

INSTITUTE OF CURRENT WORLD AFFAIRS

JLS-12 LOOKING FOR SANITY (5)

Two Women at Bellevue

29 West 17th Street
New York, New York 10011
February 11, 1975

Mr. Richard H. Nolte
Institute of Current World Affairs
535 Fifth Avenue
New York, New York 10017

Dear Mr. Nolte:

"If anything happens, drop to the floor and stay there. We've got two bad ones today--killed six people. I don't know if anyone's told you."

So I thanked the Court Officer for his warning and retreated from my front row seat to a chair along the wall. The courtroom is on the seventh floor of Bellevue Hospital and, in contrast to the parts of the building through which one passes to reach it--forlorn hallways with years of hand-prints on their walls, an elevator uncomfortably packed with patients in hospital clothes, visitors, staff, a wheelchair, foodcart, and an elevator operator who stopped at every floor--the courtroom is bright and cheery and spotless. There are white walls with dark wood wainscoting, heavy wooden ceiling beams, a long raised platform for the judge, and forty dazzling yellow plastic chairs for the clerk, stenographer, lawyers, families, and spectators. As outsiders are routinely excluded from the hearings, there was but one spectator in the room, namely your present correspondent. I had requested and received permission

Jeffrey Steingarten is an Institute Fellow investigating the relevance of psychoanalysis, psychiatry, and law.

to attend two court sessions at Bellevue and one at Manhattan State on Wards Island. The judge and court personnel had been notified that I would be there.

"All rise," cried the clerk, and we did, and Judge Herman Gold appeared through a door behind and to the left of the raised wooden platform: a kindly-looking judge, maybe sixty years old, sporting what I guessed was a Florida suntan. New York State Supreme Court judges are assigned, each for four weeks a year, to preside over Special Term Part Two motions and hearings at public mental hospitals.

First came the criminal calendar. As the clerk called the name of each case, an officer brought in a defendant and his attendants, sat him down at a table directly in front of the judge, and stood nearby to watch for trouble. Representing the defendants were Legal Aid Society lawyers or "18B" lawyers (appointed from a special panel in homicide cases, which Legal Aid does not handle). And there were also lawyers representing the offices of the State Attorney General and the Manhattan and Queens District Attorneys. One defendant requested a change of attorney. A second moved to withdraw his petition for transfer from a criminal to a civil mental hospital in exchange for transfer to a private facility. All the other cases were adjourned because some participant was not ready, either one of the lawyers or a court-appointed psychiatrist who had not had time to see the defendant and make a judgment on his competency to stand trial or on his dangerousness. In shuffled the defendants ("thorazine shuffle," it's called), motion for adjournment made, reasons given, brief discussion. "Granted," said Judge Gold each time, quickly and in a low voice, and out shuffled the defendants. At one point a Bellevue psychiatrist appeared from somewhere downstairs to object that one defendant, who had been a boarder at Bellevue for two months while waiting for his case to be heard, belonged

at Central Islip, and that this kind of thing happened too often and was a strain on Bellevue's facilities. The judge said he appreciated the problem but could not do anything about it himself, and delivered a very brief lecture to the lawyers, who looked very briefly embarrassed.

The criminal and state hospital calendars were finished, most of the lawyers cleared out, and the atmosphere relaxed. The officer who had warned me earlier walked over and told me that the danger was past, and I could safely sit wherever I liked.

There was one case on the hearing calendar, a woman who had been admitted to Bellevue on a two-physician certificate, a 2-P.C., and now, represented by a lawyer from the Mental Health Information Service, sought to be discharged. Mrs. Esperanza, 35, her hair a bit unkempt and wearing hospital clothes, walked slowly into the courtroom with an attendant by her side and was seated at the table before the judge. An interpreter sat to her right and whispered into her ear a simultaneous translation of everything that was said.

The first witness was a young Bellevue psychiatrist, a Dr. Singh, who opposed Mrs. Esperanza's release and recommended that she be transferred to Manhattan State for an indefinite period. The MHIS lawyer, a woman dressed in black, questioned him first about his credentials, a customary means for accrediting or, as in this case, discrediting his testimony. Dr. Singh, a Southeast Asian by birth and medical training, said that he was licensed as a psychiatrist in New York State, where he had worked only at Bellevue, had an appointment, unspecified, at N.Y.U., was a member of no professional medical groups, and had not published in any learned journal.

He said that Mrs. Esperanza had been taken to Bellevue in the midst of a psychotic episode during which she had heard

the voice of God telling her to kill herself, that she had neglected her children, had brandished a knife at them, and had walked about "in the nude," and that her record showed four previous psychiatric hospital admissions. Each time she was released, she had not shown up at the out-patient clinic as she was supposed to, had stopped taking her medication, and had again begun to act strangely. He said that she was afflicted with a mental illness, though it would be purposeless to assign a formal diagnostic label to it. When the lawyer asked if he knew about Mrs. Esperanza's previous history from personal knowledge, Dr. Singh said no. The court reporter frequently asked Dr. Singh to repeat a word or phrase he had mispronounced. Now and then the judge's secretary helped out when after a few tries, the doctor had still not made himself understood.

It is true, conceded Dr. Singh, that Mrs. Esperanza's condition had improved markedly during her weeks at Bellevue, but if she were released now, he said, she would do as she had done in the past because she had not achieved any degree of 'insight' into her problem. Her children were in danger, and there was a social worker in the courtroom who would testify to this. 'Insight' is a curious word in psychiatry because it has so many divergent uses. Dr. Singh did not intend that Mrs. Esperanza be kept at Manhattan State until she had understood the deepest causes and detailed workings of her illness because neither Dr. Singh nor probably any other psychiatrist understands the deepest causes and detailed workings of her illness. He meant that Mrs. Esperanza must learn that she is seriously ill and that unless she takes her medication, she will experience another psychotic episode. The effect of this use of 'insight' is to require the patient to admit that he is sick before he will be released. Dr. Singh said that, while he did not know how long it would take, a minimum of three months at Manhattan State would be needed, and he seemed to think it would take quite a bit longer than that.

Then an independent psychiatrist, appointed by another judge several weeks before, took the stand. Dr. Weiss is a Park Avenue doctor, an Adjunct Assistant Professor at Columbia, a member of several professional groups. He wore a stylishly cut, expensive-looking blue suit, and his face was urbane and intelligent. He had read Mrs. Esperanza's record, he said, and had interviewed her for two hours with the aid of an interpreter. She had been friendly and cooperative, her speech coherent and relevant, her emotional response full and appropriate. Her hallucinations had disappeared. Her illness might be related to the cultural differences between the tiny village in Puerto Rico she had left six years ago and the Lower East Side of Manhattan where she lives now, and might be related also to her husband's leaving her shortly after they arrived in New York. It is true, Dr. Weiss said, that Mrs. Esperanza was acutely psychotic, probably schizophrenic, paranoid type, and would likely take this sickness to her grave. But she was well compensated with the help of medication, which she had stopped in the past only because it made her feel tired. Dr. Weiss had assured Mrs. Esperanza that her dosage could be regulated during the day to take care of this problem, and she had understood the need to continue the medication. Therefore, he said, she had sufficient insight, did not require a stay at Manhattan State, and with the assistance of an after-care program approved by the judge, would get along well enough at home. He understood that Mrs. Esperanza's uncle was in the courtroom, would make sure she showed up at the outpatient clinic, and would watch out for the children's welfare.

When Dr. Weiss was done, Judge Gold told him he could leave the courtroom. Then Dr. Singh asked the judge to hear from the social worker who had investigated the state of Mrs. Esperanza's household.

No sooner had the social worker taken the stand than Dr. Singh, much to the apparent surprise of everyone, sprang up

to play prosecutor. "Please tell the court, Mr. ----," he began in a suave courtroom style he may have picked up from the movies or the Watergate hearings, "what you saw when you visited Mrs. Esperanza on" The social worker, a 45-year-old, kindly, timid civil servant with short gray hair and a thin gray mustache, began his parade of horrors: there, asleep in her bed in the middle of the day, had lain Mrs. Esperanza, leaving her children unattended in the kitchen, where there was a large hammer that could have....

Judge Gold soon cut in: "We know all that. It's in the record." The social worker stepped down from the stand and a discussion ensued between the judge and the MHIS lawyer, with occasional assistance from Dr. Singh. The judge, who did not appear to side with either of them, told the lawyer to prepare an after-care plan with a Puerto Rican family agency, submit it to him in two weeks when he would be back at Bellevue, and have the uncle ready to testify. The judge said, "I have no objection in my philosophy to sending these people home. But you have to ask, 'Is it good for her?'" He talked about the differences between life in rural Puerto Rico and in Manhattan.

The interpreter and an attendant walked to the door with Mrs. Esperanza. You could tell that people who knew her had affection for her.

After Judge Gold adjourned the session, I spoke with someone who was unusually familiar with Judge Gold's thinking in these matters. He said that Gold wanted to "bring the doctor around to his way of thinking rather than overrule and possibly demoralize him. The lawyer will come in with a plan, and the doctor won't be able to pick it apart, and the judge will let Mrs. Esperanza go home. The uncle's presence was very important to the judge." I asked about the effect of the

independent psychiatrist's testimony. "Not too weighty. Judge Gold is generally more likely to believe a hospital doctor, who has seen the patient daily on the ward and spoken with her twice a week. You know, it's not hard for a patient to put up a good front in a two-hour interview."

"Don't you think her behavior on the ward is equally affected by confinement in a hospital?" I asked.

"Do you really think so?" he asked in reply.

I found my way to the ninth floor offices of the Mental Health Information Service. Spirits were high. Someone congratulated Mrs. Esperanza's lawyer for the way she had handled the case. I asked what they thought the judge would do, and from their answers I could tell that they realized neither how likely it was that Mrs. Esperanza would be released in two weeks, nor, on the other hand, how little weight Judge Gold may have accorded to Dr. Weiss's testimony. They attributed Dr. Singh's passion to another case a few months before which, in his first tangle with the Mental Health Information Service, he had lost. This had quickened his taste for victory.

I walked up to the 34th Street crosstown bus with the interpreter, a small woman in her early sixties who said she had worked for the New York Supreme Court for the past 32 years translating Spanish and Slavic languages. "If you want a graphic picture of Hell, that is it," she said, motioning with her head back in the direction of Bellevue. "Years ago when I started coming here, these people went around and around in my mind for days. Now, I'm not saying I'm callous, but it doesn't bother me so much any more."

Two weeks later I telephoned an MHIS lawyer to discover what Judge Gold had decided. He had ordered Mrs. Esperanza released from the hospital, over Dr. Singh's strenuous objections.

And later that week, when the lawyer had asked Dr. Singh to prescribe a two weeks' supply of medication to tide Mrs. Esperanza over until she could see the doctors at the Puerto Rican family agency--the same anti-psychotic drug that, Dr. Singh had told the judge, Mrs. Esperanza was too lacking in insight to take--he had refused. He said he would have nothing more to do with the case.

Next week at Bellevue there was a different judge, Robert Sepos, but the same court officers and the same problems. First the criminal calendar, then the state hospital calendar. Fred Stansky, Roberto Lopez, Michael Connor, Ramon Ramirez. Motions for continuance, motions for withdrawal of an order to retain. Granted. The People consent to a final order of observation. So ordered.

"Benjamin Hamilton from the pen, please. Attorneys note their appearance for the Court and for the record." The Legal Aid lawyer spoke briefly with Hamilton, a slight black man in a nylon sport shirt several sizes too large, and turned to Judge Sepos. "Your honor, the defendant tells me he thinks this is a set-up and wants to represent himself."

The judge agreed. Hamilton stood up, his body moving erratically from side to side. "Your honor, who is this District Attorney representing?" he asked.

"The government, Mr. Hamilton," answered Judge Sepos.

"What government? The government that doesn't govern. You should see the people the government keeps me down there with, people who...."

The judge read aloud from the psychiatric report before him. "Defendant is incompetent to stand trial within the meaning

of Article 30 of the C.P.L. Diagnosis on page 2. Arson. Ten previous admissions. Mr. Hamilton, you understand that in view of your previous hospitalizations...."

From time to time Hamilton continued his speech about the government. He seemed not to understand, though it was hard to tell. The judge signed an order to have Hamilton transferred to a state hospital until he is competent to stand trial, and the defendant was taken out.

Finally, an application by a nearby private hospital to transfer Mrs. Maria Paz to Bronx State for observation. A tall, bulky slow-moving woman in her late twenties with long wiry hair, dark except for two inches of bright red dye at the ends, was led into the courtroom. The interpreter helped her remove a navy-blue raincoat under which she wore a thin white jersey blouse. The court was silent as the judge read her file, silent except for Mrs. Paz's slow, nasal breathing.

The supervising psychiatrist from the private hospital was sworn in, a young, good-looking bearded man. "Your specialty, doctor?" asked the judge.

"Psychiatry."

"What exactly does that cover?" the judge continued with a hint of mischief. The doctor fumbled about for an answer. "Does it cover diagnosis?" asked the judge, perhaps for my benefit.

"Yes, your honor."

"Mental illness?"

"Yes, your honor."

"Humans?"

The doctor summarized the details in Mrs. Paz's file. The patient had been referred to his hospital on a 2-P.C. after she reported hearing voices telling her to kill herself, to jump on to the subway tracks or out the window. She had agreed to become a voluntary patient and had been given several passes to visit relatives. As her discharge neared, she had been reluctant to return home but was released just before Christmas with prescriptions for oral and intravenous medication. Three days later she reappeared, her symptoms had returned, and she was put on high doses of medication. Her diagnosis was "paranoid," and it now seemed to the doctor that further hospitalization would be beneficial to her and her 2½-year-old daughter.

Judge Sepos asked if Mrs. Paz had dangerous tendencies. Yes, said the doctor, she is dangerous to herself. Is suicide a characteristic of her disease? Yes, when she is overwhelmed by her impulses.

The lawyer from MHIS crossexamined. Had Mrs. Paz ever attempted suicide? No, but she constantly talks about it, and she does suffer from memory lapses. Is her disorder chronic or acute? Sub-acute, on medication. How long a hospitalization do you recommend? She should remit with a few months of medication while she is kept from hurting herself.

The lawyer, referring to the doctor's judgment that Mrs. Paz was dangerous to herself, asked whether this was merely a prediction. The doctor hesitated and said that patients do not try to kill themselves in hospitals. Had Mrs. Paz recently experienced hallucinations? The doctor replied that there was no evidence of this, but that anyway Mrs. Paz usually denied having had them. He said that Mrs. Paz cannot tell the difference

between her own thoughts and the voices she hears, an observation that has continued to puzzle me right up to the present moment.

Judge Sepos asked the doctor about an incident in Mrs. Paz's file in which she had allegedly tried to drown her daughter in the shower. The doctor said, yes it was in the file, but he had been unable to corroborate it. The judge read aloud from the file, for purposes of the court record: addicted to methadone, no plans for the future, dresses only in bedclothes, denies she is ill, need for hospitalization. Treatment is 1500 mg. of thorazine a day.

"Your honor," said the lawyer, "Mrs. Paz would like to make a statement." Mrs. Paz and the interpreter stood up. Mrs. Paz whispered something to the interpreter, who addressed Judge Sepos.

"Mrs. Paz says that she would like to go home to her sister's house."


There were no other witnesses, no social worker or court-appointed psychiatrist. Judge Sepos said, "The requirements of the statute are met. Mrs. Paz is mentally ill, in need of treatment, and is so impaired that she is unable to understand the need for treatment." Court adjourned. Some relatives walked with Mrs. Paz into the hallway and stood talking with her. Mrs. Paz thought she was going home. It took some time to explain to her that she was not.

Afterwards I asked the MHIS lawyer if she herself was disappointed in the result. "No," she said, "there wasn't a chance." I asked what would happen to Mrs. Paz. "The people at Bronx State will let her go before the 60 days is up. You see, there's nothing they can do for her."

I slumped into a plump chair in the hospital library to think things over next to a patient dozing under the potent influence of a baroque flute concerto on the record player. Sixty days at Bronx State for Mrs. Paz may not be the worst imaginable fate, but I wondered what had made Mrs. Esperanza's case so different from hers. Both women were diagnosed paranoid schizophrenic, both had heard voices telling them to kill themselves though neither had tried to do so, both had young children, both were said to lack insight, and both had relatives in the courtroom who were willing to help out. Perhaps it was only that the judges were different or that Mrs. Paz's hospital psychiatrist seemed somehow more credible than Dr. Singh or that Mrs. Esperanza was nicer looking. Perhaps the testimony of the court-appointed psychiatrist in Mrs. Esperanza's case really had made a difference.

Disparity in sentencing for crimes is a widely recognized and widely troubling feature of our criminal justice system. But the law in involuntary commitment cases seems to add a further source of arbitrariness and chance. The requirements of the law--dangerousness or mental illness, need for treatment, and impaired judgment--are designed to elicit psychiatric opinions, predictions and conclusions that are not uniformly grounded in discernible fact. And when two psychiatrists disagree, how is a judge to decide between them?

Sincerely,



Jeffrey Steingarten

Received in New York on February 14, 1975.