

Living in the Nut House

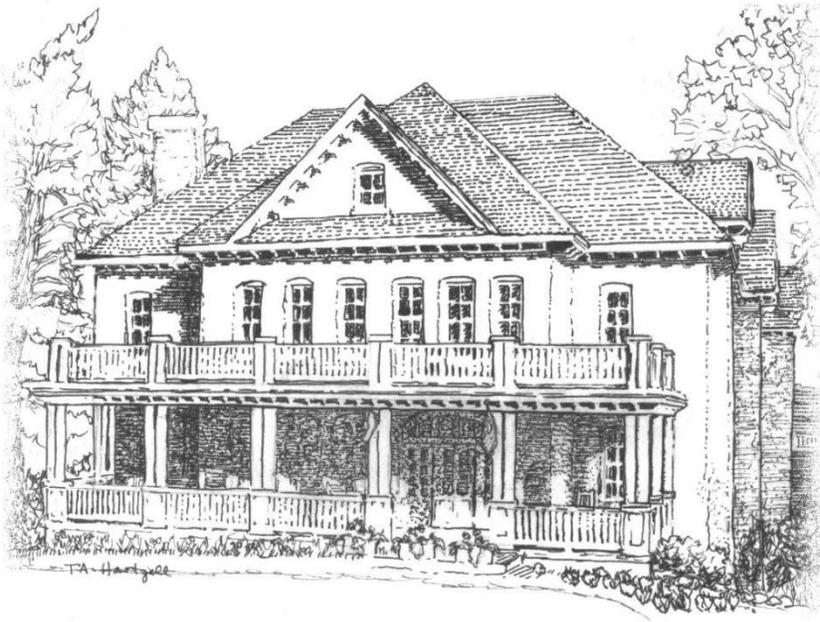
by **Richard Ault**

For five weeks last winter, I walked a half mile each morning from the "nut house" to my cancer treatments.

Munson Manor sits at the border of the campus of the Munson Medical Center and the old Michigan State Mental Hospital campus in Traverse City. When the mental hospital officially closed down in 1989, after years of slow decline, it was designated an historic site and preservation efforts resulted in what is currently known as The Village at Grand Traverse Commons. Munson Manor, now a gracious "guest house" for hospital outpatients and their families, was originally just plain "Building 27", built in 1903 for female mental patients.

Although we live only about an hour away, what with the vagaries of a Michigan winter and the potential for hazardous driving, my wife Pennie and I decided we would rather remain near the hospital for the five weeks of my chemo/radiation treatments and chose to stay at the Manor House.

Traverse City is the heart of one of the most beautiful regions on the planet, situated in northwest lower Michigan at the base of Grand Traverse Bay off Lake Michigan and surrounded by beautiful inland lakes and idyllic towns and villages—a tourist mecca and increasingly a magnet for retirees. Among these retirees, my wife Pennie and I live nearby on pristine Torch Lake. However, as a kid growing up in the 1940s about three hours south in Saginaw, I and most of my friends knew Traverse City simply as the "nut house." As the location of one of the three state "mental asylums," it was where they sent the crazy people. "You should be in Traverse," was an insult we used when one of us said or did something we thought a little wacky.



But that was just the beginning of my long experience with this place.

As an undergraduate at Central Michigan University in the late fifties, I was a double major in English and Psychology, taking a class in Abnormal Psych as a junior and Clinical

Psych as a senior. Each year the combined classes took the two-hour bus trip from our Mt. Pleasant campus to the mental hospital in Traverse. We first met in a large conference room and were introduced to a few of the "milder" neurotic patients, who were interviewed by hospital staff and then took questions from our group—sometimes fascinating but fairly tame stuff for the most part. But then came the real horrors of the place. We toured some of the most disturbed wards and witnessed firsthand every form of psychoses imaginable—a scene reminiscent of the infamous Bedlam asylum in London. My gut churned. My mind swam. I concluded that I would rather be dead than suffer serious mental disease.

And then came my dad.

Several years after those field trips, my mother and father, both in their late sixties, were stricken with serious cases of the flu and had to be hospitalized in Saginaw. My mother emerged without further issues. But not my dad. Mentally he was completely fried and put in the Saginaw County Home. Soon I received a call in Kalamazoo, where I was living at the time, from my brother Chuck to come to the Saginaw facility for a "family meeting." We never had "family meetings", so I knew it was serious.

It was the first I had seen Dad since before his bout with the flu and it was awful. He was completely incontinent, wearing diapers, and hallucinating. We, his five sons, were told he was violent and uncontrollable and would not be allowed to stay there. He had never received a formal diagnosis to explain his condition. The five of us discussed his options. My four older brothers carried most of the conversation, not a surprise as I look back now given that I was ten years younger than my next closest brother. Finally, we voted reluctantly but unanimously that the State Mental Hospital in Traverse City was our only option. Though my brain was flooded with the haunting scenes I had witnessed there as an undergraduate, I fully respected and agreed with my brothers' conclusions.

I only got up from Kalamazoo to visit Dad twice. The first time I rode from Saginaw to Traverse with my oldest brother Jack. We sat with Dad briefly in his ward, a scene much like I had seen in my previous student field trips—scary but perhaps not quite so extreme—or maybe I was just witnessing the place through less innocent eyes. Jack then arranged for us to take Dad out for a short car ride. Along the way, we stopped for ice cream cones and then parked to enjoy them near a beach with a nice view of East Grand Traverse Bay. Dad was in the passenger seat while I was in the back. Jack—who was so much better at this sort of thing than I was—tried to engage Dad in conversation about old times, old relatives, and other normally familiar themes. Dad seldom said anything, and when he did, his comments were not very responsive. Then suddenly he opened the car door and tried to take off. We got him back in the car but the ride was over. Back to the mental hospital.

The second and last time I saw my father, Pennie (my wife to be) and I drove up from Kalamazoo for the weekend. On Saturday, I met my brother Jim and his wife Arlene at the hospital and the three of us sat with Dad on an enclosed porch adjacent to his ward. I remember little of what we talked about except that several times he complained that someone had been hurting him physically, maybe an orderly. Given his state of mind, we did not know whether to believe him or not. How could we know—he was crazy after all. At one point, out of the blue, he got up from his chair and stood over me. He stared down with a menacing glare as though ready to punch me. Did he take me for his

tormentor? Although I had been on the receiving end of his anger more than once as I grew up and remained afraid of him at that moment, I didn't flinch. I stared back directly into his hate-filled eyes. Thankfully, he backed off and returned to his chair. We took no action on his complaints about physical abuse.

The weekend was salvaged when on Sunday I took Pennie for a drive around Torch Lake. She fell in love with the shades of turquoise on Torch that day, and though it would take years to make it happen, we had found our future home. Soon after our Traverse visit Pennie and I were married and moved to Atlanta, Georgia, where about a year later we received the call that my dad had died.

My niece, Connie Ault Kinnaman, has become a passionate family historian, our own genealogist. She made the unfortunate discovery that it was not just my father who died from an extreme case of dementia, but so too did my great grandfather, my grandfather, and a grand uncle, all at the Traverse City State Mental Hospital. In those days, the disease was most often known as senility or hardening of the arteries. We can't know for sure if it was Alzheimer's. As knowledge about the disease has advanced in more recent history, however, we do now know that three of my four brothers were diagnosed with Alzheimer's, as well as three cousins from my dad's side of the family.

While only a small percentage of Alzheimer's cases are thought to be genetic, with my family history I am not comforted by those odds. Until my very recent journey with cancer, the Alzheimer's specter loomed as my only serious health concern as I have aged. I was known to boast that I was the youngest seventy-nine-year old on the planet—at least that I felt that way, leading an active life with no frequent aging issues such as heart disease, diabetes, or high blood pressure.

Despite my claims to good health and fitness, though, I have had a long, rather unfriendly, relationship with my gut, routinely suffering heartburn before new

medications virtually eliminated that problem. However, I continued to have frequent night time bouts of acid reflux. That led me some years ago to get an endoscopy, which revealed that I had a condition known as "Barrett's esophagus," in which the lining of the esophagus changes to tissue which is more like the lining of the intestine. About ten percent of us with chronic GERD symptoms develop Barrett's, and, while it does increase the chances of developing esophageal cancer, my doctors assured me that less than one percent of people with Barrett's esophagus develop esophageal adenocarcinoma.

Nevertheless, I continued to get regular routine endoscopies every three years with no signs of cancer. Until, that is, in November 2015, when my doctor found a tumor near the juncture of my esophagus and my stomach—esophageal adenocarcinoma. So much for those odds. As my doctor attempted to inform me what I now faced by way of a treatment plan, I could scarcely hear, let alone understand, what he was telling me. My brain and my stomach were swirling. The good news was that the cancer was diagnosed early, before I had experienced any of the usual symptoms such as difficulty in swallowing or unintended rapid weight loss.

The first thing I did when I got home was call Max. Dr. Max Wicha was the founding Director of the University of Michigan Cancer Center and is now Director Emeritus. He and his wife Sheila were once our summer neighbors on Torch Lake, owning the cottage next to ours. Max, a world-renowned authority on breast cancer, is also one of the nicest guys I know, and I have long said that, heaven forbid, if I or anyone close to me would ever develop cancer, Max would be the first person I would call. And I did. He told me that their center had one of the best esophageal cancer groups in the country, headed by Dr. Susan Urba. The next day, I received a call from Dr. Urba, a most informative but gently reassuring call. She arranged for me to meet the next week with her and a surgeon, Dr. Rishindra Reddy, to discuss my options.

On December 29, 2015, after a few weeks of tests and further consultations, I had all but the top inch or two of my esophagus removed by Dr. Reddy at the University of

Michigan. The procedure also involved stretching and pulling my stomach up to my neck to be reattached to the little bit of remaining esophagus, permanently and radically changing the way I must eat. The surgery was a success and we "celebrated" by spending New Year's recovering in the hospital. As is standard practice, seven days later I was given a barium swallow test to determine if there were any leaks in the new attachments. I passed with flying colors. No leaks. Normally that would mean hospital discharge and going home the next day; however, the surgical team that appeared at my bedside early each morning noticed that the dressing on my neck incision showed more dampness than they were happy with, a likely indication of some minor leakage. They tried to find a leak by observing me take a drink of grape juice or water each of the next three mornings. No leak. Then, on my soft food diet, one morning I had some yogurt and soft slices of mandarin oranges. When I followed that by drinking some water, my incision let loose and I began to spray through and around my cervical dressing. When I asked Dr. Reddy how it was that I developed a leak despite passing the barium swallow test, he told me it happened about five percent of the time. Those were the odds.

The good news was at least they had determined what the situation was. The bad news was that I had to go home with a feeding tube, able to take nothing in by mouth. Pennie was quickly trained on how to change the dressing twice per day and to provide my medications and nutrition through the tube. We went home the next day with an IV pole and pumps and boxes full of my "formula." In a few weeks, my untrained but loving nurse Pennie got me through. The incision leak healed, and we were ready to move on to the next stage: chemo/radiation at the new Cowell Family Cancer Center at Munson hospital in Traverse City. Just prior to starting chemo I was given a new CAT scan, which showed that I had no signs of cancer anywhere—no lymph nodes, and no other organs. We celebrated by going out for pancakes.

Soon I began five weeks of treatments—chemo each Monday and radiation Monday through Friday of each week. I feared the worst based on stories I had heard about the possible side effects of those treatments. Why, I asked my medical advisors, if my tests

showed no cancer, should I go through such an onerous ordeal? Their answer? To increase the odds—the odds of being and remaining cancer free based on probabilities from statistical studies.

So, for five weeks, five days a week, through March and early April 2016, I walked the half mile from Munson Manor to the new Cancer Center across the street from the Munson Hospital: radiation at 8:30 Monday through Friday and a chemo infusion on Mondays.

Thus, I found myself back in the nut house. That is, each of five Sunday evenings we voluntarily checked-in to the old "Building 27", now rechristened Munson Manor, until the following Friday. We slept there and ate our daily breakfasts and other meals there. Beth and Char, the day and night managers respectively, and the rest of the staff could not have been more gracious, professional, and accommodating. The elegant furnishings and quiet halls created a restful atmosphere perfect for patients' families. Because we all fixed our meals in the same kitchen and ate in the same dining room, and because the only televisions were in the public lounge on each floor, we met and got to know other guests.

Richard, with colon cancer, and Bill, with rectal cancer, were there, like me, for chemo and radiation treatments. Women with husbands and men with wives who were in for back or colon surgery. Two new mom's whose premature babies were still in the hospital, breast pumps sitting in the hallway outside their rooms so that they could continue to nourish their little ones. Another mom whose full-term baby was still in the hospital because he was born with pneumonia. Then there was the family of a teenage girl, a high school senior, who was brain injured when, worn out from her day in school and her full-time job, she fell asleep at the wheel of her car and crashed into a tree. Part of her frontal lobe had been removed to relieve pressure and she was put into an induced coma. After a few days, she was taken out of the coma briefly each day and her mother told us how exciting it was the day her daughter first squeezed her hand. The family could not afford the thirty dollars per night to stay long term at Munson

Manor, and we and other guests quietly helped them financially as much as we could. The girl's young sister proudly told us how she enlisted several churches in their small town in offering prayers for her big sister.

Each morning I walked from the Manor to the beautiful new cancer center, and, because it was still winter in March and early April, most days I took the short cut through the hospital. As I walked the long main hall, I always mindfully noted the painting at its end—a portrait of James Decker Munson, the first superintendent of the "Northern Michigan Asylum" from 1885 to 1924. He also donated, in 1915, a boarding house to be used as a community hospital, now grown into the regional Munson Medical Center. Every day but Monday, I showed up a few minutes before my 8:30 a.m. radiation appointment. I was in and out in five minutes or so, free for the rest of the day. On Mondays, I hung around for the next few hours for my weekly chemo infusion with Tina, my pretty, funny, and caring infusion nurse. I was usually finished by about noon when Pennie and I went out for lunch. No signs of nausea. No other side effects. Not so lucky to get cancer in the first place, I was, despite my worst fears, very lucky with my treatments.

Each afternoon I took a mile or two walk around the grounds of what once was the asylum, now The Village at Grand Traverse Commons.

My first time back at that place after my father's death was several years ago when Pennie and I tried out Trattoria Stella, then a relatively new upscale Italian restaurant in the old Building 50, which was the central building of the old mental hospital and, which is still called Building 50 in its current incarnation. The restaurant is in a lower level, almost like a rathskeller, in what was once the place where they did lobotomies. As we walked from the parking lot to the restaurant, I looked up at the tall windows of the old building, the one I visited in my undergrad psych class days and the one in which I'm quite sure my father died. My mind was haunted by the horrors I had seen there and what had happened there. My stomach churned all over again. I told Pennie I wasn't sure I could eat at all. But I did. And it was good. Since then, Stella has become one of

our go-to spots for special occasion dinners such as birthdays and anniversaries.

In 2008, I took Pennie to Building 50 for her foot doctor appointment and, as I sat in the waiting room, I tried to stream Tiger Woods in the Monday play-off for the US Open that he won playing on one leg.

Building 50 these days also houses the Mercato shops, art galleries, and other offices. We

have been to Traverse City Film Festival parties there, on the lawn, in the building, and under large party tents. There is also a yoga studio, a bakery, and other eateries. Nearby buildings have been renovated and made into upscale apartments and assisted living facilities. New buildings have sprung up.



Obviously, my feelings about the place have eased. As I went through those five weeks of treatments and daily walks around those grounds, I consciously tried to look at those buildings through a new lens. Epictetus may have said if first—"It is not what happens to you, but how you react to it that matters," but today that bit of wisdom is even shared by football coaches and golf pros. I decided I would try to put a new, less- haunted frame on my vision: this was no longer Bedlam but a setting for growth, for renewal, for living. Sad to say, I was only partially successful in my reframing.

For me, when I looked up at the Disney-like spires, I still often saw the past. Looking up at those tall windows in which the bars have been replaced by mullions, I still often saw the bars. Despite all the best efforts at transformation I frankly still found it a bit creepy. I will grant renewal—important enough in itself—but not transformation.

The same might be said of me, of course. My life has been changed by cancer, by the drastic reconfiguration of my digestive tract resulting in a radical change in my eating habits that will last the rest of my life. All observable evidence shows that I am now cancer free. For five weeks, we treated a disease we no longer knew I even had. I had now done everything that I could do, my doctors did everything they can do, and together we did everything that medical science says we should have done to ensure that I am and will remain cancer free for life. But there are no guarantees—despite the odds.

So, things are different for me. I must adjust, they say, to "a new normal." But am I, myself, different? I am grateful, of course, that I no longer have cancer, grateful that I am still alive. I am grateful for the doctors and nurses and technicians who provided such superb professional care. On the other hand, I was already mindfully grateful for my life before any of this happened—for my family and friends, for a creative and meaningful work life, for all the fun and satisfaction I have experienced along the way. It was not new for me that I am in love with life—not just my life but with life itself—with the very idea of life. I want stay around to continue to savor life in all of its manifestations as long as I can. I am grateful that my recent journey will enable me to do that for a while longer.

But am I transformed? Not really, I think. Will I, as I know I should, live each day to its fullest? Probably not. Will I spend more time than a sane man should practicing my golf game against all odds of improvement? Probably. Will I waste too much time on Facebook and watching television? Likely. As I try to savor the present moment, I drag all of my past along with me, for better and for worse. The same might be said of the The Village at Grand Traverse Commons.

Perhaps transformation is just the wrong metaphor. A better notion might be "transition" or "a work in progress." We, these old grounds and my old self, are not what we were

and we are not what we are going to be. We don't even know what that is. Buddha taught that all is impermanence.

So, I find myself with a strange, almost ineffable connection with this old place. I also find it a hopeful one. We are both changing for the better, I hope. We are both, in a way, healing. Nearing the end of my chemo treatments, while sitting in my infusion chair, I read an old *Time* magazine cover story, "The Alzheimer's Pill: A Radical New Drug Could Change Old Age." Maybe Alzheimer's itself will not be with us permanently. This much I know: unlike some of those of my lineage, I was not "sent to Traverse" to die. I went there so that I could go on living

I lost track of Richard, the colon cancer patient I came to know at Munson Manor, but I have spoken by phone a few times with Bill: his rectal cancer is gone but he must wear both colostomy and urinary bags for the foreseeable future. Nevertheless, he expressed happiness that he is cancer free. All the babies who were hospitalized came through healthy and well. The high school senior with the brain damage graduated with her class in June.

One May morning about a month after all my treatments were over and I was feeling fully recovered from my winter's troubled journey, I took my place in "easy seat" on my yoga mat to begin my regular class. Without a thought, without a moment's warning, I began to tear up. It snuck up on me from just below the surface. Pure emotion. Pure sensation. No words attached in that instant, but as the moment passed I realized it was some combination of joy and relief.

I was still alive, and what a wondrous thing that is.



Richard Ault has been a participant-observer in the practice of changing the culture of large organizational systems for most of his working life. Previously he was a teacher and principal at the secondary school level and taught both undergraduate and graduate level courses at the university level. He was principal author of a book on change management called *What Works* and has published articles, poetry, and short fiction. Consistent with his life's passion for change, he is currently working on a novel about reinventing our political and governance systems. He and his wife Pennie live on Torch Lake in northern lower Michigan. Dick is convinced that he is the youngest eighty-year old, minus an esophagus, on the planet.