells me that he doesn't have a car or a job or a wife. He holds out his hands, spreads his fingers wide, and rolls them slow motion tight into fists. The upcoming light changes. I downshift and come to a stop. Tom's right hand bangs flat to the dash. "I saw people yelling at me at work," he shouts. "I yell *fuck you, fuck you* to make them go away, but my boss can't see them and I get fired."

A horn honks. I turn left and become the end of a long line of traffic. Tom hooks his cap on his knee. I glance at him, and I'm surprised that his forehead is somewhat lined. He tells me that bosses kept firing him, so he sold stuff. Like cocaine. But not now. I nod, only more to myself than to Tom: I'd hedged my bets back in the office. Drug-induced psychosis—which is nasty and oh-so-picture-perfectly mad, causing families who deal with it to spend more than their fair share on ice packs and deadbolts—can make eyes appear flat and dull. Tom's eyes are doubly shiny.

Tom and I sit side by side in the emergency room. His hands are flat beneath his legs. He tells me that he lives with his sister and her husband. They have a little girl. She's four. They live upstairs. Tom lives in the basement. There's a lock on the kitchen side of the basement door. Tom must leave the house by seven every morning. His room needs to be cleaned. Stuff is everywhere. He moves his bed. He moves his dresser. He moves his stuff. He's allowed back in the house every night at six. He eats dinner with his sister's family. He must go back to the basement by eight. There's a lock.

Tom is called to a cubicle. I follow. The woman at the computer asks Tom for his address and phone number. He brings a square of paper from his pocket and reads the information. The woman requests his date of birth. Tom tells her and I do the math. He's thirty-two.

The examining room is cold. Voices carry from the other side of the blue curtain. Tom paces with his hands behind his back. I ask if he'd like to sit on the bed. He stops pacing and stares as if he's never seen me before. "You can rest," I offer, and he kicks his shoes off, moves to the middle of the mattress, and sits with his legs stiff in front of him. A nurse enters, introduces herself to Tom, and asks him why he's here. He tells her there's too much dirt in the basement. The nurse helps Tom settle his back against the pillows and sets her clipboard near his leg. She says she'd like answers to the questions marked in red. She asks Tom if I am his relative. Tom laughs and laughs.

The nurse steps next to me. "Are you a relative?" she asks. I tell her no, that I'm a friend. Tom puts his chin against his shoulder and tells his shirt to disappear. I tell the nurse that, for the record, I met Tom just a few hours ago. I explain the phone calls. She asks if I've witnessed psychosis before. I say yes, many times. She almost smiles. She says that witnessing psychosis is one thing, but that providing taxi service is another.

The nurse leaves. Tom tells me to go. I start for the curtain, and he shouts for me to stay. I sit on the chair by his bed. He points to the cupboards on the far wall. "See them floating?" he asks, and his hands move in front of him as if riding waves on the ocean. I want to tell him that his mind is playing tricks. I also want very much to say *yes, I see*.

I stand and put the clipboard in his hands. Tom shakes his head hard—as if bees are lodged there—and takes the pen from the clip. I wonder if he's ever been admitted to a psychiatric ward. "Bank account," he says. "How do I write fifty-eight cents?"

A doctor appears and asks Tom how he's feeling. Tom stares at the doctor's shiny head. "Tom," I say, "the cupboards." Tom glances toward them. The cupboards, he explains, need to be nailed to the wall. The doctor steps between Tom and his view of the cupboards. He asks Tom if he ever thinks of hurting himself. Tom covers his face with his hands. There's a lock, he explains, on the basement door. There's dirt on the steps. Stuff needs to be moved. People are yelling. His boss can't see them. Tom's hands shoot from his face and smack the mattress and the doctor flinches and I wish Tom knew to lie and say that he wants to slit his wrist, because it

seems that anything short of a threat of wrist slitting will get Tom booted from here.

The nurse calls me into her office and tells me that the doctor wants to admit Tom, but that Tom has been here for five hours and they see no signs of him wanting to harm himself or others. There are rules they must follow. I remind her that Tom is locked from his basement room eleven hours a day, and that unlike many who roam our streets, Tom *knows* he needs help. I tell her he should be offered a bed in this hospital, along with a team of psychiatrists who will spend time talking with him. Truly talking. And that if one psychiatrist believes Tom suffers from psychosis and another believes he suffers from schizophrenia and a third believes he suffers from God-knows-what, then the team could hammer this out. And even though I realize that I'm preaching to the choir, my mouth won't stop and my voice pitches and I say that what is being denied to Tom is the right to a working brain.

The caller says that when he was a kid and the voices in his head first started, he thought everybody had voices rattling around in their pea-picking brains. Then he found out that nobody he knew heard voices and it really hacked him off that he'd spent years with his mouth shut and avoiding as many people as possible. Now he's almost thirty and takes pills morning, noon, and night. He can tell when voices aren't real—they're scratchy and say the same thing a zillion fricking times. The caller wishes that his pills could wipe the voices out. His parents, he says, wish that the neighbor kids would stop shouting at him. These kids shout that he's nuts. A damn retard. Punks—that's what the neighbor kids are. And he'd like it if they had to spend one day inside of his head.