

***Garden of Eden***  
**By Brad Kessler**

Catch the Culver Local at 42nd or 34th, Broadway or Delancy, and you can count the stops there. Thirty-one in all, each ticking by like tacks on a wheel of fortune. The train empties as it goes, so the only ones emigrating in the early dawn are those who've slept the night in their seats.

In Brooklyn, you're in the air, staring into the upper stories of walk-ups, at people in positions of repose, sleeping in beds or combing hair or pulling on pairs of socks for the weekday. Their windows are wide in June, or scalloped by spinning fans. Soon the alphabet begins, Avenue A, B, and C, and runs the entire stretch of Brooklyn, until X leads to Y and then to Z, and you're left with no letters, no words, no language. Nothing but the ocean and the air at the terminal tip of New York, where the city peters into a strand of sand and the buildings are broken and sinking back to the sea. Here is the end of the line. Coney Island. The last and final stop.

Fog breathes over the park, lifts and swirls, blows down avenues and dissolves off Coney Island Creek. A dog barks somewhere beside the ocean. There is moisture in the air, on sewer caps, on the boardwalk benches. The world is evaporating this morning. The fog owns everything.

We've been coming out here for some time now. Each Friday in the early morning we make our way to a building at the end of Surf Avenue. The building, which used to house the local Y, now holds the Brooklyn Day Program; it is a place for people with mental illness. People come here from all over Brooklyn but most arrive from the institutional homes nearby: The Garden of Eden up Stillwell Avenue, Surf Manor, next door; Seabay, Seaport, or Mermaid Manor, all a short bus ride away. People come to Brooklyn Day for medication and meals, for counseling and group therapy, for classes in music, art, social, and daily life skills. They come to Brooklyn Day to pass the hours and stay off the streets. They come, in most cases, because they've nowhere else to go.

The fog has not yet lifted off the island, and a bank of fluorescent lights burn above. Twenty-five people have shown up for Dona's Friday art workshop, and they're settling into seats, choosing crayons, pencils, and pads of paper. The participants all suffer from an assortment of illnesses (including schizo-affective, bipolar, and compulsive disorders), yet most have been diagnosed with schizophrenia. Many have been institutionalized before, some for decades, others for shorter stays, and nearly all are on heavy medication, usually anti-psychotics (such as Mellaril, Prolixin, Haldol, or Clozaril).

Jacob T. is walking around the classroom taking a survey. He's trying to find out who makes more money, Dean Martin or Jerry Lewis. Jacob is in his early sixties, wears a gray wool cardigan and glasses as thick as bottle bottoms.

"Dean Martin or Jerry Lewis," he asks at one table. "Who you think makes more money?" He waits for someone to answer, but no one pays any attention and he moves on to the next table.

Out the opened windows, we can hear buoys ringing in the bay, the surf breaking beyond the boardwalk. It is a soothing sound, and everyone seems to be at ease this morning. Arthur B. is in his corner sketching an electrical flow chart on a piece of manila paper. On good days, Arthur always draws electricity, creating intricate maps of how a current moves in a system, through armatures and transformers, the current turning positive then negative. He carefully draws in the voltage and the values of the electricity. He used to be an electrician, and now lives nearby in a large institutional home for adults. On bad days, Arthur doesn't do electricity at all. On bad days, he draws flowers.

Over the centuries, the severely mentally ill have garnered a variety of names: lunatics, hysterics, the insane, the demented, the deranged. The term "schizophrenic" is a relatively new one. It was coined in 1911 by the Swiss psychiatrist Eugene Bleuler. Bleuler took a whole set of aberrations and "conditions" and created a catch-all phrase to describe them. The resultant disease (for it was now considered, like syphilis or polio, a disease) was schizophrenia. Though Bleuler's disease was not based on any medical evidence, it nonetheless caught on as a convenient tool for defining what the severely mentally ill suffered from. Schizophrenia (contrary to popular belief) had nothing to do with split-personalities. Instead, it described a whole range of baffling behavioral disorders: delusions, hallucinations, catatonia, inappropriate emotions, "disordered" thinking. In short, it meant the schizophrenic had lost his or her grip on known reality, that they were living under a different set of assumptions than the rest of the world. It meant they had entered a country of their own which had its own language and logic, a place where they heard voices and saw things no one else had seen.

Today, medical science still cannot say what causes schizophrenia, but a few things are certain: that schizophrenia is global, that it shows up in just about every culture, and that it is very widespread. One out of every one hundred people in a given population are afflicted by schizophrenia (there are 2.5 million schizophrenics in the United States today). That we come into contact with so few schizophrenics in our daily life does not mean they do not exist; it means, simply, we've done a good job in hiding them. They've been sent to homes and hospitals and halfway houses where they are less visible—and less troubling—to the rest of the population. A small percentage (and those generally whose family's have money) are treated effectively and are functioning. Yet for the most part, in the United States at least, schizophrenics are completely ghettoized.

Most of the people who attend the Friday workshop have been diagnosed, at one time or another, with schizophrenia. When and where they first developed symptoms of the disease varies with each person, yet it is safe to say that it first

struck in their late adolescence, specifically between the ages of fifteen and twenty-six. Before that, several of the people in the workshop may have had personality disorders, but otherwise there may not have been any unusual signs that they were “different” or “odd.” At a certain point (because they had locked themselves in a room and refused to come out, or because they left the house stark naked one afternoon, or because they tried to drink a bottle of nail polish remover) they were taken (often forcibly) to the hospital. There a psychiatrist interviewed them (and probably shot them with a strong sedative) and there they were given a diagnosis (schizophrenia) and from that day on, their life, and the lives of those closest to them, was never the same again.

Many years ago, when Dona first started coming to Brooklyn Day, she brought with her half a dozen inexpensive cameras and taught the participants how to take photographs. Although they never really warmed to the technology, they enjoyed posing for pictures and sending the prints to their families or pinning them to the walls of their adult homes. One week, that same year, a woman in the class picked up a crayon and began drawing on a photograph of herself. Everyone looked on, fascinated. Soon, the whole class took crayons in hand and started scribbling on the surface of their prints, coloring in their faces, arms, legs, foreheads, creating characters of themselves and adding their own interpretation to their images. As the weeks went by, the workshop participants settled into a routine. They would set up portraits of themselves, directing McAdams how they wanted to be shot. Afterward, they’d edit her contact sheets, deciding which pictures they wanted her to print (and which they didn’t).

Not so many years ago, most of the people in the Friday art workshop would have been, quite literally, locked away. They would have been incarcerated in places like Pilgrim State, Creedmore, Kings County Hospital—the large state mental health institutions whose reign lasted for decades (until as late as the 1970s, and early ’80s). Some people who come on Friday mornings are veterans of the state institutions, and they bear the scars (sometimes literally) of their years of incarceration. They are elderly now, and their generation is dying off and a younger generation of schizophrenics are filling the classroom. And though much has changed since the bad old days of the state institutions, much has remained the same. The myth of the “violent schizophrenic” still looms large in the public imagination, and the stigma of the severely mentally ill, the schizophrenic, has not lessened over the years, but has been made greater by deinstitutionalization, and homelessness, and general lack of awareness. One day in class, a workshop participant picked up a book on Vincent Van Gogh and read out loud a passage. “During his lucid periods,” she read, “Van Gogh was quite extraordinary.” She put the book down and said: “If only they could describe us that way. If only they thought we were like Vincent Van Gogh. Extraordinary. Instead, they think we’re shit.” She closed the cover of the book and shook her head, and we thought, yes, if only they were thought of as so many Vincent Van Goghs, troubled and alienated, yes, suffering from a severe brain disease, yes,

but also sensitive and vulnerable and artistic—even heroic in their daily struggle for a way to survive in this world.