

Quiet Solitude and the Telling of One's Own Story

Richard Fox

Why I like to have my quiet time is that it gives me time to get inside myself and to reflect.

– D.T., prisoner at a minimum-security prison

It is 4:30 a.m. I am sitting in the game room of a minimum-security prison enjoying two things that are rare here: solitude and quiet. Another prisoner is upstairs in the poolroom. He also gets up early to be quiet and write in his journal. We carefully avoid getting into each other's space.

A guard comes by. People are getting up too early, he informs me. We are not to get up before 5:00 a.m. I protest. This is the only time I have each day when I am able to be up without the television on – the only time to be alone in a quiet place. Five o'clock a.m. is exactly when the television comes on. I have organized my entire schedule around the one hour of quiet and solitude I find here. I bother no one. I really need this.

My arguments are to no avail. This is getting out of hand, he says. I am astonished at his conception of "out of hand": two and sometimes three people getting up early to find a quiet place to meditate and write. He lets me know that this disruptive practice must stop, and he walks off.

"You are taking everything from me," I yell at him. I pick up a plastic chair and throw it into a pile of other chairs. I am gratified at the loud noise it makes. This is just what I want to say. I kick another chair across the room. I do not care at this moment what they do to me.

About fifteen minutes later I am called into the office. Two more guards have arrived, making a total of four. I realize that they think they may have to physically overpower me. That is a little gratifying as I am 60 years old and not especially athletic. I explain that I am not a violent person, and that even though I may occasionally lose it and kick a chair, I would never attack a person. Then I try to tell them why taking my moment of quiet from me is such a big issue in my mind. But my needs are irrelevant. I must not throw chairs. Rules are rules. I must not get up before 5:00 a.m.

"But that's exactly when the TV comes on," I protest.

They do not understand or care why that is important to me. "So why is it so important?" I ask myself. The best way I know to answer this question is to digress to philosophy. Philosophy is abstract, but the principles that I will speak of are hardly remote from what is vital in my lived experience. Indeed,

these principles have everything to do with why I exploded when I was told I could not get up before 5:00, before the television comes on.

Experientially, we exist in two modes: temporal and atemporal. The essence of our temporal mode of being is creativity. We act and create in both the past and the future. We give meaning and coherence to the events of our lives by organizing them into stories we tell about ourselves. Research has demonstrated that remembering is not a simple and passive recording of things that happen. Memory is creative, active, narrative. And as we project ourselves into the future, we visualize how we want our stories to end. The essence of our temporal experience is disclosed in the stories we tell others and ourselves.

The essence of our atemporal mode of existence, if we are to trust the testimony of those who have pursued the matter with the most energy, is “Sachidananda”: being/consciousness/bliss, in stillness beyond duality. Most of us have tasted this state, at least to some limited extent, in moments of quiet or meditation. Nothing happens in this mode of existence. There is no other with whom to interact. Hence there is no story to be told – no tension or drama that seeks resolution, no narration.

I am not suggesting that either the temporal or the atemporal mode is superior, or in some way more in harmony with the ultimate nature of reality – only that these two modes lie open for our exploration. My best guess is that mental, emotional, and interpersonal growth and wellbeing is best served by a balanced participation in both modes of existence.

An extensive literature demonstrates that the capacity to find a quiet centre within oneself is psychologically beneficial. This much can perhaps be accepted as established. The ability to find solitary and quiet times in places around oneself obviously makes it easier to find a place of solitude and quiet within oneself. It would seem, therefore, that no further argument is required regarding the fact that places of solitude and quiet are needed if we are to live in harmony with our essential nature in the atemporal mode of existence. The importance of quiet and solitude to our wellbeing in the temporal and narrative mode of existence is perhaps less self-evident, so I will focus on this point in more depth.

Except when prevented by external events, the average person will spend a significant amount of time dwelling on the story of his or her life. We write letters in which we try to tell our story or clarify some aspect of it. We write journals with the same intent. We read stories in books and magazines for the light they shed on our own stories. At times, these stories told about others

may even provide us with the fundamental form and meaning around which we structure our own story. We tell our stories to others and listen as they tell us theirs. When we are alone we reflect on the events of the day and wonder about the meaning of what is happening in our lives. At night we dream. Dreams are generally narrative in nature; they help us assimilate the experiences of our immediate past and provide us some anticipatory exploration of our fears or hopes for the future. The aim of these various forms of storytelling is, if I may coin a new term, narrative wellbeing. By narrative wellbeing I mean the state that is reached when we are able to assimilate the events of our lives – past, present, and anticipated – into a story that is coherent, true to our experience, informed by our aspirations, and meaningful.

The activities that facilitate narrative wellbeing require a reasonable degree of quiet and solitude. We cannot write a letter or a journal entry that accurately reflects the nature of our current experience if the television is blaring and we are interrupted at random intervals. It is difficult to reflect on the day's events while we are in the midst of a chaos of discontented shouting, arguing, and laughing. We require a quiet environment if we are to connect both mentally and emotionally with a significant novel or short story. And two people need some insulation from the hubbub around them if they are to share their stories with each other in any depth. Maybe it is stretching a point to call this latter situation "solitude." On the other hand, there is a card game called "double solitaire"; perhaps we can speak of "solitude for two."

I was incarcerated over a year ago on charges of "gross sexual assault." I doubt that anybody in the prison system has a vague idea what these words denote in terms of what actually happened in my life. The reality, I think, is both less extensive and less horrifying than almost anyone would suppose. But this article is not about the specifics of that story. Rather it is about the hostility of the system to my being able to know or to tell my story at all.

For long periods of time during my incarceration I have experienced name-calling, threats of physical violence, ridicule, humiliation, and ostracism on a daily basis. I am presently in a minimum-security facility where the harassment has been brought under partial control. Still, it is a hostile environment in which it is very difficult to become clear on the nature of my own story, much less share it with other people. In the absence of a reasonable degree of quiet and solitude, narrative wellbeing has been extremely difficult to attain.

Based on my experience of being incarcerated, I would suggest that the environment created for inmates by the criminal justice system undermines

our need for quiet and solitude in at least six ways: television, psychotropic drugs, cognitive/behavioural therapies, schedules and programming, overcrowding, and disregard of personal boundaries.

TELEVISION

My daily round is dominated by a desire to escape the ubiquitous, disorienting, and soul-numbing presence of the television. The first issue with regard to television has to do with the mental and emotional states that are either created or prevented by the simple exposure to television on a continuous basis, regardless of the specific content. Television inundates the viewer with a continuous bombardment of vivid, brief images. By not allowing time for any active response to the images, television enforces a passive receptivity on the part of the viewer. It allows no time for reflection. Over time, the events, people, and images seen on television usurp the events, people, and images of the person's actual environment as the primary focus of significant experience. When the television is off, habitual viewers often feel threatened with a frightening void – the void of actual life.

As long as my roommate is in the unit (even if he is not in the room), he will not allow me to turn his television off or even turn the sound down. A part of this is an assertion of power and status on his part. He claims his territory (the whole room) with sound in much the same way as a wolf might mark its territory by urinating. But another aspect of it, I believe, is that he fears silence. Having lost his capacity for meaningful personal experience, a quiet place is a void for him. Even brief spells of quiet remind him of his emptiness. Either the television or a video game is on from the time he wakes up until 11:30 at night, at which time a prison regulation requires that he turn it off. He then turns on the radio and fills the threatening void with the drone of country music through the entire night. I find that this inability to tolerate silence even at night time, and the use of an all-night country music station as a solution to the problem, is a common pattern in prison.

The content of television is not totally irrelevant. It is not only that television fills our minds with noise, making it difficult to reflect on our own stories. Television forces into our minds its own repertoire of stories. The primary purpose of television is not to provide programs but to sell products. The programs are the bait. The ads are the hook. The most important story on television is therefore the one conveyed in the ads, and it is always the same

story: "I was never really happy until I bought brand A." The programs themselves inundate us with stories that prevent us from serious reflection on our own. These are always safe and familiar stories – the same ones over and over. No matter how violent, absurd, or obscene the stories are, they are still safe and familiar because they never challenge us with radically new possibilities for understanding our own selves and our lives.

DRUGS

When I moved into a cell for two men in the protective custody unit, the first information that my roommate gave me after his name was that he suffered from both bipolar and schizo-affective disorders. He may have known about my background in mental health work and thought that these credentials would be especially informative to me. I did not tell him that I felt it was both scientifically and politically improper to treat the majority of the entries in the *DSM-III*¹ as discreet disease entities that could be treated with disease-specific medication. Nor did I say I saw the labels as social constructs created to justify tinkering with the human brain with a variety of chemicals, the primary purpose of which in this setting, if not in most situations, is social control.

During the next few days I was amazed to see how much he slept. After observing him I calculated that he slept about fifteen out of every 24 hours. The drugs were apparently putting him in a state that approached suspended animation. They were, one must concede, effective in controlling any tendency he had toward becoming agitated.

My roommate, whom I will call Simon, was a gentle and, insofar as the drugs permitted it, reflective soul. As we came to know each other during the next few weeks he shared a great deal about himself. His strongest sexual feelings were clearly directed toward men and boys. Yet he had a girlfriend who seemed important to him. I subscribe to the belief that each person's "love map"² is unique and may involve a variety of attractions. There was no reason, in principle, to doubt that he might have a significant interest in women

¹ The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is produced by the American Psychiatric Association for the uses implied by its title. *DSM-III* was published in 1980.

² The term "love maps" is from John Money (1989), *Lovemaps*. Amherst, NY: Prometheus Books.

along with his other feelings. But after coming to know him better I became persuaded that women occupy, at best, a weak and secondary place on his love map. Why, then, this commitment to a girlfriend and no mention of any boyfriend? By this time he knew me well enough to know that, although I had no strong attraction to adult men myself, I would accept him, whatever inclinations he had.

Simon kept his reading material in two paper bags on the floor. In one he had his bible study materials. He was taking correspondence courses from a conservative Christian academy of some sort. He worked on this course religiously every night before going to sleep. Only after he knew me pretty well did he risk letting me know what was in the other paper bag. With some trepidation, he showed me a magazine with articles and erotic photos for gay men. A few days later I asked Simon how he reconciled the contents of the two paper bags. I was confident that the religious groups that prepared this course he was taking would see his homosexual leanings as profoundly sinful. He acknowledged that this was true.

The two most important things in his life were in these two paper bags – his almost exclusively same-sex sexual orientation and his evangelical religious beliefs. I suggested that the opposition between these two forces in his life must be very painful to him. He conceded that this was so. I raised the possibility that this conflict, rather than some inborn error in his brain chemistry, might be the primary source of the psychic distress for which he was being medicated. Surprisingly, this was a new idea to him.

During the niches of time when we were locked in our cells and he was awake, we discussed how he might understand his need for obviously disabling quantities of psychotropic drugs. What emerged from these discussions is that there were three very different ways of framing his story. Simon told me two stories about himself. The first was a story about a victim of a chemical imbalance in his brain who was struggling to overcome his disability with the help of a medical community that was using its arcane knowledge for his benefit. The second story was about a Christian man who was struggling (with varying degrees of success) to overcome sinful and obscene impulses that were perhaps placed in his soul as a test. I was persuaded neither by the medical story nor the spiritual one, and offered him an alternative story. In my story he was a man who was incarcerated spiritually as well as physically – and his jailers were exactly those people he had gone to for help in working out his salvation.

He had been taught by his spiritual teachers to condemn and suppress the mainspring of his love – to hate one of the most fundamental aspects of his inner nature. By internalizing the judgments of his teachers he then became one of his own jailers. It stands to reason that a man who has declared war on his inner nature will suffer from overwhelming psychic distress. In my story he was a political prisoner – not a criminal. His inner nature was no crime.

So he turned to medicine for help with his distress. There he was told he had a “disease” or a “disability,” something akin to diabetes. But his chemical deficiency, he was told, affected his brain rather than his pancreas. When psychiatrists listen to people talk they are trained to listen for symptoms that will enable them to diagnose the person as having one or more of the socially constructed hypothetical disease entities listed in their *Diagnostic and Statistical Manual*, so that people can become patients who can be treated by chemical means. Whatever capacity psychiatrists may have once had to actually listen to the person’s story or to offer other and possibly more helpful narratives has been almost totally lost.

I was able to offer Simon an alternative story – one that reversed the gestalt within which he lived, as radically as a finished print reverses the negative from which it is made. In my story those he saw as liberators – the religious teachers and the doctors who were medicating him became his oppressors, and the most despised and repressed aspect of his soul became the Christ child pursued by Herod the carrier of new possibilities for love and life.

Whether Simon will accept the story I offered him or cling to his old ways of seeing his life remains to be seen. Even if it were within my capacity to force my story on him I would not do so, for then I would become another of his oppressors. It is his life and his choice.

This is a participant-observer study. It is theoretically grounded in the conviction that in narration – in the stories we tell about ourselves and each other – we discover and clarify the meaning of our experience. My own story must therefore be included in the data. I share with you, then, a few snippets from my personal history, the relevance of which, I hope, will soon become evident.

I am sitting in a classroom in elementary school. I do not know what the teacher is trying to teach, as I am not paying attention. I am staring at the clock on the wall, trying to anticipate the exact moment that the big hand will jump forward with a little click, bringing me closer, by a tiny increment, to my liberation or at least to a brief reprieve from this daily hell. My current experience

of being incarcerated reminds me of nothing more than the daily experience of being forced to attend school when I was a child. Why, then, did I not protest more actively – raise hell, refuse to remain in class? I was afraid of my parents, of course, and of the teachers, and of authority in general. But also I knew that the principal kept a paddle in his office. I had heard stories about this paddle from some of the more aggressive and bolder boys who were able to speak from first-hand experience. The principal is your “pal” we were taught in spelling, so as to distinguish between “principal” and “principle.” I did not believe it.

When I was growing up the problem of forcing students to be where they did not want to be, and performing tedious tasks that they did not want to do, was solved by the paddle. When physical punishment was ruled out, something had to take its place. There were, after all, still a large number of students who did not want to be there – some of who had the gumption to “act out.” It was to fill this gap that psychiatry stepped forward with its theory of “attention deficit disorder.” If children could not be beaten into submission, perhaps it would be possible (and more humane) to medicate them into submission.³ That schools themselves needed to change – that they needed to become places where children’s natural interests and desires might be taken seriously, where the slower ones would not be humiliated and the faster ones bored, where students would have input into what they learned and how they studied, and where they would feel cared for regardless of how successful they might be – in short, that schools needed to become places where children wanted to be, never seemed to enter the minds of those who made the decisions.⁴

³ For a general discussion of the misuse of medications to solve problems in living, see Peter Breggin (1994), *Toxic Psychiatry*, New York: St. Martin’s Press. Breggin also examines how this issue pertains to children in school, in *The War against Children* (1994), New York: St. Martin’s Press. For discussions of how problems in living become defined as medical illnesses to be treated by doctors, see Thomas Szaaz, *The Myth of Mental Illness* (1961), New York: Hoeber-Harper, and *The Myth of Psychotherapy* (1978), Garden City, NY: Anchor Books. Also, the magazine *Dendron*, which is written by people who have been labelled as mentally ill, is highly instructive with regard to some of these issues.

⁴ For a radical critique of the public school system, see the work of John Holt (1964) in *Why Children Fail*, New York: Pitman. Also, *The Courage to Care in Public Schools* by Nell Noddings (1992), New York: Teachers College Press, offers a useful critique of the school system, and gives some positive suggestions on conceptualizing the kinds of changes that are needed.

The story of my first eight years of school is the story of my first imprisonment.

The medicalization of a political problem occurs when society replaces an authentic political narration with a spurious medical one. The medicalization of political problems serves the interests of the ruling group by defusing potentially explosive or disruptive situations. It does this in three ways. First, it reframes the story one must tell about his or her suffering, transforming it from a "socio/political" one to a "bio/technical" one. In this way it obfuscates any economic or social inequities that may be the actual sources of the individual's distress. Second, it disqualifies the one in distress as his or her own storyteller. The core issue becomes a (pseudo) scientific/technical one that only an expert (the mental health worker) can accurately narrate. Third, it opens the door to medical and legal procedures that make the disenfranchised person incapable of political action. The primary techniques used by the medical profession for incapacitating potentially troublesome people are labelling, surgery, incarceration, and medication.

I am not suggesting that the story one tells about his or her own suffering is always the most accurate one. But neither is the one the expert tells. In fact, those with the most money hire the experts. They therefore tend to identify with the interests and worldviews of the power elite and are motivated to misrepresent the stories of the disenfranchised people with whom they work. Common sense therefore suggests that we approach the stories told by experts with a degree of suspicion.

THERAPY

The difference between offering a narrative alternative and forcing one on a person is an important one for professional practice. It marks the distinction between a valid therapy grounded in cognitive and narrative principles and brainwashing.

About a month ago I was eating lunch at a table with a prisoner who had been friendly with me, but with whom I had actually talked very little. For a few minutes we were the only ones at the table.

"The thing is, they won't believe that a boy might actually like sex," he said.

The comment startled me with its boldness and its lack of any apparent context. But without his needing to spell it out for me in more detail, I immediately

knew that he was in prison because of engaging in sexual activity with a boy, that it was a consensual relationship, and that my interlocutor had participated, probably against his will, in a sex offender “therapy” group.

“That’s right,” I said. “They will only allow the story to be told in one way.” With this encouragement he went on to tell me that when he was a boy, a man had introduced him to sex.

“At first it seemed strange,” he said. “But then I liked it a lot.”

“Don’t share anything with them that they don’t already know,” I said, “or they will use it against you – and anybody else they can.”

He nodded. “I know that,” he said.

Sex offender programs, as they are currently structured, are generally described as “cognitive/behavioural” and claim the scientific authority that cognitive and behavioural therapies have established for themselves. The behavioural principle that is employed in these groups is that if you punish people enough, they will generally stop doing what you do not want them to do. It does not require a great deal of insight to understand why such a model might be popular in prisons. This principle can, with some degree of effectiveness, be applied to any set of behaviours that an authority wants to extinguish in a subject over whom he or she has sufficient power. A variety of punitive techniques are employed that intrude even into the fantasy and dream lives of the participants. But the central punitive methods are forced confessions and shaming by the group.

My friend at the lunch table was trying to deal with the fact that his own experience – his story as he knew it and would tell it if he were truthful – simply did not fit the only story it was permissible to tell. This permissible story had to conform to a number of clear guidelines. No boys below the legal age of consent enjoyed or wanted sex with men, whether they did or not. Sexual activity between a boy and a man could not be a part of a loving relationship, whether it was or not. A man who allowed this to happen could not be gentle and empathic, whether he was or not. A boy could not consent to such an activity, whether he did or not. Certainly a boy could not seek out a loving relationship with a man that was based in part on sexual feelings, whether he did or not. Such an event was always damaging to a boy, whether it was or not.

In fact, many different kinds of relationships exist between men and boys in which some degree of sexual activity has taken place. Some are exploitative and damaging. Others are gentle and consensual. Actual research – anecdotal,

statistical, and cross-cultural – suggests that a sexual experience with a man may have any of a variety of consequences for a boy, some harmful, some neutral, and some beneficial – depending on the circumstances.

One participant in a sex offender group told me that he came to a point where he felt he needed to control the content even of his dreams. Dreams and fantasies are the most intimate stories we tell ourselves, and they take place in the most private and solitary place in our souls. To force a person to share his fantasies, and try to replace them with others, and to make him feel guilty even about his dreams are profound invasions of a person's solitude. Only the forced administration of psychotropic drugs constitutes a comparable invasion of the innermost core of a person.

Traditional law enforcement was concerned with behaviour. A person was free to have whatever thoughts, feelings, and fantasies he wanted, as long as he or she did not break the law. Society is now claiming the right to go far beyond this. It claims the right to control a person's feelings and thoughts as well. It claims the right to dictate how a person will tell his or her own story. For this reason the places where these stories are created – where they emerge as the primary interpretive structures in our lives – are suspect. These places of quiet and solitude where one might dream and meditate with freedom must be sought out and destroyed.

The mandated participation in processes by which society now tries to force its stories on people, and to destroy the places of quiet and solitude in which alternative stories might emerge, is called "treatment" or "therapy." But it is not therapy. It is law enforcement, and it is not even good law enforcement. It is brainwashing.

PROGRAMMING

By programming I refer to the planning and decision-making done by prison administrators, guards, and crew bosses regarding the organization of time and space in the facility. Programming decisions are motivated by the desire to punish prisoners, maintain control, save money, and maximize the convenience and status of the staff. Most staff members probably give little or no thought to the impact their decisions might have on a prisoner's desire for solitude or quiet. Yet it is curious that no provision is made for such obvious needs as a little privacy and some peace and quiet. One wonders whether there might not be some instinctive suspicion and fear that autonomy, self-respect, insight, or

even rebellion might fester in any silent and solitary niches that were made available to prisoners. And perhaps it would be so.

Yesterday morning I planned to work on this section of the article. My work schedule allowed me a couple of hours free in the morning. Both of my roommates were scheduled to work. That meant I would have the room to myself – without the television blaring. I could close the door, be by myself, and think my own thoughts until it was time to go work the lunch shift – a blissful prospect. One roommate had already left. I was anxious for my second roommate to leave. The clock crept forward ever so slowly, as it did when I waited for a class to end in grade school. The men, dressed for work, sat downstairs watching television, or milled around in the recreation room where I sat. A couple of them took their coats off. It was like waiting for Godot. When would the crew boss arrive? It was like waiting for Jesus. You knew not the hour.

I had seen this before. When a crew boss was not coming to pick up his workers, he did not bother to call or let them know. He simply did not arrive. When I finally realized that I was not to have the room to myself this morning, I began to berate myself for allowing myself to hope in a situation where one could depend on nothing.

The program decisions with regard to space are as inimical to the needs of the prisoners for quiet and solitude as are the practices regarding the scheduling of time. A couple of months ago they instituted a no-smoking policy in the prison. Up until then the prison had smoking rooms, which worked fine for everybody. If you wanted to smoke, you could. If you did not smoke, you did not have to breathe other people's smoke. The former smoking rooms are no longer used for anything.

A possible bright side to an otherwise repressive policy began to glimmer. A number of people asked that these rooms be converted to quiet areas. I am not the only one who craves a quiet place to read a book, write a letter, or just think his own thoughts. All that was required was a couple of chairs and a small table. But quiet rooms turned out to be an idle dream. A few days ago I learned that they are to be used as additional dormitory rooms so that the overcrowding can be increased.

OVERCROWDING

My room is about ten by eleven feet. Three of us are crowded into that space. Even under the best circumstances this affords little opportunity for privacy

or quiet. The rooms were created for two people, and the present overcrowding is in violation of state regulations. But nobody is much bothered by that. It serves the purposes of the prison in a variety of ways. It keeps prisoners at each other's throats and therefore disempowered in relationship to the prison. It lowers the per capita cost. It adds to the punishment of prisoners. For me, the biggest problem with the overcrowding is that it makes it much more difficult to find a quiet or private time or space.

PERSONAL BOUNDARIES

In the absence of the physical privacy that might afford them the solitude they crave, some prisoners attempt – usually unsuccessfully – to create a niche in which social boundaries will be respected. I think of the man who woke up at 4:00 a.m. every morning and took possession of the checkers table in order to write in his journal. Although the journal writer had everything but a sign around his neck saying he wished to be left alone, repeatedly another prisoner would sit down at the table with him and begin chatting. Amazingly, they would even persist when the journal writer blatantly ignored them. Or I think of the surprisingly gentle and reflective member of Hell's Angels who created a little niche in the dish room where he worked – a place where he sat on a couple of milk crates and day dreamed and dozed. Everybody who came into the dish room had to intrude into the fragile solitude of the Hell's Angel. Even if his eyes were closed they would tell him a joke, make a noise to wake him, or even pull his beard. They were like religious evangelists at your door. Short of being extremely rude, there was no way of getting rid of them.

Social boundaries are that last bastion of men who are seeking solitude in prison. Often it is not possible to defend these boundaries without offending people or making enemies. If a person chooses to keep the peace between him and the men with whom he must live, he may find himself without any place where he can find a modicum of solitude. It is a difficult choice.

CONCLUSION

As human beings we seek our essential reality in two modes of existence – temporal and atemporal. Our temporal essence centres on our capacity to tell our own stories in a creative, truthful, and value-affirming manner. In this way we are able to understand our past, ground the present in purposes that

energize us, and project ourselves into a future that is shaped by new and more adequate narratives of who we might become. Narrative wellbeing requires a reasonable degree of quiet and solitude. Our atemporal essence is discovered in an inner place of stillness that is outside of time and duality. To become aware of this important dimension of our being also requires a degree of quiet and solitude. I think the degree to which the absence of solitude and quiet constitutes a serious problem for a prisoner is not regularly recognized. It is not a mere inconvenience or unpleasant circumstance. It is a serious obstacle to our existing as fully functional and viable human beings.

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