

Part III: Reactions to Current Residential Models
In the United States

Chapter 3

Purgatory

Burton Blatt

Massachusetts Department of Mental Health

PURGATORY¹

"All hope abandon, ye who enter here."--Dante

With a good deal of anxiety, I waited for the white-uniformed attendant to respond to my knocking and unlock the door to Hell. And in America, we have our own special Inferno. I was a visitor there during the Christmas season, 1965, while studying five state institutions for the mentally retarded, located in four Eastern states.

As I awaited entrance to the above-mentioned building, which was a residential dormitory, my anxiety belied the ostensible situation. In the 18 years that I had been professionally active in the field of mental retardation, I had been to scores of institutions. I had served on numerous commissions to evaluate or advise such institutions. In fact, the building I was about to enter--and which terrified me now--was no stranger to me. Over the years, and for one reason or another, I had found it necessary to visit this building, never giving it any particular thought; one might say I had visited it thoughtlessly.

However, my fears were not the neurotic outcroppings of an unhinged mind. I had a great deal to be worried about and, during the few moments I waited for entrance to this dormitory, my thoughts flashed back to those antecedents that brought me here. In the early fall of 1965, Senator Robert Kennedy visited several of his state's institutions for the mentally retarded. His reactions were widely published in our various news media, shocking millions of Americans as well as infuriating scores of public officeholders and professional persons responsible for the care and treatment of the mentally retarded. Most of the laymen with whom I discussed his visits reacted to the Senator's disclosures with incredulity. For it is difficult for "uninvolved" people to believe that, in our country, and at this time, human beings are being treated less humanly and under more deplorable conditions than are animals. A number of the "involved" citizenry, i.e., those who legislate and budget for institutions for the mentally retarded and those who administer them, were infuriated because the Senator reported only the worst of what he had seen, not mentioning the worthwhile programs that he undoubtedly was shown. Further, this latter group was severely

¹This work is part of a chapter of the author's forthcoming book, Exodus From Pandemonia. It was written during the summer of 1966 for Look. As a result of the severe space limitations, a very modest fraction eventually appeared in that magazine. The author believes that his work represents a more complete discussion of his story Christmas in Purgatory as it pertains to the so-called back wards.

critical of the Senator for taking "whirlwind" tours and, in the light of just a few hours of observation, damning entire institutions and philosophies.

During the time of these visits, I was a participant in a research project at The Seaside, a State of Connecticut regional center for the mentally retarded. The superintendent of The Seaside, Fred Finn, and I spent a considerable amount of time discussing, in particular, the debate between Senator Kennedy and New York Governor Nelson Rockefeller. We concluded the following: it does not require a scientific background or a great deal of observation to determine that one has entered the "land of the living dead"; it does not require too imaginative a mind or too sensitive a nose to realize that one has stumbled onto a dung hill, whether or not, as Cervantes wrote, it is covered with a piece of tapestry when a procession (of distinguished visitors) goes by; it is quite irrelevant how well the rest of an institution's program is being fulfilled if one is concerned with that part of it which is terrifying. No amount of rationalization can mitigate that which, to many of us, is cruel and inhumane treatment.

It is true that a short visit to the back wards (the hidden, publically unvisited living quarters) of an institution for the mentally retarded will not provide, even for the most astute observer, any clear notion of the causes of the problems observed, the complexities of dealing with them, of ways to correct them. It is not difficult to believe that Senator Kennedy could not fully comprehend the subtleties, the tenuous relationships, the grossness of budgetary inequities, the long history of political machinations, the extraordinary difficulty in providing care for severely mentally retarded patients, the unavailability of highly trained professional leaders, and the near-impossibility in recruiting dedicated attendants and ward personnel. Further, I do not believe the conditions Senator Kennedy claimed to have observed were due to evil people. As Seymour Sarason, Professor of Psychology at Yale University, wrote in the preface to our book (Christmas in Purgatory: A Photographic Essay on Mental Retardation. Boston: Allyn and Bacon, 1967), these conditions are "...not due to evil or incompetent or cruel people but rather to a conception of human potential and an attitude toward innovation which when applied to the mentally defective, result in a self-fulfilling prophecy. That is, if one thinks that defective children are almost beyond help, one acts toward them in ways which then confirm one's assumptions."

However, regardless of their antecedents, I believe, as well as do thousands of others who have been associated with institutions for the mentally retarded, that what Senator Kennedy reported he saw he very likely did see. In fact, I know personally of few institutions for the mentally retarded in the United States that are completely free of dirt and filth, odors, naked patients groveling in their own feces, children in restraints and in locked cells, horribly crowded dormitories, and understaffed and wrongly staffed facilities.

After a good deal of thought, I decided to follow through on what then seemed, and what eventually became, a bizarre venture. One of my friends, Fred Kaplan, is a professional photographer. On Thanksgiving Day, 1965, I presented the following plan to him. We were to arrange to meet with each of several key administrative persons in a variety of public institutions for the mentally retarded. If we gained an individual's cooperation, we would be taken on a "tour" of the back wards and those parts of the institution that he was most ashamed of. On the "tour" Fred Kaplan would take pictures of what we observed, utilizing a hidden camera attached to his belt.

Through the efforts of courageous and humanitarian colleagues, including two superintendents who put their reputations and professional positions in jeopardy, we were able to visit the darkest corridors and vestibules that humanity provides for its "journey to purgatory," and, without being detected by ward personnel and professional staff, Fred Kaplan was able to take hundreds of photographs.

Our photographs were not always the clearest. On the other hand, it required a truly creative photographer to be able to take these pictures, "from the hip" so to speak, unable to use special lighting, not permitted to focus or set shutter speeds, with a small camera concealed in multitudes of clothing and surrounded by innumerable "eyes" of patients as well as of staff. Although our pictures cannot even begin to capture the total and overwhelming horror we saw, smelled, and felt, they represent a side of America that has rarely, if ever, been shown to the general public and is little understood by most of the rest of us.

I do not believe it is necessary to disclose the names of the institutions we visited. First, to reveal those names is assuredly an invitation to the dismissal of those who arranged for us to photograph their deepest and most embarrassing "secrets." However, involved, is not only a matter of promises made to altruistic people but avoidance of the impression that the problems now exposed are local rather than national ones. I am completely convinced that in numerous other institutions across America I can observe similar conditions--some, I am sure, even more frightening.

Had I known what I would actually be getting myself into and had I known what abnormal pressures would subsequently be exerted upon me as a result of this story and my efforts to bring it before the American people, I might have turned away from that first dormitory entrance as I was, finally, being admitted; and I might have fled to the shelter and protection of my academic "ivory tower" to ruminate on the injustices prevailing in society. Although I did not expect this to be a pleasurable study, I was in no way prepared for the degradation and despair I encountered, experiences which caused me to develop a chronic sorrow, one that will not abate until the American people are aware of--and do something about--the treatment of certain mentally retarded human beings in our state institutions.

As I entered this dormitory, housing severely mentally retarded adolescents and adults, I was still reminiscing about Senator Kennedy, Governor Rockefeller, and our fateful Thanksgiving dinner until, almost immediately after I passed the threshold, an overwhelming stench enveloped me. It was the sickening, suffocating smell of feces and urine, decay, dirt and filth, of such strength as to hang in the air and, I thought then and am still not dissuaded, solid enough to be cut or shoveled away. But, as things turned out, the odors were among the gentlest assaults on my sensibilities. I was soon to learn about the decaying humanity that caused them. This story--my purgatory in black and white--which, ironically, was conceived, of and written on the 700th anniversary of the birth of Dante, represents my composite impressions of what I consider to be the prevailing conditions of certain sectors of most institutions for the mentally retarded in this country. It is in the hope of calling attention to the desperate needs of these institutions, and thereby, paving the way for upgrading all institutions for the mentally retarded in all dimensions of their responsibilities that this study was undertaken and this story written.

Several things strike a visitor to most institutions for the mentally retarded upon his arrival on the institution grounds. Sometimes there are fences, once in a while with barbed wire. Very frequently the buildings impress him with their sheer massiveness and impenetrability. I have observed bars on windows and locks--many locks--on inside as well as outside doors. As I entered the dormitories and other buildings, I was impressed with the functional superiority of the new building but, on the other hand, with the gross neglect in many of the older ones. I have observed gaping holes in ceilings of such vital areas as the main kitchen. In toilets, I frequently saw urinals ripped out, sinks broken, and the toilet bowls backed up. In every institution I visited, with the exception of The Seaside, I found incredible overcrowding. Beds are so arranged--side by side and head to head--that it is impossible, in some dormitories, to cross parts of the rooms without actually walking over beds; oftentimes the beds are without pillows. I have seen mattresses so sagged by the weight of the bodies that they were scraping the floor.

Before I go further, it would be well to point out a crucial factor giving rise to the overcrowdedness, the disrepair of older buildings, the excessive need for locks and heavy doors, and the enormity of buildings and the numbers of patients assigned to dormitories. About 200,000 adults and children currently reside in public institutions for the retarded in this country, at a cost of about \$500,000,000 a year in operating expense alone. At first glance, this appears to be a great deal of money and, to the unknowing laymen, is cause for comfort, i.e., the mentally retarded have finally received their due. However, simple arithmetic tells us that \$500,000,000 divided by 200,000 amounts to \$2,500 a year, or about \$48 per week or \$7 per day. This is about one-eighth the amount spent for a day's general hospital care. Four states spent less than \$4 per day in 1966. In some checking that I have done

recently, I learned that in our better zoos, the larger animals require a higher per capita expenditure.

The average per capita daily cost for maintaining a retarded resident in each of the four institutions I described was, at that time, less than \$7, in one case less than \$5. In contrast, The Seaside, a new regional center for the retarded, sponsored by the Connecticut Department of Health and discussed in our aforementioned book Christmas in Purgatory, spent \$12 daily for care and treatment of each resident. Although it may be true that money corrupts, it may be equally true that its absence is similarly corrupting.

"Inasmuch as ye have done it unto one
of the least of these my brethren, ye
have done it unto me."--Matthew 25:40.

All of the doors in institutional buildings visited that are used as living quarters for young children, and moderately and severely retarded residents of any age, have locks. These locks are on all outside doors as well as all inside doors. Many of the doors are made of heavy gauge metal or thick wood. All of the locks appear to be formidable, and it is routine, second nature, for attendants to pass from room to room with a key chain in hand unlocking and locking doors en route.

Many dormitories for the severely and moderately retarded ambulatory residents have solitary confinement cells or, what is officially referred to and is jokingly called by many attendants, "therapeutic isolation." "Therapeutic isolation" means solitary confinement--in its most punitive and inhumane form. These cells are usually located on an upper floor, off to the side and away from the casual or official visitor's scrutiny. (Coincidentally, a United States Senator had visited a dormitory at a state institution 3 days prior to one of my visits there. In discussing this with him weeks later, I showed him pictures taken of solitary confinement cells in that dormitory. As one might expect, he had not been shown these cells during his tour and, I believe it possible, he was not absolutely sure that I did not concoct this coincidence to impress upon him the urgency of my mission.) Isolation cells are generally tiny rooms, approximately 7 feet by 7 feet, shielded from the outside with a very heavy metal door having either a fine strong screen or metal bars for observation of the "prisoner." Some cells have mattresses, others blankets, still others bare floors. None that I had seen (and I found these cells in each institution visited) had either a bed, a wash stand, or a toilet. What I did find in one cell was a 13- or 14-year-old boy, nude, in a corner of a starkly bare room, lying on his own urine and feces. The boy had been in solitary confinement for several days for committing an institutional infraction, as I recall, directing abusive language to an attendant. Another child, in another institution, had been in solitary confinement for approximately 5 days for breaking windows. Another had been in isolation, through a long holiday weekend, because he had struck an attendant. Ironically, in the

dormitory where this boy was being incarcerated, I saw another young man who had been "sent to bed early" because he had bitten off the ear of a patient several hours previously. Apparently, it is infinitely more serious to strike an attendant (and it should not be misunderstood that I condone this) than to bite off the ear of another resident.

In one institution I saw a young man who was glaring at me through the screen of the door in the solitary cell, feces splattered around this opening. He, too, was being punished for breaking an institutional regulation. In this particular dormitory, I had a good opportunity to interview the attendant in charge. I asked him what he needed most in order to better supervise the residents and provide them with a more adequate program. The attendant's major request was for the addition of two more solitary confinement cells, to be built adjacent to the existing two cells that, I was told, were always occupied, around the clock, day in and day out. Unfortunately, I have recent confirmation of the constant use of the solitary cells. Seven months after the above-mentioned incident I revisited this dormitory. Both solitary confinement cells were occupied, and there was a waiting list for other youngsters who were to receive this punishment.

I saw a great deal of restraints used with children. I observed many children whose hands were tied, legs bound, or waists secured. After a good deal of discussion with a number of attendants and supervisors in the four institutions, I was convinced that one of the major reasons for the frequent use of solitary confinement and physical restraints was the extraordinary shortage of staff in practically all of these dormitories. The attendant who requested the construction of two additional solitary confinement cells was, with one assistant, responsible for the supervision of an old multilevel dormitory, housing over a hundred severely retarded ambulatory residents. Almost in desperation he asked me, "What can one do with those patients who do not conform? We must lock them up, or restrain them, or sedate them, or put fear into them." At that point, I did not feel I had a response that would satisfy either him or me. I suffered in silence in much the same way, I imagine, men of conscience suffered upon reading Reil's description in 1803 of institutional problems that were astonishingly similar to those I encountered. He said then, "We lock these unfortunate creatures in lunatic cells, as if they were criminals. We keep them in chains in forlorn jails. . . where no sympathetic human being can ever bestow them a friendly glance, and we let them rot in their own filth. Their fetters scrape the flesh from their bones, and their wan, hollow faces search for the grave that their wailing and our ignominy conceals from them." My thoughts went back to that anonymous writer who, in 1795, said: "A humanitarian is bound to shudder when he discovers the plight of the unfortunate victims of this dreadful affliction; many of them grovel in their own filth on unclean straw that is seldom changed, often stark naked and in chains, in dark, damp dungeons where no breath of fresh air can enter. Under such terrifying conditions, it would be easier for the most rational person to become insane than for a mad man to regain his sanity."

"I sometimes hold it half a sin to
put in words the grief I feel."--
Alfred, Lord Tennyson.

In each of the dormitories for severely retarded residents there is what is called, euphemistically, the dayroom or recreation room. The odor in each of these rooms is overpowering, to the degree that after a visit to a dayroom I had to send my clothes to the dry cleaners in order to have the stench removed (and, probably because of psychological reactions, whose odor I continued to smell months later whenever I wore certain clothes). The physical facilities often contributed to the visual horror as well as to the odor. Floors are sometimes made of wood and, as a result, excretions are rubbed into the cracks, thus providing a permanent aroma. Most dayrooms have a series of bleacherlike benches on which sit denuded residents, jammed together, without purposeful activity or communication or any kind of interaction. In each dayroom is an attendant or two, whose main function seems to be to "stand around" and, on occasion, hose down the floor, "driving" excretions into a sewer conveniently located in the center of the room.

I was invited into female as well as male dayrooms, in spite of the supervisor's knowledge that I, a male visitor, would be observing denuded females. In one such dormitory, with an overwhelming odor, I noticed feces on the wooden ceilings, and on the patients as well as the floors.

Early 'in the evening, sometimes at 5 o'clock, patients are put to bed. This is to equalize the workload among the different shifts. During the day, I saw many patients lying on their beds, apparently for long periods of time. This was their activity. During these observations, I thought a good deal about the perennial cry for attendants and volunteer workers who are more sympathetic and understanding of institutionalized retarded residents. One of the things I realized was that attendants might be sympathetic, might interact more with patients, if institutional administrators made deliberate attempts to make patients cosmetically more appealing. For example, adult male residents should shave, or be shaven, more than once or twice a week. Dentures should be provided for any patient who needs them. It seems plausible to believe that it is much more possible to make residents more attractive and, therefore, more interesting to attendants than it is to attempt to convince attendants that they should enjoy the spectacle of unwashed, unkept, odoriferous, toothless old men and women.

"My friends forsake me like
a memory lost."--John Clare.

The living quarters for older men and women were, for the most part, gloomy and sterile. There were rows and rows of benches on which sat countless human beings, in silent rooms, waiting for dinner call or bedtime. I saw resident after resident in "institutional garb."

Sometimes, the women wore shrouds--inside out. I heard a good deal of laughter but saw little cheer. There were few things to be cheerful about. A great many of the men and women looked depressed and acted depressed. Even the television sets, in several of the dayrooms, appeared to be co-conspirators in a crusade for gloom. These sets were not in working order, although, ironically, the residents continued to sit on their benches, in neat rows, looking at the blank tubes. I observed adult residents during recreation playing Ring-Around-The-Rosy. Others, in the vocational training center, were playing Jacks. These were not always severely retarded patients. However, one got the feeling very quickly that this is the way they were being forced to behave. Or, as Hungerford said, ". . . in an institution there is always tomorrow so that he who starts out a student ends up, by default, an inmate." Lastly, I viewed old women and very young girls in the same dormitories and old men and young boys as comrades in the dayroom. In the "normal" world, there is something appealing, even touching, about such friendships; in the institution, there is something opportunistic, sinister, and ludicrous.

"Suffer the little children..."

The children's dormitories depressed me the most. Here, cribs were placed, as in the other dormitories, side by side and head to head. Very young children, one and two years of age, were lying in cribs without contact with any adult, without playthings, without apparent stimulation. In one dormitory that had over 100 infants and was connected to nine other dormitories that totalled 1,000 infants, I experienced my deepest sadness. As I entered, I heard a muffled sound emanating from the "blind" side of a doorway. A young child was calling, "Come, come play with me. Touch me." I walked to the door. On the other side were 40 or more unkept infants crawling around a bare floor in a bare room. One of the children had managed to squeeze his hand under the doorway and push his face through the side of the latched door and was crying for attention. His moan begged me for some kind of human interaction.

In other dayrooms I saw groups of 20 or 30 very young children lying, rocking, sleeping, sitting--alone. Each of these rooms was without doors or adult human contact, although each had desperate-looking adult attendants "standing by."

During my visit to the institution, I was told about the development of a new research center on the institutional grounds. The assistant superintendent mentioned to me that the "materials" for the research center would come from the institution and this center would require the addition of approximately 30 or 40 "items." I was quite confused by this statement and, as a result of some verbal fumbling and embarrassment, I finally did understand what was being said to me. At that institution, and apparently at others in that state, patients are called "material" and personnel are called "items." It was so difficult not to believe that this assistant superintendent was either "pulling my leg"

or using some idiosyncratic jargon that during my subsequent visits to dormitories in that institution I asked the attending physicians, "How many 'items' do you have in this building? How much 'material' do you have?" To my amazement, they knew exactly what I was asking for and gave me the numbers immediately.

In another dormitory, I was taken on a tour by the chief physician, who was anxious to show me a child who had a very rare condition. The doctor explained to me that, aside from the child's dwarfism and misshapen body, one of the primary methods for diagnosing this condition is the deep guttural voice. In order to demonstrate this, he pinched the child. The child did not make any sound. He pinched her again, and again--harder and still harder. Finally, he insured her response with a pinch that turned into a gouge and caused the child to scream, in obvious pain.

In some of the children's dormitories I observed "nursery programs." What surprised me most was their scarcity and, unfortunately, the primitiveness of those in operation. Therefore, I was not unprepared to see several children with severe head lacerations. I was told these were the "head bangers." Head banging is another condition that some people think is inevitable when confronted with young, severely mentally retarded children. I challenge this. I have reason to believe that head banging can be drastically reduced in an environment where children have other things to do. Alice Metzner once said, "There are only two things wrong with most special education for the mentally handicapped, it isn't special, and it isn't education." From my observation of the "nursery programs" conducted at the state schools visited, I would have to agree with the second part of Miss Metzner's complaint. The special education I observed at the state schools bore no resemblance to what I would consider to be "education." But, it was special. It was a collection of the most depressing "learning" environments I have ever had the misfortune to witness. But, as Hungerford also said, "Time buries the mistakes of many school programs."

"One may find his religion
in the clinical setting."
--Albert T. Murphy.

I have learned a great deal during my visits to these institutions. I have learned about the treatment of the severely mentally retarded, and all young children, who are institutionalized. But, essentially, and possibly most importantly, I have learned something about the dominating factor that influences man in his treatment of other human beings. And this is a concept that is worth striving to understand. No doubt the reader of this piece has asked himself several times, "Why do attendants and supervisors treat mentally retarded patients the way this author presents the situation to be?" It is probably incomprehensible to you to believe that such conditions exist. Because of my years in observing these affairs, I may have been a little further along the way

in rationalizing and, to my shame, accepting them. That is to say, I knew with certainty that these conditions existed. However, I was about as puzzled as anyone else in explaining why we permit them to continue. Now I may have a glimmer of enlightenment that I want to share with you.

It has always intrigued me to think about why antivivisectionists are so passionate in their beliefs concerning the use of animals for scientific experimentation. To me, animals have always been creatures to enjoy, to act kindly toward, and not to inflict any unnecessary punishment on. I believe this is the way most thoughtful human beings view the animal kingdom. I think of myself as a reasonable man. I have no interest--in fact I have revulsion--in inflicting unnecessary pain on any creature. However, I would be less than candid if I did not admit that stories about carefully controlled, and apparently necessary, animal experimentation never offend me. Further, I have never really lost any sleep or had any sustained grief in hearing about or observing cruelty to animals. I do not enjoy such spectacles. On the other hand, I have never been motivated enough to directly intervene to prevent them. However, there are people, some of our closest friends, who cry real tears and display deep emotions when confronted with cruelty to animals. During this study I began to understand, finally, why antivivisectionists are the way they are and why I am so different. Further, I began to understand how human beings can be treated so dispassionately and cruelly in institutions. Antivivisectionists must conceive of animals in ways other people conceive of human beings. If you look at the antivivisectionists in this light, it is not difficult to understand their anguish in observing inhuman behavior to animals. On the other hand, certain human beings have been taught or trained--or this is part of their nature--to conceive of other human beings in ways that most of us think of animals. If this is so, it is not difficult to understand why, and how, institutional attendants and their supervisors can treat the mentally retarded in the ways they do. It is not that these attendants are cruel or incompetent people--although, all too often, they are--but they have come to believe, for various reasons, that those in their charge are not really human. The words that are used in institutions describing certain mentally retarded residents give substance to my notion. When one views a group of human beings in an official kind of way as "material," an increased per capita expenditure for resident care and additional staff is not sufficient alone to bring about the massive changes in institutional treatment that are necessary. The use of such terms as "basket case," "vegetable," and others too offensive to record here indicates that the basic problem to be surmounted before state institutions for the mentally retarded will change substantially lies in the realm of our conception about human behavior and its amenability to change. Or, as Sarason has said: ". . . When one looks over the history of man the most distinguishing characteristic of his development is the degree to which man has underestimated the potentialities of men." Whatever ways we implement a program to reconstruct the philosophy and practices of institutions for the mentally retarded, our most forceful thrust must be in our attempts to reconceptualize our understanding of the nature

and prerogatives of man. More important than the desperately needed increased per capita expenditure for institutional care, more important than the obvious necessity to reduce the size of institutions, more important than the alleviation of the now hopeless crowdedness of most institutions, is the necessity for infusing a fundamental belief among all who work with the mentally retarded that each of these individuals is equally human, not equally intellectually able, not equally physically appealing, but equally human beings. Carl Sandburg stated this much more eloquently than I could: "There is only one man in the world: and his name is ALL MEN."

Afterthoughts

It is many months since I have visited the institutions described here. During that time I have shown and discussed this story with a formidable, very heterogeneous but carefully selected, number of individuals. Their backgrounds range from those in very high public office to undergraduate college students preparing as special class teachers. The sentiments of the aforementioned individuals, and others too numerous to mention, convinced me that this story must be brought to the American people as speedily as possible. In discussing this work with my colleagues, I have been able to resolve some of my anxieties insofar as the possible adverse consequences of publication of this story. Further, I have been able to finally conceptualize a plan (presented later in this monograph) that might correct those antecedent conditions that led to the horror I observed.

The major questions that dictated caution and painful deliberation before a thoughtful answer could be found concerned themselves with whether or not this work represented an invasion of privacy of certain individuals, on the one hand, and whether the general public has a right to be protected from the knowledge of degradation, on the other. Insofar as the first matter, invasion of privacy, is concerned, I must question privacy on moral grounds. I believe that the so-called privacy of the back wards of these institutions contributes to suffering, for outsiders do not know the conditions within these buildings and, therefore, do little or nothing to promote improvements. When privacy contributes to suffering, it loses its significance as a cherished privilege. For those who could so reason, I do not believe that there would be many in the institutions who would object to my exposure of these frightening conditions if such exposure offered some possibility for a better life and chance for the residents. Lastly, as I discussed this issue with a number of people, I began to wonder whose privacies were being protected, institutionalized residents or the rest of us?

This leads to the second consideration. Do people have a right to know, whether they request this knowledge or not, the unvarnished nature of human activity? In order to avoid hysterical reactions to this study, I have deliberately shied away from comparisons of what I have

seen with what took place in another country, with other kinds of human beings, toward the solution of other problems. I do not want to, in any way, leave the impression that what goes on in American state institutions for the mentally retarded is, by administrative design, barbaric, inhumane, or callous. However, I see certain obvious major problems, not the least being the general public's unawareness of conditions in our back wards.

The American people have the right to know. In spite of what we wish to know, in spite of the pain that knowing may bring to us, we have the right to be informed about any serious conditions that affect the human condition. There is a maturity that comes to a people when it no longer needs the protection of ignorance and, thus, of ignoring what needs to be attended to. Only very young children, with their fantasies, or sick adults, with theirs, believe that ignoring a problem can make it go away.

Postscript

One thousand copies of Christmas in Purgatory were published and distributed during the summer of 1966, without cost, to prominent legislators, commissioners of mental health, university professors, and leaders of the parent movement in mental retardation. It is not necessary here to discuss the flood of extraordinarily encouraging mail and calls I have received in response to this first edition of our book. It may be instructive to mention some of the negative, or otherwise puzzling, comments and hectoring that came to me.

One well-intentioned clergyman believes that I exhibited bad taste in reproducing photographs of nude men and women. An acquaintance in our field thinks of our work as a fake, the immoral use of a concealed camera comparing the atypical worst I had seen with "posed pictures" theatrically staged at The Seaside. A wise and beloved Commissioner of Mental Health asked me whether these conditions exist in his state's institutions. (How can I tell him about something he, as the principal responsible officer, should be aware of--and doing something about?) In another state that I have deep feeling for, a legislator who has championed mental health legislation circulated copies of Christmas in Purgatory, in the vain hope that it would help in the passage of social welfare legislation. He received scant support from his own party, who did not want the "opposition governor" to gain stature through such legislation in this an election year. The bill appeared doomed for many weeks, but subsequently passed, owing, I have been informed, in some part to the influence of our book.

I have just finished rereading C.P. Snow's two great essays on "The Two Cultures and the Scientific Revolution," in which he presents compelling arguments for viewing with alarm the completely separate paths trod by literary intellectuals and scientists. After reflecting

on Snow's thoughts, one would have to be slow indeed not to realize the threat posed to society when two powerful cultures cannot or do not communicate and are often working at what appear to be cross purposes. However, there is another, far greater, danger to society!

For better and worse, the literary and artistic crowd and the scientists both have secure and powerful roles in our civilization. Will there ever be a day for the "literal" humanist? Is it the fate of mankind--for this is his history--to deny our human relatedness and the goodness that can come from it? We have all been, in our time, strangers in the land of Egypt and, consequently, must not willfully wrong any stranger--for he is our brother.

Albert Camus wrote, "Again and again there comes a time in history when the man who cares to say that two and two make four is punished with death." I have written the truth, as plainly and as simply as I see it--not for money or fame, for there has been very little of either connected with this assignment and there has been a good deal of grief. I would be surprised if this work changes radically the nature of institutions. My current depression will not permit such grand thoughts. On the other hand, as Camus wrote further, "Perhaps we can't stop the world from being one in which children are tortured but we can reduce the number of tortured children."

In spite of those who protest this presentation, there will be no turning back; the truth can no longer be concealed. Some good must come from all this pain and anguish to so many institutionalized residents and their families. Once seeds are sown, one only has to wait for the crop to harvest. It has also been said that, when the bellman is dead, the wind will toll the bell.

So hurry, wind! Or revive yourselves, noble bellringers.