

5-2017

## Schizophrenia and Its Effects on an American Family: A Call to Action for the 21st Century

Cynthia Newton Captain  
*Dominican University of California*

<https://doi.org/10.33015/dominican.edu/2017.HCS.ST.05>

**Survey: Let us know how this paper benefits you.**

---

### Recommended Citation

Captain, Cynthia Newton, "Schizophrenia and Its Effects on an American Family: A Call to Action for the 21st Century" (2017). *Senior Theses*. 54.  
<https://doi.org/10.33015/dominican.edu/2017.HCS.ST.05>

This Senior Thesis is brought to you for free and open access by the Student Scholarship at Dominican Scholar. It has been accepted for inclusion in Senior Theses by an authorized administrator of Dominican Scholar. For more information, please contact [michael.pujals@dominican.edu](mailto:michael.pujals@dominican.edu).

**Schizophrenia and Its Effects on an American Family:  
A Call to Action for the 21<sup>st</sup> Century**

**A Senior Project Submitted to the Faculty of Dominican University of California  
In Partial Fulfillment of the Requirements of the Bachelor of Arts  
in Humanities and Cultural Studies**

**By  
Cynthia Newton Captain  
San Rafael, California  
August 2016**

**Gay Lynch, Ph.D.  
Assistant Professor  
Religion and Philosophy**

**Robert F. Bradford, M.A.  
Assistant Adjunct Professor  
English and Literature**

**Chase Clow, Ph.D.  
Chair, Humanities Division  
Humanities and Cultural Studies  
Religion and Philosophy**

**SCHIZOPHRENIA AND ITS EFFECTS ON AN AMERICAN FAMILY:  
A CALL TO ACTION IN THE 21<sup>ST</sup> CENTURY**

**By Cynthia Newton Captain**

**Dominican University of California  
San Rafael, California**

**August 2016**

Copyright © 2016 – by Cynthia Newton Captain

All rights reserved

## Table of Contents

Acknowledgements.....	5
Preface.....	6
Figure 1 Young Mill Worker .....	43
Figure 2 James Thomas Newton and Sons .....	44
Figure 3 Maude Omega Pearl Newton.....	45
Figure 4 Alabama Masonic Home .....	46
Figure 5 Salem Camp Ground .....	47
Figure 6 Methodist Camp - Alabama.....	48
Figure 7 Logging Camp - Sierra Foothills .....	49
Figure 8 Little Tokyo Hotel .....	50
Figure 9 Figueroa Street Tunnel .....	51
Figure 10 Orpheum Theater - Los Angeles .....	52
Figure 11 Camarillo State Mental Hospital .....	53
Figure 12 Hydro-Shock Therapy .....	54
Figure 13 Electroshock Therapy .....	55
Figure 14 Memorial for Homeless Woman .....	56
Figure 15 Los Angeles Crematorium.....	57
Figure 16 Mass Grave - Los Angeles.....	58
Figure 17 Belmont High School 1941 .....	59

## ACKNOWLEDGEMENTS:

I take this opportunity to thank those who have seen me through the writing of this paper and without whom I know I would not have finished.

To my partner, Marc, who has been a source of love and support from the moment I began my journey at Dominican. This has been a trying time for us both, and I am grateful to you for your kindness and love, and for listening to me – until the chill wee hours of the morning – discuss a topic that must have been painful for you, too.

To my professor, Gay Lynch, Ph.D., I owe an enormous debt of gratitude for showing me my path and helping me take my first step. I would not be here, writing this paper were it not for you. I would not be seeing my future in the way I see it now were it not for you. I have been blessed to know you.

To my professor, Robert F. Bradford, M.A., your red pen has kept me honest and your remarks have made me a much better writer. You are an invaluable resource to Dominican University's writers and you have been particularly valuable to me. You really know how to de-stress the stressed.

To my professor, Ian Madfes, Ph.D.: one evening, last semester, walking out of Guzman Hall, I asked you "What should we do with severely mentally ill people?" You replied "Treat them like all the other sick people." I have researched just that, and I have found a life's work. How do I thank you? I would not have written this paper without that conversation, and I would not have had the tools necessary to do it, either. Thank you.

To Joel T. Braslow, M.D., Ph.D., and Marcia Meldrum, Ph.D., of the Center for Social Medicine and the Humanities at UCLA, your work inspired me. The history project you have created online and its archives were an unexpected resource. Though your research is not cited a great deal in this paper, the history of my hometown, Los Angeles, gave me the emotional support that was necessary to pursue my research into what was, at times, a very painful subject for me. My paper is better because of your good work. Thank you.

**PREFACE:**

During the fall semester of 2015, while at Dominican University of California, for my Portfolio writing course, I wrote an essay entitled “Forgiveness,” which gave a less-than-detailed description of my life with my mentally ill mother. It also outlined how, as an adult, I had found ways to cope with my pain and to forgive. At the time I wrote this essay, I realized that I had gone into my “memory vault” and extracted the box called “Mother.” This box had been placed in that vault on my eighteenth birthday, when I was released from my foster home and made an adult. I had determined that I would have little to do with this woman again. After all, she had attempted to murder me on numerous occasions, had emotionally tortured me in ways only a close relative can, and had “ruined” my life. Why would I want to continue a relationship with this person, mother or not? On my eighteenth birthday, I stored the pain and ugly memories away and began to live my life as though I were truly free. I was not, of course.

In writing my essay on forgiveness, in my final paragraphs, I realized I was being compelled to look at my mother’s situation through adult eyes and to truly confront her illness, the system that did not support her, and the system that was meant to protect her children, but did quite the opposite. I realized I had opened the box called “Mother,” and there was no going back.

I had originally thought to write an essay on the way in which compassionate communities are built, and in researching this topic, I realized that at the heart of my desire to write that essay was the hope of coming to some solution that would deal with the severe loneliness that one in four Americans suffers. On further reflection and intense prayer, the Pandora’s box named “Mother” opened wide, and I realized it was my own mother’s loneliness and abandonment that was at the heart of my quest. I realized I must now confront the enormity

of my mother's illness, its effects on her parents and her children and tell her story as a way of shedding light on the deplorable treatment of schizophrenics during her lifetime and beyond.

The lives of our acutely mentally ill sisters and brothers are no better now than they were in 1963 when President John F. Kennedy signed the Community Mental Health Act. The only difference between 1963 and 2016 is that in 1963 the severely mentally ill were hospitalized in large state-run mental institutions and cared for by public servants who may, or may not, have had their best interest at heart. Now, the severely mentally ill, if they are not fortunate enough to have private insurance to cover their care, sleep in doorways and in cardboard boxes under freeway overpasses. Their care is hit-or-miss. They are picked up, held for seventy-two hours and released back to the streets with a bottle of medication that they may, or may not, actually take. The new wonder drugs that were intended to alleviate the symptoms of their disease must be taken in order for them to work. The on-again-off-again pattern of most patients with severe mental illness causes the drug to become less effective with each new start. The side effects of these new drugs can also be debilitating, adding another problem to an already overburdened patient. It is very difficult to work when one's hand will not stop twitching.

Our country's healthcare system is at a moral crossroads. The way we treat those whom we call "the homeless" is deplorable. A classmate suggested in a class several semesters ago that while working in the soup kitchen at a major San Francisco church, she had learned that one really should not try to "fix the homeless." I recoiled at that statement then (though I said nothing), and find her statement even more indefensible now. The majority of "the homeless" are sick. They need medical attention. Our country needs to treat those with the severe brain diseases of schizophrenia, schizo-affective disorder (disease), and bi-polar disorder (disease) just as we would Alzheimer's disease and Parkinson's disease. Those with severe mental illness, who have no insight into their illness, should not be allowed to dictate their own treatment. If a



homeless person is brought to San Francisco General Hospital and is found to be a schizophrenic in psychiatric distress, and concurrently found to have active tuberculosis, this patient can be forced to be treated for his or her tuberculosis, but is not forced to be treated for his or her schizophrenia. Both diseases are a public health hazard. Both diseases are treatable. Both diseases must be treated. We can, and must, attempt to “fix” the severely mentally ill, who make up at least thirty-five percent of the homeless and who fill our jails and prisons. This issue must become a national imperative. No American citizen should be forced to sleep in his or her own filth or be “warehoused” in jail for being sick. We must treat them with compassion, providing the mentally and their families with the tools necessary to be healthy members of society.

Homeless mentally ill Americans are dying on our streets, and on December 15, 1999, one of them was my mother.

This is the biography of a woman who grew up to become a severely ill schizophrenic, and who was ultimately made homeless by a broken system which rendered her family helpless in their ability to care for her. She was a problem to her parents, she had a problem staying in school, and she had a problem living with the five men she married during her lifetime. Her three youngest children only knew her as a very sick woman who was unable to care for them and who physically and emotionally abused them, and her oldest child barely knew her at all.

This is the story of how this woman's disease, which manifested in childhood, was left untreated, and how her lack of care led to her death at the age of seventy-four, alone on the streets of Los Angeles County. This is my own mother's story, and as one of her children, I am uniquely able to describe the changes, both good and bad, to the mental health system in California during my mother's lifetime, and to describe how that same system failed my mother and her children, and continues to fail those with schizophrenia today.

Mario Woods was shot twenty-two times on December 2, 2015, on the streets of San Francisco by police officers who thought he posed a threat to others with a dinner knife. The image of that young African-American man cowering in a corner, holding his hands up to his head, will always live with me. When I saw that image, I understood exactly why he did not respond to the police with their drawn guns. The police did not hear what Mario heard. Their voices were added to the already screaming voices that only Mario could hear, and Mario could not distinguish the difference, and so he died a horrible death in a doorway.

The treatment of severe mental illness in the United States is at a crossroads. As the homeless population increases, so does lack of continuity of care for the severely mentally ill. As the middle class declines, the ability of families to care for their extremely sick family

members also declines. Since President Kennedy signed the Community Mental Health Act in 1963, other administrations, most notably President Ronald Reagan's, refused to fund in-patient psychiatric care. This had a ripple effect which is still felt today and has created a system that does not function for the severely mentally ill, or their families. My own family suffered as a direct result of this legislation. My own mother suffered most of all.

It is my intention to tell the story of the mental health system of California with my mother's life as a guide. Her story is not unique. This story does not have a happy ending for my mother. I believe, with all my heart, that it will have a happy ending for me.

I am a Humanities major, and my emphasis has been, and will continue to be, religion. I chose this path because I have felt, from a very young age that I have been watched over by the Divine. I have felt this way because on numerous occasions, I believe, were it not for Divine intervention, I would not be alive today. I feel called to do something important with my life, and I believe that shedding light on a controversial issue from the inside, and then dealing with whatever comments and work that follows, is my life's path. I owe it not only to myself, but to my family, and to the memory of my mother and great-grandmother, to assist those in need in any way I can, knowing with all my heart that I will not be doing that work alone.

In 1924, a baby girl was born in a log cabin in a logging camp in the foothills of the southern Sierra Mountains outside of Fresno, California. Her parents, George and Lucille Newton, were very young and had come from LaGrange, Georgia, in 1922 to escape the Callaway Cotton Mill and to make a new life in a better place. George was twenty-four at the time, and Lucille only seventeen. They had both been born to middle-class families in the rural South, and both had lost their fathers in the Spanish Flu epidemic, which plunged their families into poverty.

Lucille, a very tiny girl, had been sent to work in the cotton mill at the age of seven, sleeping under the looms at night and breathing cotton dust six days a week (see fig. 1). She never reached five feet tall, and never weighed more than ninety pounds. Because of her work at the cotton mill, she would develop diseases that lasted the rest of her life: not only asthma, but cardiac arrhythmia and a terrible kyphosis, or widow's hump, as well. She was malnourished, illiterate, and destitute.

George was one of five children born to Pearl and James Newton. James, or Jim Tom to his family, was one of the state of Alabama's first electrical engineers and was working to electrify Alabama (see fig. 2). He died in the Spanish Flu epidemic, leaving his wife with five children to support. Pearl was a very strong woman of deep faith and turned her home into a boarding house, sending her four youngest children to live in the Masonic Orphanage (see figs. 3 and 4) where they took turns living, easing their mother's financial burden. Pearl was also known to be a rather fiery Methodist preacher and in the summer travelled to the Methodist camp meetings which were popular at the time (see figs. 5 and 6).

George, the oldest, refused to go to the orphanage and learned carpentry and other skills necessary to maintain his mother's boarding house. Pearl managed to care for all her children

fairly well, but George left home at seventeen to seek his fortune. He had cousins in LaGrange, Georgia, and moved there later in 1918.

Lucille Bohannon met George Newton at the Callaway Cotton Mill in 1918, when George was eighteen and Lucille was eleven. They became friends, and later that friendship deepened into love. They ran away to marry when Lucille was fifteen and George twenty-two. They remained devoted to one another until George's death in 1973 at age seventy-three.

Their only child, Wilma Georgina Newton, was born on February 18, 1924. It was a difficult delivery due to her mother's continued malnourishment. The log cabin was an extremely crude home with no indoor plumbing of any kind, no electricity, no way to call for help, and no other female around for miles (see fig. 7). George became his wife's midwife because there were no midwives in the logging camp. It was an ordeal for Lucille, but Wilma was born a healthy child; unfortunately, her mother never quite recovered and remained a sickly person the rest of her life.

In 1925, Wilma's parents moved to the small agricultural town of Los Angeles, California, where George found work in a hotel as a "jack of all trades" and Lucille worked as a maid (see fig. 8). George and Lucille lived and worked at a hotel in Los Angeles's Little Tokyo, and by the time Wilma was ready for kindergarten, she was able to speak fluent Japanese. Wilma was an exceedingly bright young child and learned to read and write before she began school. She would spend the afternoons reading to her mother and helping her cook from the recipes out of magazines. They were a small family with few social outlets, but George was a good husband and father, and Lucille was a patient, though distant, mother.

By all appearances, Wilma was a normal child, with the exception of fairly infrequent "tantrums," which frightened her mother. Her father thought she would grow out of them and comforted Lucille. Neither of her parents believed there was anything really wrong with their

daughter, and it never occurred to them to seek a professional opinion. There was no one Lucille could speak to in person for guidance. Lucille was worried and enlisted the aid of a neighbor to help her write her three older sisters in Georgia, all of whom were married and had children, but no one thought there was anything to worry about. Wilma was an only child, and obviously her parents were spoiling her. Perhaps they should be stricter with her. After all, “spare the rod and spoil the child” was still an adage in widespread use in the 1920s.

Had George and Lucille wanted to seek treatment for their daughter, the social stigma of having a “problem child” would have made them think twice. They were loving parents who would not willingly have subjected their daughter to harsh treatment and the life-long stigma of mental illness. They did nothing, hoping she would grow out of it.

The public perceptions of mental illness in the United States had not considerably changed since the turn of the last century. Mentally ill people were sent “away” to institutions where they would be “treated,” though what the treatment consisted of was a mystery to the general public. The United States has a long history of institutionalizing the mentally ill which began long before the United States of America became an independent nation.

In Europe, psychiatry and the treatment of the mentally ill became an independent science during the Enlightenment (1650 to 1789), but widespread acknowledgement of mental illness continued to be missing, and prejudice against the mentally ill continued to exist throughout Europe. This prejudice allowed the Colonial government to give the decision for treatment of mentally ill persons to the town councils, which, in turn, had the right to strip the mentally ill persons of their property and to place them in jails and almshouses. It was thought, at that time, that the mentally ill were not able to feel heat or cold, and so the first psychiatric hospital in America was located in the basement of Pennsylvania Hospital, where the mentally ill

suffered at the hands of doctors and were put on display to the public for a price, similar to zoo animals (Bell 89-120).

In the early 1800s, forward-thinking American activists such as Dorothea Dix and doctors such as Benjamin Rush and Samuel B. Woodward fought to shift public opinion about mental illness, in part by creating the asylum system—the first such system developed specifically with the treatment of the mentally ill in mind—and “proving” high rates of cure through inaccurate statistics. For example, if a person came into the hospital and was released three months later, that was considered a “cure.” If he or she relapsed, came back, and was released once more? It was considered two “cures.” Nevertheless, in part due to these botched statistics in the 1830s, there was great optimism surrounding the rehabilitation of the mentally ill and the belief that asylums could cure mental illness. By 1861, forty-eight mental institutions were built and made operational. Oftentimes, these institutions were built in the rural countryside on farms, so that some patients could work on the farm and provide food for the asylum (Whitaker 29).

The treatment thought to cure the mentally ill at this time was moral management. Moral management originated in France in 1793, when Philippe Pinel, superintendent of Bicetre (an institution reserved for the insane), ordered the unchaining of the insane. Moral management was based on the belief that the mentally ill were affected by their environment, and that environment could play a role in treatment, and that patients could be taught morality as the mainstay of their treatment. Pinel’s treatment of the mentally ill took this benign approach, and mentally ill patients experienced better conditions, as well as more therapeutic relationships with supervisors. In all, moral management “placed the patient in a total therapeutic milieu which accommodated the client’s psychological condition” (Kemp 2).

The American asylum system flourished in the 1830's and 1840's under this moral management philosophy. In particular, hospitals served the mentally ill hailing from the middle-class, whose families could pay for treatment, and promoted middle-class values as the basis of moral treatment. In this early period (1830-1870), the mental institution was not yet a custodial institution, and most patients were short-term (three to nine months). During this time, states relieved local communities of any role whatever in caring for the mentally ill. Community care was considered substandard. Centralization was intended to enhance recovery and provide more humane care in state mental institutions, rather than in the almshouse or the jail—the only community services offered to the mentally ill at the time. In this spirit, a lateral transfer moved mental health patients from community-based care and almshouses (which served as home to both the elderly senile and the homeless) into asylums (Grob 7-22).

However, this idyllic period of moral management came to a close, in part due to overcrowding in asylums, in part due to the growing numbers of poor mentally ill patients which conflicted with the traditionally middle class asylum philosophy, and in part due to the Civil War. Moral management and the humane treatment of the mentally ill took an extended hiatus through the rest of the nineteenth century (Grob 7-22).

The 1870s and 1880s were a transitional period for the mental institution, when the optimism of the early moral management years had faded and pessimism took its place. Instead of aiming to cure, the asylum now served as a custodial facility with a strong welfare aspect—as a “warehouse” for chronic patients, alcoholics, and the senile. This influx of patients into state mental hospitals caused a decline in the quality of patient care. Old procedures used to produce catatonia were reintroduced, such as ice baths and excessive physical restraint (Bell 89).

Despite these horrors and society's enormous failure to meet the needs of the mentally ill, psychology was not totally abandoned in the late nineteenth century. In 1878, G. Stanley Hall



became the first American to receive a Ph.D. in psychology. In 1890, Hall founded the American Psychological Association, and six years later, the first psychological clinic was developed at the University of Pennsylvania. This marked the birth of clinical psychology (Hergenhahn 324).

In the wider society at the turn of the century, there was a great spirit of optimism and faith in progressivism. Achievements in science, technology, and medicine created an ideal that science was the solution for solving problems both individual and societal. This faith in progress and science – this optimism – reached the mental health community and provided an avenue for change. Psychology and psychological treatment were introduced, resembling the days of moral management when patients were treated via talk therapy. In addition to talk therapy, music therapy, and chromatic (color) therapy were introduced, as well as family therapy (Kemp 7).

In the first decade of the twentieth century, several notable psychologists established their own schools of thought, one immediately following the other. First, Sigmund Freud established the discipline of psychoanalysis. Following Freud, John Watson created behavioral psychology, then Carl Jung founded the school of analytic psychology, and Alfred Adler established the school of individual psychology. Alfred Adler was the first psychoanalyst to challenge Freud, the father of modern psychology (Kemp 8).

By 1910, after much publication about psychotherapy in popular and scientific journals as well as promotion of psychotherapy by leading figures, psychology became an accepted field, changing and upgrading the treatment methods offered in asylums everywhere. Additionally, a link was established between the problems of mental illness and delinquency. Because psychotherapy now attempted to reach the core of the problems of the mentally ill, as well as the delinquent, it now attempted to offer understanding into social problems and tools for bettering the community. In the early 1900s a broad new mental health perspective embraced research, environmental reasons for behavior or illness, and involvement in community affairs (Bell 111).

One important milestone marking the progressivism of the early 20th century was the creation of the National Committee for Mental Hygiene in 1909, which followed the publishing of Clifford Beer's memoir, *A Mind That Found Itself*, which detailed his experience in psychiatric hospitals. As a result, mental hygiene promoted new trends in mental health care, notably the employment of psychologists and social workers, development of community outpatient clinics and aftercare programs, and the need for psychopathic hospitals and wards. The asylum began to be seen as an "inferior facility" which "quartered the failures of society," strengthening that institution's custodial role. The mental hygiene movements sought to reform asylum conditions, improve aftercare services, and create new preventative programs (Kemp 14).

In 1924, Los Angeles did open the Los Angeles Child Guidance Clinic which established the first child guidance clinic west of the Rockies to offer pediatric mental health services. It was founded as one of eight demonstration clinics by the Commonwealth Fund of New York and the Mental Health Association in Los Angeles. In her book *The Century of the Child: The Mental Hygiene Movement and Social Policy in the United States and Canada*, Theresa R. Richardson of the Centre for Policy Studies in Education at the University of British Columbia, writes:

The Los Angeles clinic was opened in January, 1924 with three psychiatrists, two psychologists and up to six psychiatric social workers, with an additional four social workers in training. The increased staff numbers also reflected strategies learned from the earlier clinics. It was decided to concentrate in this demonstration on carefully selected cases in order to insure a successful demonstration as a model for other clinics and to serve educational functions in the community. Mentally retarded children and those with known mental illness were excluded from clinical service or given brief work ups and "consultative" services. In addition, the clinic only received 10.7 percent of its 300 cases from

the juvenile court and only 8 percent from social agencies. The majority of the cases were referred by parents or relatives. This is in contrast to the Minneapolis clinic which received less than half of its clients from parent referrals and twenty percent from the schools. Parent referrals tended to be younger children who scored higher on intelligence tests. (104)

According to Dr. Richardson, there was a definite bias towards parents whose occupations and educational levels were higher, because “These families would be more likely to seek consultation and cooperate with clinical therapy” (104). In other words, the children of the well-to-do had access to the groundbreaking new child mental health clinic, but those for whom the program was originally intended – the lower class, poor, and immigrant families – were again sidelined. Wilma Newton would not have been able to attend this clinic, even if her parents had known about it and sought it out, because she did not meet its strict socioeconomic criteria.

While his wife continued to work as a maid in various hotels, George had taught himself to read and had begun taking classes at Los Angeles Trade and Technical College. There he learned to be a refrigeration engineer, enabling him to obtain a better-paying job and to move his family out of a hotel and into a home.

This good fortune, unfortunately, lasted only about one year, because on Friday, October 29, 1929, the Great Wall Street Crash occurred. The Great Depression began, and George was forced to again move his family into a “hotel” in downtown Los Angeles, where he again became a maintenance man and his wife a maid. Though the Great Depression was difficult for everyone, George was very creative and, when the New Deal was enacted and the Works Progress Administration put into place, George was one of the first to be in line and one of the first to be put to work. He was assigned to the tunnel project that joined America’s first freeway, the Pasadena Freeway, the name of which was changed in 2010 to the Arroyo Seco Parkway,

with the new Figueroa Street Viaduct, a forerunner of the 5 Freeway, known as the Golden State Freeway (see fig. 9).

The tunnels were begun in 1931, and while on this project, George was given canned corned beef from Argentina, flour full of weevils which the U.S. Government deemed inedible and not fit for soldiers, and apples. George would work all day on the tunnels and then spend the night in the kitchen making pies. He made corned beef and vegetable pies, apple pies, and custard pies and sold them to local groceries and the few small restaurants that still remained open after the Crash. George was a very good provider, and his family did not go hungry. He often bragged that he never “spent a single minute in a breadline.”

He and Lucille were proud people who worked hard for what they received and did the very best they could for their daughter, Wilma. However, Wilma was not doing very well. She was a very moody child and continued to become extremely angry if she was not given what she wanted. They were asked to leave one apartment after another because of her extremely loud tantrums, and once, the police were called when a neighbor saw Wilma hit her own mother.

By this time, the early 1930s, the treatment of mental illness had taken a frightening turn for the worse and several new “therapies” were developed to “cure” mental illness. Electroconvulsive therapy was introduced by Ugo Cerletti in 1938. Its primary aim was to render patients meek and manageable; sadly, it continues to be used in the present day on depressed patients who have not responded to other forms of treatment. Insulin-coma therapy and metrazol-shock treatments were both invented in the 1930s. Both treatments were experimental and failed to improve the lives and minds of patients, but stayed in use for at least twenty years, until the creation of antipsychotic drugs in the 1950s. The most frightening “treatment,” however, prefrontal lobotomy – the removing of the portion of the frontal cortex of the brain, which was thought at the time to control behavior – was developed by Walter Freeman and James Watts,

but introduced by Antonio Egas Moniz. Between 1936 and 1960, an estimated 50,000 lobotomies were performed in the United States. The creator of the lobotomy, Moniz, won the Nobel Prize for his work in 1949, though it was later shown that this treatment failed to reduce mental illness or curb the growing custodialism of the mental institution. In the 1950s and 1960s research on lobotomized patients indicated negative results, terrible side effects, and no recovery, which—coupled with the brutality of the ice pick surgery and the growth of consumer and patients’ rights movements—led, thankfully, to the demise of the lobotomy (Kemp 14).

By the time Wilma was seventeen years old, she was uncontrollable, and when she announced to her parents that she was quitting school in order to marry a man much older than she, after a few nights of argument and dealing with her screaming rages, her parents agreed and signed the papers.

George and Lucille spent the rest of their lives wondering what they could have done differently for their daughter. Though they had been advised not to “spare the rod,” they had, actually, never raised a hand to her in anger. George had, on occasion, attempted to restrain her, but was unable to, only causing more hysterics and more anger.

Frequently, the only way a mentally ill person of the lower classes was seen by a mental health professional was through the court systems after breaking the law, as noted by Genevieve Dodd, a psychiatric nurse at Agnews State Hospital, in her letter to the Report of the Psychopathic Probation Department - Los Angeles County (Dodd 1938). Unfortunately, this path to psychiatric care has not changed in almost one hundred years, and serves as proof that our mental health system was then, and continues to be, dysfunctional.

Wilma, at age seventeen, was an exceptionally beautiful girl. She was also manipulative and cunning, and egotistical in a way that most teenagers are not. Had she been seen and treated for mental illness, her diagnosis might have contained the word “narcissistic.” She moved with

her new husband to San Francisco, where she would spend two years, moving frequently from one hotel to another due to her erratic behavior. It was also during this time that she worked for the City of Paris, where she modeled furs in the fur salon.

When America entered the Second World War on December 7, 1941, an already divorced nineteen-year-old Wilma changed her name to Gina and moved back to Los Angeles, where she moved back in with her parents and became an usherette at the famous Orpheum Theater in downtown Los Angeles (see fig. 10). She was also a dancer at the USO's Hollywood Canteen, and ultimately became an extra for Paramount and MGM. Later in her life, she would claim to have been an understudy for Ava Gardner, although there is no way to prove this with any certainty.

During the war years, Gina was something of a wild child and, while working as a waitress in a downtown coffee shop, she met her first child's father, Clyde Irving Winkler, a nice, though somewhat dull, man who had been declared 4-F and who worked at the Lockheed Airplane factory in Burbank. He was able to provide for Gina and bought her one of the many tract houses that were being built in the former orange groves in the San Fernando Valley. In 1945, Gina gave birth to her first child, Gerry Leigh Winkler. Unfortunately, she soon tired of motherhood, and once Gerry was old enough to be left with a babysitter during the day, Gina packed her bags and left. She rarely saw her first child again. Gerry had very little memory of his mother and did not remember her even saying "good-bye." This abandonment was to haunt him for most of his life, and he was never able to form close attachments.

In 1946, the Federal Government finally involved itself in the public's mental health when President Harry S. Truman signed into law the National Mental Health Act, which called for the establishment of the National Institute of Mental Health, which was to conduct research into neuropsychiatric problems. In a special message to Congress, dated November 19, 1945,

President Truman wrote, “In my message to the Congress of September 6, 1945, there were enumerated in a proposed Economic Bill of Rights certain rights which ought to be assured to every American citizen. One of them was: ‘The right to adequate medical care and the opportunity to achieve and enjoy good health.’ Another was the ‘right to adequate protection from the economic fears of . . . sickness’ ....” (Truman). The first meeting of the National Advisory Mental Health Council was held on August 15, 1946. Because no federal funds had yet been appropriated for the new institute, the Greentree Foundation financed the meeting (U.S. Dept. of Health and Human Services). This law was enacted to deal with the millions of men and women who had been diagnosed with some type of mental illness during their physicals prior to induction into the armed services. President Truman went on in his address to state that “As of April 1, 1945, nearly 5,000,000 male registrants between the ages of 18 and 37 had been examined and classified as unfit for military service. The number of those rejected for military service was about 30 percent of all those examined” (Truman). The appalling number of those unfit for military service due to a mental illness was blamed, in large part, on inadequate medical care as children. This law was also enacted to deal with the post-war mental health crises of many returning soldiers and sailors. This law was the beginning of the Federal Government’s response to what was to become a national medical crisis.

The early 1950s saw Gina working as a waitress in an upscale bar in the Westlake area of Los Angeles. There she met Ross Shimp, who had just been discharged by the Army and had decided to stay in California rather than return to Ohio, where he had been born, and where he still had a wife and small son. Ross wooed Gina every night at the bar, sending her orchid corsages and buying her meals. After several weeks, she finally relented and went on a date with him.

Their first date became a road trip, and they found themselves in Las Vegas, where they married (though it is not known whether she had divorced her first or second husband), and a short time later, their daughter Cindy was born. This child was named after a song in a movie that was popular at the time, entitled “Minstrel Man.” The film tells the story of a young girl abandoned by her parents, aptly named Cindy, who is reunited with her father in the end.

Unfortunately, this marriage also failed, and following her break-up with my father, my mother went back to work for the film studios. Her career as an actress was cut short, however, by the multiple prescriptions for Dexedrine given to her by Mario Lanza’s personal diet doctor. Mario Lanza died because of the unethical treatment of this physician; my mother just became even more insane. According to the National Institute of Mental Health:

In the US in the late 1950s and early 1960s about one-third of amphetamine prescriptions were for weight loss, one-third for clear-cut psychiatric disorders (depression, anxiety), and the remaining third for ambiguous, mostly psychiatric and psychosomatic complaints (tiredness, nonspecific pain). The largest age group among the medical users were those aged 36 to 45 years, and 85% of all amphetamine patients were women. Even making the simplifying assumption that weight loss prescriptions were entirely for women and taking into account that women seek medical attention more often than men, these figures indicate that per doctor visit around 1960, a woman was twice as likely as a man to receive an amphetamine prescription to adjust her mental state—much like minor tranquilizers in the same period. (U.S. Dept. of Health and Human Services)

My mother had only been “difficult” up to this point; following her introduction to Dexedrine, she suffered a complete mental breakdown. Her insanity ruined her life, of course,



but her insanity was also to have a profound effect on her children's lives, and on her parents' lives.

When I was two, my father left me, and to this day I can remember the exact moment. I was sitting in my playpen, looking through the bars, and he was standing in the doorway; his final words to me, his daughter, were "I wish I could stay here, but I have to go." That was all the explanation I remember, and I never saw him again. I learned, many years later, that he died, when I was fifteen, at the Veteran's Home in West Los Angeles from complications from the wounds he had received in the Pacific during World War II. He was only fifty years old.

My mother, meanwhile, left with a child she had never wanted, tried several creative ways to "get rid" of me. The first was to leave me in a small chair that was notorious for injuring or killing the children sitting in it and which had been taken off the market. She and a friend placed me in the horrid chair and went shopping, expecting to find my lifeless body when they returned. I know this because I remember hearing them discuss how to get rid of my body when they got home. Somehow, I managed to hold still long enough to outwit them and was quite alive when they returned. Frustrated, she spanked me with her hairbrush until I bled.

Realizing that my demise might actually worry the authorities, her next ploy was to try to give me to the Catholic Church. Of course, we were Baptists (though she later professed to be an atheist), and the nice Monseigneur of Our Lady Queen of Angels Church told her to go home and be a good mother. Again frustrated, my mother took me home and tied the rosary the Monseigneur had given her around my neck, but the beads broke, and I survived.

Her final gambit was simply to lock me in the large walk-in closet of our apartment and move on without me. Fortunately for me, she had given my grandparents' phone number as an emergency contact when she had signed the rental agreement and, when I was found three days later, my grandfather was called, and I was rescued. What the building superintendent had found

was a two-and-a-half- year-old child, naked, cold, and hungry, singing to herself in the dark closet. My grandfather wrapped me in my grandmother's quilt and took me "home."

My grandmother, like her daughter, was none too pleased about having a child in the home. Because of my mother's earlier bad behavior, my grandmother had not been particularly fond of her, and now she was presented with her daughter. However, the cycle of anger was broken when my grandfather stepped into the picture. Where my grandmother was dour, my grandfather was an imp who sang and danced and valued self-expression and personal joy. Because of him, I learned a good time-step, how to carry a tune, and how to appreciate a good story. Because of my grandmother, I learned good table manners, how to behave like a proper "lady," and how to be respectful of my elders. My appearance on the scene caused a great number of hushed arguments behind closed doors, and I knew, in the way that children know, that I was not really wanted there, either. This knowledge, of course, colored my world and made me extremely independent at a very early age. At the age of three, I determined that I had better learn to read, simply because my grandmother couldn't, and so I begged for the little letter magnets that could be put on the refrigerator to make words. Before I was four I had progressed out of Little Golden Books to books without pictures, the first being *Black Beauty* by Anna Sewell, because I liked horses. That led to a series of biographies of famous people: the Curries, Beethoven, Mozart, Clara Barton, Florence Nightingale, and Queen Elizabeth I. Through these books, I discovered a world completely different than the one in which I lived, and I realized that I had to do well in school and not drop out as my grandfather told me my mother had. Education would be my way out of the life of an unwanted child and into a world where I would be appreciated. Regrettably, that was not what happened until much later.

In 1958, my mother began seeing yet another man and had another child, my half-brother John. The following year, she gave birth to my half-sister Teri. Both of these children were

placed in “temporary” foster homes as small babies when our mother was sent to Camarillo State Mental Institution in late 1959 (see fig.11). She was sent there in the same way that most of the patients were sent there – she broke the law. She had been asked by a neighbor, another young mother, to watch her child while she went to the grocery store. The poor young mother was only gone for a short time, but when she returned to pick up her child, what she found horrified her. There on the floor with a wash cloth shoved in its mouth was her choking child, and yelling at the top of her lungs for the child to “shut up” was my mother. The police were called, my mother was arrested, and she was subsequently treated at Los Angeles County Hospital. This was long before the Lanterman–Petris–Short Act was signed into law in 1967 by Governor Ronald Reagan (Mental Health Codes), and the authorities could hold a person for as long as they needed to.

It was at that time that my mother’s two youngest children were placed in “permanent” foster homes. This was due, in part, to the judge’s ruling that my mother was unfit to raise her children. This judge also remanded her to Camarillo State Mental Institution because, as I remember my grandmother telling my grandfather, she was a “paranoid schizophrenic with homicidal tendencies and narcissistic personality, who should never be left with young children again.” I also remember my grandmother telling my grandfather that the things the doctor had said at my mother’s trial had sounded very bad, but that no one had tried to explain what anything meant to her in any great detail. My grandmother told me many years later that she had thought at the time that we would probably never see my mother again. Unfortunately for her children, my grandmother was wrong.

Once at Camarillo, Gina underwent the common treatments for schizophrenics at the time which included a tortuous practice known as “hydrotherapy” (see fig. 12). Hydrotherapy became

a popular form of psychological treatment at the beginning of the 20th century and was used for several decades before hospital overcrowding became a serious problem.

Hydrotherapy predominantly consisted of a bath tub covered by a thick canvas to maintain the temperature of the water. This canvas had a hole from which the patient's head would protrude. Patients could also be allowed to place their arms outside it at meal times. Attendants would monitor the water before and during the patients' sessions, ensuring the prescribed temperature was maintained at all times. The length of the session depended on the mental condition of the patients, and ranged from a few hours to several days. Many patients found this form of therapy extremely constricting, and particularly cruel, especially when cold water was applied. Cold sprays were also used on patients, although it was found not to be as effective and fast working as the bath method. Patients would be sprayed with cold water, much like a shower. Packs were also used, and they consisted of several sheets being submerged in the appropriate water temperature and then wrapped around the patients for as long as prescribed. There are some examples of doctors using high powered water jets on their patients; they were blasted down with hot or cold water for as long as deemed necessary. The purpose of hydrotherapy was decrease their motor functions, thereby subduing them (U.S. Dept. of Health and Human Services).

In his book *Mental Ills and Bodily Cures : Psychiatric Treatment in the First Half of the Twentieth Century*, Joel T. Braslow, MD, Ph.D., professor of psychiatry and history at the University of California at Los Angeles, writes of an investigation of the practice of hydrotherapy at California's Agnews State Mental Hospital in Santa Clara (now the home of Sun Microsystems), which, in 1919 was being investigated for patient abuse:

Doctors' use of any particular therapy had wide ranging effects on the way they perceived disease. Instead of acting on an already given disease, each treatment actually structured what doctors counted as signs and symptoms of illness.

At Agnews, hydrotherapy exerted a profound influence on how doctors viewed psychiatric illness and its cure. "The insane man," one of the experts testified during the investigation, "is a sick man and ... should be treated for his illness and not be held responsible for his conduct." (43)

Dr. Braslow continues to explain:

As innocuous as this statement appears, it signals an important shift in the meaning of "conduct." Previously, as the expert saw it, patients had been "held responsible" for uncontrollable, disruptive, or violent conduct by being subjected to "nontherapeutic" mechanical restraint. The hydrotherapeutic perspective, however, transformed disorderly conduct into a referent of disease that could be treated. Indeed, in order for doctors to believe in hydrotherapy's efficacy, they had to see incorrigible behavior and disease as equivalent categories. On an everyday level, hydrotherapy allowed physicians to collapse disease and behavior into a single category so that methods that controlled behavior were considered therapeutic. (43)

One can infer from this testimony of a physician in 1919, then, that the therapeutic benefits of hydrotherapy were merely to make insane persons more sane by keeping them quiet. Though this practice was barbaric, it was still used on patients in California state-run facilities in the 1960s. I can still remember my mother telling my grandmother how awful it was. My memory of hearing this story told is still vivid, as I was quite frightened by it as a child, and suffered from quite a few nightmares in which I was drowning.

However, hydrotherapy was in decline, and the next therapeutic invention for the mentally ill was, perhaps, even more invasive, and dangerous – electroshock therapy (see fig. 13). It was a very common treatment for schizophrenics in mental institutions in the 1960s, and my mother was frequently treated. The Mayo Clinic web page describes electroshock, or electroconvulsive therapy, as:

Electroconvulsive therapy (ECT) is a procedure, done under general anesthesia, in which small electric currents are passed through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in brain chemistry that can quickly reverse symptoms of certain mental illnesses. It often works when other treatments are unsuccessful. Much of the stigma attached to ECT is based on early treatments in which high doses of electricity were administered without anesthesia, leading to memory loss, fractured bones and other serious side effects.

(Mayo Clinic Staff)

The “other serious side effects” alluded to in the above paragraph were bloody nose, loss of bowel and bladder function, eye ticks, singed hair, and symptoms of emotional withdrawal.

The next “therapy” was massive doses of Thorazine (chlorpromazine) that essentially put the patient into a state of stupor and for which the list of side-effects is long. However, this medication did have the “therapeutic” effect wished for by the psychiatrists. When my mother took her medication she was compliant, friendly, and willing to do whatever was asked of her – once she woke up, of course. There was also the threat of pre-frontal lobotomy, but by the 1960s, that therapy was no longer in common use.

Eugenics in California was particularly prevalent. According to the California State University, Sacramento’s Center for Science, History, Policy, and Ethics:

Sir Francis Galton first defined the term eugenics in 1883, eventually describing it as the "the science which deals with all influences that improve the inborn qualities of a race" as well as those that "develop them to the utmost advantage." In the early twentieth century, eugenics movements thrived across the globe, in dozens of countries as diverse as Argentina, Japan, India, and Germany. Although the scope of eugenics differed from place to place, its proponents shared the belief that directing reproduction and biological selection could better, even perfect, society.

California was home to an extensive eugenics movement in the twentieth century. Convinced that ideas of better breeding and genetic selection were central to settling the Pacific West, many European American migrants to California supported practices such as involuntary sterilization, immigration restriction, and racially-biased IQ testing. Indeed, 1/3 or 20,000 of the 60,000 sterilizations performed in the United States from 1900 to 1980 occurred in California under the aegis of the state government. (California State University, Sacramento)

My mother's psychiatrists had diagnosed her as suffering from severe schizophrenia, and multiple personality disorder, as well as the cherry on top, extreme narcissistic personality disorder. Their recommendation was that she never be released and that she be sterilized. My mother underwent a total hysterectomy in 1962, at the age of 38. Following her surgery, she developed an acute infection and had to be hospitalized. Though she told the medical staff repeatedly that she was allergic to penicillin, they treated her with penicillin, and she went into anaphylactic shock and coma. She almost did not leave Ventura County Hospital.

In 1963, President John F. Kennedy signed the Community Mental Health Act to provide federal funding for the construction of community-based preventive care and treatment facilities. President Kennedy's vision that the Community Mental Health Act was meant "To embrace a new vision for people with mental health disorders and developmental disabilities, one in which the cold mercy of custodial care would be replaced by the open warmth of community," did not come to fruition due to the Vietnam War and an economic crisis; the program was never adequately funded, and mental health services in the U.S. foundered. Inpatient treatment for psychotic patients was terminated, except for those thought to be a real danger to society (U.S. Dept. of Health and Human Services). The era of "deinstitutionalization" had begun, and those patients who were not seen as a threat were released and sent back to a country not prepared to deal with them. Somehow, my mother managed to arrange for her own release, despite the earlier misgivings of her psychiatrists.

Thus, in the fall of 1963, my mother was released from the institution, an apartment was rented for her, and her three youngest children returned to her. I was to receive a great shock the day I was taken from my grandparents' home and sent to live with my mother. I discovered in 1963 that I had a younger brother and sister I had never met and, according to my mother's psychiatrist, Dr. Khoury, I was now in charge of their care, and not only their care: I was to take care of my mother as well. I can clearly remember that moment. I was standing in the little dining room of the railroad apartment in Glendale where I was now to live, looking up at the very tall man in the gray suit, in total disbelief at what I had just heard. I remember asking this "doctor," "If I am looking after my own mother, then who is going to look after me? I'm only nine!" To which the doctor replied, "Oh, you're a smart little girl, you'll figure it out." Thus began my nine years in Hell.



My mother should never have had children because she hated her children, and never tired of telling us how she planned to “get rid” of us. She was particularly fond of telling me that the only reason she had to “put up” with me was because Indian Mary, the abortionist, had been arrested, and she couldn’t find anyone else.

To make matters worse, my mother also had difficulty dealing with the realities of life, like paying the rent and utilities, and so we were evicted more times than I can count. When I can’t sleep at night, instead of counting sheep, I will count addresses, and between my ninth and eighteenth years, I was moved 56 times. I went to so many schools that getting any kind of cohesive education was impossible. I learned the word “autodidactic” at age twelve when I heard my sixth grade teacher tell the principal that I must be autodidactic since there was no other way to explain the fact that I could actually read. I remember looking that word up in the *Webster’s Pocket Dictionary* I carried with me at all times and coming to the realization that I was responsible for my own knowledge. Schools were fine, of course, we were fed regular lunches, and it was nice to actually be able to play (something I was not allowed to do at home), if there was someone willing to play with the “new girl,” but I was the one who was going to have to make sure I learned what I needed to learn to survive. I learned very quickly that I was on my own.

To this day, I thank that teacher, Mr. Pierce, for using that word I didn’t understand, because that word “autodidactic” set me free. I started a reading campaign that is still ongoing. I read at every chance I could get, and when my mother realized what I was up to, it became her personal mission to stop me.

Our mother was not just abusive to me, she also was particularly abusive to my younger sister, Teri. For some reason, she seemed to particularly hate poor Teri, and hit Teri and yelled at Teri whenever she was awake. Until 1969, it was my job to make sure she wasn’t awake. I

had been given her Thorazine by her psychiatrist, and had been taught how and when to administer it. I could usually keep her under control, but sometimes, it didn't work, and she would be particularly violent, and this violence was usually focused on Teri. Teri and I have tried to figure out why our mother did not love her, but then, trying to find a rational explanation for irrational behavior is, of course, insane. While I have just accepted the fact that my mother did not love me, and attempted to move on, Teri is still in pain for which she continues to seek professional help.

Our brother, John, was also young and small. He inherited our mother's cunning, and, needless to say, ended up behind bars. Neither Teri nor I speak to him, and there is really nothing that can be done about that. As painful as it was, because of his dangerous behavior, we had to let him go.

In 1967, my grandparents moved. They packed up all the belongings they had in the little house where I had lived with them, the one place that I still thought of as "home," and moved to Ensenada, Mexico, where my grandfather felt they could live a better life on less money. My grandmother hated it, and in 1968, they moved back to the same small town in Georgia they had left in 1922. My grandmother was glad to be home, but my grandfather felt lost. He died in 1973. Their leaving us had an enormous impact on me. My family had gone. I was totally alone. As a young girl, I found this absolutely frightening. Looking back now, I realize that they didn't just leave me, they left their own daughter. I admit that this caused me to raise the question "Why, in God's name, did my grandparents leave me to live with a crazy person?" I had no answer to that question then, because I didn't think to ask it at the time, and probably wouldn't have, anyway. I was in a state of shock. Looking back, I can honestly say that after they left, my mother became worse, much worse.

Gina had, by this time, developed terrible auditory hallucinations and had a particularly close relationship with one entity she called "Smitty." Smitty was as real to my mother as I was. Smitty told her what to do, how to dress, and what not to eat, because, obviously, the other inmates were trying to poison her, which actually meant that I was trying to poison her, since I did all the cooking. My mother truly believed that Smitty came to her through her radio, and so the radio was kept on twenty-four hours a day. She would sit on the end of the couch, drinking instant coffee and smoking one cigarette after another, having an ongoing argument with Smitty over some slight she had received as a child. It was obvious to anyone who listened that she felt her mother had somehow betrayed her. She also felt that her father, George, was not really her father. This was a recurring theme in her life. She would beg Smitty to tell her who her real father was and why he had never come for her. To be honest, I knew how she felt. I also wondered why my own father, or even Teri and John's father, would just have abandoned us.

Smitty was telling her what to do, and this was dangerous. Smitty would tell her to hit Teri in the head with the iron, and she would do it, and I would take Teri to the emergency room and explain to the nice doctor that Teri had fallen. Smitty would tell her to kill our cat, or bird, or throw out all of our food. Smitty would tell her that her home wasn't safe at night and that she should take her three young children and walk the streets of Glendale from midnight to four a.m. We were not safe in the neighborhoods where we lived, and many times a kind policeman would take us all home. I never knew what Smitty was telling her to do, and I never knew, from one minute to the next, if we were all in danger or not. They had changed her medication, and the Stelazine she was now on was not as effective at putting her to sleep as the Thorazine had been. I had no way to control her behavior and no idea what she would try to do to us next. All I could do was watch, and wait, and keep sharp instruments out of the house. We had no sharp knives or scissors. In 1969, our new neighbors became aware that our mother was behaving so badly

toward her children that they called the police, and she was, once again, institutionalized. We were placed in foster homes for our “safety.”

In the 1960s, Los Angeles County’s foster care system was already in crisis. Then, as now, there were more children in need than homes in which to place them. Los Angeles County Department of Child Services was as overworked in 1969 as they are today. My sister, brother, and I entered the foster care system via the gaping hole that was MacLaren Hall. The Hall was closed in 2003. According to Los Angeles Times staff writer Sue Fox, “MacLaren opened more than 40 years ago as a temporary refuge for children removed from abusive homes. Over the years, however, the El Monte facility acted more as a warehouse for as many as 300 children at a time. Some stayed years. Allegations of overcrowding, abusive restraint, overmedication and demeaning conditions prompted numerous legal actions and scathing reviews by watchdog agencies as well as children's rights groups.” MacLaren Hall was so bad that numerous class action lawsuits have been filed on behalf of former residents and the American Civil Liberties Union has become involved. MacLaren Hall was so bad that the Internet is home to numerous survivors’ blogs, all telling horror stories of abuse and neglect. My siblings and I were happy to be sent to foster homes.

Sadly, these were not really much of an improvement. The roving eyes of many foster fathers found me packing and moving more times than was normal (the average foster child will be moved twice a year, or more, until age eighteen when they “age out”). Moreover, I was given a “transient pass” by the Los Angeles School District. This pass allowed me to choose which classes I wanted to take, since there was no way to be consistent, and I found myself in literature classes, history classes, and music classes. When I would enter a new school, after checking in at the front desk, I immediately sought out the choir room, where I was always welcomed, and then I would find the library, where I felt most at home. I did not play sports and did not

socialize with other students or try to make friends. I was never in a school play, never went to a dance, never attended a prom, had no boyfriends (not because they didn't try!), and did not graduate from high school. School, like life, was something to survive until I was eighteen.

Teri and John were sometimes with me and sometimes not. I was deemed "hard to place," due to the fact I was a teenage girl, and also to the fact that I was articulate and tended to call the social workers when I felt I was not being treated well. I have clear memories of reminding one of the numerous social workers assigned to us that "your job is to make sure I am not placed in a situation worse than the one from which I came. This is worse. Please find me a new placement." I realize now that I could have ended up in the same place my mother had been, and this makes me shudder.

Teri and John looked like twins and were still very young. Moving around was particularly hard on Teri, though John seemed to take it in his stride. When I turned eighteen and "aged out" of the foster care system, Teri and John were still in its care. Teri miraculously finished high school, but John just couldn't. I had been unsuccessfully trying to teach him to read since he had been in kindergarten. He was very good with his hands and had inherited our grandfather's ability to fix anything. He was also very good with leading his friends around. One day I jokingly made the remark that he ought to go into the military, and in 1975, when he was sixteen, he joined the Marine Corps.

For her part, our mother's life must have been pure hell, too. She had no friends. She had no support system at all. If, when we were still together, we had a phone (and we often did not), it never rang for her. She had no one to talk to. This sick woman, totally abandoned by everyone, had only the voices in her head. This once beautiful, vibrant human being, now a shell of her former self, must have been experiencing absolutely crushing loneliness. As an adult, my heart breaks for her.

After I turned eighteen, I only saw my mother a handful of times. I have not seen my brother since my son was born in 1977. My sister and I have a long-distance relationship and see each other only sporadically.

I have been asked by several people, over the years, why I am so “normal.” My first answer always is “I’m not.” When I compare myself to my sister, however, I realize that I do not share her skewed view of the world. I know exactly why this is. In 1961, I went with my grandparents to visit their relatives in the South. My grandmother had been going “home” every summer since she had moved to California, and when I came into their lives, they took me with them. Sometimes, my grandmother and I would go by train, and my grandfather would come for his two-week vacation by car. In 1961, however, he came with us, and we went to visit his mother, my great-grandmother Pearl, at her home in Birmingham, Alabama.

As I noted above, Pearl Newton was a very strong woman, and an intense person who believed, with all her being, that she was called upon to spread the Word. I will never forget my first and only meeting with my great-grandmother, Pearl. I was a very serious seven-year-old. I was often told to “take my nose out of that book and go play.” I did not want to play. I wanted to learn, and my great-grandmother saw a kindred spirit, I think, because what she told me then has stayed with me, and given me strength, throughout my entire life.

We were sitting on the porch swing, on the screened-in porch, drinking sweet tea. It was hotter than I had ever experienced in my life, and the cicadas were “singing” deafeningly. Other children were running through sprinklers, or playing on a Slip-n-Slide. I was sitting in my starched lavender dress with its starched underskirt, and the white laced-topped socks that were not to get dirty, and the white Maryjane’s, and I did not move a muscle. Great-grandmother Pearl took me by the chin and looked me straight in the eyes. I was afraid to blink. She did not smile. She told me, “Child, you are going to have a hard life. You haven’t got a father. You

haven't got a real mother. Your grandparents are old and you won't have them for too much longer. All you've got is the Lord. When things get tough for you, my dear, you pray to your Father in Heaven. Even if you don't think He hears you; even if you don't hear the answer. You are not alone. You will never be alone." *I knew, even as a seven-year-old child that I had been given something profound. My great-grandmother had counseled me in the only way she knew how and I have kept that counsel. I have always known that a greater force has saved me from the murder attempts, the bad foster homes, the painful break-up of my marriage, the loss of my little brother, and ultimately, the loss of my mother. I have always had someone to talk to, even when I've been most alone.*

My mother did not have such comfort. Because the majority of her psychiatrists in the early 1960s were predominately Freudians, she was told that she did not need the "crutch" of religion to survive. Her atheism cut her off from her family's community of faith, making a difficult situation even more difficult by alienating her from people who might have been able to care for her. Add to this the policies which estranged the ill from their families in an attempt to maintain the sick person's privacy, and we have a system which has done more harm than good. "Privacy" policies separated my mother from her family and from her community. "Respecting the rights" of a homeless person sent my mother to the streets to live instead of forcing her under the roof of a shelter, or even a hospital, where she could be cared for, and tragically, her family was not even allowed to know her whereabouts. If she had been hospitalized, or was living in a shelter, we were unable to find out. No one could tell us. Ultimately, in fearing that we will "warehouse" human beings, we have created a system that is so convoluted that it falls in on itself from its own sheer weight. Our mentally ill mother was lost to us.

An ugly by-product of deinstitutionalization is homelessness. How many people in the United States are homeless and severely mentally ill? According to "End Homelessness.org"

there are 564,708 homeless people as of January 2015. People with untreated serious mental illness comprise approximately one-third of the total homeless population and there is an even higher percentage among homeless women and among individuals who are chronically homeless. The quality of life for these individuals is abysmal. Many are victimized regularly. Moreover, one study found that 28 percent of homeless people with previous psychiatric hospitalizations obtained some food from garbage cans and eight percent used garbage cans as a primary food source (Torrey 17).

Why? Schizophrenia is an organic brain disease, as is Alzheimer's and Parkinson's disease, and those afflicted with these diseases need medical treatment. In a March 2006 article in *Dialogues in Clinical Neuroscience*, Dr. Lynn E. DeLisi, of The Nathan S. Kline Institute for Psychiatric Research in New York City, concludes:

Schizophrenia is a chronic progressive disorder that has at its origin structural brain changes in both white and gray matter. It is likely that these changes begin prior to the onset of clinical symptoms in cortical regions, particularly those concerned with language processing. Later, they can be detected by progressive ventricular enlargement. Current magnetic resonance imaging (MRI) technology can provide a valuable tool for detecting early changes in cortical atrophy and anomalous language processing, which may be predictive of who will develop schizophrenia. (71)

This is an important fact. Schizophrenic patients have an actual disease. There are organic reasons for their symptoms. During the 20th Century, patients with mental illness were often told they were imagining their symptoms. They were often accused of "goldbricking" in order to get out of work. They were dropped by insurance companies, made unemployable, and turned out into the street to live without a way to care for themselves. They are not suffering



from the id, or superego, or lack of connection to the collective unconscious. They have a disease. They need treatment.

In the end, what is needed is research into better medical treatment for the brain diseases of schizophrenia, schizoaffective disorder, and manic-depressive disorder. We do not tell an Alzheimer's patient that he or she has Alzheimer's Disorder, but Alzheimer's disease. The medical community, in particular, should treat these serious mental illnesses just as it does Alzheimer's and Parkinson's disease. Clearly, we must treat these organic brain diseases just as we treat the organic diseases of the other major organs.

In that regard, patients with serious mental illness should be provided with humane, high-quality care, especially when they are unable to care for themselves. Patients who have little insight into their illness, such as my mother, who are admitted to the hospital because a family member feels they are in need of treatment, should receive treatment for their illness, just as if they were being admitted to the hospital with Alzheimer's or Parkinson's Disease. In the 1950s, if my mother had been admitted to the hospital with the symptoms of acute heart failure, the staff at the hospital would have done all they could to save her, and would certainly not let her go without treatment (perhaps, those without insurance in 2016 would not be so fortunate, either). In the 1950s, the hospital staff would not have had this acutely mentally ill patient escorted to the street with no home to return to while still suffering from the disease process that had caused her to be admitted to the hospital in the first place.

In addition, the homeless in crisis need particular help. Just as the authorities have SWAT units, there should also be mobile Psychiatric Emergency Units staffed with trained professionals who are able to de-escalate those people on our streets who are unable to process the commands of the officers of the law. In other words, there would be no need to pump twenty-two bullets into a young African-American man holding a butter knife, because a

psychiatrist would already have assessed him (perhaps from a distance), and his threat to others removed. This young man would then be taken to an in-patient facility where he would be treated until he was able to be discharged to a group home that could care for him. Perhaps this same young man, once medicated, would have sufficient insight into his disease to continue his medication, allowing him to take classes at a vocational center and, ultimately, to gain meaningful employment and live his life.

Unfortunately, most transient homeless people die on the streets. In the town of Glendale, California, where my mother lived the majority of her life, the homeless shelter has a small memorial service on Christmas Day for people who have died every year. In 2014, a woman named Rosemary was found dead on a bus bench only steps away from Glendale Memorial Hospital, and an impromptu memorial was set up by her friends from the shelter. Ironically, just like my mother, she would not stay in the shelter either, and died of exposure to the cold alone on the street (see fig. 14).

Gina's children did not know she was dying, and did not know she had died, until they registered on Ancestry.com. A heartless announcement on the Social Security Death Index records the date of her death and nothing more. Her daughters have spent the past ten years trying to find a trace of her. They have searched archives, called the Los Angeles Coroner's Office repeatedly, and finally found the place where their mother's ashes were strewn. Gina, and countless other unclaimed bodies, lie under a single marker in a small field in the Boyle Heights neighborhood of Los Angeles, only six miles from where Gina went to high school (see figs. 15 and 16).

While doing research for this essay, I miraculously stumbled upon a high school yearbook which contained a photo of my mother I had never seen before (see fig. 17). I first saw her name and it took me all of five seconds to find her. She is unmistakable. She is the vibrant

seventeen-year-old with the bouffant hairdo and the impish grin who looks like she is trying to get away with something. That is how I will choose to see her now. I know that she is in a better place and that her pain and suffering are over. I am grateful to her for making me the person I am today. I am grateful to my grandfather who shared his sense of adventure with me. I am grateful to my grandmother for giving me the infrastructure necessary for me to lead an almost normal life, and I am particularly grateful to my great-grandmother, Pearl, for that brief conversation that allowed me to feel, even when I was most frightened, that I would survive, and that someone did care for me.

I have come to the realization that I cannot turn my back on my past, and that my experience with the mental health system and with paranoid schizophrenia, in particular, could be put to good use in the world. I continue to pray for guidance, and to be still so I can hear the answer. I have survived by faith, and it is faith alone which gave me the strength I needed to step into a university classroom at the age of fifty-seven with numerous useless certificates, but no high school diploma. Faith has given me the strength to continue the life of learning I have always yearned for. I now know that it is never too late. I know that there is still a great deal of work for me to do, and that I am not done yet. I, too, have miles to go before I sleep.



Figure 1

Young Mill Worker – Callaway Cotton Mill, LaGrange, Georgia, 1914  
Photo courtesy of the Library of Congress, Child Labor Collection



Figure 2

Great-grandfather James Thomas Newton with sons George (seated) and Cecil (standing)  
Approximately 1908  
From the author's personal collection



Figure 3

Great-grandmother Maude Omega Pearl Lamb Newton taken in 1934  
From the author's personal collection



Figure 4

Alabama Masonic Home - Montgomery, Alabama  
Postcard in the author's private collection (Undated)





Figure 5

The tabernacle, or arbor, at Salem Camp Ground in Newton County, Georgia as pictured in 1931, is representative of the architectural form that served as the centerpiece of camp meeting grounds throughout the South. Salem Camp Ground, which was added to the National Register of Historic Places in 1998, continues to hold annual meetings.

- Courtesy of Georgia Archives, Vanishing Georgia Collection





Figure 6

Methodist Camp Meeting

Alabama, 1904

Photo from the author's personal collection

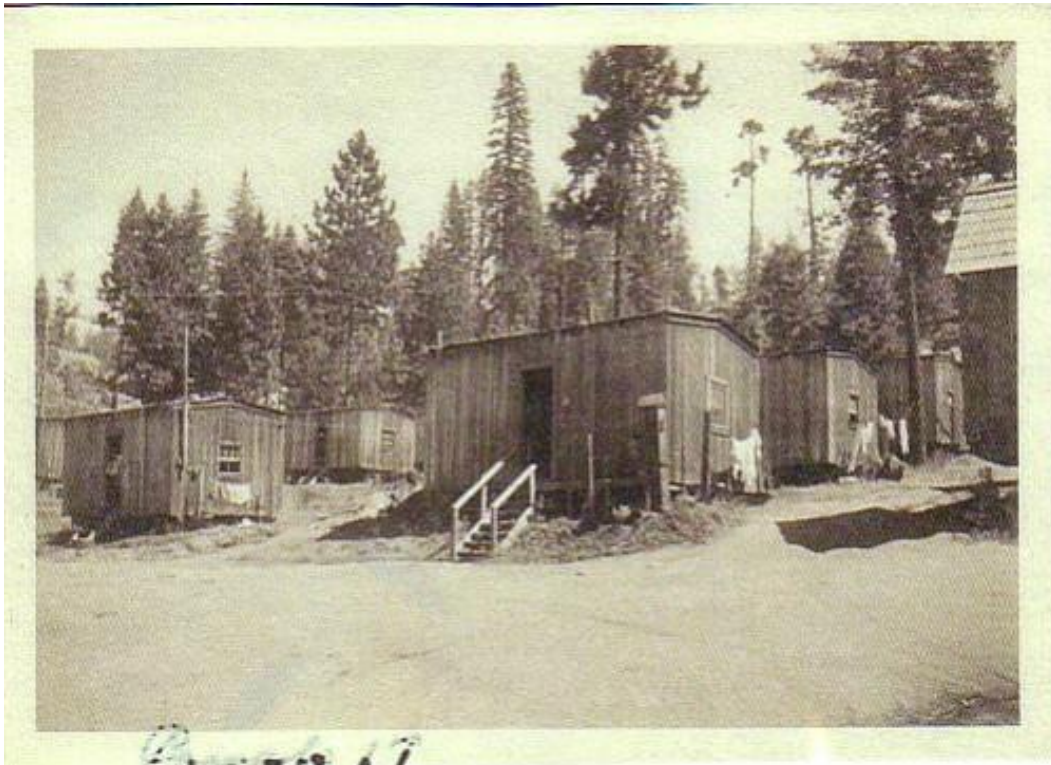


Figure 7

Logging camp in the Sierra Foothills  
Outside of Fresno, CA 1924  
Photo from the author's private collection



Figure 8

Little Tokyo Hotel, Los Angeles, California, 1925

Photo courtesy of the Historical Photo Collection of the Department of Water and Power, City of Los Angeles



Figure 9

Figueroa Street Tunnels – 1931

Photo Courtesy of the Historical Photo Collection of the Department of Water and Power, City of Los Angeles





Figure 10

Interior of Los Angeles Orpheum Theater, which opened in 1926  
Photo Courtesy of Floyd B. Bariscale



Figure 11

Camarillo State Mental Hospital, 2016  
Photo Courtesy of California State University Channel Islands  
John Spoor Broome Collection



Figure 12

Hydro-shock Therapy – Pilgrim State Hospital, New York  
Photo Taken by Alfred Eisenstaedt in 1938 for Life Magazine  
Courtesy of Life Magazine Archives.google



Figure 13

Winwick Hospital, Electroconvulsive therapy, 1957

Image courtesy of University of Liverpool Health and Life Sciences





Figure 14

Memorial for homeless woman  
Glendale, California 12/25/2014  
Photo courtesy of Raul Roa of Glendale News-Press



Figure 15

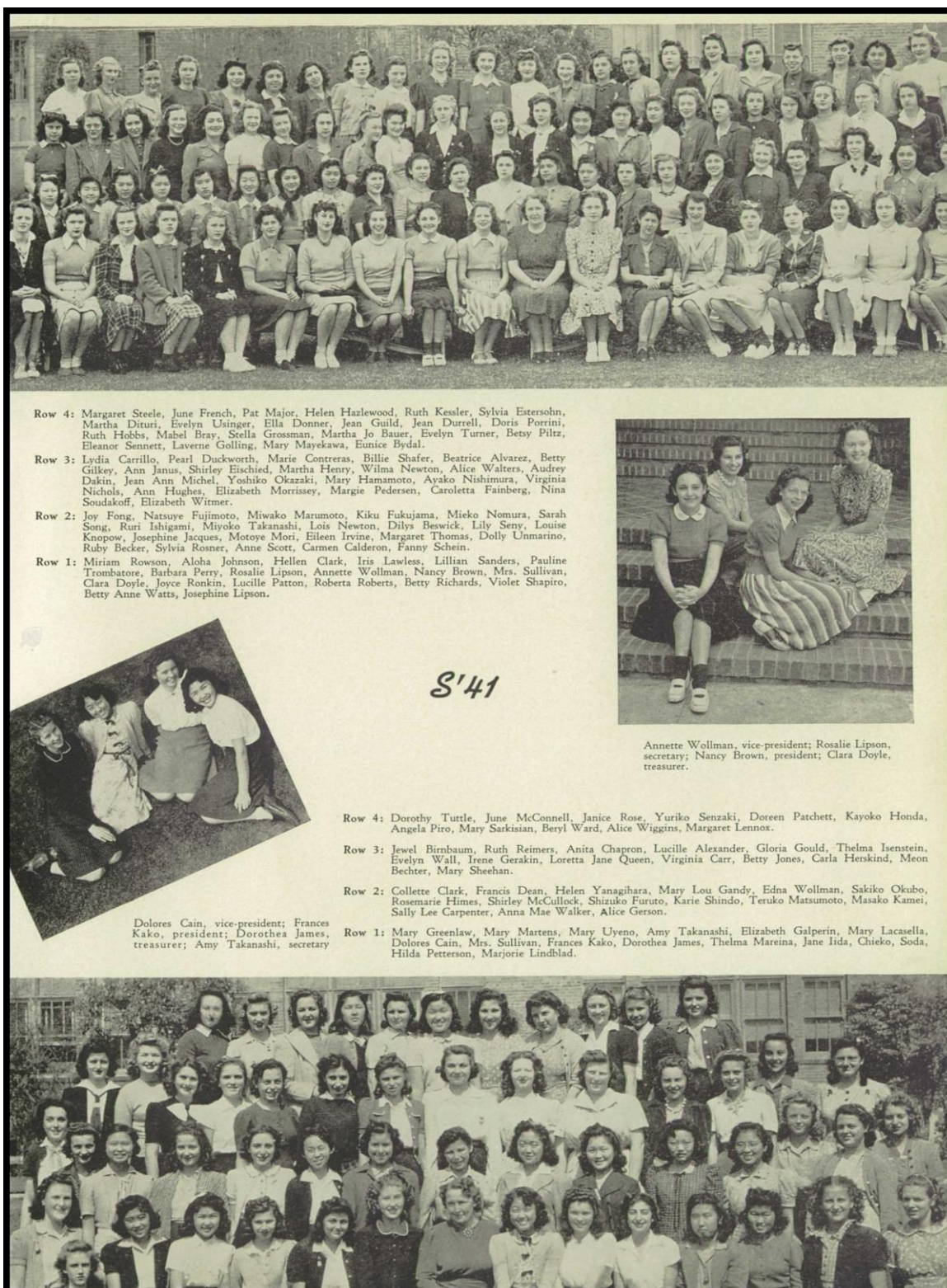
Los Angeles County Crematorium, 2016  
Photo courtesy of Genaro Molina of the Los Angeles Times



Figure 16

Mass grave for the indigent at the Los Angeles Crematorium  
Photo courtesy of Allen J. Schaben of the Los Angeles Times





Row 4: Margaret Steele, June French, Pat Major, Helen Hazlewood, Ruth Kessler, Sylvia Estersohn, Martha Ditturi, Evelyn Usinger, Ella Donner, Jean Guild, Jean Durrell, Doris Porini, Ruth Hobbs, Mabel Bray, Stella Grossman, Martha Jo Bauer, Evelyn Turner, Betsy Piltz, Eleanor Sennett, Laverne Golling, Mary Mayekawa, Eunice Bydal.  
 Row 3: Lydia Carrillo, Pearl Duckworth, Marie Contreras, Billie Shafer, Beatrice Alvarez, Betty Gilkey, Ann Janus, Shirley Eischied, Martha Henry, Wilma Newton, Alice Walters, Audrey Dakin, Jean Ann Michel, Yoshiko Okazaki, Mary Hamamoto, Ayako Nishimura, Virginia Nichols, Ann Hughes, Elizabeth Morrissey, Margie Pedersen, Caroletta Fainberg, Nina Soudakoff, Elizabeth Wimer.  
 Row 2: Joy Fong, Natsuye Fujimoto, Miwako Marumoto, Kiku Fukujama, Mieko Nomura, Sarah Song, Ruri Ishigami, Miyoko Takanashi, Lois Newton, Dilys Beswick, Lily Seny, Louise Knopow, Josephine Jacques, Motoye Mori, Eileen Irvine, Margaret Thomas, Dolly Unmarino, Ruby Becker, Sylvia Rosner, Anne Scott, Carmen Calderon, Fanny Schein.  
 Row 1: Miriam Rowson, Aloha Johnson, Hellen Clark, Iris Lawless, Lillian Sanders, Pauline Trombatore, Barbara Perry, Rosalie Lipson, Annette Wollman, Nancy Brown, Mrs. Sullivan, Clara Doyle, Joyce Ronkin, Lucille Patton, Roberta Roberts, Betty Richards, Violet Shapiro, Betty Anne Watts, Josephine Lipson.



Annette Wollman, vice-president; Rosalie Lipson, secretary; Nancy Brown, president; Clara Doyle, treasurer.



Dolores Cain, vice-president; Frances Kako, president; Dorothea James, treasurer; Amy Takanashi, secretary

Row 4: Dorothy Tuttle, June McConnell, Janice Rose, Yuriko Senzaki, Doreen Patchett, Kayoko Honda, Angela Piro, Mary Sarkisian, Beryl Ward, Alice Wiggins, Margaret Lennox.  
 Row 3: Jewel Birnbaum, Ruth Reimers, Anita Chapron, Lucille Alexander, Gloria Gould, Thelma Isenstein, Evelyn Wall, Irene Gerakin, Loretta Jane Queen, Virginia Carr, Betty Jones, Carla Herskind, Meon Bechter, Mary Sheehan.  
 Row 2: Collette Clark, Francis Dean, Helen Yanagihara, Mary Lou Gandy, Edna Wollman, Sakiko Okubo, Rosemarie Himes, Shirley McCulloch, Shizuko Furuto, Karie Shindo, Teruko Matsumoto, Masako Kamei, Sally Lee Carpenter, Anna Mae Walker, Alice Gerson.  
 Row 1: Mary Greenlaw, Mary Martens, Mary Uyeno, Amy Takanashi, Elizabeth Galperin, Mary Lacasella, Dolores Cain, Mrs. Sullivan, Frances Kako, Dorothea James, Thelma Mareina, Jane Iida, Chieko, Soda, Hilda Petterson, Marjorie Lindblad.

Figure 17

Wilma Georgina Newton (Top Photo, 3<sup>rd</sup> Row, Middle)  
 Belmont High School, Class of 1941 Yearbook  
 From the author's personal collection

## Works Cited

- Bell, Leleand V. *From the Asylum to the Community in U.S. Mental Health Care*. New York: Greenwood Press, 1989. Book.
- Braslow, Joel T. *Mental Ills And Bodily Cures : Psychiatric Treatment In The First Half Of The Twentieth Century*. Berkeley: University of California Press, 1997. Book.
- California State University, Sacramento. *California State University, Sacramento - Center for Science, History, Policy, and Ethics*. n.d. <http://www.csus.edu/cshpe/eugenics/>. 22 June 2016.
- DeLisi, Lynn E. et al. "'Understanding Structural Brain Changes in Schizophrenia.'" *Dialogues in Clinical Neuroscience* 8.1 (2006): 71-78. Print.
- Dodd, Genevieve. "Report of the Psychopathic Probation Department - Los Angeles County." 2016. *UCLA - LACDMH*. PDF from Web site. <<http://histpubmh.semel.ucla.edu/archive/mental-health-care-los-angeles-county-department-mental-health>>.
- Fox, Sue. *Los Angeles Times*. 11 March 2003. <http://articles.latimes.com/2003/mar/11/local/me-mac11>. 1 July 2016.
- Grob, Gerald N. "Mental Health Policy in America: Myths and Realities." *Health Affairs* (1992): 7-22. Journal.
- Hazen, Erin Kim. *Applied Psychology Opus - NYU*. 2016. <http://steinhardt.nyu.edu/appsyh/opus/issues/2014/fall/hazen>. 8 July 2016.
- Hergenhahn, B.R. *An Introduction to the History of Psychology 5th Edition*. Belmont, CA: Thompson Wadsworth, 2005. Book.
- Kemp, Donna R. *Mental Health in America*. Santa Barbara: ABC CLIO, 2007. Book.
- Mayo Clinic Staff. *Mayo Foundation for Medical Education and Research*. 2016. <http://www.mayoclinic.org/tests-procedures/electroconvulsive-therapy/basics/definition/prc-20014161>. 22 June 2016.
- Mental Health Codes*. 2014. <<http://www.lacourt.org/division/mentalhealth/MH0017.aspx>>.
- Mikailian, Arin. *Los Angeles Times*. 25 December 2014. <http://www.latimes.com/local/lanow/la-me-ln-memorial-honors-5-homeless-people-who-died-20141225-story.html>. 16 July 2016.
- Miller McPherson, Lynn Smith-Lovin, Matthew E. Brashears. "Social Isolation IN America - Changes In Core Discussion Networks Over Two Decades." *American Sociological Review* (2006): 353-375.
- National Alliance for the Mentally Ill (NAMI)*. 2016. <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>. 16 July 2016.
- Photographer, Dick Whittington Studio. *USC Libraries Special Collections*. n.d. <http://digitalibrary.usc.edu/cdm/ref/collection/p15799coll170/id/67529>. 25 June 2016.
- Richardson, Theresa R. *The Century Of The Child : The Mental Hygiene Movement And Social Policy In The United States And Canada*. Albany, N.Y.: State University of New York Press, 1989. Book.
- Sharfstein, Steven S. and Faith B. Dickerson. "Hospital Psychiatry for the Twenty-First Century." *Health Affairs* (2009): 685-688. Journal.
- Smuts, Alice Boardman, and Robert W. Smuts. *Science in The Service of Children, 1893-1935*. New Haven: Yale University Press, 2006. Book.
- Torrey, E. Fuller M.D. *Out of the Shadows*. New York, NY: John Wiley & Sons, Inc., 1997. Book.
- Truman, Harry S. *The President Harry S. Truman Library*. 19 November 1945. <http://www.trumanlibrary.org/publicpapers/index.php?pid=483>. 16 July 2016.
- U.S. Dept. of Health and Human Services. *National Institute of Mental Health (NIMH)*. 2016. <https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-mental-health-nimh>. 16 July 2016.
- United States National Library of Medicine. *United States National Library of Medicine*. 2014. Web Site. 22 June 2016.
- Whitaker, Robert. *Mad in America*. New York, NY: Basic Books, 2001. Book.

