

## Finding Beauty in Unexpected Places

Sometimes one finds beauty in the oddest places.

The dungeon, for example.

Met Jake suddenly, very suddenly. As a nursing student part of my psych training entailed to spending two weeks in the “dungeon.” One South, San Jose Valley Medical Center.

Aptly named, the dungeon was a locked ward for people bursting in full psychosis: off the streets and put in the dungeon for three days, or two weeks, until they were “controlled on meds.”

I met Jake in a little niche, for the moment just the two of us. Perhaps five foot four inches, fading blue tattoos, a mass of muscle and fat, his skin the color of a man who might well have been in the dungeon for decades. His face was a mask of violence.

Without saying a thing he quickly cornered me, grabbed my collar, and pinned me against the wall. Looking in my eyes (he said, “You know I could take your neck and twist it and that would be the end of you.”

“You could for sure, but I kind of hope you don’t.”

“Hell, man. I’m not going to do that. You think I’d do that to you? I like you. Let’s go hang out with the others.”

The others were Jake’s posse, folks he knew from previous recyclings through the dungeon. Awkwardly settling into their company I soon found I could trust these patients who dared relate to me as peer. After shooting the bull for half an hour, one of them,

young Jim, said, “Have you ever been suicidal? Are you now suicidal? Have you considered the method by which you will kill yourself?”

I was startled and stammered to find honest answers. Jake and Jim started laughing and then it dawned that I was being received as an honorary madman through the rites of humiliation every psych patient knows by heart. They were enjoying admitting to the dungeon this madman who was posing as a nursing student .

Through the years of my nursing career, every time I have asked a crazed patient these obligatory questions, I’ve remembered hanging out with my posse and inwardly smile. Often the preface was “forgive me these questions are required” or, if the patient was clearly suicidal, “this is the hospitals’ effort to take care of you.”

Once in a teaching hospital, I was admitting a woman who was depressed. Kim lost three friends to drive-by shootings. After asking her how she might want to kill herself, I was to have her sign a consent or refusal to take an experimental medication.

Soon the two of us were laughing uproariously at the mind that thought it plausible to greet patients, many in abject states of paranoia, with the choice to be or not to be a guinea pig. The heart is eclipsed behind such questions. They speak from a bureaucratic soul and create the widest possible distance between a person in crisis and the institution that strips them further of power.

In the village that I serve, the mad are honored guests not to be approached crudely. There is a finesse to translating bureaucratic protocol into human graciousness and the guinea pig gambit was crude beyond telling.

Jake had been a Marine in Vietnam and had been in and out of facilities since the war. The staff knew him as a “frequent flyer” – he couldn’t keep away. He’d been discharged

just the previous week but was soon rearrested – had broken into a nice car near a public park and torn up its dashboard while screaming obscenities and acting psychotic. The dungeon was home for Jake. “People are real here,” he explained.

The second week in the dungeon Jake almost completely ignored me and everybody else too except for Mabel. Mabel was a woman in her seventies who was going through electroshock therapy for catatonia. Jake took Mabel under his wing. “She’s my mom’s age,” he said.

Mabel was nonverbal. After her electroshock treatment, Jake wheeled her around in her wheelchair to watch the birds outside, few that there were. He put three stellar blue feathers of a jay into her limp hands. As they watched other patients play basketball he’d dab her drool with Kleenex he’d brought for the occasion. By nursing standards he was impeccable. Could it be that Jake was in part compelled to return to the dungeon because love was possible there?

The neuro floor at UCLA Medical Center is as mysterious as the dungeon and sometimes as harsh.

I admitted Katyn for a thorough work-up for her seizure activity. She’d had seizures for only a few years, ever since she went to Morocco for the village festivities of Joujouka. The villagers there, as Muslims, celebrate the rites of the god Pan, and have done so since the times of the Roman Empire.

“Joujouka? Pan? Did you know Pan is the god of epilepsy?”

She admitted she didn't while I hooked her up to her conehead Buck Rodgers headgear so a monitor tech could watch her brain waves on a television screen alongside a dozen screens with other brainwaves zigzagging across them.

The next day she and her roommate Lisa, a young mute black woman, also an epileptic were both deprived of sleep to see if sleeplessness might provoke a seizure that could be monitored and studied. It turns out Katyn was a virtuoso at American Sign Language and a performance artist. They put a cassette of gospel music on the table between their beds and sat facing each other, their hands dancing the lyrics as their brain waves danced in the monitor room.

"You call Spirit like this, and you're gonna get your seizures in no time," I called from the hallway.

This silent call and response praising God, was performance art spontaneous and indescribably beautiful.

Mr. Ralph, age sixty-one, had arrived in the cardiac unit either to die or to get a new heart. Everyone had assured him a new heart was the thing, but he wasn't entirely convinced. He was very tired, and death did have its virtues. Nevertheless, his new heart, harvested from the chest of a thirty-seven-year-old stranger found its way into his chest. From our first conversation he spoke of gratitude, grief, joy—and befuddlement. He was feeling things for the first time.

"I never weep. Never. But now I weep all the time. I was a first-class bastard. Now I'm feeling compassion."

Mr. Ralph had recently retired from the CIA because of his heart condition. Thirty years “on company business,” first in Southeast Asia, then the Congo, and finally Central America in the eighties. As he talked about Central America I saw that some of his tears were bitter.

“I was in El Salvador briefly in 1987,” I ventured, remembering the fear in the air and the blood on the ground. “And then I went to Nicaragua.”

“It was an ugly scene,” he said. “Very ugly. If Americans only knew what their country does to the world. I have witnessed, and done, horrible things. El Salvador 1987. Aye!”

Another aspect of his newfound compassion showed itself the following day. His roommate, who happened to be a thirty-seven-year-old man, had just been discharged. Mr. Reyes was on the short list for a new heart and had to go through various pretransplant tests. He went home to await the phone call that would inform him his turn had come.

“I guess I became a father figure. Or a brother or something. Our hearts are the same age!”

The two men were rapt in conversation before Mr. Reyes left the hospital, Mr. Ralph counseling the young man and talking about how the new heart changed his life.

Sometimes you smuggle beauty. And sometimes beauty just grabs you by the scruff of the neck and takes you. These patients, each facing the unimaginable, revealed beauty where we might least expect to find it: Mad Jake adopting mad Mabel like a dutiful son, two epileptic patients silently belting out gospel, the CIA agent discovering the gift of tears.

When beauty bears a human face, we become beauty, don't we?