

Counterpoint



Tuesday, October 14, 1975

Behind the gray walls of madness

By Jerome McGuire

Arby's and McDonald's and Dawn Donuts are the last of the real world of Detroit sprawl that spills north into Pontiac.

Just off Elizabeth Lake Road begins the rolling green grounds of Clinton Valley Center, previously known as Pontiac State Mental Hospital. The grounds are dotted with a few withered old trees like dying hairs on a bumpy green head.

On the other side of the road stands a solid row of houses, formed as if in a wall against the hospital.

The hospital buildings lie a few hundred yards back. The most prominent is a very old, red brick building. It looks like a medieval fortress with rounded parapets and tiny windows. It looks cold and damp, even in the sun.

All of the Clinton Valley grounds look colder and grayer than the surrounding area. On sunny days Clinton Valley seems not to absorb any of the rays. It looks drugged.

A few bent bodies in ill-fitting clothes file past the cars that enter the grounds. Their stares are all hollow. Life in slow motion without any grace. The patients certainly do not look dangerous. Yet their usual silence, sometimes broken by a shattered sentence, is ominous. They look drugged and colorless.

An uneasy feeling creeps into my viscera. It is a terror of madness and madmen nurtured by years of prejudice. It is a fear born of my own mad moments.

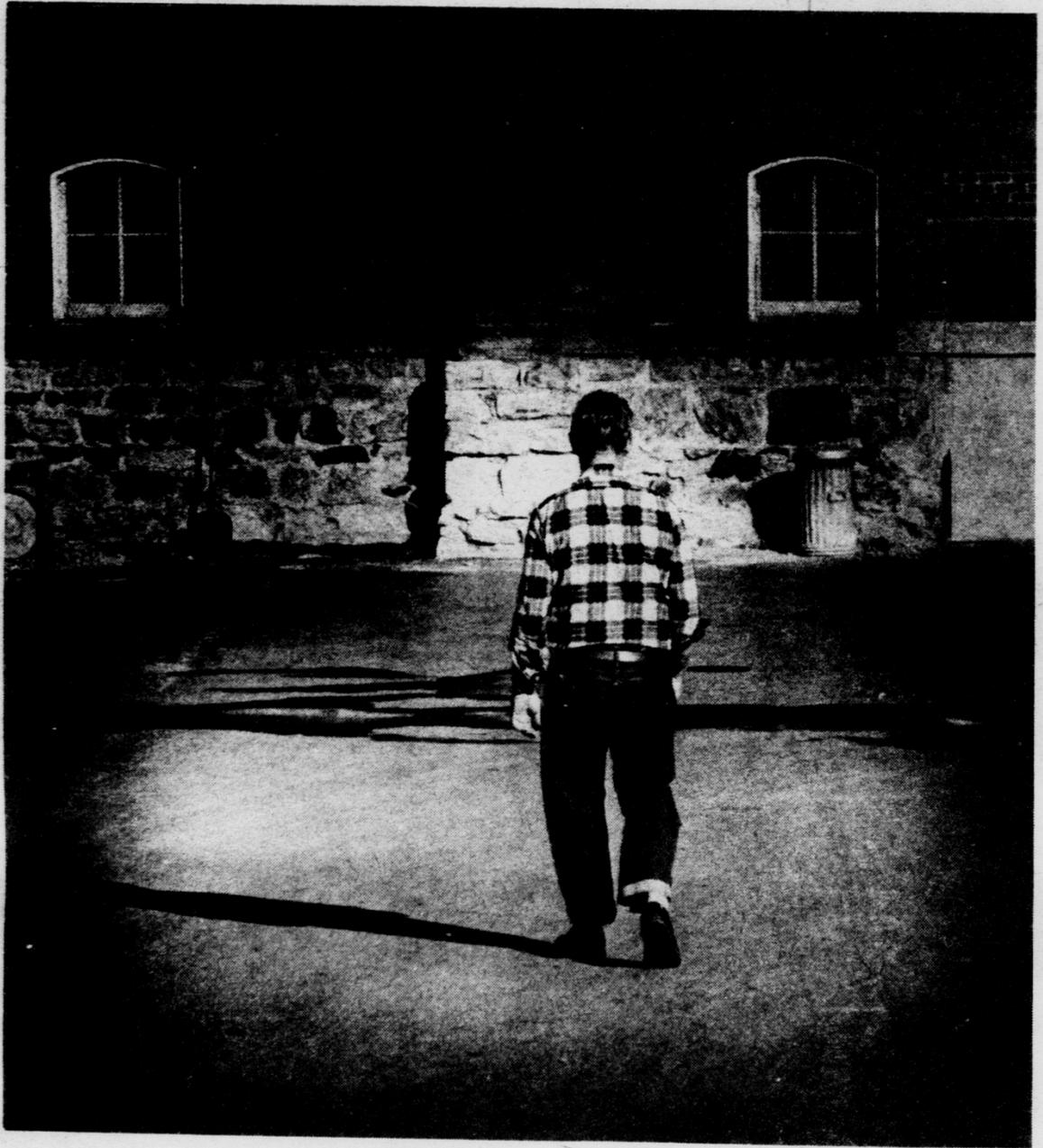
The entire scene testifies that this is death on earth. This is loserville. These are your tired and forgotten. These are your poor and hungry. But there is no statue of liberty to welcome newcomers, only a fat old Pinkerton guard and a caustic receptionist.

I have come here as part of my course work for a psychology class. I am a student volunteer on a chronic schizophrenic ward. The class instructor only meets his students on Tuesday nights. The real instructors are the patients.

The first day went something like this:

The hospital liason, Mrs.
(continued on page 4)

"The whole scene says this is death on earth. This is loserville. These are the tired and forgotten. These are the poor and hungry. But there is no statue of liberty to welcome newcomers, only a fat old Pinkerton guard and a caustic receptionist."



Places like this were once called madhouses. Their patients were locked up and forgotten. Now they are called hospitals. Their patients are still locked up and forgotten. Society's attitude toward the mentally ill is one of fear and repulsion. The victims of madness are shunned as lepers of the soul. But they are undeniably . . . so very much like ourselves.



Behind the gray walls of madness



"After awhile the drugged expression of the patients becomes usual. Dull and lifeless, they have what psychology textbooks call "a blunted affect." They are in a fog and the drugs assure that they never reach the rocky shores of self-confrontation or awareness. The hospital is a boring place — no raving, no straitjackets — and the patients' stupor is reflected in the weary - looking staff members. Watching patients on the "chronic" ward progress is like watching an iceberg and you don't know if it is melting or growing harder and colder. It is just there . . ."



(continued from page 2)
McVash (not her real name), had us sign in and gave us what passed for a welcome.

"You each have a red tag with your name on it," she said. "They are staff tags. You can go off the grounds with these. The patients have different colored tags."

"That's a nice thought," a fellow student laughed.

Mrs. McVash then escorted us around the hospital.

"Pontiac handles most of the surgery and research on brain damage and organic difficulties," she said.

"That is why there are so many retarded and seriously handicapped patients here."

The patients gave us a thorough looking over as we turned down a decayed hallway in the oldest part of the hospital, which was built in 1856. It smelled like slightly rancid food.

The hall was made of bare cement and old brick, and water had collected around a drain where the floor slanted down. Small windows near the ceiling provided a gray pall that competed with the fluorescent lights. All along the left side of the wall were scooped out arches that looked like altar shrines in very old cathedrals. Rusted old beds were stuffed into the recesses which had a lower ceiling than the hall.

"It looks like a set for 'Marat/Sade,'" I said.

Mrs. McVash laughed thinly and without humor.

"This is the oldest part of the hospital and some of the beds have just been left there. But this used to be a ward," she said.

At the end of a few more dingy corridors we climbed three flights of ancient, grimy stairs. Mrs. McVash offered a note of caution as we approached a door marked "Ward 7."

"The patients will be withdrawn and will relate mostly to themselves," she warned.

The locked door opened upon a long hall with open rooms along both sides. Pale green walls arched up to a 14-foot ceiling. The furnishings consisted of a smattering of chairs and a table plus a smashed up piano which was occupied by a single patient who repeatedly banged out a single note.

Some of the patients were sitting in a group dressed in various states of disarray.

"Ward meeting, ward meeting. Right now, ward meeting,"

called out a patient who was holding a clipboard.

"I don't have to listen to you," responded the piano player.

Mrs. McVash introduced us to the group as "the MSU students." All the patients gathered around.

"Can I have a student?" one asked.

"I want a student," another cried.

A young patient eyed me with interest.

"Can I have you?" he asked. "I need someone with some brains to talk to."

He stood over six-feet tall and he was dressed in a too-small boy-scout uniform. Hearing his remark, a patient next to him scowled.

"I think we have been assigned someone already," I explained. But later, Jim, the young man in the scout uniform, did become my patient.

Mrs. McVash left us. The patients began their meeting to discuss things concerning the ward and to recommend each other for privilege level changes.

"Anything to discuss?" asked one patient.

"Of course not," said "Buffalo Bob," a short dark man in a cowboy outfit. "Let's get on with this. Hey, look! There comes Tiny Tim."

He was referring to a large man with a baby face who carried his blanket with him.

Another patient sneered at Tiny Tim.

"He better get level zero if I'm stuck on two again," the patient grumbled at Tim. "He's crazy and he got to go home."

"You're a student, huh?" asked a patient sarcastically. "Where is your notebook? Are you going to study us?"

A staff member came to the meeting with the staff evaluations. He looked like a cross between Santa Claus and a used car salesman. He said hello like the host of Howdy Doody. He jingled dimes in his pocket.

Dimes are given to patients according to the level they have attained, at the rate of a dime a level. The rating determines what privileges they will have for the next two weeks. The dimes are a part of the hospital "Behavior Modification Program."

The staff member asked Bill, a large man in work clothes, what level he should get this week.

"Three. I was good this week," Bill responded.

"Oh, but you didn't go to work on Tuesday."

"But I had a dentist appointment," Bill shot back. "Ask Mrs. Laner...Oh, you're just kidding me, aren't you?"

"OK, Bill, here's your dimes."

The staff member began to give Bill the dimes but took them back and taunted Bill before finally relinquishing them.

Tiring of this game, the staffer departed for a distant ward.

Mrs. Laner, a registered nurse, took over and brought my companion into the room with her. She was much more adult and straightforward with the patients.

"I'm sorry, but you know what you need to stay on level three," she told Bill. "It is up to you if you would like visits home or not."

Mrs. Laner was sensitive to the patients as individuals — a treatment that is often lacking in the sterile hospital atmosphere. Unlike some other members of the staff, she did not repress sexual references or mannerisms.

Most patients have deep sexual conflicts but sexual expression is deeply repressed by their own defenses and Victorian staff reactions that only reinforce the problems. Mental hospitals are quite untillating. The foreboding coldness of the architecture matches the repression of the staff and patients.

After the meeting I met Steve, my patient-companion. He had cigaret stains all over his fingers — a common sight among the patients. They smoke like chimneys and save money by buying "Bugler" tobacco and papers to roll their own.

"Do you have a cigaret? Do you have a cigaret?" another patient interrupted. Steve glanced at him harshly.

"Can we go down to the store so I can get some papers?" Steve asked. He was clutching his dimes tightly. The level meeting had been timely.

"Where do you go to college?" he asked. "What are you studying? How old are you?" Steve was quite interested and aware, contrary to Mrs. McVash's warning.

We were both very nervous. I asked him where he was from and how long he had lived in the hospital.

"My family used to live around Flint but they left a long time ago. My brother is the only one around but I never see him. He never comes around or anything," he said.

"I've been here about seven or eight years. I guess I leave a lot. I can't remember the last time."

By "leave" he meant walking off the grounds without permission and hitch-hiking away.

"He has been to just about every institution around, I think," Mrs. McVash told me. "He goes along fine until his medicine runs out and then he becomes disoriented and he gets picked up by the police. The last time was Bellvue in New York."

After we purchased the cigaret papers and played a game

of pool, Steve and I walked back to the ward. He smoked two cigarets on the way.

It was a strange feeling for me to realize our sameness, though he was a prisoner and social outcast in a mental hospital. Emotional barriers run deep.

We returned to the ward. A chronic-ward psychiatrist, — a nattily-dressed Indian (Asian) — stopped Steve and badgered him in halting English.

"Why do you act like this? Why don't you clean yourself up? Why do you act so crazy? The doctor importuned.

Steve recoiled, his face a mask of fear. The doctor gave me an accusing glance and returned to the ward office to take up a discussion about the low pay of his job with one of the non-professional staff. Such is the progress of modern psychiatry.

Many of the doctors in state institutions are foreign. Most American doctors shun the relatively low pay and terrible working conditions coupled with the unmanageably large case loads. The Asian doctors readily take the jobs because it is very difficult for them to establish a private practice. Many may not even desire to be psychiatrists.

"They have a hard time understanding American patients and their problems," Mrs. McVash told me. "But some of the foreign doctors who have lived in America for awhile and who are really interested in psychiatry are good. But there are just too many patients and no money."

The Indian psychiatrist was replaced on the ward a month later. The staff requested the change. But his replacement was a woman who weighed well over 200 pounds. She was rarely on the ward and was usually to be found in her first floor office. The third floor location of the ward — unserved by elevator — may have been much of the reason for her absence.

Later in the term I was assigned the young patient in the scout uniform, Jim, who had approached me at the first meeting.

Steve had since run to Chicago.

"Why do you think Jim is so sick?" I asked the new psychiatrist.

"Well, for example, we gave him a weekend home last week," she explained. "His mother had arranged a whole camping trip with a student group at Oakland University. When the boy from the group came to get him, Jim hid in his room and would not open the door."

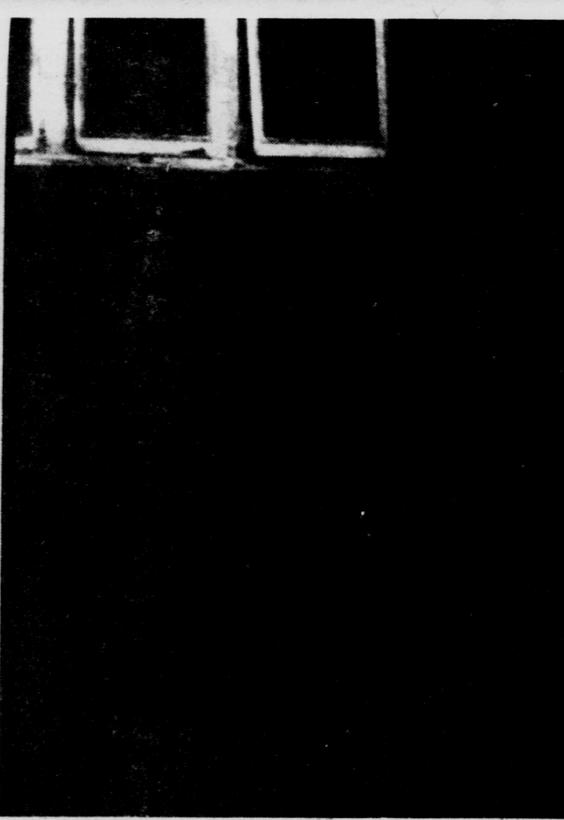
"When his mother came home, Jim was in his room with the radio on loud. He said he hadn't heard the boy," she continued.

"Now I wouldn't let my daughter do something like that. That's not normal."

"If my mother arranged a camping trip with kids I didn't know I wouldn't go either," I replied. "Especially if I had been here for three years. That's crazy!"

She was not impressed.

It was noon back at the ward. Time for me to go home and for



the patients to go to their mid-day "meds." Meds is hospital slang for anti-psychotic and sedative drugs, which flow like milk and honey in the psychiatric wasteland of American mental health care.

After awhile the drugged expressions of the patients become usual. Dull and lifeless, the patients endure what psychology textbooks call "a blunted affect." They are in a fog and the drugs assure that they never reach the rocky shores of self-confrontation or awareness.

The hospital is a boring place — no raving, no straitjackets — and the patients' stupor is reflected in the weary-looking staff members.

Watching patients on the chronic ward "progress" is like watching an iceberg and you don't know if it is melting or growing harder and colder. It is just there. The routine, the barely audible life hum turns the hours into days, the days into years — as many as 10 to 30 years for most of the chronics.

Upon leaving the hospital, a feeling of relief came over me. The talk became more animated and less nervous as chains seemed to fall off. But exhaustion hit about half-way back to East Lansing. We could no longer fight the drowsy spell that is woven about the hospital. The land of Oz without joy.

I recalled the disturbing feeling that hit me as I first entered the hospital grounds. Again I saw the dead look in the patients' eyes as they walked through a fog clutching to the addiction of institutionalization.

The real problems are light years away, back to when they were John Q. Somebodies and not orphans of the State, shelved away in cold storage.

But there is little money for treatment and little concern. Lock 'em up. Dope 'em up. They are a danger to self and others, a nuisance, a bad example, non-productive, nuts.

They are forgotten and removed, even as the cities they left, or from which they were removed, grow around them.

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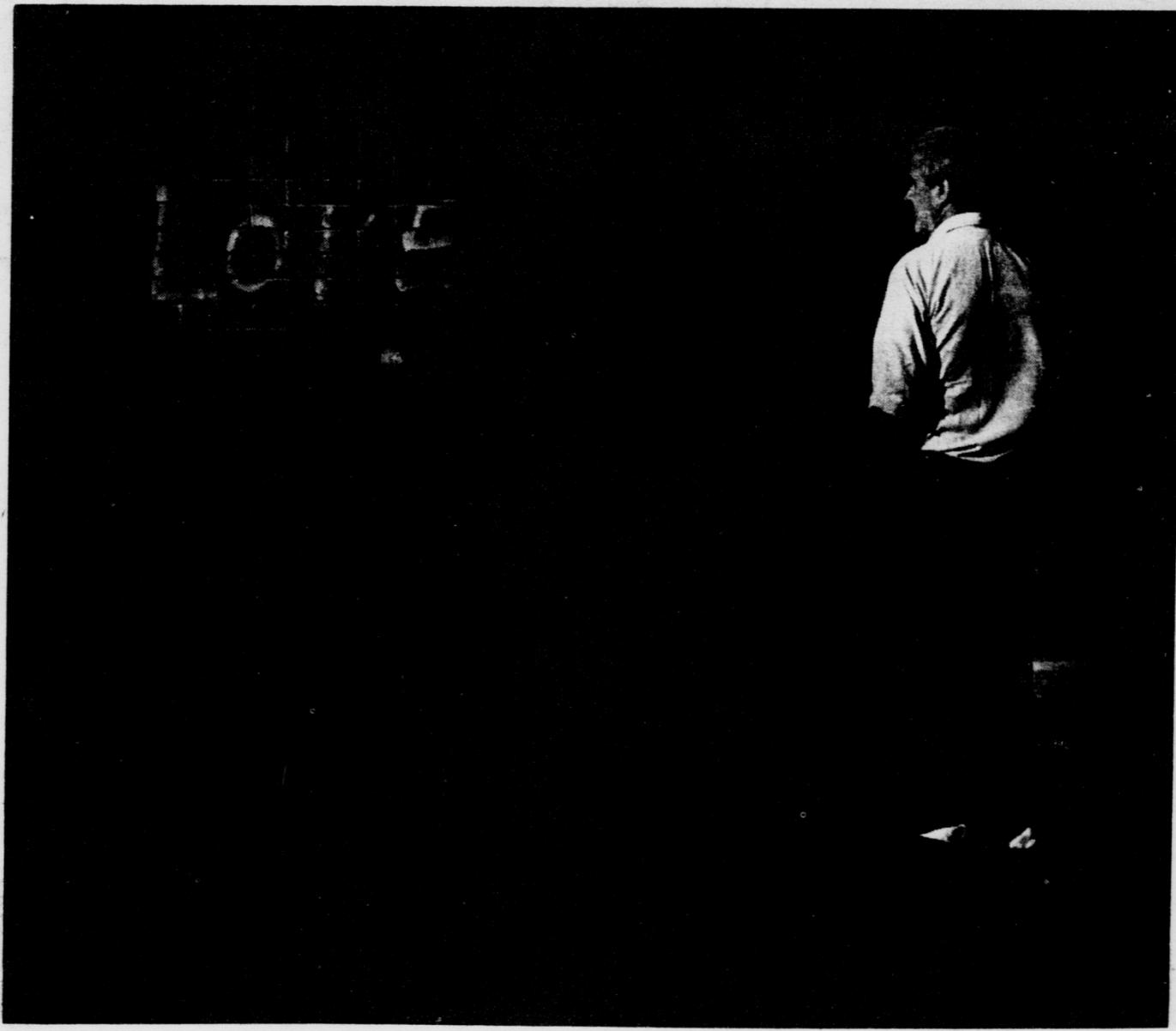


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All photos by Rob Kozloff





Bradsher

The cobweb mind of Jimmy Whoo

By STEVE ORR

He said his name was Jimmy Whoo, and he really does exist. He is 35 years old, is from Michigan and his real name is unimportant.

He came into the State News offices this summer, asked to use a typewriter and did so. He typed up three pages of autobiographical material, gave it to me and then sat down to begin talking. He talked for about three hours and then left, to indulge in his nightly task of walking the streets between the hours of eleven p.m. and four a.m. I met him later, and walked with him for several hours.

The next day I expected him to come by the State News offices, because he is that kind of person, but he didn't. I was curious about him, very curious, and I began making phone calls to various persons and offices listed on his autobiographical sketch, to get information for a story.

Though he never did come back and I haven't seen him since, I did find out this about him: when he was 21 years old and studying for the priesthood in an Ohio seminary, he had a vision in which he saw Jesus Christ. According to a family member with whom I spoke on the phone, that incident was the start of 15 years of mental problems.

Since that time, Jimmy Whoo (he says his name is an Indian one) has been in and out of half a dozen mental institutions, and in and out of many more self-induced predicaments. Many of them are comical — like his purchase of a chain of 30 motels in California with bad checks — and some aren't. Within the last year his family tried to have him committed for a long-term stay in a hospital, but a judge, following the guidelines of the new state mental health code, would not inter him.

Jimmy Whoo — who was, last I heard, voluntarily confined in St. Lawrence's community mental health clinic — claims to know and to have done many things, many things he actually did not do. But that, as I found, is part of his charm, part of his what makes him so interesting. And he is quite interesting...

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(If you were to walk past him on a sidewalk in the night — and that is when you would be most likely to, at night — you would laugh, and maybe feel sorry, and you would feel scared, at least a bit...you would laugh because his clothes probably would not fit, would be too short at the ankles and too short at the wrists and too old. You might feel sorry because he didn't fit and looked lonely, and for the same reasons you would laugh: emotions seem like that — the same stimuli evoke different reactions in different people. And you would be scared, at least a bit, because, well, look at the eyes in the picture. It really is an accurate drawing, and if you look you can see something of his intensity, the kind of intensity that scares you because it's unchannelled, undirected, loose on the streets...there is one other thing you might do if you were to see him on the sidewalk in the night: you might ignore him, because some people react that way to stimuli...

.....*Simili modo postquam coenatum est, accipiens et hunc praeclarum calicem in sanctus ac venerabiles manus suas: from light into dark. sometimes it's so dark I can't even see my hands in front of me. it's always from light into dark. the candles. no light coming through the windows, the reds and purples of the windows are almost blacks..niggers. always remind me of cats slithering around a corner in the shadows, of cats screeching — sudden explosions. watts, detroit, newark, I knew those explosions. I saw them coming, could have but didn't want to tell anybody anybody they were coming..down the aisle, with the hard wooden benches on my sides, dark but I know there's no one in the way....item tibi gratias agens, bene dixit, deditque discipulis suis, dicens: this is good coffee. any coffee is good coffee (he sits outside the K-P store, back against the building, waiting for me, a mere youngster, me; why is he waiting for*

me, anyway? what did I do to deserve him? In corduroy pants and blue work shirt and old beaten shoes he said he took from the body of a policeman — "He was divorced. Three kids. He's dead"—with blue eyes, blue and innocent as those of a Siamese kitten I own, but possessive of a cognitive intensity no animal but Man has). wanta get going. there's things to do tonight. always things to do. on my feet (he says his right foot is bloody raw from hard pavement and stolen shoes) five hours a night. that's my job. they need me, people do

.....*Accipite, et bibite ex eo omnes:* (the houses and Halsteads slip by in the dark. he uses a cane but still outwalks me, and I can walk plenty fast. he knows where he's going) you have to know where you're going. yessir. one thing I learned in the service — the service, service, that chopper, that missile, those flames, the flames and the burning feeling, the pain that hardly is pain at the moment, when — know where you're going. If you don't know, make it seem like you do. confidence. they can smell you a block away if you're not confident, and from a block away they can blow a hole in you big enough to stick my fuckin' cane through ("got poison in the tip of my cane," he tells me. says his brother got it from the CIA. also tells me why he has such a thick, heavy cane, of wood: it doesn't bend when he hits somebody over the head with it, and it's strong enough to use as a hook to pull himself up over a wall. for not the first time tonight he scares me, but he is fascinating, too. talks like a charmer)



...*ex eo omnes:* they always have deep voices, it's in the robes. put on a robe — that time I did, when Father left one in his room with the door open. didn't fill it, it filled me—and it fills you up so. takes your cock and shrinks it until it's gone—never so scared. no more fucking. still had three years left for fucking until God started doing it for me—and it fills up the rest of you until you're bursting, until your head and your lungs are so full, like your bladder—blad-blastema blastoderm, blas-to-mere, hummmh, urinary system the kidneys, the bladder, the ureters the urethra hmph, hummh—like, like your bladder is full of bavarian beer, boy. beautiful...*hic est enim...* and they speak, I could talk like that, and their voices whoosh they do, around the room and fill it up with quiet roaring roaring in my ears, in my calix sanguinis mei, novi et ears and always too in my throat. chokes it. *aeterni* makes me feel—beautiful boy. I could have done that, I could do it still yessir *testamini*...

(he's been quiet, walking faster down Harrison, tapping his cane now and then on the sidewalk. he says something I can't quite hear, that sounds like "in nominay pat"...pat, something. it sounds like Latin, that I studied four years in high school)

mysterium fidei: *mysterium fidei, mysterium fidei—qui pro—mysterium fidei.* the mystery of faith. genetive singular, of faith. nominative singular.....singular. pluralplurality. prefer singularity. no women for longer than one night, or two. shemales. they're not to be trusted. neither are males. like the girl on the bus from Traverse City — motherfucking pigs—she didn't tell me to change buses. neither did that busdriver. no matter, it doesn't. and this kid, can he be? no matter. jimmy whoo goes where he goes, does what he wants, with who. trust nobody, fuck it. fuck em. *qui pro-no-vobis et-no-pro multis effundetur in remissionem—noo peccatorum* fuck him and his pecker. himHim he forgives no, Je-he don't save no one. sign, that mission downtown where they sent me when the bus left me, it read Jesus Saves. He must save money, must save time. I don't have either. ("I don't got either," he says. What, I ask him. "Money or time," he says. he chuckles, and makes me scared again. I ask him why he's out here walking around, and he says "You can dream it, you can imagine it. And somehow, somewhere, we'll make it. If you need us, there we are." Who? "EGS," he says. "Educational Guidance Service." What? Fascinating fascination: "Seventeen people. I started it back in 1958. Unofficially it started in 1795. Anaheim California." Why? "You need us. We're there. We got people all over the world." But you said only 17. "We're everywhere.")

I was there when Bobby got it. I was there when John got it. a minute late, 30 seconds late, won't belate this time. ("If I ever see Nixon, he's dead," he says to me. Oh? "He'll have 17 minutes to live. Fifteen to meet his Maker and two to meet me. Seventeen seconds later he's dead.") that fucker's got no right to be alive—that chopper eaten out inside by fire, smoke, more choppers coming in overhead to take them away and me away too—(..."to be alive. that damn paper-hanging son of a bitch is worse than Hitler") worse than Hitler. not like ferency (... "on June 21, 1969 I got to ask a question of Ferency. And I get to ask another on June 21, 1975. He has never talked to me that he knew it.") if ferency goes I go three minutes later. go?...*haec quotiescumque feceritis, in memoriam facietis...* a church? (we walk the other way, up grand river, past the Halsteads again, past K-P. we've been walking for hours.)

that church again. haven't been in a real church for...years. always so quiet, so quiet, until the noise starts up. ("ever go to church?" he asks. not these days, I say. "Ever been in a hospital?" I'm not sure what kind of hospital, want to ask but don't, and since I haven't been in any hospital longer than it takes to say hello. I'm sorry or to have a cast wrapped around my foot, I just say No. "Good," he says. "Both aren't worth shit. Both'll kill you." How? "You know how close you are to death? Look there." he points to his feet. "That close," he says. But how do they kill you? "I already told you one thing. You find out the other for yourself. I ain't your daddy and I ain't your teacher. Nobody pays me \$50,000 a year to tell you things." my ears, whole head sting and burn)—you find out, you'll find out if you ain't lucky....church..*introibo ad altere Dei Father, I have to tell you some- someth--something--Yes? yes, memento O Domine, famulorum et famularumque tuorum...memento, etiam O Domine, insanorum tuorum*

(we're standing by the bank, with the stoplight changing regularly, talking. I say: what are you going to do tonight, because I have to go and...I manufacture some excuse to leave him and make sure he doesn't come with me. I am fascinated still, but scared even more, and I want to go home to bed. Instead he says "you know, if there's a God, there's you and me. And when you're dead you're dead. I ain't going to die to meet Him." What, I think, but won't ask....."Don't do anything I wouldn't do," he calls from across the street as he leaves. I won't, I yell back) *qui nos praecesserunt cum signo fidei, et dormiunt in somno pacis...church??.black.* that's my association. *black like--black red and black purple and black blue; because it's nighttime. I wasn't crying, not at first, but the only light—the candles—began to blur like I was crying, and then they dimmed, because He did it when He sent Him into the place to talk to me. I could have seen my hands then, in the light of the flames that surrounded Him while he talked to me, right over the head of the father, who couldn't see it; and though I didn't take my eyes off of Him because He wouldn't let me, I knew my hands had holes in them.*



Bradsher

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