

Echos
From
The Rabbit Hole



Photo: ISBH Bulletin, 1975

By Vickie L. Cole

Vickie L. Cole

~~2810 Hollypark Dr.~~ 4918 W Massenville Rd

Indianapolis, IN 46221

(317) ~~243-6587~~ 605-7796

vlcole2006@yahoo.com

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Introduction

I have been witness to a full kaleidoscope of colorful characters, both as patients and as staff where I have been associated over the years. I have worked in several mental institutions and various agencies of service to people with mental and physical challenges. The patient's stories, given voice are echoed within these pages.

Here, I speak of each building where the patients lived and worked because those walls are cast as the silent witnesses to a side of life most people never see. This book, although sad in places is not a dirge, but an affirmation that even under the most atrocious circumstances, the human spirit is truly resilient and above all else – somewhere within us we each create a life within ourselves.

My recollections are a punctuation of those unforgettable lives of people who exhibit a special kind of tenacious courage, joyful strength and bold laughter. My memory in some cases serves as an accounting for life's absurdities, its painful and rueful failures so intense that I sometimes had to laugh when I could no longer cry. Some stories are included not only to echo the patient's voice, but also because their stories ground us to a day to day existence in reality that is not always pleasant. The inclusion of these particular stories emphasizes the fact that we had to intentionally make an effort everyday to find reasons to not become abused or abusers.

I look back carefully, since it is out of our past that we also glimpse a possible future. I pray that history does not always repeat itself. During that shadowy past history of institutionalization, Central State Hospital (CSH) had been given many names. CSH was originally known as the "State Lunatic Asylum" until 1846, the "Indiana Hospital for the Insane" from 1846 until 1889, and the "Central State Hospital for the Insane" from 1889 to 1927 when the name was officially changed to Central State Hospital. (Indiana

State Tax Bulletin, June 1, 1931, Vol.2, #3) The latter name was held until it closed in 1994.

Historically, Central began over a century ago as a log cabin that effectively maintained, hid away, and controlled those who were not acceptable or safe to have in polite society for various reasons. Through the years of increased patient population Central developed a reputation for care of the most chronic of patients with the most violent behaviors and those deemed without much hope of recovery or improvement in their quality of life. Some of Central State's reputation for being a horrifying place was well earned; some of the negative reputation was cruelly not earned.

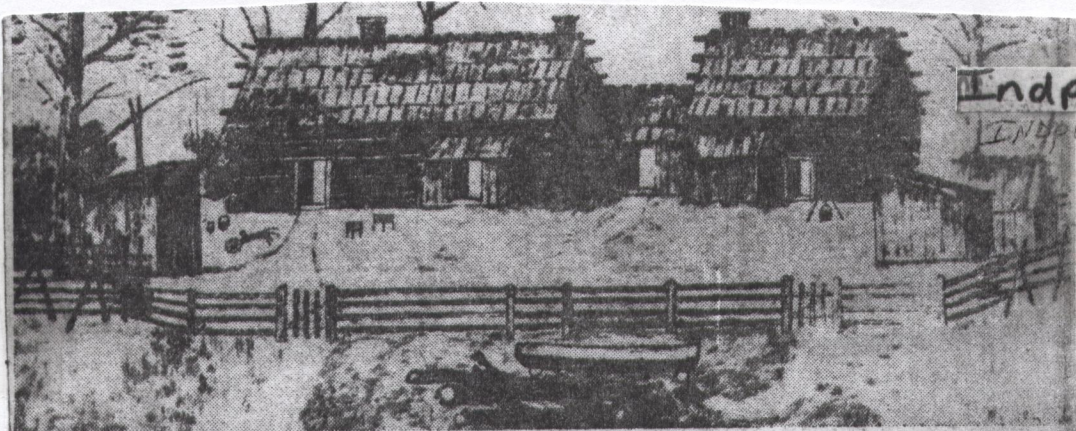
To most people the hospital was just -Seven Steeples- because that name accurately described the seven architectural spires atop the main building that could be seen from the ground. Seven Steeples, with its unusual spires and roofing architecture also had several names since being built mid 1800s. In more recent years, an individual building's names were more simply made descriptive of whom this building housed at the particular time such as The Main Building, The Old Women's Building, or The Main Administration Building.

To the people I introduce you to now, the institution was just home and family – good or bad, and it was the only existence they had. The patients created a full life within their spirits (even under conditions that usually inhibit life) and they lived that life with style! They learned quickly that having nothing to lose could truly be a freeing experience. They loved, they hurt within themselves and they hurt others. They needed and they gave of themselves completely to others in a way that most people can't. These

are their stories, their past, and the places where the memories dwell as I recall the experiences.

The names of patients and staff have been changed to avoid intrusion into their privacy, for they are freed from their institutionally restricted opportunities, barred doors, and learned negative behaviors required for survival in an institution. They are our neighbors and becoming our friends. They are now living, working, and paying taxes in communities that open their worlds to infinite possibility.

Out of the past we shall know our future.



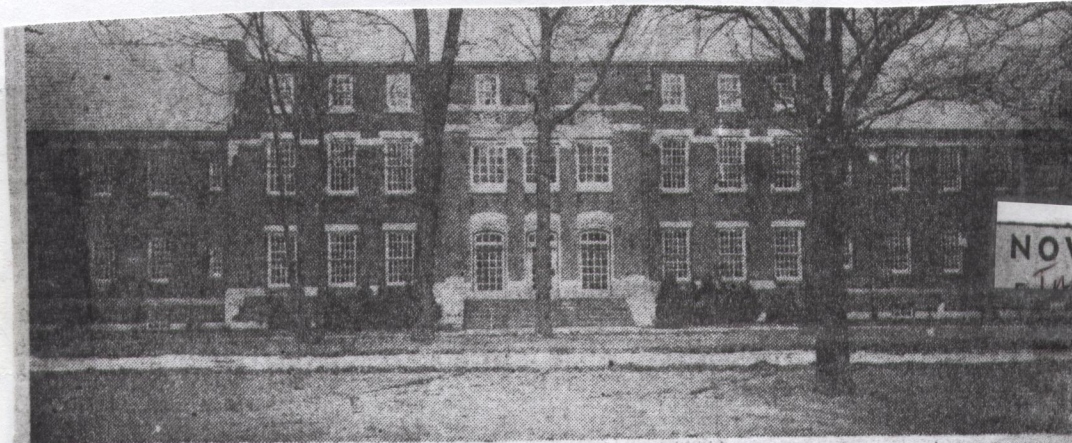
Indpls. Hospitals

Indpls Star/News

11-20-48

In this log cabin which stood on Washington Street near White River, Indiana once housed its "crazy people." Medieval as its facilities were, it at least marked a public acceptance of the new theory that care of the insane was a problem belonging to the state.

Photos Indiana State Library, Social Science Division: Reference



NOVEMBER 20, 1948

Indpls Star

Marking its 100th anniversary Sunday, Central State Hospital has come from the days of the log cabin "crazy house" to units such as this, where patients now live. Oldest of the state's mental institutions, the hospital has a patient load of slightly more than 2,000 and its research department has scored a number of achievements in neurology.

Dr. Philip J Pennell

Photo of the artist's depiction of care for the mentally ill at the turn of the century. This powerful portrayal is of Dr. P. J. Pennell unchaining his patients. He then instructed the staff to actually talk to the patients as they would one another. These acts were the first steps in revolutionizing treatment by allowing the mentally ill to be treated as the human beings they were.



Photo by: Vickie L. Cole

I now introduce you to
Central State Hospital



Photo: Indiana Archives

Asylum

By Dennis Miller

THE ISBH BULLETIN—MAY, 1975

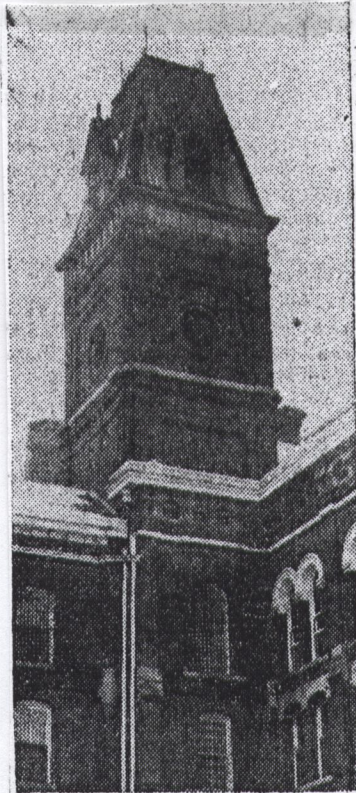


to
imprison criminals and care for the "insane,
feeble-minded and poor."

Seven-Spire Landmark Torn Down



Photos : Indiana State Library, Social Science Division; Reference



Victorian architecture in its day, the seven steeples which long have been a landmark in West Indianapolis as a part of Central State Hospital, are being torn down during a remodeling program in which the main building will be re-roofed. (Top) The women's building which boasts the seven steeples and (bottom), a glimpse of one of the steeples which has become a fire hazard and is too expensive to fireproof.

5/20/43 NOV 14 1943

Chapter 1.

Welcome to the Seven Steeples Building

1875-1975

“A massive Victorian structured institution initially constructed “to imprison criminals and care for the insane, feeble minded and poor.” ISBH Bulletin, May 1975, “Asylum” by Dennis Miller

The style of the building followed the Kirkbride Plan of architecture that was popular at the time and had lots of ornament without purpose. The architect must have been having his own private joke when he designed Seven Steeples from the ground so there was no way to see the eight steeples that were really there. Believe me, as teenage volunteers we tried to find that elusive eighth one. I became very familiar with this particular building and its occupants from 1963 to 1968.

The original exterior of Seven Steeples was richly Victorian, of the latest trends in ornate design and extravagantly decorated like the bright, oversized wrappings of an important gift holding something very valuable. The building’s use, on the other hand, was to hide away something that members of society at large could not bring themselves to look at.

Over the years, time wore heavily on the exterior of Seven Steeples and its physical structure began to fall into decay. It was a formidable presence in a lightening storm that would make any horror film director smile with macabre delight.

The patient’s who lived here just called it home.

First Day

My junior high school guidance counselor was Mrs. Rosma. I liked her. More than that, I trusted her. She had backed me up once on a discipline issue with a math teacher who only gave good grades to girls who sat in the front row with their skirts

hiked up. Mrs. Rosma introduced me to Mrs. Moss, the volunteer director from what was called at that time Central State Hospital for the Criminally Insane.

Mrs. Moss was meeting with my aunt at our house to advocate for me to be able to volunteer at the hospital. I was both afraid she would not let me volunteer and that she would. I was a nervous wreck and watched the meeting from a safer and covert distance, behind the dining room door.

I felt strangely drawn by the speech Mrs. Moss had made at my school when she came as a guest speaker looking for hospital volunteers. I didn't know why. Perhaps because I had been told that my grandmother's mind had gone when she lost two of her adult children within a few years of each other: Also, my mother died when I was only fifteen months old and I went to live with my grandparents and three aunts. I was told my mother, too, lost her mind in the latter days of her life.

Mother was pregnant with my triplet sisters in 1950 when they discovered a brain tumor. They couldn't do anything to it until after she gave birth or she'd lose the babies. At the age of twenty-three, she and two of the babies died within a few weeks. The *runt* of the litter proved to be a fighter. My sister, *the runt*, still lives today, and I love her dearly.

My aunt, nicknamed Teda, whom we learned to call Teda Mama, was a stout woman who tended to be thick through the middle like my father and as I age, now me. She worked hard in factories or in department stores to feed us and took us to church on Sundays. I know she loved us, but unlike my younger sister, I had difficulty feeling close to her. My sister was cute and cuddly, full of giggles and easy to love while my personality was always more studious, untrusting and melancholy.

Mrs. Moss had a paper for my aunt to sign to waive liability for the hospital because I was under age. I was to begin with a few hours on Saturdays working in the Women's Building, the oldest building on the grounds. I would also be working occasionally with some of the children from the intensive treatment building known as

Bahr Center. This building was the newest and ultra modern.

I felt a frightening mixture of excited anticipation and downright panic. To my surprise, Teda Mama signed.

Come Saturday, I boarded the bus going downtown and transferred to go to Central State on the west side of town. I had seen the large hospital grounds many times riding in a car or bus as it passed by the gates with iron fences surrounding the place. This time I actually entered the gates. I found Mrs. Moss in front of the huge, frightening, Old Women's Building waiting for me. Several other girls got off the bus too, and I felt a little less alone.

Mrs. Moss stood stocky, firm and strong in her "old lady clothes" as we used to call them. She wore stout heels and thick stockings, the dark kind with a visible line up the back, her dull black shoes laced to the ankle. I wondered if the stockings were hot to wear. Being the tomboy I was I didn't like wearing stockings at all.

Mrs. Moss had on a heavy tweed suit like a boarding school principal in old black and white British films. She stood with her arms crossed as if we were to get a stern dressing down as soon as we got close to her. I swallowed hard at the sight of her, what had I gotten myself into?

The stern British boarding school effect vanished when she saw us. She uncrossed her arms and her smile dispelled any misgivings we had about voluntarily walking into an insane asylum. She took us to her office of oversized, richly shined, mahogany furniture that made me afraid I would leave fingerprints on it. The lighter colors in the wood grain running through the rich dark colors were beautiful. It was like vanilla ice cream swirled into deep fudge. The large windows seemed to go from a foot off the floor to the same distance from the ceiling and hung on rope pulleys. I had never seen the like; the windows were bigger than doors. Even being tall and pudgy, I felt very small in this place.

We stood wide-eyed in a group around her desk while she told of things that we

might see during our time here, sights to which we might not be accustomed.

For one thing, she said, being fully dressed or concerned about exposure of private parts of the body was not a priority for many of the patients. We were assured that we would only be interacting with females on this particular ward, and she showed us a key ring about as big as my head full of skeleton keys. We left her office en masse walking intentionally close together.

She talked as she walked; the doors always remained locked and we were to go to the attendant on duty to enter or leave. That information left a small cold spot in the center of me like a big snowball swallowed whole. I had never thought of being locked in.

As if on cue to increase my fear, an irritating buzzer sounded loudly like it was coming from everywhere all at once. The sound grated on my nerves and the volume made me squint. I wrinkled my nose and did my best to close my ears to the roaring peel via mind control. It didn't work.

"That is what calls the attendants to the door," Mrs. Moss informed us with a nod in the direction we were going. We stopped in the hallway leading to the ward. Mrs. Moss again listed all the things that might shock us after we entered. There was mention of dirty, uncombed and matted hair with food in it and evidence of incontinence.

She told us we would see people tearing their clothing and nudity, that we would experience uncleanliness, rotted teeth, and bad breath. She explained self-stimulation behaviors and ended with vivid described visions of people tied in chairs that could no longer sit up unassisted.

I have found several Biblical references since those years to people tearing their clothes to show emotional pain of the heart and mind. I have always found the fact interesting that this habit is not at all uncommon among the mentally ill or elderly senile patients.

When Mrs. Moss was satisfied that she had covered every contingency on her

chaos list we went closer to the fifteen-foot door and she inserted one of the large keys on her ring. Light sprang like a predator into the dim hallway as the door opened. Objects in the room were immediately forced into either shadow or bright light. Every chair or person became a mere silhouette in blackness or a reflector of the light, and my eyes tried to focus.

I felt as if I had been transported into a Wizard of Oz, where the Wicked Witch of the West must have won instead of Glenda. As my eyes adjusted, I found no Emerald City or yellow brick road.

First, I found a ... a smell. Even my mind stuttered. An awful odor I had never encountered before and never wanted to smell again. Little did I know then that I would come to identify that smell elsewhere over the years. It was the scent of a helpless acceptance of decayed hope. It can be found in nursing homes, jails, and institutions where people have given up and acquiesced to current conditions. They live in the present without dreams of an achievable future. Entire lives are lived only in the now. I half held my breath and again swallowed hard.

There was a nauseating yellow cast to the light that painted everything like jaundice. I really do hate yellow. I always have. Elderly bodies in various degrees of undress exhibited pale, thin, wrinkled skin over distorted body frames. This wasn't Dorothy's nightmare turned into an Oz fantasy – this was Poe's purgatory.

I stood agape, my heart throbbing and my soul stripped bare of any illusions of humanity to protect my comfort level. These were relics, fallen down and decayed ruins of human lives. I was lost here as much as if I had been dropped into a wilderness. Mrs. Moss had tried to prepare us for what we would see, but the effect of her words amounted to describing the Grand Canyon by merely calling it a hole in the ground. No amount of verbal description could have prepared me for this. Three girls ran back out the door. I was rooted in place.

I felt something cold in my right hand. A tiny voice sang softly. "Many years I've

been searching for a place to call home, but I've failed here to find it so I must travel on." I turned to find a small head just below my shoulder with unruly gray hair whipping in every direction. "Where I can just hear the angels sing and shake Jesus hand." The singing was just above a whisper. "Lord, build me a cabin in the corner of glory land." Huge bulging eyes looked into mine as this woman gripped my hand more firmly. She moved closer when I did not pull away and cuddled up against me like a child. "In the shade of that tree of life that it may ever stand." Her hand warmed in mine.

I recognized the old southern gospel tune from where I come from in Tennessee. She began soft and slow like a reverent prayer, but picked up the tempo as she sang and turned the song into more of a celebration. She began to dance around me in her dirty 1950s style housedress. She looked like an elf or wood nymph and I looked for pointed ears just in case. She would switch hands occasionally to change direction and get the most enjoyment out of her geriatric two-step, but she never let go of my hand. She kept her eyes glued to mine no matter where she moved her hunched-over and very thin body.

Now I was relaxing and feeling less threatened. Her eyes seemed to know my feelings and she smiled at me. She smiled and her nose and chin almost touched. I had to smile too. When she saw that I was really looking at her she broadened her smile to show brown teeth and began muttering something I couldn't understand. She seemed so pleased and I felt as if, somehow, she had claimed me as hers.

Mrs. Moss smiled at me. I looked back at her bewildered as the little elf lady (if I had found those pointed ears, she would have made a wonderful grandma elf for Tolkien's Middle Earth folks) pulled me toward a bench. Mrs. Moss nodded her head as if I had asked a question. She said, "Whatever you do, really listen to what she has to say." She concluded her instruction with, "Have fun with her."

I uneasily contemplated what her definition of fun might be. The elf lady handed me a comb and brush and talked nonstop about what color she wanted me to paint her fingernails. It was clear I was the new kid on the block. She knew exactly what she was

doing. She continued her talking and went into a delightful tale that made absolutely no sense at all. She giggled and smiled and introduced me to friends who weren't really there, and at one point even became someone neither of us knew. My head was spinning, but she made me glad I had come.

Mrs. Moss said we would be volunteering in many different areas. We would work with the elderly ladies here in the Old Women's Building, in a gift shop, with the kids at Bahr Center, and several other hospitals like the Old Folks Home all the way in Danville and LaRue Carter Hospital at Christmas. Anticipation stirred within me. Life had suddenly become quite an adventure!

Naïve Me

Ward 13 in the Old Women's Building was dark, dingy, and dirty at first glance. As teen volunteers, we were here on Saturday to brighten it up with *youthful energy*. We used music, smiles, and games as well as conversation. We played to feminine vanity to supposedly raise self-esteem by helping the women paint their fingernails or fix their hair. Mrs. Moss said there wasn't anything "like a young person and a new do to brighten a woman's day!" Personally, I thought she was deluded about this issue in this setting, but she frequently proved me wrong.

The ward wasn't filthy dirty, but the poor lighting and ever present shadows made it look that way. The floors, a dark cork board color, were cleaned regularly and even waxed shiny. They mirrored the light from the windows all right, but it was more like a shimmering sun on the dark waters of a river. Any light that came in, other than the shimmer on the floor, was immediately soaked up and gone as if sucked into a black hole. The huge windows at the ends of the long hallways put everything else in shadow. The walls were no help; they were a dull mint green.

The cavernous effect always gave me the feeling of being very small and

insignificant. It wasn't a negative feeling, but more a feeling of awe in the face of something so much bigger than my small world. I had not known such a world existed and its power somehow took me out of my own life. These strange people somehow filled a hole within me. I was still a loner, but I wasn't lonely here. Somehow I felt that I belonged here, I was meant to comfort them.

I've always secretly worried that I'd end up losing my mind too someday. Was it a family trait? Well, if it was I was at least getting used to the place and worrying about it wouldn't stop it. Not thinking about some things is good if you can master the technique. Eventually I learned that if I had worked at a particular facility I wouldn't be sent there if I went off the deep end. I found this information valuable and vowed to work at every one I could find.

Wooden wheelchairs, geri-chairs (padded geriatric safety chairs) and large solidly built high-back chairs lined the hallway on each side. The hall led to rows of locked bedroom doors on each side. I questioned why the patients couldn't go in their rooms if they wanted to do so and was promptly told the patients wouldn't get out of bed all day if they could get back into those beds after eating. The few medications available had then had heavy side effects, and one of those side effects was to make people very sleepy.

The big chairs reminded me of the big chair behind the pulpit at church that is reserved for the minister on Sunday morning. Reverend Blake used that chair with the square high back and solid arms to hit his Bible against to the beat of the music of, "I'll Fly Away" as he looked heavenward and poignantly shut his eyes every week.

In one of these kinds of chairs a very elderly lady sat naked. I was doing my best to ignore the fact that she had no clothes on. She was so emaciated that much of her was not recognizable as a human body. She was a skeleton with thin, pale, bluish skin that looked like a dyed parchment road map stretched over gnarled bumps depicting mountain ranges. She had no teeth, and her eyes sunk so far back in her head that I couldn't see what color they were. I fought to keep my feelings off my face.

She was tied to the back of the chair with a sheet around the waist to keep her from falling out of the chair. She had a bruise on her cheek from when she had gotten out of the sheet earlier. She lay curled into the oversized seat with one bony leg sticking out over a chair arm and her thin, gray hair whisked upward in the draft from the nearest window. I thought of how uncomfortable that position must be for her leg with no meat on the bone lying like that against the hard wooden chair arm and winced. Three of her would have fit into that chair. Her other limbs seemed to wind around her at odd angles and she looked like a deformed ghost.

“Hi,” I said shakily with the biggest smile I could manage. “Would you like to play ball or have your nails done today?”

If looks could kill, I would have been dead meat. “I’m busy!” she snapped emphatically. That scratchy strong voice did not go with her physical frailty.

I was stupidly young and eager and not to be easily put off. I did not want to have to approach someone else. Sometimes the unknown is worse than what is right in front of you. I asked, “Well, Whatcha doin’?” My phony smile faded as my eyes located her hands. She pulled no punches and told me exactly what she was doing and then proceeded to let me know she was not happy about being rudely interrupted in her self-stimulating pursuit.

While I was simultaneously trying to figure out what to say, how to disappear off the face of the earth, and how to get my mouth to close, she wiggled around in her chair to face me. I was standing there with a beach ball under one arm, a basket of fingernail polish, brushes, combs, and lipstick under the other and the most horrified facial expression plastered on my face which was rapidly turning green.

“I’m sorry, I’ll come back later,” I managed to say.

“Well, too late. You’re here now!”

Oh God, what now? I prayed silently. Being invisible would have been nice!

“You can do something for me,” she said. “Get me some wash rags and soap and

help me get clean.”

The thought of having to touch her frightened me.

The attendant handed me a pair of gloves and a foamy solution in a squirt bottle. “Rags in there. Won’t do no good to put clothes on her: she’ll just scream and rip them off in an hour. Thinks they’ll choke her,” she said. The attendant was as scary as the thin naked lady. She was six feet if she was an inch with breasts bigger than I had ever seen. I obediently took the gloves and other things she offered.

“Being dirty chokes her, too. She thinks everything chokes her.” The attendant turned and walked away, abandoning me.

I put on the gloves and carefully washed the patient’s loose, thin skin as gently as I could. Grandma Long, my maternal grandmother, had skin like this, only it was brownish from working in the sun of the fields. *I can do this*, I told myself. Nothing lasts forever.

The lady in the chair looked me right in the eye. “Talk to me so I stay here and my head don’t go other places. It’s awful to wake up in different places sometimes, but today it’s worse to wake up in the same place.”

As I helped her to wash she cooed like a mourning dove to the feel of the gentle soapy suds soothing her skin. She talked a lot but not much of what she said made any sense. She made an impression nonetheless. This lady lived in a world where I would never be able to survive if our places were reversed.

She talked to me about the strength that had gotten her through psychotic episodes and horrific hallucinations. She told me of her family relationships, past and present, and how her family had difficulty dealing with her illness. She educated me on many other things outside my realm of experience in our subsequent conversations, Saturday after Saturday.

Some of the talk I even understood. She teased me occasionally, saying she had taught me that I should look where I am going before I jump into another person’s world

uninvited. Once a teacher, she felt I had once been one of her students. Many points of the lessons she taught me I recognized, and somewhere in her words I found out about the woman that was still hidden deep inside her illness and the cruelty her mind and body had endured. There she was still a pretty little teenager just beginning to discover life and love, and all things were possible in her future. I hoped she learned to stay in that place, far from ward 13 in the Seven Steeples building.

While working both wards 13 and 15 in this old building my mind began to wander from painting fingernails and doing up hair and all the frilly things we did during the cold months cooped up. Spirits seemed dulled and quieted by the gray days of winter. If I had not become fascinated by the mysterious, lower-level tunnels, I would have become bored. I had to find out why these old rooms under the Seven Steeples building were referred to as the dungeon.

The Dungeon

Unfortunately, this was not just a nic-name for the basement level. It was a real dungeon, complete with cobwebs. I visited the dungeon many times. There I sensed a feeling of great sadness that drew me as if the place were a living, breathing entity with urgent information to impart. I felt somehow chosen to be the one to see and understand the silent messages secretly written there. Was I being egotistical? Was I being melodramatic? Of course, I was 14 years old, but I will never forget my visits down those corridors, the impressions left within me these almost fifty years later.

The dungeon was mostly abandoned. Some of the dirt floors and concrete and block walls were dry and had been cleaned up enough to be used for storage of maintenance supplies. The long narrow tunnels were occasionally still used mostly on stormy days and only by the bravest of staff who had to escort patients from one building to another. That is how I learned of their existence. Most of the dungeon had stood

derelict and untouched for decades.

The underground system of tunnels beneath the Seven Steeples branched out into individual rooms off a main corridor. In one area I discovered a widening in the tunnel that had once been used as an old dining hall. This room had huge concrete tables and benches from one end to the other. The table tops were about ten inches thick, their bases at least a foot thick. At one time the gray of the concrete had been painted white. Much of the paint now lay chipped, peeled and curled on the floor. Cobwebs hung from low ceilings and sparse lighting fixtures. Jagged clumps of concrete that had fallen from holes in the walls and ceilings lay at my feet.

A shroud of dust covered everything. A metal cup with a broken handle still lay in one corner. A small mouse ran from under the cup and made the metal clang against the concrete of a table bench. My heart jumped into my throat. My body stiffened and I stretched a full two inches taller.

Standing water had collected in the lower parts of the dirt and concrete floor. I took a shaky step near a puddle and a giant roach jumped what seemed to be a great distance to a place high on the wall to my right. I learned later that they were known as wood roaches and could grow to be five inches long and could jump a good twenty-five feet or more. I was grateful that the one I saw was only about half that size. I was young and determined that nothing was going to deter my exploration. I did, however, pick up a piece of broken pipe before I moved again. I kept reminding myself, "What else can you expect in a pre-turn-of-the-century dungeon?"

To my left in this ancient eating room was an open wood-burning hearth once used to provide both heat to warm the room and fuel to cook the meals. A huge black cooking pot was lying on its side in the ashes. The pot itself had a rusty, gaping hole in the side of it and its broken handle was still attached to the swing arm that had held it out of the flames. The fire area was like nothing I had ever seen.

From the remnants, it looked as if the hearth had once been at eye level and on a

brick-over-rough concrete base of some kind. The fireplace was about the size of a modern walk-in closet. The other end of the dining area narrowed back into another hallway.

As I walked on down this corridor, I saw signs of the atrocities of the early days of mental health treatment. The stale memories of the place hung on, almost tangible. I explored a series of small rooms that measured approximately six feet by six feet as far as I could see down the hall. These rooms stood open with no doors. There were, however, big holes in the concrete where the doors were once attached to the walls.

Inside one of the small rooms there was more than just dirt and concrete rubble. In the dim light, I could barely make out a hole on the inside wall to my right.

The imprint was a ruddy brown. My eyes were riveted to the spot. There was just enough light to show me a handprint. I reached toward the hole to find that my hand was shaking. The brown print was a little larger than my hand and was smeared in what appeared to be a fading arch downward. A hole was positioned in the concrete where the center of the arch would have been. I clumsily took the string out of my jacket hood and roughly measured the smear.

The radius of the semi circular arc was the same at every point of the long smear. The image of an iron chain in that hole in the wall about the height of my shoulders and a bloody hand making that streak is still in my mind's eye today.

My anxiety mounted and I could not remain in the little room for long; the sensations were too strong. I have tried unsuccessfully for years to write off the feelings of the dungeon, but this place and the people long gone remain with me still.

Fortunately, the volunteer director didn't keep us on dark wards all the time. The *Toy Shop* just before the holidays was as light as a helium balloon head rush. Put a bunch of silly, teenage girls together in one room with the residents of wards thirteen and fifteen and look out.

A Giving Heart

As volunteers we put on a holiday shopping event each year at Christmas time that was known by several different names through the years to entice donations. Some years it was called the Gift Lift, some years it was the Christmas Bazaar and other years it was dubbed the Toy Shop.

Its purpose was to gather donated items from the community to set up a shopping opportunity where patients could choose from those items to have something to give to their family members for Christmas. To the teen volunteers it meant a lot of things, mostly it meant we would have a blast!

It meant a lot of extra time there with the patients. The work of gathering donated items and using them to set up an entire department store was nothing compared to the anticipation of the patients coming to go shopping for their family's Christmas gifts. Like most of us, the patients wanted to be able to give a loved one much more than was humanly possible. Also like us, they managed to adapt to the limitations before them.

We set up a big recreation room with tables and shelves full of donated new gifts for men, women, and kids. We had a cosmetics section, household items department, and clothing section, then a department specifically for odds and ends including some very strange items we didn't know what else to do with.

It meant that a lot of patients who were cognizant of their families were able to experience the spirit of giving, which makes any holiday something to be valued. It wasn't the gift itself that they felt good about, but the fact that they still had the ability to give to a child or parent or anyone who meant something special.

In the Toy Shop each patient could pick out three gifts for his or her family. One

year I took a patient through with his gift list. He wanted a hat for his mom and amidst our shopping, I truly found a gem. Please forgive me and remember that I was a foolish teenager.

This hat was round and wound from a single strand of quarter inch cording like a coiled snake. It was about six inches across the coil center. The cord was a dusty rose color with shiny black and gold accents. These colors served well to make it look perpetually dirty. There was a black flower on one side formed from a thick black pipe cleaner shaped like a daisy. When my finger moved the flower at the end of the three-inch stem it *boinged* back into place as if offended by my touch.

I laughed right out loud. I don't think I'd seen anything as ridiculous in all of my sixteen years. I couldn't help it – that hat hit my funny bone.

It had another little V shaped black pipe cleaner that came down about an inch on one side to hold it securely on a lady's head. As I positioned it and pulled it down on the sides of my head the pink coil in the center rose higher. When it did I burst out laughing with everyone around me. I looked pretty silly in a hat anyway, but this thing had taken on a persona of its own atop my head.

We played all day with this silly hat, and it was a joy to be alive. The feel of Christmas, of giving, of being blessed and truly appreciated was electrifying. At the end of the day we were worn out but our spirits soared so high we could have floated among the clouds. I didn't want the day to end.

Mrs. Moss finally came in and approached our group of volunteers. She had a patient with her that looked like a sweet little grandmother. She was smiling kindly and Mrs. Moss introduced her as Mattie Sinners.

“I am so glad you like my hat dear, You have enjoyed it so much, I didn’t have the nerve to ask for it back when I laid it down to try on another,” Mattie said softly.

I jerked it off my head and held it out to her with fervent apologies wishing I were anywhere but there. My face was beet red and Mrs. Moss was enjoying it a little too much.

“Oh no, Deary,” said the little lady. “You enjoy that hat even more than I do so I want you to keep it. I’ve never had so much fun out of it myself, and it looks so stunning on you.”

Smiling broadly, Mrs. Moss presented the hat to me as if we were in an official award ceremony. I ended up with the dunce cap. Unfortunately it wasn’t the only time I felt like a fool around the patients.

Mr. Keeley & Willie

I was working at Bahr Center with the pre-adolescents in the kids unit, ages five to twelve. My group of fellow teenage volunteers and I were led to a large room that looked like an empty school cafeteria. We were asked to remove our shoes before entering. The large room was split down the center with a divider to make two rooms, making more effective use of the available space.

The room was now empty except for gym mats on the floor and folded up chairs and tables against the wall at one end. Most of the building was decorated in drab colors, boring forms, and deliberately muted stimuli to reduce the patients’ agitation. I was shocked to find the gym mats were actually a bright blue! Here in this room I would meet people who gave my life a future direction.

These kids were more than just mentally or physically handicapped. The

expression, "bouncing off the walls" was their life's reality. They could not be still. I knew the hospital volunteer service had canvassed local high schools to recruit strong, young teenagers to help teach these kids to expel energy constructively through exercise, but this level of hyperactivity I had never envisioned.

Medications were not as sophisticated in the early '60s and were not administered as routine sedation. What medications there were usually made lifeless zombies out of patients. I will never forget the eyes of those children. They looked hauntingly vacant. But that impression soon left me. As I got to know them better, I saw the life still in their eyes and spirit, even though masked by a drug fog.

One red-headed, chubby kid had wild eyes that were really alive. His eyes danced and darted like a ping-pong ball. This boy did not miss a thing! The odds were against him the day he was born. Even his name, William (Willie) Wildman, advertised his uniqueness. His mother worked in a house of ill repute in Indianapolis.

My understanding is that Willie was an accidental birth, as many were in those days of fewer prevention options. Unfortunately, his mother had syphilis at the time of her pregnancy. Subsequently, Willie was born with congenital syphilis and has been losing brain cells ever since. Willie first entered the hospital when he was five years old and uncontrollable. Commitment had few requirements in the 1950s.

Willie was ten or eleven years old when I first met him and he weighed about one hundred and 25 pounds. He looked even heavier than that because he was so short. Willie had the personality of Shakespeare's Puck, a mischievous imp, and the smile of a con man. He loved confrontation of any kind. All the rascally instincts of most little boys were grossly exaggerated in Willie.

He wasn't malicious or mean, but he pestered everybody. He teased even the biggest bullies and made himself their victim constantly. As he grew, his behavior quickly became an obsession of self-punishment. To him, the specifics of his illness were a haunting mystery for which he blamed himself. He also blamed himself for his family's rejection. Willie became very self-destructive.

One Saturday when our teen volunteer group was wrestling with a group of the youngsters in the gym room, Willie kept pulling on my sleeve. His speech was impaired and I leaned over but could not quite understand what he was saying. Something about Mr. Keeley, our program director and someone I thought he called Peter.

I just couldn't get what he was saying so I just shook my head affirmatively and smiled uncertainly. He was enjoying himself and laughing so hard I didn't want to stop his momentum. I had been wrestling for about an hour and a half. I did not have the energy to work at figuring out what he was saying. I needed a rest but Willie had not even broken a sweat.

When I lay back exhausted from our wrestling encounter Willie jumped up. Mr. Keeley was sitting on a mat with his legs outstretched and rolling a ball to a little girl. Willie ran across the room and kicked Mr. Keeley right between the legs as hard as he could. Peter was not a person after all. I will not even attempt to describe Mr. Keeley's face as he fell over onto the floor face down. Willie was quick moving for his size.

Those of my group of kids unfortunate enough to witness this event did not know whether to cry, laugh, or run. As the shock wore off, some of us gave chase while others went for help. Time raced by as we tried to find our shoes. We could not catch Willie anyway. He seemed to be able to effectively stay just out of reach. And it dawned on me

that I had possibly sanctioned these actions by agreeing with what I could not understand. From that day to this I have never made that mistake again.

As I ran, I was thinking of how I would apologize to Mr. Keeley. During this time Willie stripped off all of his clothes and bolted from the building. He streaked across the grounds wearing only a grin. A shrill, puckish giggle filled the air. Willie had a trail of teenagers in hot pursuit picking up articles of clothing as they went.

I was an awkward teen and not much of a distance runner, so I was not the first to get to Willie. I caught up with the rest of the volunteer group as they surrounded him in a wooded picnic area referred to as *the grove*. Willie stood proudly atop a picnic table, under a shade tree, stark naked, with his hands on his pudgy hips looking down at me and giggling as if we were cohorts in this escapade. My guilt mounted.

I believe Willie allowed us to catch him and return him to his unit only because he had accomplished what he set out to do. The smile of satisfaction on his face and his sigh convinced me that he had premeditated the entire event, and he was thoroughly enjoying the results.

Willie is over fifty years old now and walks with a walker. He is still the mischievous imp he was in the 60's only with more limited physical capabilities. The inner workings of soul, spirit, and unique imagination that God combined to make Willie who he is are still full of life. And he has always believed in God saying more than once when he got in trouble, "God knows!"

The Ladies Room

The upper levels of the Old Women's Building, or Seven Steeples, were quite a work of architectural craftsmanship in its day. These halls proudly displayed ornate metal

support columns, carved window ledge braces, cornices, and hand-carved wooden door frames with corner swirls. Ceiling panels contained carvings, which depicted scenes of silent goddesses scantily clad in stiff ballet poses. Other ornamentation showed an abundance of cherubim and artist's renditions of events long outdated.

Because of neglect over the years, plaster was beginning to crumble and the wooden supports had become soft; the building began to decay and needed of repair. A debate developed over restoration of the present structure verses modernization by building a new facility.

When this debate over new buildings came along, people on the Historical Society's restoration side of the argument stated loudly that Seven Steeples should not be torn down. They proposed that the structure's destruction would be an irreplaceable loss of art, architecture, and history.

The budget brigade took up the modernization side of the argument, however. These were the people who had to put up the money to preserve and restore the old building. They said the state would go bankrupt fixing and repairing the archaic building on a yearly basis without the benefit of income.

The debate's outcome proved that money always wins.

For those of us who worked in this building, this was just our daily working environment. We had respect for the age, but we were also aware that some of the rooms were unsafe. I can't help but think of Edith when I think of this old building. I don't think I ever knew her last name, but I will remember that strangely euphoric face forever.

I first met her in the Occupational Therapy (OT) Department when it was set up on the third floor of Seven Steeples. It was a vast open room with high ceilings and huge windows, crank door trams and rows of sewing machines. It had upright rug looms that stood six feet tall and quilting stretchers that gave the impression of a field of design according to which quilt was on the racks. Many of the needs of the hospital that could be hand made were made here, for and by the patients themselves. Edith was a seamstress in

this area under the tutelage of Mrs. Faye Stanton.

Mrs. Stanton was a handsomely solid, substantially sized woman who, with her husband who worked in the kitchen, had been at CSH since the W.W.II years. They had once lived in a small apartment on the top floor of the recreation building. She skillfully recalled wonderful stories of those years gone by, told with a gleam in her eye that recreated the memory with each telling. She had beautiful shoulder-length white hair. She always smelled heavily of Dove soap and her uniform was always crisply starched and pressed. Mrs. Stanton was a delightful mixture of kindness and strength.

On the other hand, Edith was a patient who always looked like she slept in her thin, ragged, sackcloth dresses, like she had just woken up and hadn't bathed for months. Her hair was a dull brown and cropped as if a bowl had been put on her head and anything that stuck out got cut off. She was heavy set and had an irritating habit of smacking her lips and scratching herself constantly in one place or another.

Mrs. Stanton recounted how Edith had been plagued by recurring infections stemming from her large breasts. No bra could be found for her to wear and the nipple part of her breasts had actually separated from the fleshy part of her by the sheer weight of them. Edith eventually took matters into her own hands and fashioned a double sling type apparatus with a mediating strap that went around her neck to hold her up and reduce her discomfort. Mrs. Stanton had just introduced me to Edith when Edith yawned, scratched her partially exposed ample bosom and excused herself to "Go pee."

I was eighteen or nineteen and newly hired by the state. No more volunteering; I would make a living doing what I loved. Mrs. Stanton was orienting me to her work area when we heard the boom. We were on the third floor, but I would have sworn that a tractor-trailer had just crashed into the building in the very next room. I do not believe I have ever seen anyone of any size move as fast or as gracefully as Mrs. Stanton even with her formidable stature. I caught up to her just as she swung open the bathroom door.

There, where the old hardwood floor should have been, was a gaping hole.

Numbers three, four, and five in a row of what were once eight toilets along the wall were gone. An array of pipes, still spewing water, were askew in the opening. They were still swaying from the force of being ripped out of the floor and walls. Plaster, dust, and wood debris were everywhere. Mrs. Stanton asked me to lie flat on the floor on my belly and crawl over carefully to look through the hole. I was smaller then so I obliged without a second thought.

I have always been hard on clothes. I forget to be careful. This time, my brand new white uniform dress was caked with wet plaster, torn, and ruined beyond repair as I inched my way through the spray to peer over the edge. There sat Edith, all 350 pounds of her, still atop the toilet about a foot off the second story. She was suspended by a mass of water pipes still attached somewhere. Her large bloomer panties hung around her ankles, her legs swaying in mid air. Her eyes seemed calm as she looked up at me. I didn't know whether to laugh or cry out in fear for her unsafe position.

Edith took matters into her own hands. I caught my breath as she wiggled herself off the toilet. I was astonished that she actually stood there to look for toilet paper. When she found none she pulled up her panties and walked out of sight scratching her side as if nothing had happened. I never sit on a toilet now without thinking of Edith.

Wall Treasures

After Edith fell through the floor in the women's building, we began gathering things away from the gaping hole spewing water and salvaged what we could of the sewing machines, supplies, and furniture before they followed suit. We didn't really begin to explore until we found the first tin cup and silver spoon in an opening revealed where the floorboards had broken.

Then in the jagged remnants of part of the wall, we discovered old silverware and cooking utensils. There were also some beautiful light green transparent dishes. Some were clear, and some with vine design patterns raised on the back of them were found to the left and behind the hole in the floor.

The first thing I found on my own was a fancy matching cup and saucer set, a deep pink color trimmed in a shiny gold leaf. I've always figured it had to be a doctor's.

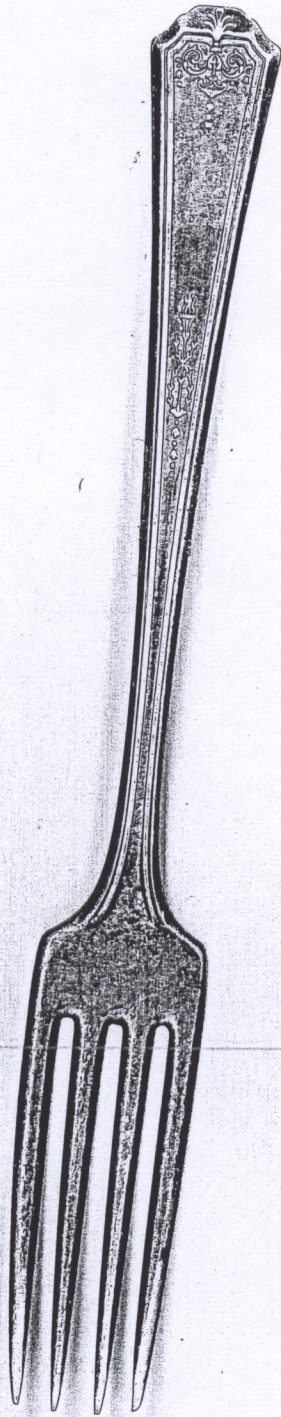
I found all kinds of silverware and even several hand-forged tools. I recognized the forge work because my grandfather was a smithy when he was very young; he made the metal rims that went on wagon wheels for covered wagons.

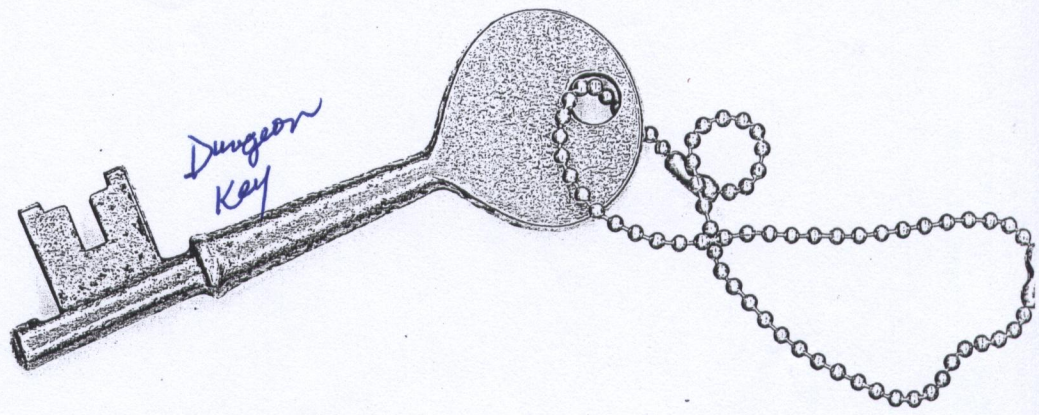
I found spectacles that hook over the ear to stay on and even a handmade knife. I found a skeleton key and a stack of nicely folded but filthy pillowcases, thread rotted until they fell apart at the touch. A shoe or two and a bottle of whiskey with a lead cap rewarded my further search.

The effect of the discovery of that first tin cup was similar to that of gold being discovered in the Yukon. There was a frenzy of interest. Everyone working on the grounds wanted to come knock a hole in the floor or the walls to see if it would yield a prize. The money thinkers and antique hunters were usually disappointed because a lot of the finds weren't that old, but the rest of us had fun while we could. After all, this was a mental institution, not the Ritz! Hospital administrators soon began running us out of there as if we didn't know it wasn't a safe place to be. They collected most of our treasure finds as we left and locked up the rooms.

No one knew whether it was patients or staff who hid the items in the walls, or if these items had once been in cabinets or on shelving just walled over by new boards. The

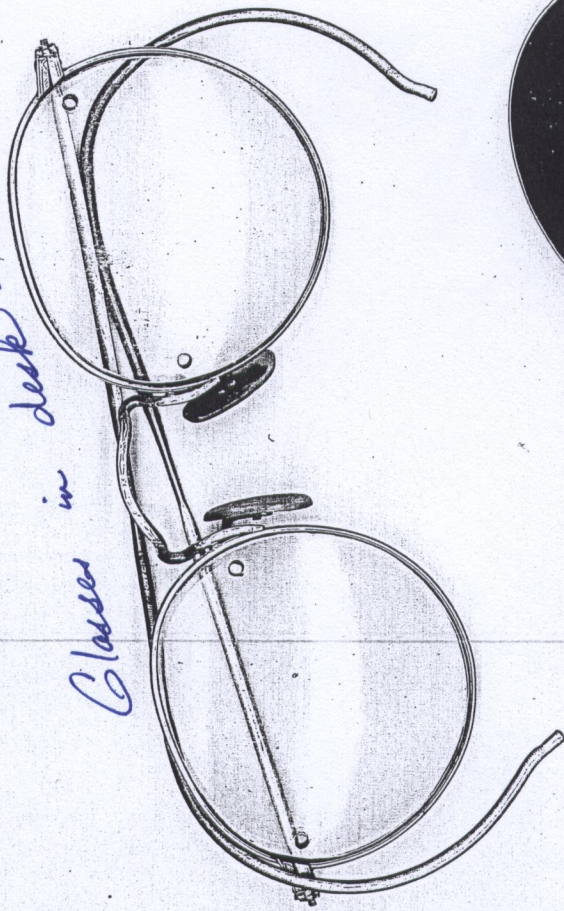
Silverware set found in wall
3rd floor Women's Bldg.



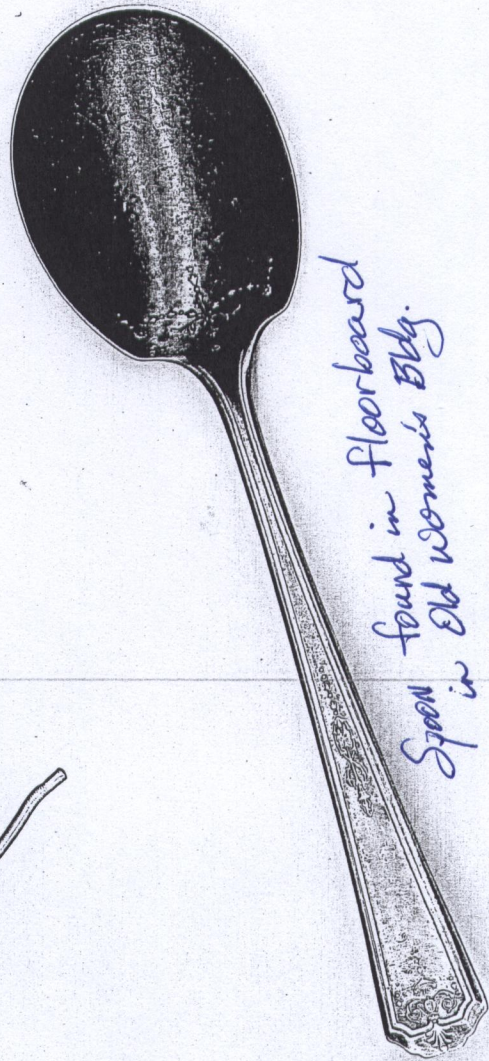


Dungeon
Key

Glasses in desk in Chapel Bldg.



Glasses



Spoon found in floorboard
in Old Women's Bldg.

how and why of the find sparked a great puzzle for those of us who like a mystery. Our brains were hyperactive with a multitude of possible scenarios for the reason the items were there.

The tedious job of demolishing Seven Steeples finally began. I watched them carefully remove ceiling panels and fancy door frames, while a bulldozer felled walls without ceremony. There was a mixture of emotion as they chipped away at the old decayed structure.

It was as if I was watching a living thing slowly dyeing. Gone was the youthful gleam of purpose. Where sparkle and strength once stood, there was now only fatigue and inevitability. I grieved the loss of something held dear within me now leaving a painful void.

The once proud Women's Building comes down at Central State Hospital.

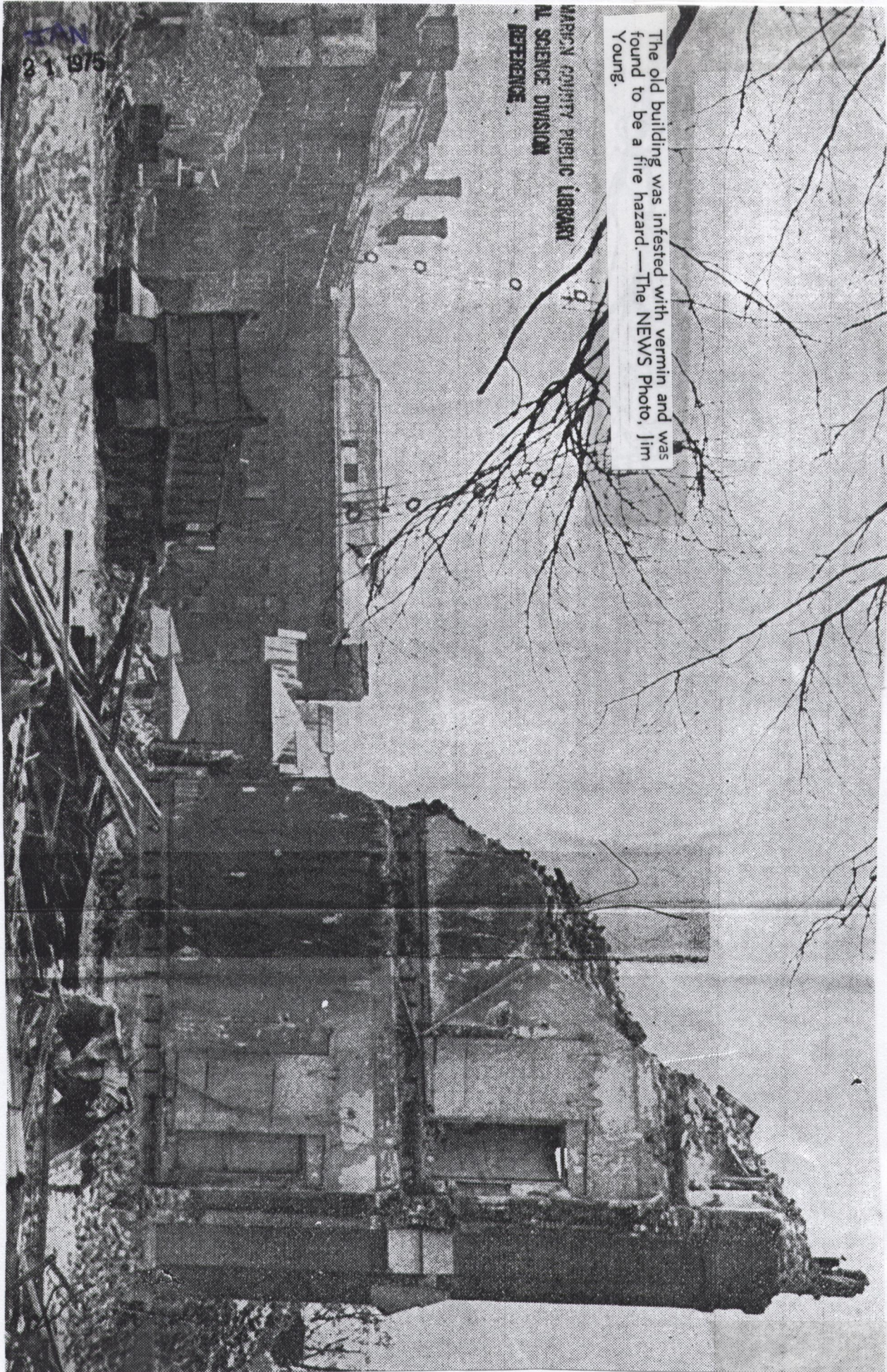


Photo: Indiana State Library
Social Science Division
Reference Item

Photos : Indiana State Library, Social Science Division; Reference

The old building was infested with vermin and was found to be a fire hazard.—The NEWS Photo, Jim Young.

MARION COUNTY PUBLIC LIBRARY
SOCIAL SCIENCE DIVISION
REFERENCE



JAN
21 1975

Jackson Cemetery

Tibbs Ave

Laundry

Stables

Powerhouse

Pathology

Seven Sleepers Building

Administration

Chapel Building

The Grove

"Sick" Hospital

Women's Infirmary

Men's Cottages

Old Dining Hall

Firehouse

W. Washington St

Waman Ave.

Central State Hospital
Pre 1973

Indiana archives photo adjusted to give more information C-1001

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Chapter 2

Welcome to the Infirmary Building

Webster's Dictionary of Basic English Words for Everyday Use, 1991 Nickel Press pg. 157, "infirmary *n., pl. ries* An institution for the care of the sick and disabled."

Naiveté must be chipped away for the reality of a higher purpose to have a fertile place to take seed and grow. And when it is gone we get to the very fiber of who we genuinely are. Here we face ourselves like soldiers stripped of pretenses and tested in the battlefield. In the infirmary at Central State, I found my battlefield. I was drawn there to find Darla.

Darla

Many patients at that time were admitted to CSH very young. I doubt that five-year-old Darla had ever been anywhere except a hospital to her knowledge. Her parents were affluent physically attractive people. Darla, on the other hand, had extensive and multiple birth defects.

Darla was born with a deformed body frame and was unnaturally small. She was also extremely thin. There were huge scars on her body from multiple surgical attempts to lessen her deformities. There were bumps and knots in her young body where misplaced joints made bones protrude unexpectedly in smooth skin. Hair grew only sparsely on the right side of her head.

The right side of her face showed absolutely no normal features. No eye, only a partial mouth, and half a nose grotesquely proportioned a little to the left side. Her teeth were also misaligned, which gave her a jagged smile. Her right arm was only about a six-inch stub at the shoulder with a hook attached to assist her grasp. Her right leg ended in a gnarled stump where no foot or ankle had grown.

One hip was higher than the other and affected her walk, giving her an awkward lunge. Still, with her fine blonde hair catching the sunlight through the windows as she passed, there was a grace about her in spite of her deformities.

Darla was very quick-witted and loved to laugh. Her smile was powerfully contagious and touched my heart. I found the soft gaze from her eye captivated my soul.

I also found as I got to know her that there was a horrendous rage within this fragile-looking child. When she was angry had an expression that even a demon would fear. My first encounters with her anger made me think this girl was an evil twin of the fragile, angelic Darla.

The other children in the unit taunted her and teased her mercilessly as she grew. When her anger was aroused she hopped and lunged using her stumped leg like a battering ram knocking over anyone she wished. Her hook generally went for the throat of her victim. The cruelty the children practiced on her was magnified to outrageous proportion when directed back at them.

Darla's prosthesis hook was often removed before she became so angry it could not be taken from her without injury. I met Darla when she was brought to the Old Women's Building ward from the Children's Unit. The treatment team powers-that-be

that hoped somehow the women's natural mothering instincts would make these psychotic women take Darla into their hearts with loving compassion.

In the first month alone there were 17 serious injuries to the ward patients and several injuries to Darla during psychotic episodes from these patients. Medication in the 1960s was much less effective. Medication and treatment options to deal with severe psychotic episodes, especially in children, were limited.

One of the major problems for Darla was boredom. She liked being busy but there was nothing for her to do all day. Darla entertained herself by eavesdropping on the attendants as they talked among themselves. She began listening for when she heard someone say, "I have to go get" Whatever the object was, she would go get it and hand it to whoever wanted it before the attendant had ever moved. Little time passed before Darla was the ward's self-appointed *gopher*.

Unfortunately, there weren't enough errands in the world to keep down fights with Darla. Blood was spilled daily. I came in one Saturday to volunteer and found that Darla had been transferred out of the Women's Building during the week. After asking everyone I could find where she was, I finally came upon a nurse who said she had seen her in the Women's Infirmary.

My heart sank. I knew the Women's Infirmaries only by reputation- a very bad reputation. These were the geriatric wards for people with ailing bodies. Many patients were incontinent of both bowel and bladder. No amount of soap or disinfectant could eliminate the odor of feces, urine, and decaying flesh from bedsores. It seeped through the windows and outer walls of the building as most walked quickly past. It was the CSH

version of a leper ward. I had never had the nerve to go inside. Now Darla had been taken there.

The Volunteer Director thought I should be committed and get my own room on grounds when I asked to go to work in the Women's Infirmary. She would not go with me but she arranged for someone to let me in.

A large, formidable, black, uniformed woman let me in with a key from a ring about five inches wide containing skeleton keys. She noticed I was trying not to breathe. She smiled patiently. She told me that I would get dizzy and pass out holding my breath, but if I put my tongue on the roof of my mouth right behind my teeth and pushed very hard every now and then it would help me become accustomed to the smell. She also said I would not throw up. She shook her head, shot me a tolerant grin and pointed me down a corridor to my left.

The corridor was fairly short compared to the larger Women's Building corridors, only about 20 feet long. It was lined with strapped geri-chairs and old wooden wheelchairs. At a state hospital you become accustomed to outdated equipment but these were archaic.

There were live, human bodies tied to these chairs. Skin stretched loosely over bones, stark naked, or just covered by a thin sheet. I didn't know people could still be alive in this condition, but I could see the slowly palpitating movement of frail chest cavities. They were breathing shallowly as if each breath could be their last.

There was feces smeared on one of the chairs and sheets where an old woman had attempted to get it off her body as best she could with weak and trembling hands. The ammonia stench from urine overpowered me. Panic set in. It felt like all my little nerve

endings were standing at attention and screaming messages to my brain to run for the door, but I couldn't move.

I don't remember getting into the bathroom down the hall, but I opened my eyes to see that I had thrown up about everything I had eaten for the last three days. The nurse who had let me in the building, what seemed like a lifetime ago, was holding a wet towel and placed it on the back of my neck as I remained bent over the toilet seat. Darla was to my right holding a mop in her hook and smiling at me. She seemed glad to see me but was soon very purposefully occupied with her housekeeping duties.

The nurse exited the bathroom with a harsh, "I told ya to push the roof of your mouth with your tongue."

Feeling pretty shaky and totally inept I entered the hallway. I was flooded with memories of Saturday movies giving historic accounts of the holocaust during WW II, and a vision of a new holocaust was right in front of me.

Unseeing, empty eyes; colorless hollow cheeks, white skeleton hands grasping at the air for nothing in particular were lined up and down the corridor. This was not a bad dream but a living nightmare. Up ahead Darla was mopping up urine where a woman had been incontinent in her chair. Darla was mumbling to the old lady softly. She was reassuring her that "it was *okay* now."

As Darla patted the old woman's hand gently, the old woman with only gray wisps of hair seemed to awaken from her trance where her head was tilted back and her mouth agape. She lowered her head slowly and with great effort tried to speak but her mouth would not close. She looked at Darla and I could have sworn her sunken sad eyes

smiled. Darla returned her smile and kept patting the old lady's hand. Darla then returned her attention to her mop as she cleaned it in the bucket of strong disinfectant water.

I stood there like an idiot with a rag hanging on the back of my neck, and my face still green around the edges until Darla took my hand. She led me down the hall to each chair and just let me stand there and look. Some looked back; a few spoke to me or made noises. The deeper I looked the more I saw life behind those eyes. Over the next few months I learned how to keep from vomiting. Others wondered how I could go back there.

I am not sure going back was intentional on my part. All I know is that I could not, not go. I began learning about the more active lives in the earlier days of these women. A few told their own stories and other stories were told by the staff. Some had family that came and celebrated their memories of life before Central State.

Memories sustained a miracle of continually reoccurring life even here. There are no words to effectively relate how witnessing such experiences have branded me within and enriched the rest of my life.

Many women have contributed to molding my spirit, but Amelia and her friends made some deep furrows in my very young heart.

Amelia

I walked down the hall where the wheelchairs were lined up. "Hi there," I said shakily to a lady on a reclined, wooden geri-chair. I still was uncomfortable in this environment, but I was there and that seemed to be important. The woman's eyes responded even though her mouth didn't. I was told that her name was Amelia and that

she was 96 years old. She lay naked and hairless except for a very few thin gray strands on her head. There was no pubic hair, eyelashes, eyebrows, underarm or leg hair.

She had no teeth and her mouth was frozen in an open position as if she was singing. She grunted and moved jerkily as if she were trying to force out an utterance. Her eyes danced and smiled as I told her my name. I reported the current weather conditions outside as if she would be interested and described some funny looking clouds I'd seen from the window of the city bus as I came in. Her eyes drank in every word; they pulled at me to continue. I know it sounds crazy, but I sensed a connection between us, as if what I had to say was valued by her.

Her withered body was devoid of muscle tissue and she could no longer sit erect. She, like many of the others, was a skeleton with almost transparent rice paper skin over shriveled bones.

A sheet lay at the end of her reclined geri-chair as if she had kicked it off with her blue-veined feet. I picked the sheet up and draped it over her. The minute the thin sheet touched her skin she screamed out in agony. Her eyes shut as if to hold out the pain. I pulled the sheet away again and the scream diminished and turned into fatigued sobbing.

"Bein' touched sets her skin on fire," said Mrs. Chadwick, an attendant with a southern drawl. "That's why she don't want no clothes. Didn't you bother to ask if she wanted covered up?"

I would eventually get to know a softer side of Mrs. Chadwick, but for now I just felt like a chastised fool. I deserved it, and I knew it. I realized that I had covered Amelia with the sheet out of my own discomfort rather than to comfort her. I apologized to

Amelia and her eyes forgave me easily. I felt so bad for her and couldn't think of anything to do but shove my hands down into the pockets of my cords as far as I could to keep those hands from doing anything else dumb. "She likes to be told stories," the attendant said with her brow furrowed but her face more indulgent of my blunder. "Take her back to bein' a lil' gal growing up on a farm, if ya think ya can," she challenged me. "She likes stories about sports, too. She played on about every sportin' team goin' when she was young, accordin' to her sister."

I think Mrs. Chadwick's gruff manner was a cover for her deep feelings for Amelia. She knew what comforted her evidently. "She grew up in the south," she added, "on Georgia red clay, I think."

Her back to me, she added, "talking helps distract her from the pain in her body. If you want to do somethin', do the right somethin's." then she was gone from my sight

Amelia's eyes were glued to mine and I leaned into them. "Red clay and sand grows the best sweet potatoes in the world, don't it?" I said as I moved my chair up to sit close to her. I let the southern drawl come back to me that I had tried to diminish since fifth grade when people made fun of how I talked. We locked eyes and I knew that I could keep her mind filled with down home visions all day long. Being raised in the Tennessee hills had its advantages. Her eyes twinkled and her body trembled a giggle as I said, "Pon my honor, Honey, I'm so sorry. I wouldn't hurt you for the world!" Then I added, "You from north of Macon or south?"

Her eyes Continued to twinkle. "Surely we were neighbors or kin somehow." I said this as I shook my head in the way I'd seen old Mammy Clark down the road do when I was young.

I talked of the stories I had been told that I thought would have been in her generation. She liked the one about my aunt knocking my grandma's duck out cold with a rock and hiding it under the milking stool only to have it come awake again when Grandma was doing the milking. Grandma knew right off who hid that duck there. Amelia and I wondered together for a minute how she knew which one of the 12 kids did it. Eventually, I just said, "Mamas know things, don't they?" and grinned. Her eyes agreed.

I talked of events I remembered from when I was younger on the farm. I talked of flannel shirts and bib overalls and spring's ice cold, sweet well water in a bucket with a dipper that was blue enameled with a white rim and white speckles all over it. Her eyes hung on every word.

I talked of ironing clothes with a Coke bottle sprinkle top (to dampening the clothes) and white dishpans with a single red rim to skim water for boiling without getting much sediment from the creek. I think she tried to laugh with the remembering of this tedious process. I confessed that my nickname was once "Muddy" because of my lack of talent in this area.

I talked of visiting an aunt that lived up in Elk Valley and *shinnyin'* under the smokehouse and scooting the boards over to climb up after the fires were out. I was barely big enough to open my uncle's pocketknife, but with that miracle tool I could have a bite of the best tasting cured ham anywhere in the valley. We both enjoyed the fact that I never did get caught in the smokehouse though. I'm sure they could smell the hickory on my overalls.

I talked of visiting my cousin's relatives up the Virginia highway and riding the cows in from the back pasture for milking time. We lived right near where Virginia, Tennessee, and Kentucky all come together. "Shawnee is near Harrogate and Cumberland Gap," I said. I had no idea if she knew where those towns were.

I talked of taking corn to the mill and walking across the swinging bridge over the water wheel. I talked of eating clabber (homemade cottage cheese) out of the churn and how the tobacco-drying black barns with their slatted sides made for great forts if you stacked hay bales just right. I think she tried to lick her lips when I mentioned clabber. I talked of Poppy, my grandfather, driving the truck into the creek to wash it on Saturday before church meetings on Sunday and of a cedar switch *whuppin'* etched forever in memory when I strayed from his law.

In the next few months I talked of playing basketball and of when I was captain of our grade school volleyball team. We considered baseball and talked of how I played on school teams and even an adult league for a few years. We looked at how times had changed and how a girl couldn't play football back then on an organized team. I could have sworn she chuckled when I told her about some of us getting together a neighborhood football team by putting a rock in my friend Peter's hat and pretending it was a pigskin.

Amelia and I went on little head trips through my memory as far back as I could remember. Then I quoted what I remembered of old ballplayer's lifetime records. She wrapped her warm heart around me and pulled me close to her as I spoke of Mickey Mantle and Ted Williams and their baseball achievements. I reminded her how Babe Ruth used to point into the stands before a homer. Before long she'd get that far away

look in her eyes and I hoped I was retelling her memories. We lamented the health declines of Grover Cleveland Alexander and Lou Gehrig at the top of their careers. We talked about how silly DeMaggio got over Marilyn Monroe and how Ozzie Smith did back flips in celebration of stealing a base.

I talked and talked and talked, and then peacefully she dozed off, her eyes still smiling.

Pearl

In the infirmary, Pearl was a good friend to Amelia. Pearl liked to talk about as much as Amelia liked to listen. Unlike Amelia's thin, pale skin Pearl had rich, olive-colored skin, and a much more robust appearance than most of the women on the ward even though she was the oldest in the entire hospital. She had lost the ability to sit up unaided, but she could do so if a sheet were tied loosely around her waist to keep her safely in the chair near friends like Amelia and Florence. Like many of the bedfast patients, pneumonia was dangerous for Pearl when all her body could do was to lie horizontal most of the time.

Pearl was still vital even at 103 years old and wanted to, "stay livin'," as she called it, "til' she died." Unlike Amelia, Pearl talked well even with her tongue very oversized for her mouth. She liked to do the talking and wanted to be the storyteller. She often said, "The worst thing a body can do is to die before ya actually lay yourself down."

Her voice was a high-pitched squeak and frequently cracked like a young boy entering puberty. Pearl was always very animated when she spoke. She bounced her head

and used her one good arm, the left, when she talked. I gladly became a student of her history each time I came to volunteer.

Pearl, like many women of her day, had been a schoolteacher and then a high school principal and she had a commanding presence. She loved an attentive audience for her memories.

She told of the railroads being built when she was a child and her father's little farm produce store and her granddad's *smithy* (blacksmith shop). She was so pleased that her father had been progressive in his thinking about what a farm girl ought to know and taught her to read and "do figuring" all by himself.

Pearl spoke of helping her mother to do the family wash on a washboard and carrying the water from the creek to the rain barrel on the shady corner of the back porch. She provided visions of ice cream socials on Saturday night with ladies wearing long dresses with dust-caked hems. She shared memories of big black kettles on an open fire rendering fat for soap and tallow for candles. She could almost make me see her vision and feel the bumps in the road from a buckboard seat or a covered wagon and taste the licorice whip as it curled around her tongue. Pearl was a living *Little House on the Prairie*.

She told sadly of people who died from now curable medical conditions and mothers giving birth in the home's bedroom and being laid to their final rest in the family parlor like my mother had been. In Pearl's day women died in childbirth frequently. She giddily related events where boys wore knee length britches and then jumped to an era where girls wore crisp crinolines beneath their skirts. She tearfully spoke of the wonders

of the women's suffrage movement and her father's support for women to be better educated and to be allowed to vote.

She recalled the Martin Luther King march and Kennedy putting a man on the moon. She was puzzled by why anyone would ever want to go to such a faraway, barren place (like the moon) when we had green grass meadows and cool running springs right here, but she was glad our country got there first if the government thought we really needed to go.

Pearl mourned the wars that repeatedly took our nation's young men from their futures. She lamented the deaths of her family members, and with emptiness in her voice, sadly said that no mother should ever outlive all of her children as she had done. Her eyes danced with delight at the recollection of the past's big family holidays and the heartfelt, homemade gifts they made for each other.

I think much of the sadness and degeneration in this infirmary unit was because there were no children to send on errands for a needed shawl or spectacles, no gopher tasks to express caring. There would be no goodnight kisses from one generation to another, no children at the foot of the rocking chair - no oral histories passed on. All the sights, sounds and textures of the aging experience would be lost with no opportunity to show loved ones a glimpse of their eventual fate and teach an upcoming generation how to live the aging process gracefully. Somehow it was such a waste of a lifetime of very difficult learning that would benefit no one.

As a child, I sat at someone's knee every chance I got. The storytelling was my escape, my fantasy flight into the past. The Tennessee coal mining camps always had

stories - even better than the radio (except for The Shadow; no one could top The Shadow). We didn't discover television in the hills as fast as the rest of the world.

Pearl joyfully relived every minute of her 103 years for me. She allowed me to share it as a rare gift from week to week. Saturday mornings quickly became my favorite part of the week, and I met many of her friends.

Alice in Wonderland

The ward corridor sprouted geri-chairs on each side like rows of weeds. I walked through the ward greeting those I knew with questions aimed at each individual's interest so they would know I was specifically addressing them even if their poor eye sight could not register my presence. With those whom I was minimally acquainted, I spoke in more general terms, but I tried not to miss anyone. Some were just easier to talk with and drew more of my time. Amelia and Pearl fit that category. I wanted to talk with anyone who wanted conversation. It was the very least I could do for them since I couldn't do the usual hair and nail polish routine.

I often looked at the wrinkled faces of the women here and superimposed faces of members of my own family, friends whom I cared about, or even myself. It wasn't intentional, but the action did give me a more personal perspective. Old was not a frightening stage of life for me. There has always been at least one person in the large family I was raised in that was 65 or beyond and I had been familiar with the care giving aspects of aging all my life. My father is the youngest of 12, but even with this experience, the reality remained that I had no comprehension of the depth needed to bridge the gap in life's time span between those lined countenances and my own youth. I

could not imagine myself lying vulnerable and helpless in a place like this and always alone.

“Here, here, come over here.” The weak voice called out. It sounded like it came from just a little farther down the corridor, but I had not seen who called to me. I left Pearl’s chair and took a few steps to reach the lady that I thought might be the one who had beckoned me. Her face was searching the air for particles of proof that I was there. I looked down at her where she lay on the small bench. Her gnarled hands clung to the slats of the armrests as she attempted to move her thin body.

She too was clad in a sheet like many of those on the ward. The sheets allowed the attendants to change the patients when they were incontinent without skin tears and hurting already raw bedsores.

This lady, unlike the others, had on a pale blue bed jacket of the 1940’s era. My mother had a pale blue bed jacket. My aunt showed it to me once. The bed jacket on this lady had a lacy design creating a tiny flower pattern surrounded by little dots. The pattern was not sewn in directly, but was formed from an omission of stitchery. Bed jackets were once used like sweaters for bedridden people to wear.

This bed jacket was very much as dainty and beautiful as I was sure this now frail being had once been.

“My name is Vickie and I am right here.” I took her frail hand and put it in mine.

“Hold me!” she gasped.

I wasn’t quite sure what to do. I might hurt her by trying to comply with her wishes. Did I dare? I looked around and saw the attendant, Mrs. Arnold, coming down the hall; she too had heard Alice’s call. Mrs. Arnold just stood beside me, solid, efficient

and brisk with a bun of braided black hair atop her head. She was comfortingly rotund with a strong, kind, matter-of-fact voice.

“What do you need, Alice?” she asked.

“Hold ... me,” Alice implored again still looking at me.

Mrs. Arnold responded with a nod when I looked questioningly at her. I gently took Alice’s thin frame into my arms and sat on the bench holding her close to me and rested her head on my shoulder. I heard her gulp a breath and then she breathed no more.

This could not be happening. My mind kept shouting, “No!” I think I was in shock, I couldn’t move. I sat spellbound as if nothing had happened. I watched the effects of years of loneliness and pain leaving Alice’s face and a peace moving in. Mrs. Arnold remained beside me and put her hand on my shoulder.

After a minute or two or 10 or even more, she spoke quietly. “Alice was so afraid that she would die alone. You gave her a last gift and I know she appreciated it.”

“I didn’t know her,” I said shakily, and stroked her white hair back from her still face.

I heard Mrs. Arnold take a deep breath and she spoke again. “You gave her what she needed. What more can a body do?” She squared her wide shoulders and her large chest heaved. “Don’t have to know people to do that, they’ll usually tell you what they need if you’re willing to listen.” She moved to relieve me of Alice. “You done okay; Alice will be all right now, too.”

I had no idea why I was still holding Alice’s lifeless body in my arms. Part of me wanted to run, part of me wanted to cry, and another kept asking why. Why what, I have

no idea. I reluctantly gave up Alice. Mrs. Arnold placed Alice back on the bench, covered her with her sheet, and I walked away.

I was in a daze and Mrs. Arnold stopped me when I got to the ward's office door and gave me a drink of whatever was in her coffee cup. I took a sip as if it were the most natural thing in the world to sip from a total stranger's cup. I believe it was the strongest and most bitter coffee I have ever tasted in my life. "Go home now and sleep a while," I heard her say. "Give it some time to let God heal that crack death just cut into your heart."

I could hear the other attendant calling the physician on call in the background. The process of doing what had to be done was beginning. Mrs. Arnold was saying something else. "Go on with yourself now and know that you did Alice good when she needed it most." I had been dismissed. I wasn't sure what she thought I had done.

I went home on the bus still in a daze that lasted for several days. I was in suspended animation and safely protected from a feeling of loss that didn't make sense to me. Someone would ask, "How ya doin'?" and I could honestly respond, "Floating right along," or "I'm getting there." Sometimes I would answer, "Fine!" (to wise cracking teenagers this code meant I was *feeling insecure, neurotic and emotional*) Day by day a little of what I could identify as feeling came out for me to look at and try to understand without being overwhelmed.

The grief process had begun. I did not have to know Alice to mourn the loss of her. Mrs. Arnold told me that Alice regretted most not being able to give what she had experienced of life's lessons to those that she loved. The absence of a family was severely felt. She wanted to help them avoid some of her mistakes. She wanted to help

them identify opportunities she had failed to see as she sped by them in her life, at least that is what Mrs. Arnold thought.

Florence

I had again come to the Women's Infirmary to put in my volunteer time with the ladies who lived there. Little did I know at the time that in the next few years I would put in over 2000 hours with the patients here. Some days I combed their hair or painted their fingernails, but these activities were not things that interested me personally. Anyone who knew me knew that I would only comb my hair when I had to and would rather play baseball than breathe air. Painting fingernails was more my sister's thing but she didn't last three hours at CSH. She told me I was nuts for wanting to go back in there. I liked that. I could do something she couldn't do. I think, in some way, she was a little proud of me, too.

Mostly the women just wanted someone to talk with them and pay them a little attention. A lady once told me she felt like a piece of ignored furniture, often bumped, rarely dusted, and not important enough to polish to see its inner shine. For most of the patients it had been a while since anyone in their families had paid attention to their emotions, their needs, or wishes. It had been a long time since they had someone really listen to their histories through slurred speech, and even delusional accounts of nonexistent events. Those were the things that were now right up my alley.

There were such a variety of people in this place, partially due to a lack of facilities in other states. Many weren't even close to family for visits. My experience was

limited with this kind of care. No one in my family had even been in a nursing home when they got old. I had been taught that family took care of family. When people couldn't do things for themselves anymore then somebody in the family stopped working and stayed by their bed to tend to them until they were gone.

Teda Mama had done it for Uncle Harvey, Aunt Helen had done it for Teda Mama, and Aunt Mary for Aunt Helen. I had no idea where the families of these women at CHS were and it confused me. I was still too young to see how the world was changing.

Getting to see Darla was an added incentive to visit these back units. Here, I could put everything out of my mind. Life really had a clear purpose, some visible value here in this place. I was needed to do a small something that I knew was good for people. It felt good. I was working my way down the separate hallways a little at a time with my fingernail polish and hair accouterments when Darla found out that I was here and approached me excitedly. She was making shrieking noises and staring intently into my eyes. She was either more excited than usual to see me, or she was trying to tell me something that seemed urgent.

Eventually she became frustrated with my ineptitude at understanding her and began pulling me down the row toward a hallway where it looked like someone was going to start sorting dirty laundry. There was a large pile of dirty sheets on a bench and an odor that escapes description in an area that had been sectioned off with a few chairs. Darla had pulled me to meet people before so I didn't think much about it.

It seemed like so long ago now, but it had only been about a year since my first trip to this ward to find Darla. I remember her taking me by the hand and introducing me

to a lady named Florence who couldn't talk, forcing me to actually get to know her and all of these people. How could I ever think that they were scary or not alive behind those eyes? My memories were being interrupted. I heard the attendant call out.

“No, stop! Don't go down there today, girl!” she commanded, “Darla, don't take her down there.”

Did I hear fear in her voice? In my youthful arrogance I asked myself if I hadn't seen about everything by now and so allowed myself to be led with little resistance to Darla's little game. I only asked her to slow down as she pulled me harder and faster. I knew she was trying to beat the attendant who was now in real pursuit, but being on Darla's side was more fun than always doing what we were supposed to do. We would occasionally team up to very intentionally do things we were not supposed to do. We would do things like sneak a small bit of chocolate to Donna, who loved chocolate, but was not supposed to have it.

We would sneak Ethel over to the window and help her to see out to the flowers, even if they were afraid that I might drop her. We would help Adele to find her house shoes, even if they didn't really exist. Adele thought they were beautiful on her feet and that was all that mattered at 89 years old, to our way of thinking. (I was pretty young, but I still felt strongly that when I got that old I wanted people to let me think anything I wanted, especially if all I could do was sit and think!)

Darla abruptly stopped pulling me as we stood before one of the small benches. She took her hook and grasped hold of the top sheet on the pile of clothes and pulled it to the floor. The stench assaulted my nostrils. The vision of what was once a person lay before me with translucent blue skin and a small white wiggling maggot crawling out of a

torn place on a bony leg. The attendant reached us and quickly covered the lady with the sheet again.

“You know you ain’t to be back here, Darla,” she admonished. “Vickie, you just remember Florence like she was. The coroner is late getting here. You don’t need to see her like this. What am I gonna do with you two?”

I was desperately trying to figure out what the rest of the world was gonna do with me, and what I was gonna do with the rest of the world. Where did I fit in it? Death was no stranger to me. I had lost Mother and two of the triplets, hadn’t I? I had seen my father’s mother when she had a stroke as she sat in her rocking chair, and one of the patients had died in my arms. I was not frightened of death, not Florence’s, not mine, not anyone’s.

Childhood depression made death look like the ultimate comfort for life’s pain and constant loss. I had experienced a constant death wish since I was about four or five years old. Death was rest, death was peace, death was going home. These were the words of comfort used on tombstones, weren’t they? What was this numbness -this sudden attack of suspension of feeling and time? Okay, so I hadn’t cried yet; I would when I was ready. Was this numbness a preparation process for grieving? I’d be fine if I just kept putting one foot in front of another. That had always worked. “Don’t dwell on stuff so much,” my family had taught me.

The bus ride home was always long and I had to transfer once I got downtown to another bus, then walk about half a mile from Holt Road. on home. I began my house chores and played some Simon and Garfunkle records on my cousin’s new stereo in the

living room of my aunt's house. I lived there with Teda Mama, and the surviving triplet, two girl cousins who were older than I, and off and on with more aunts and uncles.

Occasionally my aunt would open her doors to other kids from down home or from the church. We always had a house full of people, but it wasn't always a good thing.

My father had been a paratrooper in the army at Ft. Bragg, North Carolina, when he lost my mother and two of the triplets so close together. For a young man in his early 20s, I expect that was a life-altering experience he'd never get over. He never spoke with me of her much or of that time except to say they were only married three years and that she had been a nurse and a virtuous girl who had rebuked his advances until they were married. As he aged he spoke a little more of their too short life together.

My sister (the surviving triplet) and I went to our paternal grandparents' farm to be raised, with the help of his sisters who still lived at home. When he got out of the army the Tennessee coal mines were failing so he went to Michigan to find work driving buses and big trucks. He came back with a new wife with the same name as my mother and a new twist, a stepbrother. I liked having a brother. They lived in the same town in Shawanee, Tennessee, and Dad found a job there to be near family.

He continued to drive for a living. I was told that he also drank during those years of recovery from the loss of Mother and the two triplets. I could see why; he was barely grown to deal with such a tragedy. My sister and I lived with him for a few months, but my sister cried all the time. About that time, our step mom developed ovarian cancer and kept getting weaker. It was hard for her to keep up with all three of us so we spent time between both houses. When Teda Mama was giving me a bath in the kitchen sink she

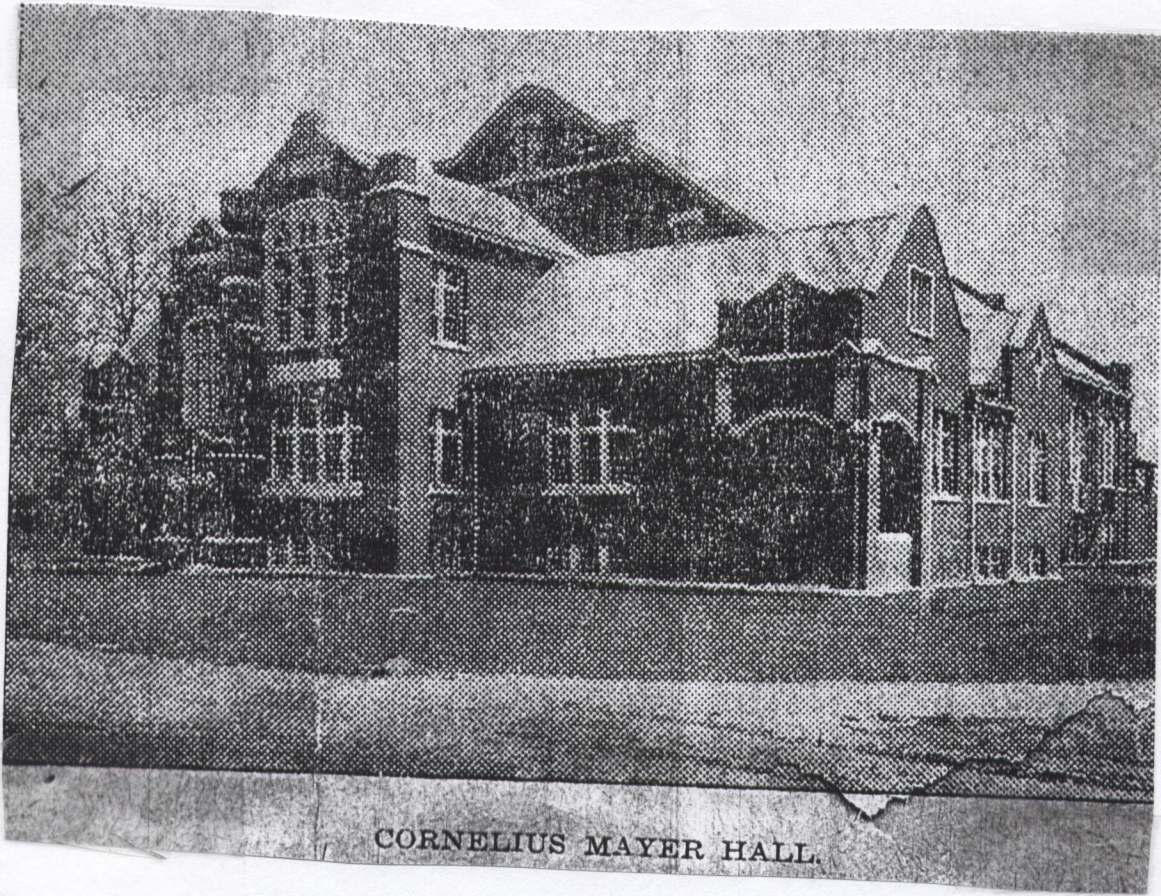
found bruises and took me to the hospital and we never went to live with Dad anymore. We just went for occasional weekends after that.

Please excuse the digression. I thought your life passed before your eyes when you were the one dying. Florence was dead, not me. My mind whirled. Am I dying?

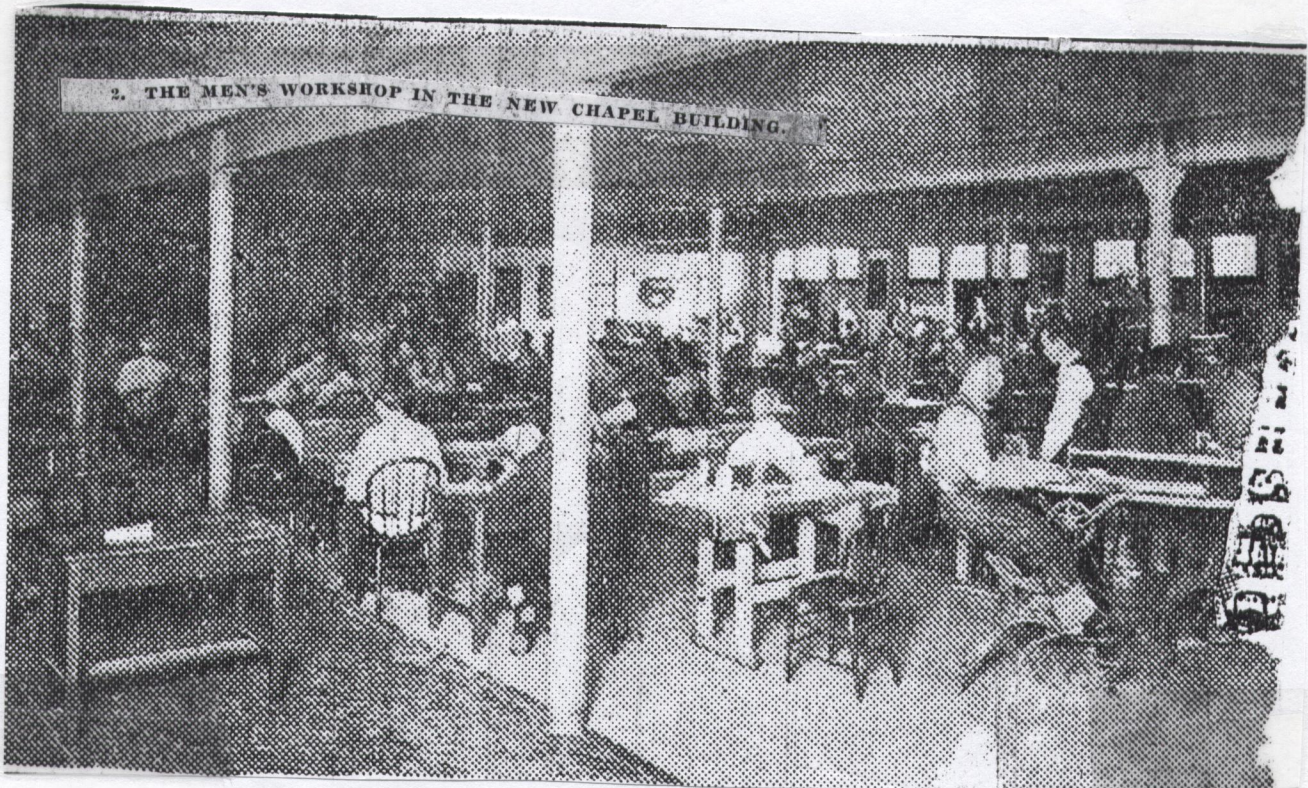
I came back to the present. It began to rain during dinner with my aunt, sister, and the older two cousins. I am lucky now that these two cousins have become as much sisters as the triplets could have. As we ate I remembered Florence and what I had seen. I heard and saw them talking about tomorrow's church service and laughing because my aunt was sweet on the new preacher, but they were somehow at a distance, somehow separated from me. Their voices seemed muted, underwater maybe.

After going through the motions at dinner I got an umbrella and said I was going over to the shopping center library two blocks away. It was on this walk that I decided to be cremated when my time came to die. I walked in the rain for hours and then tears began to flow. I cried for Florence, I cried for Alice, I cried for my mother and my sisters. It was in about the third hour that I realized I was crying for me.

Photos : Indiana State Library, Social Science Division; Reference



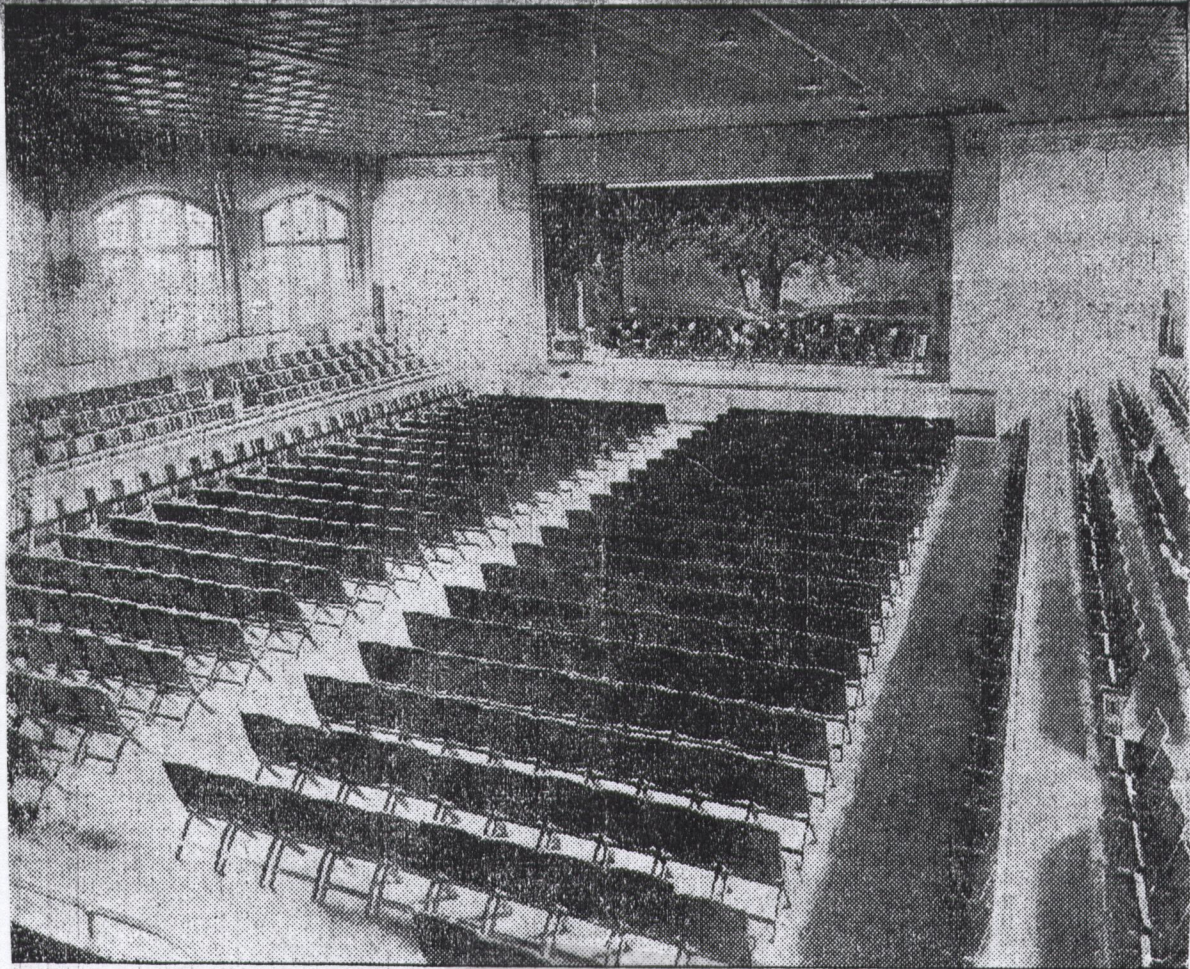
CORNELIUS MAYER HALL.



2. THE MEN'S WORKSHOP IN THE NEW CHAPEL BUILDING.

Photos : Indiana State Library, Social Science Division; Reference

Indiana - Mental Institutions - Central State Hospital
CORNELIUS MAYER HALL AT CENTRAL HOSPITAL
FOR THE INSANE TO BE DEDICATED TOMORROW
Apr. 30, 1917



VIEW OF THE AUDITORIUM.

Bahr Center



At alternate times this building was home to the Bahr school, admissions department, the children's unit, the alcoholic unit, an extraordinarily violent security unit, an Indianapolis Police Dept. jail annex section.

Chapter 3

The Old Chapel Building Cornelious Mayer Hall

Erected 1914

"A stone and brick recreation building complete with auditorium seating several hundred, basement bowling alleys, a motion picture machine and billiard tables for convalescent patients and staff of the institution." Indianapolis News, "Care of the Insane," 4-30-1914

When originally constructed in 1914, the "Old Chapel Building" as it was later known, was to have been a breath of much needed fresh air to modernize mental health care. The structure of brick and stone was to hold several hundred seats in the auditorium level.

Upon entering the building there was a landing that afforded two direction options of entry. There were concrete stairs to go up to the auditorium or concrete stairs to go down to the bowling lanes. The third level above the auditorium could only be reached by way of an inner stairway. This third level once housed the staff's apartment quarters.

By the time I started working as a paid employee in this building in 1967 the auditorium floor was weakening and the large room was now only used on occasion for infrequent small group dances and movies. The lower level that was once the bowling alley was a very long room and had been adapted and sectioned off with dividers. This allowed space for the Chapel OT (Occupational Therapy) Department's ceramic shop, wood shop, a section simulating a home kitchen setting to teach activities of daily living (ADLs), a sewing room section and an art and craft room. This OT was very unlike the Old Women's Building OT with the bathroom hole in the floor, everything was on a cement slab.

This level was not gloomy like some of the wards, but was well lighted by the large ground-level window wells that afforded us a daily glimpse of the sky. Only aisles divided the sections with bright yellow lines painted on the floor between them. The mood of the patients, now known as residents thanks to mental health reformists, was

much improved just by the open space alone. That improved mood in itself gave new energy and vitality to some of the more lively events that took place here.

The practice of professionally using specific words and labels such as patients, residents, consumers, etc. to refer to those we cared for was a big deal to the administrators and it changed in every phase of mental health reform. Use the wrong word and the reaction was as if the boiler room had been blown up and the matches were found in your pocket.

Management thought an employee was not *on board* with the reformation if the old words were stuck in daily vocabulary. I understood the concept, but in reality, the changes sometimes came so fast we could not always keep up and we were prioritizing with the patient, resident, consumer or whatever first and labels second. I always seemed to trip over the details.

I liked working in the Old Chapel Building. Not only did it have character in the architecture but it also had several fine vantage points from which to view passing residents. This fine old building was also the cornerstone for the entrance to the grove and all the fine upstanding individuals you could meet between the Chapel and the wards.

It Is Definitely Not Brylcreme

I saw him everyday walking from building to building, but I don't think I ever knew his name. Usually he was outside the old chapel building headed for the grove. I'd see him from my feet-first vantage point in the Chapel OT or when I was on my way to or from another building and decided to walk through the grove rather than drive.

The grove was a great place to walk; it was a park-like area with trees, a putt-putt golf course, and picnic tables with nice new concrete sidewalks leading through the grounds from the different buildings. Always full of a variety of wonderful fragrances and color in the early spring the forsythia, crocus, daffodils, tulips, and wild onions made

the air come alive. In summer, the wards would each plant a small portion of ground near them in Daylillies, herbs, and sometimes a few small vegetables. In fall, the leaves would turn and the fruits and nuts from the trees would drop to crunch underfoot or burrow to enable a spring rebirth. The grove's sidewalks were also lined with old globe lights that illuminated the walkways. In the center there was a concrete slab dually utilized as a dance floor for evening activities and a basketball court for daytime use. It was a beautiful, peaceful place most of the time.

As we passed each other on the sidewalk I always nodded and smiled and tried to make eye contact to see if there was anyone home in his eyes. Some residents had a faraway look, as if their mind was not turned on inside their heads, but had traveled somewhere else. Heavy long-term doses of psychotropic medications did that.

He drew my attention because he always smelled like he had just put on cologne or just got out of the shower and had used a strongly scented soap, or something else. I just couldn't put my finger on the fragrance emanating from him as he passed. If I could get him to talk to me, I would compliment him on his aftershave, etc. until I found out.

He stood a little shorter than my five foot seven, but I think he would have been taller if his head weren't bent and his shoulders stooped. He was probably in his late 60s and always needed a shave. He looked much like a thousand other pot-bellied, graying gentlemen his age that might sit in a thousand recliners every Sunday watching football and falling asleep after Sunday dinner just past half time.

After a while I saw the hair differently. Upon closer scrutiny I saw that it was not that gray. It was plastered to his head with something white, like bleached wallpaper paste. I couldn't figure out what substance could cake down his hair like that. Hadn't he seen that Brylcreme commercial where they sing that jingle about "a little dab will do ya?"

Every time I saw him I took a closer, more covert look as he passed me. He usually had a hand up near his head as if rubbing his hair back out of his face; a mannerism that was a symptom of his illness I assumed. I doubted that hurricane winds could blow that hair into his face.

My curiosity had been aroused to frantic proportions. I knew it wasn't smart to be curious about that kind of thing around here, but I couldn't help myself. I was obsessed

and determined to make sense of what I saw. Remember, I was still young. I have long since given up on such notions.

He walked slumped and round shouldered in a small step gait meticulously putting one small foot in front of the other. There was no energy and no purpose in his walk. If his walk had been audible it would have been labeled as a monotone. He did not seem to be happy or sad, just there. On grounds we called that walk the Thorazine shuffle.

His eyes only saw where his feet met the pavement because he never lifted his head without reason. I'm not sure that what was going on in his head was even of this world, but he always gave me the strange impression of content euphoria. It seemed that he had found somewhere he could actually be content if it was not to be here in the hospital reality. I always hoped this was true.

I was reading some papers as I passed him one day. His mind, too was elsewhere. We bumped into each other. I heard something fall that hit the sidewalk harder than my papers would account for.

I had my long awaited ah-ha moment as I gathered folders. My mind added one and one and I got two. It was Right Guard stick deodorant I smelled. I looked into his hair as he joined me and bent to the ground to see and smell Right Guard. Each pass of his hand to slick back his hair had been applying another layer of deodorant to his head.

I was elated. I struggled to keep the giggle from escaping my voice and jump and shout for joy, "It's Right Guard, it's Right Guard!" Then the inevitable question set in, why was he putting Right Guard in his hair? But I decided I did not want to know anything more. Some mysteries of life that are much better left unrevealed.

Ulysses S. Grant

One of my co-workers and an early mentor in the Chapel OT department was

Hattie. She and I were in front of the Chapel building. We had just come up the dark stairs from the basement and Hattie took a deep breath of clean air as if the blue sky suited her just fine. Her pleased and comfortable manner was part of her personality and made her a very effective caretaker with older residents.

She was a few inches shorter than I was, and of a slight stature. Hattie had a way of convincing people that she was their best friend right after the first handshake. She had a giving heart and collected strays of all kinds, including people. She collected me for a little while and in working with the residents she began to teach me what unconditional love really means. I say began to teach me because I continued to relearn in different ways with every resident I worked with.

Hattie, who was in her 40s, invited me for dinner with her family a few times in those first few months I worked with her. She thought I needed mothering and, to be honest, I probably did. I was 18, single, and lived alone in a sleeping room near the hospital with a blind landlady, Mrs. Oatis.

Mrs. Oatis and I bartered for my room for \$32 a week. Instead of more money for rent I provided taxi service, help with the yard mowing, and did her grocery shopping for her. The arrangement worked well for both of us until I married and then Mona, another CSH employee took my place in the sleeping room with about the same deal.

Hattie's husband was a quiet man and did anything she asked him to do right when she asked him to do it, and always with a practiced smile. With the sad look in his eyes and the amount of beer he drank, he always made me think he was depressed no matter how many times he smiled at Hattie. There were also two teenage daughters and

assorted friends always around. It was a very busy household. Hattie had multiple cats and dogs and even a rabbit.

One of the dogs was quite unusual. Worm, as they called him, was husky looking and had the black, curly hair of a poodle. He was a small to medium-sized animal with eight-inch-long back legs and three-inch-long front legs. When he ran he was wedge shaped and looked like he was always running down hill. Hattie said she thought he was half dachshund, at least the front half.

Thumper, the rabbit, also had great character, or was a character. Thumper was litter box trained and ran as freely through the house as the other critters. I'll never know how she kept her house so clean. Thumper, too, was black, but had an added white spot under his chin.

It was a madhouse when the critters all began chasing each other. The rabbit would run and run like fury, then hit head first in the corner of the den and promptly bounce off the wall onto a little blanket, his bed, and fall asleep. I thought he had killed himself the first few times I saw this happen, but the family assured me Thumper always laid down that way. By now I was betting on organic brain damage syndrome (now known as Traumatic Brain Injury) as reason for the rabbit's weird behavior.

As I was saying, Hattie and I had just come up the stairs from the basement OT department when I saw a man riding his bicycle down the sidewalk. He had that middle aged, upper-middle-income businessman look out of *Death of a Salesman* that several of the residents his age had. This resident confused me to the point of not wanting to ask too many questions was none other than Mr. Ulysses S. Grant, no relation to the famed civil war general that I am aware of.

Many of the residents now in their late 40s to early 50s were raised in families where the dress of the day was a business suit for a man. Clothing for after work was the suit coat off, the tie loosened, and the shoes exchanged for house slippers. They would have died before putting on a flannel shirt and jeans except to clean out the basement or garage. That type of attire was reserved for poor folks who could not afford better.

The man on the bicycle had on a white dress shirt, well worn, more yellow-gray than really white, and at least two decades outdated in style, the tie only about an inch wide. His dress pants were from about the same era and so thinly worn in places that I wasn't sure if they were gray or brown. On his pant legs he wore wooden clothespins holding the wide pant legs close to the leg to keep them from getting caught in the bicycle spokes and away from the greasy uncovered chain.

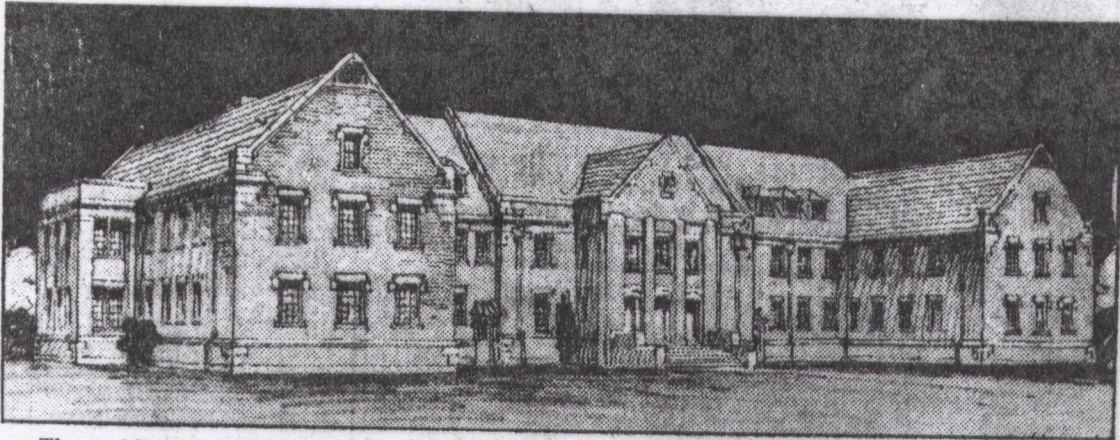
He had dishwater blond hair that was graying at the temples, a 50s style haircut, and sported a wire coat hanger stretched over his head and around his neck as if it naturally belonged there. He also wore the determined expression of a man who had a definite place to go and a certain time to be there. He smiled a bland smile as he pedaled by Hattie and me, and he tipped a worn, out-of-shape fedora. Hattie was letting me shadow her today since I was fairly new on the payroll at the hospital. I was accustomed to working the Women's Building and the northern end of the hospital grounds as a volunteer with the women, but I had never seen this guy before.

“Okay,” I said to my mentor, “explain the coat hanger.”

Hattie just smiled and shook her head, “That is Ulysses S. Grant,” she said as if that explained everything.

Central States Hospital Contracts Awarded for Second Men's Building

(McGuire & Shook, Architects.)



The architects' sketch of men's building, No. 2, to be constructed at the Central State hospital.

Dr. Max A. Bahr, superintendent of the Central State hospital, yesterday announced that the Service Construction Company has been awarded the general contract for construction of the proposed men's building, No. 2, upon the institution's grounds at 3000 West Washington street.

The general contract was for \$115,254. The Service Construction Company is an Indianapolis firm.

The heating and ventilating contract was awarded to Hayes Bros., Inc., of Indianapolis, for \$10,681. Strong Bros., also of Indianapolis, received the plumbing contract for \$10,847. The wiring contract was awarded to the C. L. Smith Electric Company for \$3,290. Thirty bids were submitted for the various contracts.

The contracts were awarded by the board of trustees, which is composed of Mae B. Helmer, Charles B. Jenkins, E. D. Donnell and Wallace O. Lee.

Designed by Local Men.

McGuire and Shook, Indianapolis firm of architects, with offices at 1401 Fletcher Trust building, designed the building. The consulting engineers are Bevington & Williams.

The proposed building will be

located near the intersection of Washington street and Tibbs avenue. Construction will begin at once. The structure will face north and will have accommodations for 100 men.

The building is the third unit of a twelve-year program in replacement of the old condemned department for men which was erected in 1846. McGuire & Shook designed the new men's building, which was built last year. It is planned to build another unit next year.

To Have 52 Single Rooms.

The building is designed for fifty-two patients in single rooms and forty-eight patients in four dormitories of twelve beds each. Ample patients' day rooms and wide daylight corridors and porches of ample proportions provide the recreation and sitting rooms spaces. The porches are so designed that they can be inclosed and heated during the winter.

The plan for each of the two floors is symmetrical about the center entrance and visitors' room. The third floor houses the employees' quarters, which consist of sleeping rooms for eight, with living, bath and toilet facilities.

In each of the four wings of the patients' floors are thirteen single

rooms, dormitory, day room, porch, mattress room, linen room, toilet, bath and lavatory, clothing rooms and the necessary utility rooms and fire stairs. Refuse and soiled clothing chutes are provided for each section with access doors available from the exterior.

Passageway in Basement.

The building is to be a two and three-story structure, with the first floor about three and one-half feet above grade, and the basement floor about five feet below grade. The resulting basement space acts as a chamber for exposed piping of plumbing, heating and ventilation, and also as a passageway for patients when inclement weather requires them to use the underground tunnels to reach the main dining room.

The building will be fireproof, reinforced concrete construction throughout, with the exterior walls and tile partitions above high glazed brick wainscots for the interior of rooms and corridors. All floors are to be of terrazzo. Other materials for the interiors, floors, walls and trim will be those usual with modern hospital designs, selected in this case for the particular needs of the patients.

“The coat hanger?” I insisted.

“It is his way of letting us know how suicidal he is today,” was her response.

“There is only one coat hanger today so he is in pretty good shape.” She smiled and took delight in my bemused expression, then added, “On bad days he may wear five or six coat hangers, that is when he goes on restriction to the ward and 15-minute face-to-face checks by attendants.”

I opened my mouth to say something else but quickly thought better. What was I going to say?

Hattie shrugged her thin shoulders, tilted her red head and smiled at me maternally. “You ain’t seen nothin’ yet, Honey!” She looked away, then back at me with a mischievously knowing grin. “You get to meet Freddy tomorrow.”

To my surprise, Freddy more than lived up to his billing.

Watching My Back

When I first drove on grounds as a paid employee rather than a volunteer I felt a little different. There was a feeling of acceptance by the place and its people. I knew where most of the buildings on grounds were located, but I had not been privy to their insides. My experience was limited to women’s geriatrics, the women’s infirmary, and the kid’s unit. There were always limited access restrictions in all other areas.

Mrs. Yarnell, my new supervisor in OT, said I would be trained to work with the men now. Mr. Haige was to train me to take his position because he was retiring. Little did I know then just how big his shoes were.

My first months in the old Chapel OT were a bit overwhelming. Mrs. Yarnell took me through the department and allowed me time to become acclimated to the converted structure of the basement. It was an unusual space and I liked the windows above my head on each side of the huge room. It took some time to get used to watching only people's feet go by at eye level.

Many different activities usually went on in different areas of the room at one time. Today there was a typing class in front, a woodcraft group in another area, and the rows of weaving looms divided a leather craft class from a ceramics class. It was easy to get confused as to what I was doing and for whom, as well as when and where.

When I became more comfortable with my routine duties in the individual classes, Mr. Haige said, "I'm going to introduce you to the *men's cottages*." He said this with an ostentatious air that caught my attention and repeated it within my head in dramatic reverberation. A part of me froze in flight-or-fright response of an animal as if on total alert and only my eyes moved. Some words draw attention when they portray a much larger concept. Similar words came to mind like, plague, murderer, haunted, contagious, etc., making all of my warning signals go off in alarm. These words have an added power over most other words and can trigger an alert status. Men's cottages – Ding! Ding! Ding! I calmed myself and tried to blow off the melodramatic reaction. However, Mr. Haige was usually not the overly dramatic type and rarely said much of anything - so I was immediately braced when he intentionally drew my attention like that. He would not have wasted the words unnecessarily.

Mr. Haige was about 6'6" and had to bend to get through most doorways that we went through. He was still a solidly built and attractive man even near 70. He had a full

head of wavy white hair, but the years of work were showing and he looked tired. His upcoming retirement would be good for him, I thought, as I watched his still square-shouldered back walk ahead of me. I hoped he and his wife had plans to enjoy it.

There were several men's cottages and they all looked alike, but we only went after residents to come to OT in one of them. Inside the entry door was a foyer and a steep staircase and landing. This landing had three sets of double doors atop a set of indoor steps. One set of steps was on the right, one set straight ahead in the center and another set on the left. All three doors were made with the same type of old flawed glass with waves in it. The glass itself was two layers thick. Embedded between these two layers of wavy glass was metal wire in diamond shapes like chicken coop wire. A wooden framework was patterned within the larger metal door frame to give the frame even more support and strength against breakage.

Mr. Haige opened the door to the left and we entered a fairly large room with high windows on one side and a vacant, but solid wall on the other. The wall opposite the door we had entered had a corridor on each end leading to the residents' individual rooms and gave me the impression of a poorly lit dorm-hallway. I was told that the large room was called the day room, aptly named, because this is where the men spent their day.

Their rooms were locked except at bedtime. At all other times they were kept out of them. I was told again that this was because the residents would go to their rooms and do nothing but sleep just like the residents in the older geriatric women's units. I could see the logic of that, but I think I would have preferred solitude and naps to being at the mercy of a room full of psychotic men living on basic instincts. I couldn't help but notice right away that most of these men were naked and that many of them were physically

engaged with each other.

I was as close as I could get to Mr. Haige. If it had been possible, I would have been in his pocket.

All Mr. Haige and I had done was walk through the door of one third of this ward and he had relocked it behind us. Suddenly, all these men (20 or more, if memory serves) noticed us. Some of the men were giving us their undivided attention and their body parts showed it. Many of them swarmed us with big smiles, gestures, and lots of hands wanting to touch. Others acted like they were looking through us.

I did everything within my power to show no fear or curiosity at some of the things I saw. Inside myself, where they could not see, was another story and we won't go into that. They continued to approach with their hands outstretched at me. The last thing I wanted to do was to take their hands after what I had seen them doing, but the act of taking their hands in mine did keep those hands off the rest of me. It was as if they were wild-eyed, sweet-deprived children and Mr. Haige and I were huge lollipops.

A glance at Mr. Haige showed a small smirk at the left corner of his mouth. He had set me up by not warning me. I called him a few choice words under my breath. He wanted to see if I could cut it when I had to come up here by myself to pick up the men for OT sessions. I saw how he handled the onslaught of bodies thrusting at us. I carefully watched every movement he made.

Slowly, I moved away from him, began talking to some of the men, and continued shaking hands. I'd scrub my hands for a week when I got out of here. I ignored the men that were coupled on the floor in front of everybody. After a while I was able to be very intentional as to where my eyes wandered, and eventually came to the conclusion that the

world below eye level should not exist until I was back outside.

Many of the guys were obviously severely mentally handicapped and curious, but didn't seem malicious. A small, benign looking, gray-haired man drew my attention and I smiled. Then I noticed the intensity of his stare.

Later I found out that Freddy was his name. Freddy's head was tilted down and he had to practically look at me through his eyebrows. That look was very unsettling and his grin lecherous. Mr. Haige was moving and I went right to his heels. He was not leaving me here. We stepped around a five-man orgy to help the men we came after to get dressed and tried to keep them that way until we could get them off the ward. We were to gather 14 men to escort to O.T. and I didn't have enough eyes or hands.

It was during this busy time that Freddy made his move. I was bent over securing shoes on a man's feet when Freddy was on me before I could breathe. I did not see him coming, but I sure knew when he got there. Two arms locked around me and I could feel his erection behind me. He held me around the elbows fast and hard. He had not looked that strong. I was immobilized. In one instant I saw Mr. Haige moving toward me, everyone else in the room froze, and I felt Freddy ejaculating up my back. As soon as Freddy accomplished his personal goal he turned me loose.

That was his second mistake, the first was obvious. I think I could have bent railroad ties at that moment ; I was outraged! The remnants of Freddy's relief dripped out of my hair and down the inside of my collar. My clothes were sticking to my back. I spun with such fire in my eyes that I could have melted the man in his socks if he had any on. I turned on him and roared into his face.

I grabbed his shirt within my fists and raised him onto his tiptoes. His eyes looked

so big they were about to pop out of his head. Tears streamed down his face and he sobbed as if his heart were breaking. He moaned dejectedly. It had no effect on me.

I switched my hands to hold him up by his torn and crumpled shirt in one hand and raised a finger about a quarter inch from his nose. Through clinched teeth and lips so tight they formed a white straight line, I yelled, "Look at me right here." My voice was sharp, cold, monotone steel as I pointed between my eyes to the bridge of my nose. I wasn't wearing glasses in those years. I moved toward him as close as I could get to his face without vomiting and told him that this would never happen again. I also listed a few options that might occur suddenly if he ever attempted getting that close to me again.

By the time I turned him loose I was beginning to shake. I was not gentle as I let him go and turned away as he slid down the wall onto the floor. He did not see the tears in my eyes gather and begin to sting. I wasn't about to let him see me cry. I walked straight to the door and Mr. Haige was there to quickly let us out. I just kept walking, my eyes looking straight ahead as he ushered the group of men out the door with us. I walked the length of a city block silently to the O.T. building and went into the restroom. I overheard Mrs. Yarnell ask Mr. Haige how I did on the ward.

"She'll make it," he said. I could hear the smile in his voice. "Just needs a shower and to change clothes. She met Freddy." He continued, "If she comes back tomorrow and brings a change of clothes, she might do."

Mama and Ezel

There was more than one set of siblings committed to CSH. Several residents from the same family were not at all unusual. This was interesting because in the late

1960s a lot of controversy was being raised over the effects of heredity versus environment on a person's mental health. From my admittedly narrow perspective, they both had a hand in affecting emotional stability, and neither was predictable or preventable. Two brothers that I worked with were as different in the effects of their illnesses as they were in personalities.

Ezel Raye was 33 years old, about 6'7" and skinny as a rail. His African-American features gave him smooth, creamy, dark chocolate skin that any woman's vanity would envy. He had naturally shiny and curly black hair; high cheekbones, and very large, thick, well-defined lips. His nose was flat and wide, and his teeth were so white they could light up a room when he smiled. His dark brown eyes gave close competition to his smile. That smile was always a welcome and permanent fixture on his face. Ezel was a very friendly fellow. I looked forward to seeing him everyday.

Part of the symptoms of Ezel's illness (Hebephrenia, a form of schizophrenia) made him giggle at any stimuli. As a matter of fact, he couldn't keep from laughing. Even if he were to smash his hand with a hammer he would laugh. He could verbalize fear, pain, or sadness with words, but the visible expression of those emotions was always laughter. Watching him laugh and cry at the same time showed me just how cruel this form of mental illness could be.

Another characteristic that Ezel exhibited in his illness was to physically act on the voices he heard in his head as if they were real. His mother's voice repeatedly told him to do things that inevitably got him into trouble. One of the most frequent, he told us, was, "My mama told me to kiss me a white girl." I did not take this as a racist comment even in the 60s. The sentence was just one man's personal obsession.

When I knew this comment was coming, I responded with my usual two steps back at the right time and used my hand to keep space between us as I replied, "Not this one, Ezel!" Usually this would be enough to redirect him. We would both laugh and then go on our way.

Ezel's functioning level was that of a one year to four-year-old. His entire family lived below poverty level and the majority of them also exhibited impaired social functioning levels. Three of the family members had been hospitalized at CSH. Ezel did not have a lot of early role modeling, normalization training, or financial support. Drugs, dementia, and drinking were his norm. Often Ezel's clothing was in need of repair and he frequently had no shoes. More than once when the weather was cold, I had wrapped his size 13 feet in hand towels and held them on with rubber bands to get him to OT where I worked as an aide from 1967 to 1972.

Ezel's ward was in one of the Men's Cottages. This time period was before accessibility for the disabled was widespread. Sadly, the means of mobility was limited even in places that housed the disabled. This particular left side of the top floor of the first Cottage housed some of the less violent, but the right side housed more aggressive men not allowed to leave the ward. In between was the nurse's station.

The nurse's office door was affectionately known as the cage. It was reinforced with wire, but was transparent and looked like a glass cage. First glance would initiate a quiver of fear in most people. Behind this door were two formidable women of substantial proportion and with demeanors to capably handle situations that were sometimes combative. They wore crisp white uniforms and one lady sat behind a desk while the other sorted bottles at a rolling medication cabinet.

The residents were divided into three, 20-man groups. All residents were totally at the mercy of their own or each other's unhealthy mannerisms, behaviors, and illness symptoms. Most of these men shredded their own clothing by tearing and pulling at it until they were mostly naked. Now I know that this act goes back to Biblical days as an instinct to express pain and extreme discomfort.

In the OT Department at Central State the doctor would assess the resident and list what behavior he wanted changed in a written prescription for the OTR, the registered therapist. The OTR, in turn, would develop a treatment plan using craft type activities to

change the behavior listed. It was thought that hostility could be constructively released by expelling energy. One means of doing this was beating the water out of a burlap bag filled with powdered ceramic clay mixed with water to form an over-moist modeling clay. Another way of giving them a way to constructively channel their energy was using the physical exertion of beating a hammer and lifting heavy woods to build a footlocker.

Some delusions and hallucinations could be channeled through artwork to let the doctor know more of the resident's thoughts and feelings. One man that this was used on was mute and painted horribly realistic WWII airplane dogfights. He painted every day and every day the planes were in different positions as he relived his war years over and over on the canvas. He was a talented painter but a tormented soul.

On one particular winter day Ezel had on someone else's shoes, and they were about two sizes too small. The attendant had searched for almost 15 minutes to find a pair even close to fitting his big feet to no better fit than this one. Any shoe was better than a towel in the snow. We sometimes used the underground tunnel system in bad weather but the weather had been so rainy the tunnels were flooded with water standing six inches deep with floating crawling critters, so the tight shoes were our best option. When Ezel saw me enter the ward he tried to hug and kiss me like he did every morning with his familiar greeting to "kiss (him) a white girl."

After he would tried this line on every female in the room, he began to laugh and I maneuvered him through the door, always careful not to let him within kissing range. I had brought a bag of socks, T-shirts, and underwear that my husband was rapidly outgrowing due to putting on weight. I gave them to residents that needed them badly. Even used socks felt good on cold feet. Unfortunately, the residents' needs frequently exceeded the number of clothes I could buy, or get my husband or anybody else to donate. These residents taught me the harsh reality of life's cruelty and my limitations before I reached the enlightened age of 21. I learned that sometimes the best I could do was to do what I could and pray for the rest.

The shift was almost over and I was dreading going out in the snow to return the residents to the ward myself. I could feel the wind's chill all the way to my bones. During the course of the morning's session, Ezel had been working seated. When it was time to return to the ward he picked up his workbox of craft supplies and put it on the bottom shelf of the appropriate cabinet. This required that he bend his long, skinny, frame over and I happened to be behind him.

When a man is almost seven feet tall his waist is about four feet high. When he bent over his waist was closer to eye level to most people of normal height. The realization hit me blatantly in the face that I had not checked him closely enough when we left the ward.

Ezel's pants had no seat in them! Not one stitch was left holding what it had been designed to hold. The fact that he had on no underwear was also clear from my up close and personal perspective. Ezel was standing there bent completely in half and fully exposed.

It took me a minute to compose myself. Eventually, I sent him to the restroom with a pair of my husband's underwear to put on under his air-conditioned pants. If nothing else, the underwear alone would keep him warmer. He said it had been a long time since he had any of his own and he just beamed that beautiful smile and kept thanking me repeatedly.

A short time later Ezel emerged from the restroom area smiling even more than usual. His facial muscles were stretched to the maximum length and those full lips filled his face. He was all eyes, lips, sparkling teeth, and an impish smile that was not just a symptom. His eyes danced and twinkled as he gave me a hearty thank you and dropped his pants in front of everyone to let me see how the underwear fit.

He was definitely pleased to have something warm to comfort his body. His childlike excitement was captivating. I was tried my best to keep some measure of composure when I attempted to get Ezel to pull his pants back up. I did not see it coming

until it was too late.

Suddenly, at least half of my face was covered by these two, huge, wet, lips. I had let my guard down and been suckered. Ezel was thrilled! He laughed ecstatically and the entire room had something to tease me about for the rest of my life. Ezel's mama would be proud.

Potty Training

There were many times the clients felt like my children to me. Many I had taught to shave, helped to walk, etc., but only one I potty trained. Note to self: Do this again only if you are out of your mind! Part of getting accustomed to working in a mental institution is being flexible enough to adapt to anything. I don't care what discipline, which department, or ward; the rule was to expect the unexpected. Common sense and normally instinctual rules of conduct didn't apply.

I was working in the OT department, with an autistic boy named Gordon. We all called him Gordie. He was chronologically 12 years old, but looked more like six or seven. He could not speak words, but he could make plenty of noise. Gordie lived in a world that he created only for himself. He was a mischievous rascal that always brought a smile to my face, but also set off my built-in warning signals. He made growling sounds and guttural yelps when he was upset and practically purred when he accepted any kind of affection. He loved to be touched and held and anything bright fascinated him. Due to birth defects, his arms and legs were deformed and bowed more like a hairless monkey than a human boy. His swinging gait and aversion to eye contact added to this visual primate effect.

The animalistic impression did not end there, but it did change. The face was of a good-looking kid. He had a perpetual plastic smile plastered on his face that hid his mood, thoughts and intentions. Very dark, wavy hair framed a dark complexion giving him a Latino flair, although I believe his heritage was European.

His dark eyes were remarkable. He rarely looked directly at me, but when he did it was intense. On those rare occasions, he gripped you inside and commanded your full attention.

The eyes gave the impression more of a predator, perhaps a cat, a sleek, black panther. Under other circumstances he would have been a very handsome boy, and I could not help but think that he was exceptionally intelligent somewhere behind those eyes and just didn't want us to know. Inside he fought the restrictions of his illness. Outwardly, he was our resident little devil. He could not be still, and he had to touch everything.

Unfortunately, I did not get to know him as well as I would have liked. It would be an understatement to say that he was a challenge to work with. Never mind getting to really know and understand the way he thought. Those who are sometimes the hardest to love are the ones who have the capability to love others the most. It is easy to love the part of God that is present in nice people. Loving the part of God that is in those who are hard to love is truly the art of seeking God.

Gordie was a prime example. He was full of unguided energy and always in motion. He grunted his special brand of laughter and poked at people and teased and ran to hide behind pillars or posts too small to hide him, giggling like he believed that if he couldn't see you, you couldn't see him. He was in the basic level cognitive developmental stage in which body functions were in the forefront of his very curious mind. His actions regarding his body and all of its fascinating parts were not always socially appropriate, but he was slowly developing survival and functioning skills in this area.

We were potty training Gordie. He wore regular little boy's briefs but required reminders to go to the bathroom and assistance to maintain appropriate directional control. I was busy with a small group at a table when I saw him out of the corner of my eye run into the bathroom. The way he ran let me know that he had waited until the last minute again, but I was really proud of him for not needing the verbal prompt from staff to go before it was too late.

I went in the direction of the bathroom to follow up and praise his accomplishment and improved effort. I was trying to think if there was anything I could do to reinforce this wonderful leap of improvement, when I rounded the corner into the restroom entry hall. I had just caught a glimpse of him coming toward me and an aromatic, warm wetness hit me in the face. My eyes automatically closed. I froze and held my breath. The ammonia smell was unmistakable. I heard his growling giggle and the flow continued. I reached down and grabbed for the square metal trash can that usually sat somewhere near where I was standing.

I raised the trash can in front of me and hid my head behind it. I took my uniform skirt and quickly wiped my face. I could feel the fluid soaking into my white stockings and mentally fussed about the odor and extra laundry I would need to do when I got home. I really hated hose and dresses anyway, so the need for extra starching and ironing really did not set well. I was getting madder by the second. I peered around the trash can and had to smile to see that Gordie had been unable to cease his flow and the trash can was deflecting the stream back into his own face.

He was gasping for breath and totally astonished. It was almost worth getting creamed to see this sight. Justice was a sweet, and rare occurrence. I had learned early to carry a bag with soap, shampoo, and clean clothes. I needed to use them much more often than I would have liked. Fortunately, that was the last day that Gordie ever needed help hitting the toilet. If only I had known the unconventional trash can approach to potty training would work....

As usual I had to learn most things the hard way. It seemed to be the way things were done around 1969. That was just one of the many lessons I learned the hard way.

Newer tunnels that led to the older portion of the CSH dungeon housed over 600 miles of steam pipes under ground. The ones I used ran from the Women's Building to the powerhouse, the chapel, and Bahr Center. Later the tunnels included the Evans Building and Bolton when they were built.



Photo: Vickie L. Cole, c-2001

Tunnel system under Central State Hospital

Chapter 4

Acute Crisis Effects, Still in the Basement

“Severe mental strain can for example cause prolonged bouts of sobbing, screaming, shouting, physical violence, self-mutilation, or even attempted suicide.” Kirsta Alix The Book of Stress Survival, Simon and Schuster, Inc. 1986

A Very Hard Chair

In the first few years that I was on the payroll at CSH I worked mostly with men in OT, some from the men’s cottage called Seven-B. Many of these individuals were court committals for violent acts. It was a maximum-security unit on the south side of the grounds.

It was my responsibility to go over to the cottages and into the ward and get the men to escort them back to the OT Department. I carried a metal ring about five inches in diameter of skeleton keys like the one Mrs. Moss carried in my volunteer days. The large ring barely fit into my oversized, white uniform pockets and was heavy enough to show everyone who might want out of a locked unit just who had the keys and where. These keys got me into the wards, the OT department, the tunnels, and the dungeon. I don’t mind saying that I often got a little nervous about those keys being so obvious, but all the staff had them and it didn’t seem to bother them any, so I tried to blow off the uneasiness.

The guys I was working with today in the ceramics room were fairly new to me and there were a couple of men who had just come through intake and were very new to institutional living. It had been a long messy morning working with wet clay that wouldn’t hold its shape and was difficult to manage. We were finally going on a break. Some of the men finished their projects earlier than the others and went to the break area

ahead of those not yet finished. They went out of my sight through the double doorway and into the smoking lounge near the outer door.

On one side of the lounge was the restroom in the corner. On the opposite wall, about halfway down, was the double wide entry door, and farther to the right a steel and heavy-gage-wire gate type door leading into the art room and office area. The gate was usually kept shut but not locked.

Class sessions in therapy lasted about three hours with a 10 minute break about every hour. We were taking the last break after having our hands covered in wet clay for about half an hour. My skin looked like a prune up to the wrists. When I washed my hands I stood back to look at the patients' work that had been completed.

Oren's sculpture was of a very anatomically incorrect and over-endowed female. Greg's was a very lopsided and rather grotesque animal vase, and one of the new men had created a large lumpy head with eight bulging eyes and a gaping mouth. It was a good thing I was taught in high school art class that if you put two grooves in anything, it could be made into an ashtray. I made a mental note to read this new guy's chart very carefully - and soon.

About that time I saw movement out of the corner of my eye. It was a patient named Edith in her own little world. She was going toward the break room and had coughed and then coughed again very hard. She immediately held one very large arm in the air because someone had convinced her that if she got choked raising her arm would clear her airway. With the third hard cough, as she passed me, she dislodged her large breast from her sleeveless dress on the left side where the arm was raised and quickly tucked it firmly back into place where it belonged.

I went with a grin into the smoking lounge to supervise the break area and have a smoke myself. This was back in my smoke-like-a-chimney days, long before the hazard labels on the pack and tobacco company confessions. I think I was probably buying about two, maybe three packs of cigarettes a day, many of which went to the residents. We really weren't supposed to give them to the residents, but if a lit cigarette was to accidentally be laid in an ashtray and forgotten by a staff member when a patient who really needed one walked by, well, sometimes a thing just happened. People choose their own vices and coping strategies.

Many of the residents seemed to have increased their basic instinctual needs for satisfaction through food, drinks, smokes, and sex when mental functioning on a higher order diminished. Cigarettes and coffee needs were right up there with breathing and good blood flow to the brain.

Another of the new guys, Jake, came out of the bathroom about the time I entered the smoking lounge. Jake was average everything. He was middle 40s, not heavy or thin, not tall or short. He was drying his hands on a brown paper towel and leisurely strolling into the 10-by-15-foot break room. I saw him walk over to a big chair with the armrests and thought he was going to sit down.

Jake was an ordinary, descent looking man. He did not yet have the medicated institutional look about him that comes with being locked up for long periods. He had black wavy hair that looked like it needed washed. He was well shaven, and his clothes were neat and appropriately adorned his body. No clues to his personality showed in his appearance. He never even looked at me when we talked; there was no reading his eyes.

I lit up my cigarette, took a couple steps into the room, and took a deep drag. I closed my eyes and could feel the smoke soothe me from the inside out as I exhaled. It had been a couple of hours bent over a table for me, too. I needed the break as much as the patients did. I turned to sit down and felt pain. I felt it in my back, head, and right arm as I was knocked to the floor. Splintered pieces of green chair wood fell around me. I looked immediately to see if there was another blow en route as I rolled as close as I could get to a bench against the wall.

Jake sure looked big standing there in the middle of the room with that broken chair leg in his hand watching me struggle to get to my feet. Graceful, I was not. Now that I finally got to see his eyes he didn't look angry, just mean. I knew mean was worse. I heard the metal gate door clang on my right as it was being closed and locked from the other side. I looked out the corner of my eye trying to keep him in sight and saw Mrs. Yarnell, my boss.

"I can't give him access to the office," she said. "You'll have to handle it from there."

I won't go into what I was thinking at the time. The concept of containment I could comprehend, but I was still new enough that these little idiosyncrasies of working in this place confused me. As I worked there longer, I better understood the need for someone to be able to call for an ambulance if we needed one, but not now! I was thinking more along the lines of "if I had help, I wouldn't need an ambulance," but I didn't say so.

Since I already knew the cavalry would not be coming over the next rise, I took a deep breath and slowly stood up. Thankfully, he didn't move. Once on my feet, I began

to talk to him very softly and slowly and watched his body language so I would know in which direction to jump. I did not know this guy or how to reach him. I just said anything I thought he might like to hear.

“Its almost time to go back for dinner, are you getting hungry?” I dodged a few wild swings and tried again. “Do you want to tell me what I did to upset you?” Dumb move! Answering that question would only focus him on reasons for being angry. He may not have looked angry but he sure acted angry. I can be so stupid sometimes. He was fidgeting awkwardly. It was like he really couldn’t see me and didn’t know where I was. If I remembered right, he was on some pretty heavy Thorazine.

“Hey,” I called to him, “what’s your name?” He seemed to be looking through me. “Who am I?” He stopped and appeared to have heard me this time and was thinking about it. At least I had his attention. “Okay, I’m done now. I’m tired, I’ve had my exercise for today, and I don’t want to play anymore.” Shaking in my boots would have been a mild description of my inner condition at the time, but I wasn’t about to let him see it. He wasn’t feeling threatened right now; I could see his muscles begin to relax in his neck. I could see his eyes now and they only looked confused.

“Why don’t we go where you can get a drink and sit for a while and listen to some music? It has been a real bruiser today.” I hadn’t intentionally made the pun, but it sure fit the occasion. I could tell where every bruise would soon be on me. He licked his lips and I knew I had struck a need. I pressed my luck and moved toward him. I put my hand out to shake his. “I’m Vickie,” I said.

He stood there limp now, as if someone had drained all the energy out of him He took my hand and fell back into the stupor he was in when we came from the ward. I

looked at the clock. Another 35 minutes and he would be back on the opposite side of a locked door from me and someone else who might have a clue as to what was happening could keep him calmed down That way both of us would sleep better tonight. Well, maybe he would; I wasn't sure if I was hurt or just sore.

I led him with words to thoughts of wonderful things awaiting him and tried to create an atmosphere of partnership between us. If I could make him believe that we were together in this and I would be there to help him get through a hard day, he would be less isolated. I preferred for him to feel it was he and I against the world rather than his world against me. I gave him a cigarette and I had one, too.

When we both felt better we found some clay and when as his anxiety began to rise we focused his energy into poking holes in the clay with his fingers so tense his knuckles were white. He filled the first holes with clay then poked more holes. He then pulled the clay apart and began shaping again as if nothing had happened only to shred it again. He kept this up for over half an hour and he was wearing me out. I remained just out of his reach and ready to defend myself as best I could if necessary. My mind kept going over possible courses of action and a prayer that I would not have to use any of them. Five minutes left.

Finally I saw the jaw muscles begin to unclench. He was beginning to tire too. He had just had meds at lunch; maybe they were kicking in. Whatever was helping him to regain self-control, I was thankful for. During all of this mess I couldn't believe he hadn't said a word.

I was not looking forward to tomorrow as I returned him to the ward with the rest of the group. As I gave the attendant a verbal report on the incident she apologized for sending him so soon.

She said there was a paperwork mix-up. He had been sent from Westfield penitentiary and was not really supposed to leave the ward for another month. I did my best to check charts from that day forward before I took new people.

I decided that I also needed to consciously develop some kind of sense that would warn me of upcoming problems. That meant paying attention to the small things, like feeling a storm coming as the air changes or that moment you know you have been betrayed by a lover or friend.

Watch Where You Put Your Hands

The very next day was a storm came. In the rear of the old Chapel building basement was the carpenter shop. On the carpenter shop's whole north wall I had a shadow board for various tools. The outline in the shape of the specific tool was painted in a black silhouette against a pale blue background so if I glanced up and saw just the black shape I could see quickly that the tool was in use on the floor somewhere. All tools had to be back on their black outline before patients were returned to the ward. The board included shapes of hammers, pliers, screwdrivers, coping saws, miter saws, hacksaws, wood carvers, chisels, etc.

At the end of a long three-hour session it was time to return the patients to the ward. I went through my usual routine of head counts, making sure everyone had their coat on instead of their roommate's coat and all the supplies were put away. A glance at

the tool board told me that all the tools were not accounted for. I usually found the missing tool (screwdrivers mostly) on a table, work bench, or dropped on the floor somewhere once someone realized at the last minute that they couldn't get out with it. This was not a usual day.

I turned every thing I could think of in that room upside down. I looked in the cabinets where screws, nuts, bolts, and other metal fasteners were kept. I searched the paint locker. I looked on and under all the tables and shelves. I checked the chair seats. I went over all the workbenches again. I looked around the tilt arbor table saw, the jigsaw, the plainer, the joiner, the lathe, the bicycle saw, the ban saw, and all the other machinery I was teaching patients to run. I looked in all the lumber bins. I even went into the storeroom and searched through the extra supplies. A small pair of tin snips and a screwdriver were still missing.

I sat everyone in the lounge area by the rest rooms so they could smoke and searched again. I really wanted to find the tools. If I didn't find them, it meant doing body searches. I really hated body searches. Monty Hawkins was in my group today and he would enjoy the body search too much for me to be comfortable with. Dirty old men get to me sometimes even when they were sick. Procrastination seemed like a wonderful idea; I decided to postpone body searching as long as possible and start off with searching the coats and praying the task was fruitful. If not, I'd be making Monty's day. Everyone was brought back into the work area and lined up by the cabinets where shoe box sized craft containers were lined up with the patients' names on them.

Coat searches in the break room weren't all that much better than the body searches, come to think of it. Each time I put my hand in somebody's pocket I held my

breath. The patients were collectors of some very unusual items. There was plenty of the expected lint, loose tobacco, powdered coffee caked into clumps, assorted gum (usually chewed), and candy wrappers, old bits of candy with ominous fuzzy stuff stuck to it, and the inevitable used Kleenex.

Occasionally my invasion of their privacy was rewarded with chunks of the morning's toast, a few loose peanuts or corn kernels, pieces of styrofoam cups, bottle caps, and cigarette butts. There were assorted bits and pieces of a variety of types of paper. I found a shriveled carrot stolen raw from the dining room, part of a rock hard dinner roll, etc. I'd gotten down to the last few pockets and counting myself lucky when I was distracted by an argument breaking out at the front end of the line.

Distracted and foolishly not thinking, I ran my hand into a pocket to find my fingertips embedded into something gooey. My heart prayed,

“Oh God, don't let this be what it feels like it is.”

I tilted my head back and closed my eyes tightly. I made my hand freeze in the warm, moist mixture. If I were lucky it would be peanut butter. It felt a little grainy and I could feel my eyes burn with unspent tears. My body trembled with the desire to turn time backwards and peak into the pocket's darkness before I explored.

I took a deep breath through my nose thinking that if I opened my mouth the scream I held there would get out. Fractions of a second were like long minutes. Eventually, I gathered my resolve and tapped into my genetically inherited stubborn streak. When I opened my eyes I straightened by back, gritted my teeth, uttered expletives and threats to an imaginary offender within my head, and pulled my hand out of that pocket.

My hand wasn't brown; it was coated in mashed potatoes from lunch. Now the adrenaline was pumping pretty well. I could feel my chest expand with air. I exhaled with heartfelt exuberance. "Thank you, Lord."

"All right!" I said forcefully. "No way anybody is going anywhere with those tools so let's just cut the bull!" I was not in the mood for anything else today and I couldn't get the patients gone fast enough. Meanwhile I had a patient armed with a screwdriver to worry about. The tin snips were too blunted to do severe damage immediately, but they would hurt pretty good up the side of my head.

"Can we go to the break area while you hunt?" asked one of the patients.

"Nobody gets a cigarette until tools are found," I snapped. I wanted a cigarette too and my compassion had met its limit. I turned back to where I had left off to continue the searches. I had only a couple more to do when I heard a clang to the concrete floor. The tools lay where they had been thrown into the corner. I couldn't tell where they came from. Stale breath slowly emptied from my lungs. I retrieved the tools, reattached them to the tool board, and gathered the patients into the break room for their smokes and to get their coats on to return to the ward very grateful.

Patrick

Patrick was about 6'3" and built kind of square all over like an old movie Frankenstein. He was oversized and awkward with block-shaped feet, toes, and fingers, squared shoulders and an enormous head that looked flat on top. His skin was a pale gray color that also set him apart. Patrick, unlike Frankenstein, had an endearing smile and a

more gentle-hearted personality than anybody ought to have. Since he was a big young man all over, it stands to reason that his neck size was more than what a seventeen and a half-inch collar would fit comfortably. In addition, his head was so big that baseball caps had to go unsnapped in the plastic strap to merely sit atop his head.

Patrick had a brain injury when he was an infant that had initiated a stroke. The injury caused fluid to collect on his brain. On the left side of his big straw-colored head was a bulged out space accommodating the fluid under his WWII GI flattop haircut. His smile was slanted down on the right side and his right arm was shriveled to a smaller size out of proportion to the rest of his body and curled under like a tyrannosaurus rex. He also dragged his right leg as he awkwardly lumbered along and his speech was slow and slurred. Very reminiscent of Lon Chaney, Jr's performance in the 1939 film, *Of Mice and Men*, Patrick was just a lovable big lug.

In his 20s, Patrick had a strong sense of family connection even though he did not see his biological family. I think he created from his own heart what he thought families ought to be and set his standards accordingly. He was proud of his hereditary blonde hair, but no one knew if his family was blonde or not.

Standards for his behavior ran along avenues that were more suitable to Sir Walter Raleigh's era of gallantry. He had a sweet disposition and enviable rules of conduct for himself that were most ward attendants' dream. He was rarely much of a behavior problem.

I had not realized how Victorian Patrick's value system was until I became pregnant. I had worked with him everyday for almost four years after I married and this was to be my first child. The marriage was fine with him, he approved, so I was totally