

Willowbrook: Debates go on and so do the wasted lives

By SYDNEY FREEDBERG

A 36-year-old man in a straitjacket is led by an attendant to a stark hallway far from the confusion of the main ward.

The attendant, acting on orders, loosens the overgarment that binds his body, especially the hands.

With an aimless, jerking motion, he raises his left hand to his face and strikes. Hard. And again. To the other cheek, this time.

By the fifth blow his face is an illumined red mask, but the man shows no sign of pain.

The violent motions, rhythmic and steely cool, proceed like clockwork in this stark hallway.

The man shoots back an occasional glance through watery azure eyes. With-

out restraints, though, he's still not free. The eyes never discover other eyes.

But when the attendant takes the long-sleeved blue canvas into his hands, the jolts to the face stop. At once.

The conditioned man stands at attention like a captive warrior. He says nothing. He just stretches his arms to the fullest, halfway between head and face, and awaits his shackles.

With demanding exactness, the attendant rejackets the man, making sure shoulder and arm straps are fastened tightly at right angles. Packaged now, this troubled human mind is kept from wreaking havoc on the body.

It's about 10 o'clock in the sunny morning in Willowbrook Developmental Center's barren Building 9, home for 128 grown retarded men, most with the mental age of infants.

The man in the straitjacket is led back to the darkened ward to which he's been assigned for more than a generation.

There, amid concrete walls that are the boundary of their world, he and about 30 others await feeding.

The building supervisor and an institution administrator stayed behind that day to offer an explanation one that was later disputed by other professionals.

Those at Willowbrook explained they don't know why the man continuously hurts himself.

His sorry fits of rage, they said, have been occurring for years, and the psychologists, psychiatrists and therapists never have been able to unravel his

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strange behavior and complex emotions.

During the man's endless cycle of institutionalization, everything possible had been tried for him. Aversive conditioning, reinforcement, behavior modification, drugs — nothing seemed to work.

Physical restraints tended to stop the man from "killing himself," but straitjacketing is recognized as impractical, desperate and cruel.

The Willowbrook administrator suggested that perhaps he might be the perfect candidate for a new chemical therapy using lithium carbonate, a drug plan being considered for Willowbrook but encountering much opposition from parents. Other psychoactive substances had been tried once, but all proved fruitless.

The ward supervisor admitted that the man had been taught to feed himself and that while eating, he is never self-abusive. But because of his abnormal, body-destructive behavior, he had been deemed "not ready" for education programs or activities in other daily living skills.

That was the official explanation given for the man's life. But other professionals at Willowbrook and elsewhere refused to concur, rejecting fully this locked-in vision of despair.

By those who do not know him, the man in the straitjacket is described as a tragic example of man's inhumanity to man, treated with cruelty in Willowbrook's bad days and with indifference now.

When he was a boy, one psychiatrist conjectured, growing up in a large, overcrowded, understaffed institution, he received no personal attention and was deprived of all sensation. Alone, curled fetalily on a ward floor, he found, through constant striking, a way to stimulate himself.

Left to itself in an unstable environment, an unstable personality grew worse. The institutional setting engendered masochism and, with time, the habits became fixed.

The mind, it was explained, is an endlessly complicated organ but one thing about it is clear: It grows by use and atrophies by disuse. Perhaps had the man been treated without restraints — physical or chemical — his behavior now would be more normal.

After all, a sedated child grows unaware of the things around him. He's left to vegetate, some psychiatrists maintained, and to find satisfaction

from his own limited abilities.

It was suggested that kindness and love might have had a more favorable effect. Surrounded with affection, handled with devoted patience and stimulated with fondling play and active programs, the man in the straitjacket might have developed a more stable personality.

Everything should have been tactile, the program director of a non-profit, upstate facility remarked. With touching, hugging and kissing, retarded people grow and alert themselves to their surroundings.

Non-Willowbrook experts agreed it would be hard to change the man's behavior now. But taking him out of that straitjacket, giving him something meaningful to do and showing him some love might be a start.

It takes time, knowhow, money and endless devotion, they warned. And if the idealistic treatment affords only little hope for the man in the straitjacket, it might promise more for the (retarded) children.