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Remembering Agnes

A Lesson in Nonviolence

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very adept at praying in those days, I prayed for a sign.

The sun was beginning to set across the woods when I started back towards the hospital. In the front hall I ran into an attendant's wife. She gave me a rather odd look. "Guess what?" she said. "I've just been talking with a friend of yours."

"A friend of mine?"

"Yes, Agnes Holler."

"You've been talking to Agnes?" I repeated, feeling stupid. "Agnes hasn't talked to anyone in years."

"Yes, Agnes," Florence said. "This was the day she was scheduled for a lobotomy. They were shorthanded and they asked me to help. I was there when they operated. And, you know, it worked. For the first time in 22 years she talked coherently. And Marge, you know whom she talked about? You. She asked where you were and how you were. She said, 'How is that nice Mrs. Bacon? She is the only friend I've had since I came to this place.' It seems like a miracle, doesn't it?"

I continued to stare at Florence while wave after wave of reaction swept over me. The love I had felt for Agnes because she had helped me overcome my fear. Perfect love had cast out fear instead of the reverse. I hadn't known before that, imperfect as I was, I could be the channel of such love. And the fact that that love had found its way through all the barriers of Agnes' madness and isolation to the essential miraculous person inside.

"Yes," I said slowly, "like a miracle, a sign." I began to cry.

Cover photo: Margaret (eating apple) and Allen Bacon (front left) take a rest with friends on the hospital grounds.

also came to know the medical and social work staff intimately.

Though I had worked before, most of my jobs had been in settings with like-minded people. This was my first job in the real world, and I was frequently disillusioned by the selfish and manipulative behavior that I observed within the hospital staff. One doctor, addicted to giving shock treatment, left for private practice, taking his favorite patients with him; a social worker plagiarized an article I had written; one staff member eloped with the wife of another.

On what were we basing our conscientious objection to war but a belief in the goodness inherent in people; that there was that of God in everyone? But how could we hold on to such a belief when we saw fear and cruelty in the wards, and deception within the staff? As we heard more and more about the concentration camps in Europe, and as several friends decided that they must leave CPS camp and join the Army, I became less and less sure that I really believed in the power of nonviolence.

It all came to a head one beautiful September day of the second year I spent at Sykesville. I had had several experiences that rocked me, and I took a solitary walk over the fields to think it over.

I knew that I simply could not go on with this life I had chosen, a life based on the premise that humans could learn to live with one another in peace, until I began to have a little faith in the good inherent in the human race, and in myself as well. I kept seeing only the worst in myself and in others, and like a self-fulfilling prophesy, I kept experiencing the betrayals I expected. I needed to believe, I thought; and though I was not

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In contrast, South IA, the men's violent ward downstairs, was entirely under the charge of conscientious objectors, and was a place of relative quiet and harmony. Originally, it had taken five strong men to run this ward. All four of the special locked isolation cells had been kept full; some with two or three patients jammed together, augmenting each other's madness. After the COs were placed there, the locked cells were often vacant, and the administration reduced the number of attendants to four, then three, sometimes only two.

What had happened to make the difference? For one thing, Allen and his colleagues were not afraid of their patients. Instead, they genuinely liked some of them. At night Allen would often speak of them, describing this one's improvement, that one's depression, another's visit from his wife. This sort of friendly interest restored the patients' badly eroded sense of dignity and spoke to the healthy self in them. Later we learned that COs in other hospitals had the same experience. Out of the CPS experience in mental hospitals came a significant new mental health organization (the Mental Health Association of Southeastern Pennsylvania) with major impacts on the deinstitutionalization of mental patients.

After three months on the wards I was transferred as promised to the social services department, where I was trained to be the admissions worker, interviewing the new patients and their families when possible, and arranging for a subsequent meeting with each to take a case history. It was not an easy assignment, and having a secretary who did not speak to me on principle did not make it any easier, but I learned a great deal. I

under treatment, South IIA and South IIB. Treatment at that time consisted almost entirely of electroshock or insulin shock therapy, an effort to disturb delusional thought and behavior patterns by producing a temporary amnesia. Supposedly patients received some psychotherapy along with the shock treatments, but with few trained doctors and a high patient ratio, this almost never happened. There was no knowledge of the use of drugs to deal with various psychoses in those days. It was shock or nothing.

The patients hated shock therapy and fought it. The COs and their wives were regularly called on to assist in bringing the patients to the shock room and holding them down during their convulsions. We disliked it intensely, but saw no alternative short of leaving the hospital.

South IIA ward was the worst assignment of all. It was run by a militant woman attendant, Mrs. Jones, who believed patients understood no language except force, and acted accordingly. Whenever she was present the ward was in a constant state of turmoil. Every locked cell had one or two tenants; elsewhere women were imprisoned in straight jackets. Screams rent the air.

Any effort to practice nonviolence on this ward was immediately undone by Mrs. Jones. She hated the COs, and objected to having their wives assigned to her. She demanded that we join her in tying the patients into camisoles, and then criticized our knots. I detected that behind her violence was a deep-seated fear of the patients. If perfect love casts out fear, I thought, then perfect fear casts out love.

REMEMBERING AGNES: A LESSON IN NONVIOLENCE

Whenever I try to trace back my faith in that of God in every one, and the power of nonviolence, my thoughts go back over 50 years to World War II and my experiences in a state mental hospital. And I think about a woman patient called Agnes Holler, and all that knowing her taught me about violence and about myself, and the indestructible power of love.

My husband, Allen, was assigned to Springfield State Hospital in Sykesville, Maryland, as a conscientious objector in a Civilian Public Service (CPS) unit during World War II. After a few months I was able to join him as a ward attendant with the promise of a job in the social service department after three months.

I arrived on a rainy day in March 1944. Allen had already learned that I was to be placed at first on the female Tubercular Ward at Hubner, the central administration building. This was regarded by the other attendants as an easy job. The TB patients were generally too old and too feeble to offer much fight, and the work of the ward attendants was more involved with nursing than with trying to restrain disturbed patients. There was some risk of catching the disease, but I was assured that by means of X-raying the attendants regularly, requiring everyone to wear a mask, and a routine of constant hand-washing, this risk could be minimized.

If this were not good fortune enough, Allen himself had been transferred to the violent admission ward, South IA, in the

Hubner group, so that we could work and eat our meals in the same building. The older, more experienced CO couples told us that we were very lucky. In the early days of the CPS unit, the COs were despised by patients, attendants, and administration alike. The attendants in particular saw these college kids, too “yellow” to go to war, as a threat. We came, took over jobs that the attendants had held all their lives, and claimed that by doing so we were making a comparable sacrifice to going overseas to fight—doing work of national importance, as the Selective Service Act read. But when the war ended we would go back to college, or to our white-collar careers, and the attendants would go on doing the dirty work, which was the only work they knew.

This source of bitterness, combined with outraged patriotism, produced an ugly hostility. Many of the female attendants had husbands or sons in the service, and regarded it as an act of loyalty to these faraway loved ones to hate the COs. Some of the attendants persuaded violently disturbed patients that it was the COs who were responsible for their troubles. Or walked away when the COs or the CO wives were in trouble with hard-to-control patients. Or simply left all the hardest and dirtiest work of the ward to the despised “conchies.”

But now, the old-timers assured us happily, things were very different. The mood had changed; the administration was beginning to realize that it could not run the hospital now without the COs, and to act accordingly. Some of the most bitter troublemakers among the old-time attendants had left; the rest had lapsed into sullen hostility. COs were given more and more of the responsible jobs, and their wives were hired as nurses

heard a word I said. The nurses told me it had been years since she had spoken a word beyond her incessant mumble. I think the other attendants thought I was crazy to chatter away to her, but I was lonely on the ward where no one spoke to me except to give orders, and talking to Agnes helped to pass the time.

Besides, in a curious way, I became fond of Agnes. She was the Everest I had climbed, the clay I had potted, the lion I had tamed. As I overcame all fear of her, I felt close, closer than with many of the other patients I subsequently knew. And as fear waned there became room—as there usually does—for affection. I had a warm feeling for Agnes, and being with her became the bright spot of my day.

I did not stay long on the TB ward. After six weeks the doctors took a patch test on my back and it came out negative. This meant that I had no TB antibodies (the price of a protected childhood) and was therefore a prime target to catch the disease. I must be moved immediately to another ward. I did not want to get sick, but in a way I was sorry. I was familiar with the ward routine, and I knew most of the patients. But most of all, I found I was reluctant to leave Agnes. On my last day on the ward I gave her an extra long bath and I realized that I was going to miss her in a funny way. I told her I was leaving but would return to visit, and I said goodbye, but of course she did not respond.

I spent the remaining six weeks of my time as an attendant moving from ward to ward in the Hubner Group. There was the infirmary ward, housing many recently admitted senile women, and a few who were ill and dying; and two wards for patients

her carefully with a large white towel and put a clean robe on her. I even tried to comb the matted hair, but Agnes jerked away roughly.

“All right,” I told her, “but some day I’ll comb it, and I won’t hurt you.”

I took her back to her cell then, and locked her up, and spent the rest of the day scurrying around, trying to keep up with Miss Deckert’s orders. It was clear that I was going to get the most work and the dirtiest jobs on the ward. But then, I was the new girl. I was young and strong and I did not mind so much. I was tired but triumphant. It was just a job, and I could do it, as I had done other jobs before.

From that day on, Agnes was my special charge. Everyone began to notice that she was more docile and tranquil with me than with the other attendants. I was therefore the one to bathe and feed her, to take her X-ray, to try to take her temperature. I cleaned out her cell, and combed her hair, and even once cleaned her fingernails.

Not that I effected some great change in Agnes. She grew, if anything, worse during the period I worked on TB II. Her mumblings were more rapid and abstract; back in her cell she inevitably tore off her clothes and threw her food about. At night, and on my days off, she was reportedly the same old hellcat, attacking the attendants when given the least opportunity.

Even though she acted differently with me, she never gave the slightest sign of knowing I was there. I talked to her as I bathed and fed her, but there was never any indication that she

or social workers.

I should have been reassured, but I spent the night before my first day of duty on the ward tossing and turning, my heart thumping painfully. In vain I reminded myself how quiet the TB ward had seemed when I had visited it, how pleasant the attendants. I was sleepless until the small hours of the morning, then fell into a restless doze. All too soon the alarm was ringing and we were on our feet, fumbling for our clothes in the dim light of dawn, on our way to the 5:30 AM breakfast.

“Oh, so you’re here,” Miss Deckert, the charge nurse, said when I arrived at the ward promptly at six. She showed me the little attendants’ room where I could leave my things, then took me to the nursing station and pointed out the patients’ charts on which I was to mark their temperatures. Since few of the patients could be trusted with a thermometer in their mouths, all temperatures were to be taken rectally. Miss Deckert helped me with the first few, then, seeing that I could manage, went off to take care of other matters.

I completed the round of temperature taking without incident and began feeding bed patients their breakfasts. After this it was time to fetch bedpans and change sheets, and give bed patients their baths, while the charge attendant gave out medicine and fresh sputum cups. After the long night of terror, the work seemed easy, and my spirits began to soar.

Toward the end of the morning Miss Deckert looked up and, seeing me pause momentarily, remarked that if I had nothing better to do I could give Agnes Holler a bath. Since all the patients were one blur to me, I had no idea who Agnes

Holler was. Miss Deckert solved the mystery by indicating a locked door at the end of a short corridor adjacent to the nursing station. "Watch out when you open the door that she doesn't get away from you," she cautioned.

I took the key she proffered, walked down the hall and peered into a small window of thick glass, reinforced with metal wiring. The cell into which I looked was sunlit, tiled, and perfectly empty except for a creature huddled against the wall. It was a young woman I saw, tall and rather well built, but painfully thin, with wild black hair and distraught features. She was totally naked.

I looked back at the nursing station. Miss Deckert and the other attendant, Emma, were watching me, smiling. It was not a friendly smile. I caught a sudden vision of myself as I might seem to them: prissy, polite, pretending that I found their work—their lifelong work—something I could pick up in a morning. Go ahead, they were thinking, go ahead and let's see what your college education does for you now.

I took a deep breath and put the key in the lock.

"Come, Agnes, I am going to give you a bath," I said as quietly as I could.

Agnes remained in her corner, oblivious, mumbling. It sounded like some sort of shopping list she recited, although only occasionally would I catch a scrap of it: "...and little yellow place mats, and yellow bath mats, and little lilac tea towels."

"Come, Agnes," I repeated.

For a moment she continued to mutter. Then suddenly she came toward me, arms upraised, and I saw she meant to strike me.

Senior lifesaving drill came to my aid. I caught one raised arm by the wrist, pulled her across me, and pinned her arm to her back. I was now behind her, and I held on tight while she struggled against me. She was strong, but sick; I could feel the heat of her fever and the sharpness of her bones through the thin flesh of her arm. Pity replaced my fear, and I relaxed my grip a bit. "Come Agnes, I am going to give you a bath," I repeated again.

Holding her still in front of me, but more loosely, I led her to the bathroom, turned on the water with my free hand, and guided her into the large old-fashioned bathtub. As it began to fill with warm water she relaxed, and her mumbling resumed: "...and little yellow place mats and little violet bath mats." Perhaps she was planning a bridal trousseau. I was no longer there. In fact, I had never been there, except for that one moment when she lunged. Knowing this, my fear subsided still further. I was eager to get her safely back to her cell, but I took time to get her clean, and even talked to her a little as I scrubbed.

"How are you getting on with Agnes?" Miss Deckert asked from the doorway.

"Just fine," I said, busy with my washcloth.

"Keep your eye on her," Miss Deckert said, uneasily. "She's apt to jump out of the tub at any moment."

"I'll be careful," I promised. I could see that she was surprised at how docile Agnes seemed, and how collected I appeared. Surprised and perhaps disappointed. I felt a glow of pride. After she left I helped Agnes out of the bath and dried