

DIOGENES AND MARCELLA

A reflection on homelessness and self-neglect

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When ... someone once called him a madman, Diogenes replied, "I am not mad; it is only that my head is different from yours."

—Luis E. Navia^{1p85}

has been applied at times to describe persons who exhibit "severe self-neglect, domestic squalor, social withdrawal, stubborn refusal of any well-meant help, and sometimes a tendency to hoard rubbish (syllogomania)." ^{2p571} Although the literature documents the presence of an underlying mental illness in many of these individuals, there appears to be an equal number who exhibit

no signs of an identifiable, neatly-defined psychiatric disorder. ^{3p366}

Why Diogenes of Sinope, a fourthcentury BC Greek philosopher, has been chosen as the namesake for this unique syndrome is not exactly clear. What is known about this eccentric figure is based upon snippets of quotes and fragments of stories collected over the years. He apparently left no surviving corpus of original writings. Nevertheless, Diogenes

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is commonly recognized as the father of Cynicism, a branch of philosophy that questioned the core values of society and espoused the primacy of personal freedom, self-sufficiency, lack of shame, and a pervasive indifference to social judgment. Stories abound of Diogenes' contempt of civil authority and his indifference to social norms. His "home" was a makeshift earthenware barrel that he lugged around as he slept on the streets and the public spaces of whatever Greek city he was living in at the time. He has been described as a

homeless and wandering man, who recognized no country as his own, who paid no homage to the authorities or the laws, who chose a life of hardship and penury, who spoke with unequaled freedom, who rejected and often broke laws and conventions, and yet a man who claimed to have attained happiness and who remained at peace amid the turmoil of his surrounding world. ¹P⁴⁴

That description reminds me of Marcella. Marcella is a middle-aged homeless woman I've worked with over the years in my role as a community psychiatrist. She lives on our city's urban streets and is invariably outfitted in multiple layers of soiled clothing. For four years I've been making weekly visits to her as part of our psychiatric outreach to homeless persons who live outside shelter walls. Finding her is easy because her "buggy"—a converted grocery cart exploding with plastic bottles, rainsoaked newspapers, paper cups (used), broken umbrellas, shreds of plastic tarp, fractured toys salvaged from dumpsters, and grease-stained paper bags-serves as her identifiable marker on the urban landscape. For four years I've been trying to understand why Marcella hoards rubbish, remains socially isolated, and

refuses all offers of shelter and medical care. After four years I still have no answers.

Our conversations follow the same script each week:

"Any new problems, Marcella?"

"Any physical complaints?"

No

"How have your mood, appetite, and energy been this past week?"

Fine.

"Anybody bothering or harassing you?"

Just the police, but they know I have rights.

"Can I get you a shelter bed for the night?"

No.

"Will you at least agree to come to the clinic for a check-up?"

No

We chat further about the weather, the availability of food and water (always precarious contingencies for homeless persons living on the streets), and safety issues, but I always know our "session" is over when Marcella says, "I'm not crazy, doc, and I'm fine just where I am."

I have a very difficult time accepting that Marcella is "just fine" living as she does. Her state of extreme poverty and isolation pain me beyond words. But I also know that her self-neglect troubles me far more than it does her. Moreover, as a physician, I have no diagnosis to adequately understand her behavior or her motives.

The "medical model" as a construct of explanation fails miserably in Marcella's case. She does not appear to have a mood disorder. She is most definitely not psychotic. Her symptoms of anxiety regarding her life and living situation are clearly less severe than my own. Although one might assume she meets diagnostic criteria for obsessive-compulsive disorder based upon her

hoarding, even this is questionable. She has never drunk alcohol and even laughs with a certain amount of derision whenever I ask about her use of other drugs.

Although Diogenes Syndrome may be helpful in *describing* Marcella's situation, it falls hopelessly short in *explaining* Marcella's behavior. In my twenty-five years of working with homeless persons, I hold firm to the conviction that those who slug out a brutish existence on the streets are there not because of personal choice, but as a result of a serious mental illness or an addiction. Marcella exhibits signs of neither. She is as different and enigmatic as Diogenes was in his day.

I long for the moment that Marcella accepts my offer of shelter and safety. Until then, the weekly street visits that signal a human commitment to care and a physician's obligation not to abandon seem to be the right thing to do and the only thing I can offer. In the meantime, I'll continue to try, and to better understand Marcella outside the narrow and limited boundaries of a medical model. Perhaps I'll even learn to accept that Marcella, like Diogenes, is most certainly not mad, it's only that her head is different from mine.

References

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