

Lost Luggage, Recovered Lives

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THE ATTIC AT WILLARD STATE

Hospital in the village of Willard in upstate New York was lit by a beam of sunlight streaming between rows of wooden racks filled with suitcases—men's on the left side, women's on the right—alphabetized, labeled, and covered by thick dust and bird droppings. They had been untouched for many years. It was 1995, and the hospital was closing. The belongings, once owned by nearly 300 patients from the late 19th through the mid-20th centuries, were salvaged, shedding some light on the stories they brought to the hospital—stories doomed to be forgotten if not for this serendipitous find.

We went through the assorted suitcases, crates, and steamer trunks, sorting the fragments of lives left behind when their owners disappeared—usually for decades and often until their deaths—behind asylum walls. After choosing a small group of individuals for closer study, we leafed through medical charts; searched ship manifests; read letters, books, and diaries; unwrapped housewares; looked at hundreds of old photographs; and visited patients' former homes, striving to learn who

these people were before they were institutionalized and what happened to them afterward.

We found evidence of aspirations and accomplishments; virtually all suitcase owners had worked—as nurses, nuns,



The attic at Willard State Hospital in upstate New York.

Source. Lisa Rinzler.

electricians, photographers, teachers, farmers. However, as patients, they experienced overwhelming loss, years of isolation, and “treatment” that not only failed to help but also often turned formerly productive people into chronic mental patients. The following personal histories of these selected patients are real, but the last names are pseudonyms because of legal restrictions.

MADÉLINE CARTIER

Madeline Cartier was born in Paris in 1896. A beauty and an intellectual, she graduated from the Sorbonne and traveled through Europe and the United States after World War I, settling in New York City in 1920. She taught French literature at private schools and had an active social life. An independent,

eccentric woman, she was drawn to the occult. Over the years, she was troubled by “psychic associations”—the often unwelcome feeling that she could communicate telepathically with others. During the Great Depression, Madeline became destitute. She was committed to Bellevue Hospital and quickly sent on to the state hospital system. She considered her detention a serious injustice and demanded her release at every opportunity. She was given large dosages of psychiatric drugs and developed tardive dyskinesia, irreversible neurological damage that was mistaken for psychiatric symptoms. Staff vainly used behavior modification to “treat” her “fidgety movements, rigid stances, and facial grimaces,” which were actually caused by the drugs. Madeline died in a board and



Madeline Cartier (above).

Source. Courtesy of New York State Museum.

Madeline Cartier's books and sheet music (below).

Source. Lisa Rinzler.





Lawrence Marek (left).
Source. Courtesy of New York State Archives.

Lawrence Marek's suitcase (right).
Source. Lisa Rinzler.

care home in 1986 at age 90; her burial place is unknown.

LAWRENCE MAREK

Born into extreme poverty in 1878 in Galicia, a remote corner of the Austro-Hungarian Empire, Lawrence Marek was first hospitalized in Germany at age 24 years in an exuberant state. He had sustained a head injury from a stone throw and was noted to be drinking excessively before this boisterous episode. He recovered and was released in less than a year.

He immigrated to New York in 1907 and worked as a window washer at Bellevue Hospital, when, in 1916, Lawrence again became excited, "singing, shouting, hearing the voice of God and seeing visions of angels"

(as stated in his medical record). After a short stay at Bellevue, he entered the state hospital system and arrived at Willard in 1918. After several years of despondency, he found a sense of purpose within that restricted world: Lawrence became the hospital's unpaid gravedigger, a job that

developed into a major part of his identity. Like many of his fellow patients who were good workers, he was kept at Willard for decades after he stopped showing signs of emotional distress. Lawrence died in 1968 at age 90, working until the day of his death, and was buried in an anonymous grave in the cemetery he tended so faithfully.

SISTER MARIE URSULINE

A tattered doctor's bag filled with a German bible, ankle wraps, notebooks, letters, dried out tincture of iodine and many votive cards was orphaned for a long time until we finally identified its owner. Sister Marie Ursuline (née Theresa Lehner) was brought to the United States in 1903 as a young Bavarian girl by an ambitious Mother Superior who needed help establishing a

mission in North Dakota's frontier. When this venture failed, the Mother Superior was banished from their order, and her loyal followers scattered across the country. Forlorn and tormented by her own uncertain status in the order, Sister Marie landed at the doorstep of Bellevue Hospital, stripped of her habit and the essence of her life. By the time she arrived at Willard, the doctors considered her real life story to be a product of madness and condemned her to a downward spiral of confusion, regression, childishness, and wild delusions. Had the doctors taken her biography seriously, helped her resolve her spiritual problems, and mended her utter isolation from family and peers, she might have had a chance to recover. Unfortunately, she found her final resting place at Willard, deprived of the last rites due her as a woman of the cloth.

FRANK COLES

Nowadays, a man who kicks over a garbage can in a fit of frustration would hardly end up spending his entire life in mental institutions. Nevertheless, this is what happened to Frank Coles, a debonair chauffeur, amateur boxer, and US Army veteran. He had been struggling to survive in Brooklyn, New York, unable to secure a job that would cover even his meager rent. Angered by being served a meal on a broken plate in a Brooklyn restaurant, Frank went outside and kicked some garbage cans. The police were called, and instead of arresting him, they took him to Kings County Hospital for psychiatric observation. He was sent to a



Sister Marie Ursuline (née Theresa Lehner; right).
Source. Courtesy of New York State Archives.

Sister Marie Ursuline's bag (left).
Source. Lisa Rinzler.



Frank Coles (above). Source. Courtesy of New York State Museum.

Frank Cole's belongings (below). Source. Lisa Rinzier.

state hospital in Long Island and later transferred to Willard. Frank was one of the few African American men at Willard. Other than receiving a diagnosis of dementia praecox in 1945, he was given no attention or treatment while the doctors worked on shipping him out to a Veterans Administration hospital. Aside from a neatly folded uniform, his duffle bag contained many pictures of relatives, their addresses all meticulously recorded. The hospital never bothered to contact any of them, even though he had been in touch with his father, sister, and sister-in-law up until his arrest. Like many other veterans of the day who ended up in Veterans Administration facilities, he never made it out alive.

SUMMARY

Are the lives of persons with psychiatric disabilities better

today? Do they have a better chance than the owners of the Willard suitcases did of being listened to empathetically, offered a choice of humane and effective therapies, and regaining control of their lives? The common wisdom is that major advances have been made in psychiatric care over the last 60 years, largely credited to psychotropic drugs, but the evidence paints a bleaker picture. Many fewer people now spend decades in state mental institutions. However, poverty; new institutions such as prisons, nursing homes, and board and care facilities; medications of questionable efficacy and disabling side effects; and the revolving hospital door now rule the lives of millions of Americans with psychiatric disabilities. These stories from Willard State Hospital are still relevant because thousands enter our nation's mental health system every day with

limited chances of emerging unscathed or even improved. Hospital stays are considerably shorter now, but they are no more marked by recovery and full community integration than they were in the days of the large state hospitals. ■

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Contributors

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Human Participant Protection

This study was approved by the institutional review board of the Research Foundation for Mental Hygiene, Inc.