

You Have a Split Personality

Category: Stories

written by Raymond Abbott | November 13, 2015

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I am a social worker working with severely mentally ill adults. One of my clients is Lawrence Walters, a small, thin man in his late fifties, very schizophrenic even while on medication. He talks about spirits holding him down, making him do things he doesn't wish to do. He is impossible when off meds, tolerable when on, and difficult just about all the time. But at last I've got an edge on Lawrence—and it's not because of any particular social-work skill.

Lawrence often asks me to take him places—usually shopping, but sometimes to medical appointments, such as an eye exam. (Lawrence is missing one eye, which some say he himself poked out when especially ill. I can't confirm this story, however, and I've not asked him.)

I do a little more transporting with Lawrence than with other clients. I do this partly in an effort to figure him out and partly, I suppose, to gain his confidence and make our interactions less fraught with conflict.

One day recently, as we were driving in my car, Lawrence said in his rather formal way:

“Mr. Abbott. I've come to believe you have a split personality.”

“Is that right?” I replied, trying not to laugh at this surprising remark. “How so?”

“You are good to me a lot of the time—like today, you're taking me to Value City to shop. But sometimes you grow horns.” He laughed a bit nervously.

I knew what he was getting at.

“You mean when I take out a mental inquest warrant when you stop taking your medicine and get sick?”

“Exactly,” he said.

I had recently taken out an M.I.W. for Lawrence—not once, but twice. He had gone off his meds and was so sick, under the spell of the spirits, that he was banging his head against his apartment walls and opening the kitchen-sink drain, letting the water flow into the units below (he lives on the ninth floor). In addition, he was threatening to kill his neighbor, a young woman. Such behavior was firm grounds for an M.I.W.; he was a clear threat to himself and to others. So a judge signed the warrant, and Lawrence found himself in the state mental hospital for a month.

When he was released, it was under an “agreed order.” As part of the terms of his release, Lawrence agreed to come to our offices daily and take his medicine under the supervision of a nurse. He lives right across the street from our office, so it was no huge inconvenience. Failure to do so meant possibly being readmitted to the hospital. So he returned home, came in to see us for a couple of days (acting as surly as could be), then stopped coming in.

I don’t fool around with Lawrence. I went back to the judge and got a new warrant issued, and Lawrence was picked up that day by the police and carted off to the hospital for another two weeks.

That’s our history, and I made certain that Lawrence knew I was the person responsible for the court actions. Since then we’d had an uneasy understanding, if I can describe it that way. But I had no idea, as I drove him to Value City, that a new dynamic—one useful to me—was about to emerge in our relationship.

“I will make a deal with you,” Lawrence told me. “I will take my medicine, but you must put your horns in a box and lock that box. I will do what you say and take my medicines, because God tells me I must respect, at all costs and under all circumstances, the older man.”

A while back, Lawrence had discovered that I’m older than him. He’d been up to his old tricks—going on about how, at age fifty-seven, he knew a lot, so he shouldn’t have to put up with my questions about what he proposed to do next, no matter how bizarre it might be.

“Well, I’m older than you,” I’d replied. “So don’t pull that stuff with me. It doesn’t fly.”

He’d turned and looked at me hard.

“And how old are *you*?” he asked.

“I’m sixty-one,” I said firmly, thinking wryly, *Who would lie about being that old?*

Ironically, I’ve found myself wishing that this issue of age had come up earlier. Now, whenever Lawrence gets to acting nutty, on or off medicine, I simply say, “Lawrence, I am the older man, and you owe me more respect.” (I haven’t yet brought God into the discussion, but I may before I’m done.) Lawrence usually calms down immediately.

Recently, for instance, my supervisor, Linda (who is in her mid-thirties) and I met with Lawrence to discuss his treatment. He was getting a little wild in his speech and manner, loudly declaring that he wasn’t going to do this and he wasn’t going to do that. I got up and went over and whispered in his ear, “Lawrence, let me remind that I am the older man...” To Linda’s amazement, he nodded and instantly shut up and acted appropriately.

I don’t believe that this will wear out with use; it’s too ingrained as a belief system in Lawrence’s life. I sincerely hope it doesn’t go away,

because life with Lawrence is immeasurably easier nowadays. When he misses his medication, as he still does from time to time, I trot across the street, go up to the ninth floor and bang on his door. If he's full of excuses as to why he is missing his meds or begins to come across as rude or short-tempered (he rarely does anymore, though), I raise my hand. I'm sure he knows what's coming.

"Need I remind you, Lawrence," I begin, "that I am the older man, and—"

"Okay, okay," he says. "I understand. I will be in tomorrow." And, without fail, he is.

Lately, I've been told that age has certain advantages. I'm inclined to doubt this (frankly, I just can't think of too many). Yet I must admit that this situation with Lawrence is just such an example. So, as I've always done in life, I take what I can get and leave it at that and move on. Or, as the poet Sara Teasdale eloquently expressed it, "I make the most of all that comes and the least of all that goes." I saw this phrase posted in front of the Unitarian Church in Newburyport, Massachusetts—the city where I was born. I wrote it down thinking I might use it one day. Well, that day has arrived.

Postscript:

In an effort to maximize income, the agency (from which I eventually retired) changed its policies and practices. We case managers were almost exclusively assigned the patients who had Medicaid insurance, which reimbursed our services. All the other patients, including Lawrence, were put—some might say dumped—into a pool whose numbers often exceeded 100 or more per case manager. (The normal case load is about thirty.) I do not know what became of Lawrence. I can hazard a guess, but that's something I prefer not to do.

About the author:

This is one of a collection of twenty-five stories entitled *The Unique Boarding Home* by Raymond Abbott, a licensed social worker in Kentucky whose works have appeared in [Pulse](#), [Hospital Drive](#), [KevinMD](#) and elsewhere. "I have been writing for many years on just about every subject."

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