

Reverend Edward Tulis  
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ET: ...difficult.

LB: Yeah. I, uh...

ta: We've been challenged by Washington before.

ET: Yeah! Isn't Washington fun? I mean, the streets run out, and then they start up again later. I mean, is there any place in the world where that happens?

ta: Boston, maybe!

ET: Yeah! I've forgotten that Jonathan was, grew up in Keene.

LB: (Inaudible)

ET: Keene. In Keene.

ta: Were you ever there, Ted?

ET: Yeah, I've been to Keene.

ta: Oh, you have?

ET: Yeah. Was, I grew up in Newton-Wellesley...

ta: I see.

LB: Oh, I didn't know that.

ET: I was born in Weston, Massachusetts.

ta: No kidding!

LB: "Western" or "Weston"?

ET: Wes-ton. Weston. It's just outside Waltham.

LB: So...

ET: I've lived in Lexington, Woburn, Cleveland Circle, uh, Newton Corner. My house is still there. Newton Corner. Uh, Wellesley, Lexington...

LB: My daughter lives there, in um, Brookline.

ET: Yeah, yeah.

LB: How'd you end up in Willard? Just maybe some background. If you feel like it.

ET: Uh, as I said, I graduated from the Episcopal Theological School in '57, and I had to have a year in a par....I wanted to be uh, a chaplain, a hospital chaplain. As a matter of fact, I took clinical training required the first....I took two six-week programs. And uh, then I got involved in the clinical training program during the year. And then I went to Worcester through another summer, and then they had me back as an assistant, as a group leader, and uh, hey, I was going to be a hospital chaplain, so I needed a year in the parish, and so I did that. It was Christ Church, Needham. Uh, which at the time was the largest parish in terms of uh, membership. We had, we ran two Sunday schools of fifteen hundred kids.

ta: Oh, my goodness!

LB: Wow!

ET: ...every Sunday morning! That wasn't church, that was Sunday school. Anyway, among other things, um, well, so I needed, the first opening that was available for a clinically-trained chaplain with all the requirements was in upstate New York. And I took it. And I fell in love with the country. God, it's gorgeous! With the ravines and the lakes and I finally got a house. I left the grounds of the hospital and I got a house down on the lake shore.

ta: Did you?

ET: Yeah, I paid eleven thousand for it. The mortgage was 3.2 percent!

ta: (Laughs)

ET: In any case, sold it later for thirteen-five. Hey! Terrific, huh? God, what a....And of course today, the market is so depressed up there because there is nothing there. At least Sampson, the place where they built the missiles, Romulus, was right there. The nuclear missiles, was right there.

LB: What attracted you to Willard, and not....

ET: It was the first job. 'Cause the first clinically-trained chaplain opening available.

LB: So it wasn't that it was in a rural setting, so much....

ET: No. No. It was the first opportunity to get into the real business.

LB: Now, you knew you wanted to be a, was it a psychiatric chaplain, or a chaplain?

ET: Oh, I wanted to be a hospital chaplain, and uh, and I'd worked at MGH, uh, Willard, MGH, uh, Medfield, Worcester, and uh, the most fun, of course, was with the mental patients, because you have longer to work with them. With the hospital, with the general hospital patients, the average is five days, and uh, but I was, and I worked in Massachusetts General Hospital doing a controlled study where we visited half the patients going to surgery the preceding night. And we left alone the rest. But we followed the course of them all, and there was a very significant difference in death rate, in surgery,



faster recovery time, all kinds of stuff because somebody went and dealt with them in their anxiety and all that shit before um, surgery. And in one case, um, saved a life! There was a woman who was acting very nervous, and I said, "What are you acting so nervous for? This is your twelfth operation!" She was recovering from a disastrous automobile accident. She says, "Well, we've been trying to get pregnant for twelve years, and I'm pregnant!" And I said, "Have you told your doctor?" She said, "No." I said, "Why not?" "Well, I'm afraid to." And I said, "You aren't having surgery tomorrow, lady!" I picked the phone and called the senior resident and I said, "This woman is pregnant! And she's going under general anesthesia." He said, "No, she's not!" (Laughs) I said, "You can do this operation six months from now, or a year from now. This is your last...."

ta: Isn't that something!

LB: So, how did you look back to E.T.S. once you were at Willard? How did...?

ET: Well, I became, I became certified as a clinical training supervisor with the Institute of Pastoral Care. Later became the Association for Clinical Pastoral Education. A.C.P.E. And, um, and I left, you know, I had a training program. I had a training program in the summer. Intensive. For twelve weeks. This was one of the early groups. Later on, I had an assistant. Um, who is now a professor at Syracuse University. Harlan London, black. Very bright young man. And uh, so we ran two groups in the summer, and I ran, I had residents, um, all year long. Um, and I got five attendants' slots and uh, they got free room and board, and attendants' pay, and they were there, not in the summer, they were there for the uh, other eight months, nine months. And um, that was later.

LB: But why, um, E.T.S.? Was it because you were an alumnus of E.T.S. (Inaudible)?

ET: Oh, it uh, I was on the list of approved training sites, uh, for the Institute of Pastoral Care, and uh, I got folks from seminaries all over the country.

LB: Now, what was the thinking, what was the thinking of the seminaries wanting to send their seminarians to a psychiatric hospital? What, what did they hope to accomplish?

ET: Well, uh, at some point along the line, the clergy, the seminaries discovered that they were sending people out into these parishes that had no, um, that had very, that in many cases had very little contact with real life. And um, at about the same time, there was a movement on the part of some members of the clergy who were functioning as hospital chaplains to get really good training, um, and so, they formed two organizations, the Institute for Pastoral Care and the Council for Clinical Training. And uh, later merged to become A.C.P.E. Um, and they operated in hospitals, prisons, um, mental hospitals, detention centers, whole rafts of places. And so there was a, the seminary, we wanted somebody who could be um, who could supervise a close-encounter experience with people in difficulty and who needed help. And so we decided to train a bunch of professionals in this area, and did. And um, you know, some of the people were marriage counselors. Um...

LB: What were you going to ask, Tammy?

ta: Oh....

ET: ...and the theological schools all jumped on the bandwagon and said, "Hey, this is a great ideal! We ought to send these guys at least for one summer. Everybody who goes through this place, you pick! Whether it's a hospital, prison, wherever, and you go, and these are the best places, best reputations."

ta: (Inaudible)

ET: Were there what?

ta: ...other denominations doing similar...?

ET: Um, most of these places were, uh, the Protestant clergy um, initially dominated this group. Uh, later on, nuns and priests got involved, and rabbis got involved, and so, I've had nuns, priests, rabbis, um, and all Protestant denominations you can think of in my training programs. Um, but....

LB: But in the summer of '64, How, did they all arrive en masse, or do they...?

ET: They arrive on a day. They apply, and they get selected or accepted by me, and um, we sent them materials, all that kind of stuff ahead of time. Anyway, they all arrive um, on a weekend. We asked them to arrive on the Sunday.

LB: Do you remember what time of year that was when he arrived?

ET: June.

LB: June?

ET: Um-hum. Sort of after grad-. You know, sort of after school got out. 'Cause it was a twelve-week program. So it was June, July, and August.

LB: I see. Does, how many people do you think you turned down in a group? That you accepted? If you see what I mean.

ET: I have no idea what the, I don't remember now, what the uh, from the size of that group, it looks to me....

LB: Let me give you a picture. (Pause) It's hard to tell how many there are.

ET: Yeah, six. Well...

LB: One, two, three, four, five, six...

ET: Yeah, six.

LB: Uh-huh...

ET: Yeah, there are six. Um, sixty-four. Well, at the early, we had six and twelve. So, this was during the period, uh, one group supervisor and six



students. And I have no idea of how many people I turned down. Um, probably not many.

LB: How, then, did most supervisors role or function at that time? Uh, as far as these six young men were concerned? At what, what would you do? Would they see you every day, for example, or would you go with them while they went to talk to patients, or did you have training sessions, or how did it work?

ET: Okay. The day was organized, uh, um, we had a group meeting in the morning, uh, sort of get things straightened out, uh, schedule and so forth, and then we had essentially academic uh, classes in the morning. And they were taught by either myself or any number of psychiatrists or any number of psychologists, and of the social workers on a variety of topics. And, uh, in the afternoon, that's when they did their calling of the wards. Good, we kept them out of the doctors' hair, and all that stuff, and it was dead time, anyway, and so it was ideal time for them to go and sit around and talk to the patients on the wards. And, uh, and then the evenings were spent writing it up. And these interviews were verbatim. And they were done in columns. And they had a, they had a heading data with this patient, and then it was a verbatim, "He said, I said," you know...all the way through. And they got pretty good. I, you know, you can, you can get a twelve-page verbatim interview. You learn how to do that, right fast!

LB: Umph....

ET: The other column was blank! And that's for my comments. And I read all the interviews, and they were required, I don't know how many interviews a week. Um, um, probably about four. I don't remember. In any case, um, I did an analysis and comments to them about what's going on here, what you did, what you did implied about uh, your nonverbal comments, and all that, and then, we had a session, individual session, to go over every interview. Lasted about an hour.

LB: Now, out of these six students...

ET: And then, at the day, we had a essentially a group therapy session for an hour-and-a-half.

LB: Really?!

ET: Um-hum.

LB: The entire group?

ET: The entire group. So, it was pretty intense! For twelve weeks.

LB: What was Jonathan like in those situations?

ET: (Laughs) I remember one time, he says, "I've spent twenty-five years building up these defenses, and I'll be damned if I'll let them down now!"

LB: (Laughs)

ET: This was early on.

LB: (Laughter continues) He had a point!

ET: That's right!

LB: Was he, was he different from the other young men, or, in any way, or...? I'm not trying to bait you into answering "Yes" to that. I mean....

ET: Oh, yeah. There's no question about the fact, um, that he was different, and I'm trying to think...so was Mike!

LB: Yeah, Mike's the guy that we have to talk to.

ET: Um, both of them were very, that group, uh, was about as varied a bunch as you can imagine. Um,....

LB: (Inaudible) that's for sure (?)

ET: Um, the big boy on the left, um, is a lot brighter than he looks, but he's gotten along with, with being very successful looking dumb! And we, uh, we decided that he shouldn't go through life burdened with that, uh, asset! (Laughter) And so, we shaped him up in good shape that summer, 'cause he was a very nice kid, and he was a lot smarter than he let on.

LB: Why do you think Jonathan chose to come to this program?

ET: Oh, I think Raleigh Fairbanks (sp?) recommended it. And he decided to come with Mike, 'cause he wasn't about to do this on his own, all by himself.

LB: But there were other options open in these seven areas.

ET: Oh, sure!

LB: I wonder why, because he was working in Providence, as well. By this time he had already been there. So I wonder...what he had already been giving thought to psychiatry, psychiatric medicine, is something he wanted to become interested in. I don't know if he ever discussed that with you.

ET: Um, I don't remember if he did.

LB: No?

ET: I would have, I doubt it.

LB: No, 'cause you....

ET: Right.

LB: Well, he....

ET: He was a bit precious, okay?!

LB: Yeah. Yeah, L...



ET: He was a bit precious.

LB: We get that impression from....

ET: And, um, and very controlled. You can just look at the way he's standing. The way he dresses. He was a very controlled person. And what he found out was, he didn't have to be that controlled. He could take a lot more risk, uh, and be a lot more spontaneous than he thought. Uh, and be successful at it.

LB: How would you learn that, working at Willard Psychiatric Institute? How would that be something you would...?

ET: Oh! That's a risk-taking place! You're walking, uh, dead cold on the wards, scared to death, uh, here are these people with serious problems, and they're looking for help, and there you are! What are you going to do?

LB: Now, whose world are you in when you go into something like that?

ET: Theirs! They're in that patient's world.

LB: How, could you explain that a little bit?

ET: It's his ward! You're just a visitor. He has to live there, and he's living there with all his psychiatric pain, and all his family problems, um, that are either a consequence or whatever of his illness.

LB: Now, going into such a world, then, what does, what do you think Jonathan learned to do when you go into someone else's world?

ET: Uh, just relate. Uh, and he found he was working with a girl who was epileptic. Uh, epileptiform seizures, and it was something she could turn on and off at will. And she played that. And he essentially conned her into stopping it.

LB: How did he do that?

ET: I have no idea. I guess he gave her enough trust in her, he got her convinced that these mechan...this mechanism was dysfunctional, and that she had other skills that were more effective. So, this is where, partly I'm talking about the difference he learned between help and seduction.

LB: Yes.

ET: He didn't seduce this girl. Um, he helped her. And I think he found that kind of relationship very stimulating.

LB: There is a relationship between help and seduction, you know.

ET: Sure.

LB: There really is.

ET: Sure. Sure.

LB: I....

ET: Transference. (Laughs) Now, the problem is, you're not supposed to be falling in love with your patient! Your patient's supposed to be falling in love with you! And you're helping the person handle that transference. And apparently he did that, too. I mean, if this girl fell in love with him, um, he could have fooled....you know, she got over it. Or she would have stayed sick.

LB: Right. Transference works...the evidence that it works is when the transference reverses itself.

ET: Well, the evidence that, uh, that she, uh, you don't have....If there's not much trust, and if you're not getting a feeling that you're...benefiting from this relationship, uh, you know, this is voluntary, you don't have to continue this, you know. If this is painful, why, you know, why are you doing this? And I think, uh, that she found herself in better, uh, more of a master of her own destiny as a result of this relationship. She knew it was going to end at a particular time. He was going away. At the end of the program.

LB: So in a way...

ET: They all knew that.

LB: ...Jonathan's very charisma was in some ways...helped her, in so far as it attracted her to him.

ET: Oh, I don't know whether, you know, I just don't know that, uh, how that patient-therapist selection process took place. I don't know whether he chose her, or she chose him.

LB: Um....

ET: And, of course, half the time we don't know that, anyway.

LB: Yeah, I see what you mean.

ET: At least they connected, anyway, on that particular ward. Now, uh, it's interesting that the one patient that picked out of the ones that he was dealing with was young. And was female. He dealt with men, he dealt with older women. And as far as I could detect, he did quite well with them. Or I would have mentioned it as a defect in his range of, uh, of being able to deal with people.

LB: (Reads from Tulis's report) "He was well-disciplined in his ward work and followed through with his contacts. He was a friend and pastor to his patients. He was free enough to be experimental and tolerated the anxiety involved, risking rejection for the sake of progress."

ET: That's right. Yeah.

LB: Did they all live in the same dorm?

ET: Yes.



LB: ...these fellows?

ET: Um-hum. Um-hum.

LB: Well, did they have any evening duties? Ever?

ET: No.

LB: No.

ET: They were tied up writing, uh, their, uh, verbatim interviews every week. I mean, every day.

LB: This is a very insightful report you wrote. I mean, I've read it quite a few times, and, uh, I really have to agree, from what I know of Jonathan about his getting rid of his, you call them his "adolescent holdovers."

ET: Yeah. He grew up a lot that summer. And I think he got a great deal more confidence in his ability, because he took the risk of entering and trying to function in an environment that was entirely alien to him. And, you know, say, "Gee, whiz! He went to V.M.I. Hey, that's got to be alien when you get there! But, of course, there's a structure, and they tell you what to do, and what to wear, and what to think, okay? Um....

LB: Well, you saw right through his...constructs. I mean, this part five, "Jon doesn't want to trust (?) I know (?)....Sometimes victimizes himself at the beginning, or continue in a course of action nonproductive to his growth." So you....

ET: Sure, he could talk himself into anything. And he did. He talked himself into going to Alabama. He talked himself into, uh, a situation that was over his head. But then, hey, it was over everybody's head!

LB: This, this was the sentence that I wanted (inaudible)...when you were no longer with us, I....

ET: This was the one you wanted to ask me about!

LB: It was this one! "Jon has been too self-involved to have developed sufficiently the faculty of seeing himself as others see him!"

ET: That's right.

LB: ...."Or to see others unclouded by his own projections." Now, I wonder what you mean, "the faculty of seeing himself as others see him."? Why would that be, that's obviously a virtue, but how would it be in Jonathan's case? How would that be?

ET: You know, Bobby Kennedy once said, um, um, "Introspection is man's greatest waste of time." He was an actor, he was a doer. Uh, also very self-absorbed. Um, Jonathan didn't spend a whole lot of time thinking about who he was. Um, he pretty well knew who he was. He had been defined fairly well by his, uh, family and academic experience. Uh, suddenly he's in an

environment where none of that helps. Now he's, now he'd have to fall back on his own resources, and he has to discover what they are. Brand new relationship, he's under some charge to help these people, he's got to figure out how to do it, and the only tool he's got is himself. Um, so he had to do a whole lot of discovering who Jonathan Daniels was, um, in that three-month's period.

ta: Were the patients medicated?

ET: Some. Some. This was not in the era prior to psychiatric drugs. My training was. Uh, all they had was shock therapy and...uh, cold baths and stuff like that. You know, ice pack treatments. Um, this was several years after the introduction of thorazine, and they were getting pretty sophisticated by then. Um, but nonetheless, uh, a, the ward could still be pretty scary. 'Cause it was a, until you got used to it. You know? People went bonkers periodically, had to be locked in padded rooms, and screamed and yelled and hollered and swore and all that stuff all day long. Um, there were incontinent people, there were people who didn't want to wear clothes, um, they had a touch time keeping clothes on them. Um, they were people obviously very difficult to reach, Tourette's syndrome, sitting there and then, they'd yell and scream and swear and like (inaudible) go on. Um, yeah, it, it could be pretty scary. You know, um, I don't think it frightened him enough, I mean, going into an alien culture, and uh, he should have taken the same approach that he did when he walked onto that ward the first time, and that was look around (laughs) first, and see what the hell's going on here! But um, I felt I didn't prepare him well enough. I had no idea he was going to get involved in that experience at the time, but um, I thought many times later, "Gee! What could I have, what could we, in clinical training, do to better prepare your students for um, a culture shock, whether it's...and now, it could be going into the inner city anywhere. Um, if you've been raised in the suburbs, you're going into another country. Different mores, different language. So one of the things I did, um, as a result of it, was, um, I had the job of, I did two, two, um, annual conferences for folks in clinical training, and the one I remember best was the one in Denver. It was a couple of years later. And I decided that, hey, you're sitting around in your office, in your prison, or in your mental hospital, in your general hospital, and isn't it nice and safe here? Have you any idea what's going on in a brown power headquarters? Do you have any idea what the black employee feels like in a white man's establishment as an employee? Anyway, the whole object of that conference, we, we got twenty-six buses, and we'd made arrangements with the local people, had made arrangements with Brown Power, Black, Brown Power's big endeavor. Um, we sent them to the Bank Board to, to discuss how loans were made. Um, and who got mortgages and who didn't, and who's getting money for small businesses, and we sent them to Pratt and Lambert airport, which is a great program for, um, blacks and browns and whites and everything out there in Denver. We sent them to, this was a flight-training school with all the simulators. I wanted them to find out what um, what kind of training some people go through. It's very different from what their experience has been. We sent them to everywhere. Uh, we kept them out of hospitals, we kept them out of prisons, we put them on the street. In fact, you came to the hotel and the first thing you did, you checked into your room, was get on a bus, and they took you somewhere. Um, and then, they all came back, uh, every day, to the uh, hotel, and we had a whole series of, of uh, meetings to deal with. What they had learned and faced and uh, and how that might impact the way they looked, the way they dealt with patients now,



and uh, and the keynote person was Marlow (sp?), and he stuck with us every day. Um, and I'll get his name in a second, um, philosopher, economist, chemist, actually. He started in chemistry. Um, he was at the university, he was at Magill University, and he married a Magill University person, and they had a, uh, nepotism rule, and the University of Colorado did not. And so, they left Canada and came to the University of Colorado.

LB: That was the year after Jonathan was killed? Or shortly thereafter?

ET: Yeah.

LB: So, you think that....But it sounds to me like the training you gave Jonathan, well, might have been street-wise in that sense. You really served him well! I mean, the more I think about what you said, it's pretty profound. In fact, I'd like to ask you about that later on camera, if you don't mind.

ET: Fine.

LB: Um, but what it means to enter someone else's culture.

ET: Um-hum....

LB: I mean, Jonathan may have started doing that, don't you think, Tammy...?

ta: Yes!

LB: ...in Providence...

ET: I think he probably did.

LB: ...but, in any refined, systematic way, it seems to me this would be a little bit different. A lot different!

ET: Yeah, it's raw. You don't see, there's no, you have no support. There's no supports. You're just there, and all you've got is yourself.

LB: So you didn't go with these guys when they went in there....?

ET: Absolutely not!

LB: Could bad things result from their being alone with these people? Could they get screwed up, or...

ET: Yep.

LB: ...get hurt, or, or messed up somehow, or....I guess anything's possible!

ET: These people were messed up already. Uh....

LB: Right. Right. But, but...

ET: We could deal with that!

LB: ...what's the worst that could, Jonathan could have done as a pastoral....I mean, he could...?

ET: He couldn't have hurt anybody.

LB: (Inaudible)

ET: He couldn't have hurt anybody.

LB: (Inaudible)

ET: I wouldn't think. No, he could, you know, if this girl fell in love with him, and he couldn't (a) couldn't handle that transference, hey, after he left, we'd handle it! Um, um, by this time, nobody was frightened of having these theological people on the ward. Uh, for the early days, they were frightened about me. I was the first chaplain. Um, in that hospital. And, um, they got over that after a while. And after the first couple of programs, you know, they, the doctors looked forward to it, it was the, they could teach somebody, you know? They had something to offer. Nobody ever asked them for nothing. Um, and they were, they were a big help! They conferred with the doctors, they conferred with the nurses. In fact, a lot of it was consulting with the nurses, the doctors, the social workers, the psychologists, and saying, "How can I help?" You know? Uh, what's the nature of the, of the problem that uh, might helping them to think and talk about it, would ameliorate.

LB: So, would Jonathan ever talk about what he was...what he was trying to do or what he was thinking about doing? I mean, do you recall any conversations with him where....?

ET: About his future?

LB: Either his future or what he was attempting to do here. Why he chose this place.

ET: No. I have no idea why he chose Willard. Except Raleigh probably told him it was the best place to go.

LB: Think so?

ET: He'd get the best supervision. (Coughs)

LB: This letter, we should have brought his letter...

ta: Uh-huh....

LB: ...cause he wrote letters, (inaudible) we have a couple. It was a difficult time for him, you could tell.

ET: Yep!

LB: Uh, partly because he was in love with this...Lynette, but um...

ET: I think that was a distraction.



LB: Yeah, he went off with her, he would go to, uh, Watkins Glen with her, and meet his, Jonathan would meet his sister there and her boyfriend.

ta: Did you know about this, Reverend Tulis?

ET: No. No.

ta: Ah....

ET: Or if I did, it was, hey, terrific. They, these kids all hook up with uh, student nurses, um, I'm almost positive she was a student nurse.

LB: (Inaudible)

ET: Um....

LB: Because we asked, um....

ET: 'Cause those were the only people around their age!

LB: We asked the clinic. I mean, we asked Willard if they could tell us who Lynette was, and they did some research. They didn't have anything.

ET: No, they were looking at the staff, and uh, they should have looked at the nursing student....

LB: Right.

ET: ...histories. (Pause)

ta: Did you distinguish between the psyche and the soul?

ET: Uh, the director of the hospital once asked me, he says, "Tulis, what are you doing? Pastoral counseling or psychotherapy?" And I said, "Look, I'm doing pastoral counseling, using the best psychotherapeutic techniques I can muster!" Um, no, my job was to help these people understand how the psyche worked. I figured they're getting seminary training, they're going to figure out what the soul is. Uh, my job was to see they get clinical sophistication...

ta: Oh....

ET: ...and understand what they're hearing, what they're seeing. And uh, and deal with it as a human being as well as a clergyman. Preferably more like a human being and less like a clergyman!

ta: Well, it seems as if ideas of what being a clergyman meant changed radically in the sixties. Is that true, or not?

ET: I don't know. 'Cause I never had the proper attitude about what a clergyman was supposed to be.

ta: How, how did you manage to escape that?

ET: (Clears throat) Beats me! Um...(pause)...one of the things I liked about E.T.S. wasn't very "cloth-y".

ta: Uh-huh.

LB: Right. That's what I was just going to say, that....

ET: Charles Taylor never wore a collar in his life. He always wore a shirt and tie. He was the dean. And if the candle went out in the middle of the service, uh, he just stopped the service, took the candle off the altar, pulled out his pocket knife, cleaned out the wax, relight it, put it back on the altar, and go on with the service. I mean, it was a, um,...it prided itself on being an intellectual place...where, uh, one learned Biblical criticism and learned Greek and Hebrew and did uh, learned ethics. Joe Fletcher was my mentor there.

LB: We've heard that name before.

ET: Uh, situation ethics was invented by Joe Fletcher.

ta: Oh, really?

ET: Um, he was my ordination preacher, when I became a priest. Anyway, um, it was a hard-nosed academic place! Um, tough! I mean, you were expected to, you know, about uh, two-thirds of the people got degrees, and about a third didn't. They didn't pass the exams! Um, anyway, it was a tough, hard-nosed place. Nobody worried a whole lot about "churchiness" and nobody talked a whole lot about um, the soul. You better know your, your New Testament, though! Uh....

LB: When Jonathan left V.M.I., his, his, um, senior thesis was on Sartre and the existentialists...

ET: Um-hum....

LB: ...and from his introduction to that, you can see that he really was having some doubts about...monotheistic Christianity, and all of that. I mean, even though I think he was going to Episcopal services when he was at V.M.I., we realize that, something had changed his mind, and he currently underwent a religious conversion that Easter Sunday in 1962. He went to, um, the Church of the Advent on Beacon Hill in Boston...

ET: Okay.

LB: ...and at that point knew, knew, what he was going to (inaudible).

ET: It's "High Church!"

LB: Yes. It's got this beautiful crucifix hanging up with two chains in the middle of the altar. It's just beautiful

ET: Yes. I remember it.



LB: Yeah. He talked about that. In fact, we went there and filmed it and got a program of the original, of that day, when he was there...

ET: Uh-huh...

LB: ...lists of what had happened, the Doxology and all that, the songs...

ET: See, I don't know what, I don't remember if I ever knew what helped him decide that he wanted to be an Episcopal \_\_\_\_ (? ) \_\_\_\_.

LB: There probably wouldn't be anything that...

ET: He may not even be able to tell you! You know, if he were here right today.

LB: Right. Right.

ET: It never concerned me, you know? Um, all these people were, uh, in the active ministry or about to become in the active ministry, and my job was to help them figure what, what the human aspects of ministry were all about and to do it well.

LB: Um-hum....

ET: To know what you're doing. You just don't sit down and talk with somebody. There's got to be a way that you deal, the questions you ask, what you respond to and what you ignore. Um, what you support and what you don't. Um, and that's what they were there for, for twelve weeks to learn.

LB: Did each one have a specific patient list?

ET: No.

LB: They would just go around the ward?

ET: That's right. They could go wherever they wanted.

ta: Now, were the wards designed to contain patients of certain diagnoses?

ET: Yeah. At that time, yes. I beat that system after a while! I got the hospital converted to, uh, be a geocentric institution, so that this building contained everybody from a certain catchment area so that people could run into each other there.

ta: Um-hum....

ET: Um, and you had a mix of patients. And they could remember Elmira, and they could talk "Elmira," for God's sake, with somebody, and, uh, when a visitor came, they might actually run into somebody they knew. And that helped, uh, for visitors' groups to get started. And we got visitors groups going. And um, uh, but when Jonathan and Mike were there, it was uh, they were acute buildings, and they were the regressed buildings, and they were the old folks buildings, and....Yeah. So they spent most of their time working with acute patients.

ta: Um-hum....

ET: That's um....

ta: Would these patients be there voluntarily, for the most part, or not?

ET: Not.

ta: Not.

ET: Not.

LB: Yeah, this wasn't a hospital for the criminally insane.

ET: No.

LB: No. Right.

ET: No. There were voluntary patients, um, and it was the only psychiatric treatment around. Later on, we developed outreach programs, and there was no \_\_\_\_ (?) \_\_\_\_ clinic, and a Watkins Glen clinic, and so forth and so on, uh, and that's where you tended to see patients first. When they needed full-time supervision, you got them in the hospital. But at that particular time, mostly you were suddenly, you didn't have psychiatric facilities at a local general hospitals, (stammers) were much good, if they existed at all. And, uh, so the state hospital was your only choice.

ta: There were virtually no out-patient clinics, were there?

ET: Not at that day, no. But within four years, there were.

LB: Which (inaudible) outside? Going out about twenty minutes. Do you hear it? Is there a boat that goes by, or something?

ta: Well, this is the street side, Larry.

LB: I didn't hear it before.

ta: It's not a tremendous amount....

ET: Some fan, maybe, out there. Some \_\_\_\_ (?) \_\_\_\_ fan.

LB: (Inaudible) I was just trying to think if there was anything else I'd like to ask about, um, Jonathan. I know twenty-eight years is a long time.

ET: Yeah. And um....

ta: But you seem to remember him so clearly.

LB: You really do!

ET: Well, he's, uh, well, he's, he and Mike both were very remarkable people. I can remember them much better than I can remember the other



people. Um, although I can remember a fair amount about one of them, two of them. The other two are blanks. Absolute blanks.

LB: (Inaudible)

ET: In any case, um, both of them were challenged. Um, talk about people who, um, had a relatively brittle, um, personality and way of working, way of living, way of dealing with themselves and everybody else, uh, which in the long run was not going to be functional in their, in the roles in which they were playing. They thought so. It had worked great up to this point. But now, when you're out there in the real world dealing with people, it's not, it wasn't going to work. So we had to create an environment in which they were free to drop that shit.

LB: Ummm....

ET: And it was not easy to do. And part of it is peers challenging them, me challenging them, patients challenging them, and discovering they had the tools and, uh, and equipment, and they didn't have to be quite so afraid, and there were other ways of doing things beside the way they had always done it. And um, I think I was more successful with Jonathan, actually, than Mike. I think Mike was, uh, Mike was more mature, too.

LB: Did Jonathan stay in touch with you after he left?

ET: Nope.

LB: He didn't?

ET: Huh-uh.

LB: That's uncharacteristic of him, 'cause we found, um, he frequently stayed in touch with people. I wonder why not. I mean....

ta: Except he must have gone right directly to his studies....

LB: Studies. Right. He probably didn't have a chance.

ET: Right. No, he went back to the theological school in September.

LB: Right.

ET: When did he go to...Alabama?

LB: March of '65.

ET: Okay.

ta: And returned up to...?

ET: I don't remember. Uh, I think Raleigh, uh, talked to me about what a terrific job I'd done with Jonathan Daniels.

ta: Oh, great.

ET: But, um, but I can not for the life of me remember who called me to tell me that Jonathan had been killed.

LB: You, you remember the occasion, though?

ET: Oh, yeah, I remember talking on the phone with somebody. I said, "I can't believe it!"

LB: What did you think when you heard that?

ET: That, now, you son of a bitch, walked into something he couldn't handle.

LB: Um-hum....

ET: And, um, we didn't prepare for that level of paranoia! We prepared 'em for the clinical paranoia for the individual, not what a culture is like, because paranoids kill people! You know, they shoot you on the bus because you're following them.

ta: Right.

ET: Um, and they do, too.

LB: Yeah, like Coleman must have done.

ET: That's right! And he thought, "Hey, um, that's one way to stop this nonsense!"

LB: Would you mind if we...?

ET: He had cultural support.

LB: Coleman did.

ET: Oh, absolutely, for what he did.

LB: I'm going to turn this on for a reading light.

ET: Yeah, sure.

ta: (Unintelligible)

ET: That's right! No, he had social support. In fact, he was a social instrument.

LB: I think so, too.

ET: And he had, and I think he had a history of being a social instrument! (Laughs) Before Jonathan. He was just carrying it out!

LB: Would you mind just reading that? Um, Ted, just...

ET: Sure!



LB: ...Just reading it, as if...you were just writing it.

ET: He. Jonathan. Um, "worked with his patients, rather than simply conversing with them. And experienced the joy of seeing some positive results. One particular long-term patient, a girl in her early twenties, had been recalcitrant to treatment because of her epileptiform seizures. Jon worked steadily with her for twelve weeks and was able, under supervision, to change and evaluate his tactics, handled her fantasies about him rather well, was able to break the vicious circle the seizures evoked. The patient has been seizure-free subsequently. He was a friend and pastor to his patients. He was questioning his vocation, separating seduction from compassion, testing and firming up his identity as a male, dealing with some serious adolescent hold-overs. He had the capacity for depth of emotional relationship, depth in the search for meaning, and consistency in the face of difficulty, which in sum, are his chief assets. There's a certain lack of character development, which his life circumstances and conflicts had cheated him out of. Time will help. So might some consistent context in which he could weigh and test himself. He's growing, finding himself, working on his problem areas, and functioning rather adequately. Humph! Unfortunately, he didn't have the time."

LB: Could you read the first sentence again, just the way it's written, please?

ET: "He worked with his patients, rather than simply conversing with them, and experienced the joy of seeing some positive results."

LB: That was great!

ET: What's the "VO" stand for?

LB: Voice over. Since we didn't have....

ET: Good. Good.

LB: Now, we were thinking about asking you to read this on camera, but that seems kind of silly, because I think some of your other observations are, um, that you've had a quarter of a century to think about, are more useful. So, we'll just use this, the way it is...

ET: Fine!

LB: ...and, uh, then, if you don't mind, just uh, let me turn this off for a second so it doesn't blind you. Um, I was thinking about what you were talking about before. Let me turn this off.

**END SIDE ONE OF AUDIO CASSETTE**

**SIDE TWO**

LB: ...perhaps have on camera, not sure, but, we'll have to talk to Bill about it, but what about going into other cultures? Extremely important. But there's another one you made....Oh, it was that very funny and interesting anecdote about Jonathan's, um...

ET: Oh!

LB: Uh....

ET: I spent twenty-five years building up these defenses, I'll be damned if I'll let them down now!

LB: I think that's great! Just to have that on camera would be kind of nice!

ET: Well, the fact of the matter is, um, he found himself, um, in an environment, uh, he found himself in a personal environment which permitted him to do exactly that! I just, you know, when he said it, the experience of that, uh, I knew, you know....

LB: You must have known....

ET: ...this kid, this, no, I didn't. I took him very seriously! I knew, absolutely sure, dead certain, that he would have to take that back before that twelve weeks was out! (Laughs)

LB: Tammy, what do you think if I just leave the one light on Ted's face and not the other? Do you like the shadow? The shadow might be even better! Just, you'll indulge us for a second here while we adjust things?

ET: Go right ahead.

ta: (inaudible)

LB: Oh, I will! I think that looks nice, though.

ET: Oh, yeah. Focus, um, I have a problem with taking pictures because I need an eyepiece on the camera that's prescription.

ta: Um-hum, um-hum....

ET: And you can get them for Nikon cameras, yeah!

ta: Yes, you can.

LB: This thing adjusts to that kind of thing. But I think the shadow is very interesting in appearance on your face. I like that just the way it is! I'm going to use a light reading. What do you think, Tammy? Take a peek! See, just one light, maybe.

ta: Yeah....I like it very much, Larry!

LB: Do you?

ta: Yeah!

ET: I think it should be more dramatic and less bright.

LB: I agree with you.



ET: Less harsh.

LB: But this, this is really, um, a lot more dramatic than you'd realize, because this side of your face is in darkness a little bit, and that....

ET: Right.

ta: Yeah. You could try bouncing or....

LB: No....no, I agree. I think....

ta: Okay. (Pause) Are you comfortable?

ET: Yeah!

LB: We'll be done in a minute.

ta: ...because you can get up and move around....

ET: Fine. Nah! I'm fine!

LB: Yeah, we'll be done, we can pack up and wait for Julie....

ET: Um-hum.

LB: We're all set!

ET: But that was clearly the first thing I remember him saying, and that was in the first, in the first or second, uh, group meeting. At the end of the day, the second day or so.

LB: Why don't we start with...

ET: Go ahead!

LB: ...um...(pause)....That rumbling is strange out there, isn't it?

ET: Well, you gotta see, the subway goes right underneath over there.

LB: The subway that never stops! (Laughs)

**BEEP...(pause)...BEEP**

LB: Ted, could you tell us the um, the anecdote about Jonathan's observation about um, his defense mechanisms when he got there?

ET: (Heh, heh!) I think it was about the second of the group sessions, at the end of the day, uh, we had an hour-and-a-half, um, essentially "group therapy" group, with me as the group leader, and the six students, um, as the patients, and so, suddenly, they were not the clergymen or the helper anymore. They were the patient themselves. Anyway, group dynamics session. And uh, I remember clearly, Jonathan saying, "Listen, I spent twenty-five years building up these defenses, and I'll be damned if I'll let

*rippe into  
script  
words within  
red brackets -  
appears after  
caller remarks  
in brackets*

them down now!" And I knew for dead certain that he'd eat those words before the (laughs) before the twelve weeks was out. And he did!

LB: Um, would you mind? Um, talk a little bit about what it was like entering the, the world, the culture of Willard Psychiatric Institute for an outsider. What one might learn from that.

ET: Okay, um, it's, it was certainly novel. This was their entering a world that they'd never seen before. And they had no social training to handle. And besides, it was somebody else's world. It was the world of doctors and nurses and, uh, yes, also, uh, patients, and many of them had never had any experience with a mentally-ill person and had no idea what to expect. And so, going into that environment, um, they're ill-prepared and all they have is themselves and their ability to relate to other people. And their interest in helping them. And curiosity! And uh, that can get you a whole long way! And um, and you learn, um, about yourself in ways that, in a structured universe, like uh, college or uh, theological school, or even a parish, uh, doesn't challenge you with.

LB: What does it mean to enter someone else's world?

ET: Well, heh-heh, you're a guest! And um, and it's the other person's world, and they're living in it, and you've got to find out what that's like. And um, Jonathan spent, did a very good job at finding out, um, what the world was like for the patients, um, that he worked with, um, in that hospital. Um, and a lot of it was out of sheer curiosity. He, he had no idea what it's like to be schizophrenic! Um, and unfortunately, he didn't have any idea when he went to Alabama what it was like to be uh, in a paranoid culture, either. And um, and having gained some facility, uh, in a strange environment, he may have been uh, a little over-confident...about his abilities to survive in that one. He didn't take enough time, I suspect, and nobody trained him adequately to, what do you do? In an environment like this, because if you're dead, you don't help people! Uh, you got to stay alive! In that environment. He wasn't trained to do that.

LB: Thanks.

ET: In fact, most of them weren't.

LB: No.

ta: No. Ah, that was wonderful!

LB: That was terrific!

ET: God, they had so much hope!

ta: That was great!

LB: Can you think of anything else? I mean, this camera's off, but, uh....

ta: You can turn it on again.



ET: You got enough for me.

LB: I think, I think so! Um, wish I could have gotten you in a studio to read the, the Tulis remarks, but....

ET: I'd love to get together, uh, if it ever could be arranged, and have a conversation with uh, with Mike!

ta: Yes!

LB: Well, if you can remember....

ET: About Jonathan!

LB: Well, you're in a better position than I to find out who this man is, because of um...

ET: Oh, I'll call up the seminary and find out where he is!

LB: Would you, would you mind? And could I call you in a couple of weeks and, uh....

ET: Oh, sure! I'll call you.

LB: All right! I appreciate it!

ta: You have Larry's card?

ET: Yep.

END