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MARRIAGE/DIVORCE
FROM SHEILA TO SHEILA

In the Michigan undergraduate school it seemed that I had become this new breed of minister too and indeed more radically analytical regarding fundamental biblical doctrine. It seemed I was becoming a fundamental bible thumper. It was true, but I was searching for something to replace external authority as manifested in teachers or officials. I was competing with human authority by way of a book standard. Charisma and teacher status was suspect. Because I had no authority, authority figures were tested by the book, i.e., the Bible—and my knowledge about the book. It appeared that I was radical but the Bible and the most reasonable interpretation buffered the fundamentalism.

Pa and I would argue issues. At that time my position would assume a doctrinal and his a spiritual stance; meaning: mine leaned toward the written standard and his toward the mystique of the writ. I would not then see his emotional need and he could not identify with my rationalism. My objectivity was not tempered by an offspring's death.

In undergraduate school as a member and president of the Timothy Club, (a debating society) we generally represented issues whereupon we in fact disagreed. My natural choice was the affirmative on union shops rather than pro-management. I saw the union/management forces as a practical occurrence in the tug of war between these powers. At home Pa was characteristically Republican and anti-union. Though my working experience took me into union shops, I was not there long enough to join the union. That contributed to me being an "independent" observer.

Fisher Body was union, i.e., a closed shop. Leaving there I went to work at GE near the college. While there it became obvious to me that in the open shop we—we being the blue-collar worker-side of democracy—were benefited by the efforts of the original union thrust but threatened by the radically aggressive now trying to organize at large. There were obvious pros and cons; Pa saw his success as one of pure hard work to impress an employer. Similar logic was experienced in the college environment, but my efforts included challenging a professor's stance on issues, and avoiding getting good grades simply based on being amiable and effable (about the ineffable). I was neither. Perhaps some of that reaction was an excuse for getting lesser grades than my disposition would comfortably permit.

While working at the Michigan Chemical Company, Fisher Body, and GE, my high school completion process continued through the American School out of Chicago while simultaneously in college (admitted as a special student). Completing high school studies at my pace also introduced me to independent thinking without the direct though subtle impartation of the teacher's attitude, such as their "school thinking" from leanings toward liberalism to conformism.

Intuiting on my own through the study of ancient history without any presumptions about the materialistic origin of life, an interest in philosophy began to unfold. An older liberal colleague who thought I was too doctrinal was taken back a bit when he quizzed me on Plato. He was surprised to discover that I was not only aware of Plato but could date Plato and relate philosophy to New Testament logic.

Part of my point here so far in this chapter is that the academic hat was on me and Pa had never and would never put one on—and he was too great a risk, too insignificant academically for any institutional honorary recognition. With the hat tipped uniquely

independent and inclined toward philosophy, I left home for graduate work in the Lincoln Christian Seminary. Another important point about the union/management talk above is that whether a closed or opened shop, premeditated injustices could still prevail such as came to pass at Michigan Chemical while I was in Lincoln—to be addressed later.

Leading up to lady companionship—So with me now in central Illinois pursuing a recognized hat Pa was left to his metaphysical thinking-cap filled with personalized ponderings. For him being philosophical might have meant coming to thoughtful terms about a baby for whom he was responsible, a baby that cried and died short of a full or fuller existence that might have been anything from blissful to torturous. Pa was metaphysical about it. He could be inclined to let the Holy Spirit handle what he could not handle reasonably and classically—because exhausted with ultimate situations.

Alternative thinking relative to Richard's death could take the form of an offspring having suffered and died, or survived to greatness, or a prolonged agony on the battlefields of WWII—such as happened to Russell Curtis. Perhaps the faith of our fathers, i.e., parents, was the portal through which the universe's ultimate force would intervene and reprogram lives and adjust them according to finite happenings in an infinity of finite happenings. Pa could exercise a sort of philosophical predestination and foreordination that could be influenced by prayerful reasoning that in turn allows one to love reason as only a parent could love a child with ugly illogic.

Being philosophical to me included having inherited feelings through indirect impersonal nuances. While finishing high school and doing extra unassigned reading in areas that were found interesting (while at the Great Lakes seminary), at Lincoln I still had to think about forming words over the tongue while communicating. It was no big deal but it was accompanied by a feeling of inferiority. That reservation in speech could be interpreted as aloofness and also as a superiority complex. On the other hand everybody is distinct from others in some special way, and in that way one is in fact superior or inferior. But what was real was an awareness of the injustices of authoritarianism; the leaning of the institutional force toward the more verbal, and being verbally critical of that leaning could be interpreted as excessive hostility.

My feelings of inferiority were reinforced by loneliness in the form of having a need for female companionship, and filling that void was hampered by the need to think about enunciating words. At Great Lakes there was only one other student, a blond, appealing enough for me to work up enough nerve to ask her for a date. She accepted but I did not pursue the relationship—interpreting her failure to fall in love with me immediately as an indication of her total disinterest (inferiority's superiority).

Twin girls—While at Lincoln I was sitting in the library one evening and heard some outstanding chattering and laughing by some students on the sidewalk just outside the window. A glimpse of a redheaded girl jesting with some others stuck with me. Sometime later a new acquaintance, Art Wilkerson, and I went to a restaurant where some college girls worked. He introduced me to a waitress "who was a twin". It was that redheaded girl—so it seemed. She was very cordial and with an uninhibited personality. We became more acquainted through the restaurant, and she accepted rides home after work. Her name was Sonja Cole.

Within a short period we had become an item. The relationship was erroneously challenged when I saw "Sonja" walking through the campus parking lot. I greeted her as usual and she got into my car— she sensed that if my invitation were refused there would have been a greater misunderstanding. After a few words, with an impish grin she said, "I bet you think I'm Sonja!" This was my introduction to Sonja's mirror twin, Sandy. It introduced to Sonja that side of me that could not distinguish between the two. It

commenced in Sonja the idea that maybe it did not matter to me and that my interests might be of a surface level and not of any rank. Thus began a life wherein Sonja made sure that Sandy was limited in comparison and she would itemize those differences as a continued test of my devotion to her rather than Sandy or any other lady.

Sandy and Sonja

Sonja was partly correct in her reasoning for the sisters looked enough alike that it hardly made a real difference to me as far as appearance was concerned. To distinguish the two one would have to look for a white streak of hair on the front and the other with the streak on the opposite side and on the back (phenotype stuff). One had a tiny mole on the face and another located opposite.

Any other differences less obvious were left to the imagination. The

sibling tensions often associated with identical twins were fully manifested. They would frequently behave as one regarding identical purchases etc. though separated by great geographical distances. It seemed their similar DNA had some influence on similar decision-making

The Cole twins were premature babies, and they were the only children born to Leo and Ellen. Leo, their father, was brilliant but had a difficult upbringing. His mother reared him as a widowed parent doing odd jobs. The father reportedly was a heavy drinker and Leo grew up with this constant reminder—and with this vague recollection: When he was a baby, his father came home drunk and buried him in the back yard, but he was retrieved by his mother. To what degree of truth there is to it, it was significant to me that Leo had an unusual stuttering problem that has stayed with him now into his nineties.

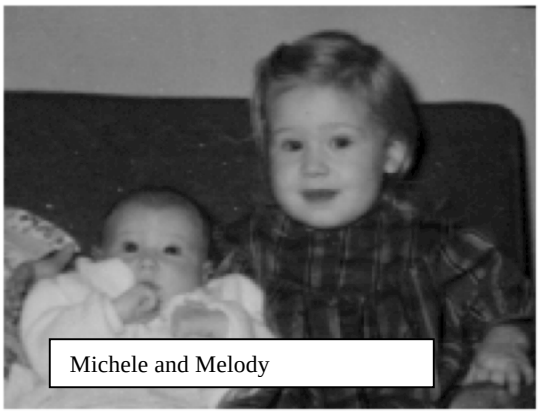
He had a lot of determination though, and grew up in the church of our tradition, and received much moral support from the ministers. He and Ellen in return faithfully supported the church. He was a draftsman at McDonnell Douglas and used to boast about being one of the draftsmen that worked on the latch that malfunctioned on the Liberty Bell Capsule—the one that sank. Gus Grissom, a Church of Christ member too, almost drowned. Leo would talk about how the "mackerel smackers" i.e., same-church friendships led to unfair promotions while he was ignored. He was not verbally eloquent but correctly noted that religious-affiliation played a role in some being promoted.

When I knew him he was finicky in the sense that things in the home had to be done his way. His tool shop, though functionally practical, was pedantically arranged. In short, I would have had a very difficult time tolerating that sort of inhibiting home life.

Ellen, Sonja's mother, was a good enough pianist to play for the services at the churches where they were members. But her upbringing also had some humps. She developed amidst the report that her father during a spousal argument threw a solid object and hit her mother in the head. Reportedly that injury led to her being institutionalized in a mental institution. Ellen would occasionally visit her, so there was a constant reinforcement of that family impression. Her maternal grandparents reared her.

Her grandfather was a Methodist minister and was very strict but in no way abusive. She always spoke highly of them. Ellen's father's name was Schroeder, and he was one of the early members of the prestigious American Philosophical Society. He was a well-known minister within a high-status and established church. Ellen would talk about the time when she was invited to live with her father sometime after he had remarried. Experiences there vindicated to her the idea that her mother was institutionalized to disenfranchise her so that he could accomplish his goals.

She described her stay with her father as one in which she was treated like a slave. Ellen was a lady that no one could think but only the best about. But she would only quietly and carefully oppose Leo; though she had a threshold of tolerance too that Leo could not cross. I was told that when Leo, playing too roughly, injured the girls by swinging them around in a circle, the threshold got crossed.



Michele and Melody

Sonja and I had two beautiful girls, Melody and Michele when I was in graduate seminary in Lincoln. There were growing tensions though between us, and the girls were subjected to them. Michele as a toddler would observe sometimes by sleeping in the doorway of the girls' bedroom looking down the hall

as though she wanted to intervene if an argument might occur, or to be there to make them less intense by her presence. Melody seemed more accepting of the situation, or more adjusted and therefore less prone to hopelessly intervene.

It was my impression that Sonja wanted to migrate in the direction of the home of her upbringing. She was, in my estimation, verbally passive/aggressive, and it seemed to me that the results of our disagreements most frequently went her way--by verbal means. Even so the results were obtained at tremendous cost to her self-image to the point that she would repress the intensity of the arguments.

My self-image and goals paid a price too—at least she became an excuse for short-circuited efforts to reach some difficult hopes and goals of my conjuring. We would not yield easily, in our various goals, and the verbal competition was intense. I was not nearly as fluent. Recurrent remorse over the tension was part of my resilient process. My apologetic attitude reinforced her determination but still affected her self-image.

Understandably there was some ground for Sonja to feel inferior and to defend it with verbalizing; she never learned how to type, and never displayed an inkling to learn. Indeed, that was not a problem for me, for it might have been abnormally more difficult for Sonja for she was not as "adroit" (her descriptive word) as she wanted to be. We agreed on one thing and that was and is that the girls were the best of us.

I always worked to support self and family while in school—sometimes three jobs. Preferring writing to talking, compositions were not hard for me but typing was a real chore—partly due to, e.g., the masonry work I did which left the fingers sore. At that time typos involved laborious erasing or white-outing, and papers had to be neatly submitted.

First Sheila—An associate told me about his wife, Sheila, who was really good at typing and reviewing, and the cost was very reasonable. Sheila and her husband lived right next door to us. I had a casual association with her husband through one of the classes. Sonja and I were doing all right financially for the times, so we could afford the small fee for typing.

Sheila cordially accepted the challenge of deciphering my handwriting. This person was an effective second-party reviewer and would find insignificant mistakes—but significant if overlooked by the author. If I had had this person's expertise as a reviewer, one reading-seminar research paper would not have had the same biblical proper name misspelled throughout. The paper was the only basis for the semester grade, and that mistake—the type easy for me to make—resulted in a C+. It was a grade or two lower than it would otherwise have been. My detailed analysis was attuned to concepts and not to word signs.

Sheila finished the paper in which I had made an application of theology to physics' uncertainty principle. When she brought it to our residence, Sonja reacted to her presence with an opposing attitude, and I saw it as an abnormal overreaction toward the arrangement. It was incomprehensibly unreasonable though analytically understandable. It should be said that Sheila, though courteous and intellectually alert, was not a person to whom I was attracted—except that all I saw was a very neat paper and a knowledgeable and efficient reviewer.

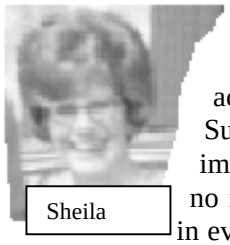
Sonja read the whole situation according to what was typical from her perspective. Sheila immediately picked this out of the atmosphere too, and the review and typing resource was lost. My disappointment was deep, and, to me, the unjust reasoning of it was best described as a bad case of…illogicality. To me it was sick logic though hard to accept as such.

This experience regarding the outsourcing of typing occurred during the last semester of our stay on campus. I had only one more paper yet to do; it was the thesis or dissertation required for graduation for two degrees. The paper could be finished anywhere, but with the aid of a reviewer and typist it could have been finished easily in half the time.

I do not recall the first name of Sheila's husband (I think Charles) nor their last name. Sheila's name would probably not be remembered except for happenings soon after this event. The first occasion was: Sheila's husband upon learning that my parents had an antique shop, and knowing we were going home for a visit, asked if they had a spinning wheel and if so please bring it to him. They had one, and when it was presented to the gentleman, he asked if the money could be sent after they returned to some northwestern state. They left with the spinning wheel, and were never heard from again. Perhaps they never made it alive, or perhaps they were extraterrestrial aliens.

Another reason the name Sheila stands out in memory will now be addressed. It's not because there is some similarity in the sounds of "Lila" "Lilia" and "Sheila". (If, as the grammar-adage goes, when two vowels go walking the first one does the talking then the euphonious "Lila" and "Sheila" walk together as "la" and "la", but "Lilia" and "lily" walk more harmoniously. I mean there's no mystical relation to the name Sheila. But there might be some ground for pronouncing Lilia as lily or even lilå because the records showed two spellings.) Another Sheila was to enter our world of experience.

A second Sheila—To Art Wilkerson's eventual and probable lament he recommended me for a clinician position through contacts he had made at the Northwest Indiana Alcoholism Clinic. As a minister he had referred a patient to the Clinic. Art had developed a dialogue with the Acting Director and as a volunteer had led a few group discussions. He accompanied me to make an introduction to the Acting Director. As we started down the hallway toward the Director's office, simultaneously his secretary had come out of the director's office returning to her own office and was coming toward us. Art introduced me to Sheila (Potts) Owens. This was the second lady my poor friend had introduced me to.


Sheila

She was modestly dressed and preoccupied but reasonably personable in a no-nonsense way. Sheila was also another instrumental personage linking Art with the Clinic for she was an active member of the church to which he ministered. She was a Sunday-school teacher for beginners, and that is exactly the sort of image that fit that introductory first impression. Sheila was no hussy, no mischievous person, and obviously a respectable and modest person in every way. I would come to learn that she had escaped three attempted sexual attacks, one of which for the sake of family and friendship she kept to herself and only revealed to me later in life. She was so highly regarded that when the Acting Director and State of Indiana Division on Alcoholism Director were undecided about hiring another seminarian and minister—there was already one on the staff—the decision, in actual effect, was left up to Sheila . She, when asked, advised my hiring.

Waiting in Lincoln Illinois for word regarding my application, Sonja wanted to go to her mother's in St. Louis, Missouri, so we went—Sonja had not learned to drive well enough for such a trip. We went, though I felt the need to stay in Lincoln and wait for word. The Clinic nurse got word to me in St. Louis that I was hired. She asked me, while in St. Louis (Missouri), to visit the Detoxification Center downtown. I did and came

therefore into the clinic setting as the only one with that special experience and information.

The Acting Director of the Northwest Indiana Alcoholism Clinic in Gary was a retired Gary detective. As such it meant there was a potential link with the Gary City Court system. He did not have academic letter-qualifications for Director and for that reason he was classified as Acting Director—a manipulative title to circumvent the normal State Merit requirements. He was qualified though as a recovering alcoholic, and had run the gamut of symptoms including hitting skid row in the sense that he had been institutionalized at Westville, and he was a practicing-radical AA member. His open-meeting AA and other public talks openly revealed his recovering status. His experience and his intellectual use of the illness and treatment had made him a local celebrity. The only thing kept secret are those things he could not remember, and therefore for those he was no longer liable—and he, as any AA member, continued to work the 12 steps, and that would include making amends as—and if—real recalled events could be distinguished from DT hallucinations.

Planning was central—There was no secret about alcohol winning the battle over independent responsible behavior. Part of the medical regime for bringing the addicted to realizing the need for self-help and intervention included being manipulated by a well thought out plan. The first self-help was admitting the need for outside help. Treatment for the addicted initially amounted to being enslaved against the will to centralized planning. The rationalism, the radical plans were as intense as the intensity of the addiction. It might mean that the addict would be forced onto skid row, or into any situation that would amount to shocking the addict into seeking help. Planning and manipulation were areas of expertise for the Acting Director because of his personal addiction and detective experience.

He knew how to treat, how to plan, how to let things work themselves out too by just being passive and waiting for the rest of community forces to come and assist in maneuvering the addict into treatment. It might mean involving law enforcement, like DWI, arrests for other infractions of laws due to the direct effects of public intoxication. It might mean advising the spouse to actually seek legal solutions, legal separation, or divorce. And finally it might mean talking about the value of having faith to confront the temptation to withdraw from responsible decision-making.

Professional collateral planning might mean that help could come from the addict's work place, through other agencies, and spousal contacts and efforts to convince the employer to participate in the treatment plan by giving the addict the choice of participating in treatment or being fired.

Thus the clinic received referrals directly from the courts, and directly from the Steel Mills, any industry, and directly from unionized and merit employers where records could justify that the person was retained under compliant conditions regarding a plan of treatment—or be fired. The employee could be fired also if the plan were not followed. Of course the makers of the plans for problem solving were also placed in a precarious position, for, if the plan did not succeed, than it could be a reflection against the planners, so evaluations on the success of a plan became the problem too.

Many alcoholics have problems that precipitate the abuse of the drug, but the drug dependency and consequential overall deterioration (physio-psycho-socio-health deterioration) pushes the addiction problem to the forefront. It becomes the main acute problem behind which lay the chronic overall stuff.

Addiction to planning—Planning to cover the misuse of alcohol becomes as addictive too. So the first step in a regime meant getting the person off alcohol misuse while simultaneously providing immediate nutrition for the nervous system like in the form of intravenous vitamin B shots.

Now those addicts working those planned programs were generally of the highly intelligent sort, and knew how to work the system once the withdrawal is significantly underway. The less competent would not be as adept at working the program, so in a way clinical or organized treatment was a class-status privileged situation. And in a drinking society if one loses the ability to function while taking on a segment of life's restraining reality, that is, wrestling with the drug, one's struggle is heralded as heroic.

That recognition amounts to an award. There can follow an addiction to the romanticizing about being an always-heroic recovering alcoholic, i.e., one who can always boast about having been the worse of sinners as though the abuse of alcohol qualifies one for having been first and foremost a person who does what most people do or want to do without paying attention to the restraints of normal moral precepts.

Once a walk-in (self referral) teenager came into the clinic. He struck up a conversation with me, but he would glance down the sidewalk where other teens were standing. He had no problem with alcohol use as such, but he had informed some friends—one was a girl—that he was going into the clinic for treatment. He could gain attention by claiming to be an alcoholic and be admired and pitied, a degree of attention reinforced by being seen going into a clinic.

The point of this information is to show the place of planning and how it ultimately relates to my parents on the home front. The clinical atmosphere was geared toward planning and centralized planning can have unpredictable effects. If some on the staff were not as committed to the Acting Director's planning techniques then those staff members might be considered unreasonable if on the lookout for patient behavior that hinted at something other than serious infractions or manipulations of the plan's system.

A planning environment—whether in the home or office—creates paranoid-like caution and reactions—from both ends of the diversified or divided staff. A case in point: Obtaining intake information for medical purposes included asking a patient at what approximate age the first drink was taken—data obtained if and when the patient was able to tolerate anything more than medication to prevent the DT's (anything from hallucinations to epileptic-like alcohol seizures). The prevailing planners, like the Acting Director, considered it a part of a patient's rationalization mechanism to think about causes other than the simple misuse of alcohol. He felt that if first drinks could be traced back to earlier then teen age, than such causal thinking can obstruct recovery. The convenient attitude on the part of clinic planners was that these patients were lying or saying whatever was necessary to milk the system.

The verbalized reason the Acting Director was against it was that he could remember nothing before his teenage days—so he affirmed. No information not fitting that conviction was frowned on. So it was considered useless when an elderly patient (and any responsible observer would have to take note of how the referral came about) stated that he remembered his first drink very well. He was just old enough to crawl from a chair to the table and do what the adults were doing. The attention he received then was overwhelming. He was rushed to the hospital and had his stomach pumped, enough of an unpleasant experience but yet worth it for all the attention he got. The elderly gentleman was grinning yet over how cute it was. Recollections like this were a threat to the planning that was based on receiving every patient as liar to preserve and cover the addiction. My attitude was we work from the data the patient has in mind whether real or really imaginary.

I found the patients generally truthful, and approached them as though they at least believed this or that. But when some referrals came from probation officers or the courts, then you can be pretty sure that the most outrageous stories had substance. Such might include reports about what the patient could not remember due to blackouts, but yet was known to be true—determined true.

The treatment regime involving collateral counseling included concerned relatives who would be advised on courses of action that would bring about treatment, and advised against reacting in ways that contributed to the misuse of the drug. The plan might include a relative making sure the police, the judge, the court Alcoholism Counselor—if there were one—had some awareness of the problem. The plan might include such a simple thing as leaving a brochure lying where the addict could see it.

Thick planning atmosphere—*Now, most of this planning and manipulation can be therapeutic to some degree, but the problem at the clinic came about because these tactics were so thick in the atmosphere that it was being used against the staff*—a type of community where planning was done covertly and applied to those who met others on open healthy ground.

Staff conflicts ensued. There were eight staff members. I arrived while the nurse (female) and Acting director were engaged in setting up a situation in which the Medical Director could be terminated as a Civil Service employee. To get rid of such an employee it can take a detective-rank talent to make a case.

Sheila was reluctant to participate in the plan though asked to do so. Within a few weeks of my arrival the doctor left under pressure and under the guise that referrals were being made to the Medical Director's husband's business. The proper way to bring about corrective action is to come up with a corrective action plan; but the apparent fact was that the motive was to get rid of the medical director. The retired detective had done his research and made the case such that doctor did not challenge it. It was a planned firing.

After several months the staff divided into two distinct forces, for, the Acting Director delegated administrative decisions to two of the personnel. One was Sheila and the other was the Nurse. The State of Indiana Division on Alcoholism Division Director was a promoter of staff diversification as a means of experimentation but not to induce a spirit of personality competitiveness or divisiveness.

Encouraged by the Acting Director's evaluations, etc. the Division Director had a special appreciation for Sheila's contributions, and a District Consultant seemed especially attracted to Sheila's…potential. That consultant was of the same church as Don, the other seminarian counselor (Presbyterian).

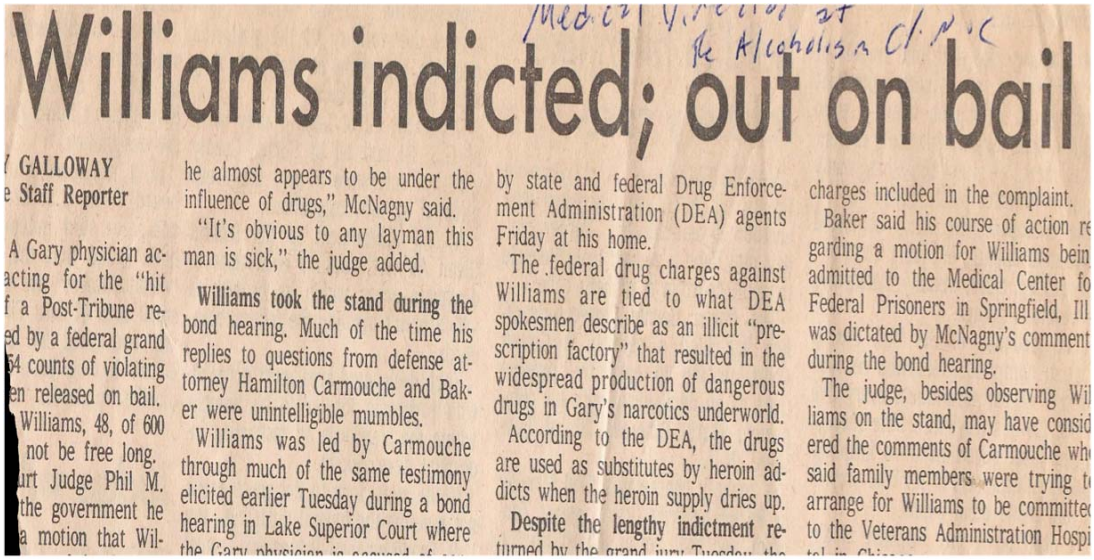
Nurse and patient, a planned marriage—Meanwhile the nurse had allowed a personal relationship to develop with one of the patients. I had provided clinic-routine counseling for him. They soon married. Concurrently the nurse had visited my home and befriended Sonja. This was not the usual or at least the best professional behavior because relationships were being developed amidst a commitment to tactical scheming.

Due largely to the influence of the nurse a new medical director was then hired whose brother was the County Coroner. The staff division intensified and partly due to the further dynamics introduced into the clinical setting. The best way to describe that is to show that later, according to Gary Post-Tribune articles published in 1978, the new medical director was eventually charged with attempting to hire a hit man to kill Alan Doyle a Post Tribune reporter—some of these events appeared in articles by Staff Reporter Gary Galloway.

I was told that some drugs had turned up missing from a locked cabinet to which at least the nurse had access and the suspicion fell on the most likely personnel. The suspicion took the direction of least resistance, and it was easy to think about the addictive drug needs of the nurse's husband, my counselee. Their marriage was in trouble, and both had independently talked to me about their situation—off the record, after the marriage.

The nurse also had visited the home of the secretary, Sheila. Intentionally or not the nurse had maneuvered into positions to be a facilitator in not only the clinical community (staff) but also in the staff families homes.

The more the nurse was under pressure due to her marriage, and with the growing controversy surrounding the Medical Director, the more critical were my cases being examined in the same fashion as the previous doctor's. The reason for these special reviews of my cases was my awareness of what was unfolding in general. Not being in



Williams indicted; out on bail

GALLOWAY
Staff Reporter

A Gary physician ac-
acting for the "hit
f a Post-Tribune re-
ed by a federal grand
64 counts of violating
en released on bail.
Williams, 48, of 600
not be free long.
urt Judge Phil M.
the government he
a motion that Wil-

he almost appears to be under the influence of drugs," McNagny said.

"It's obvious to any layman this man is sick," the judge added.

Williams took the stand during the bond hearing. Much of the time his replies to questions from defense attorney Hamilton Carmouche and Baker were unintelligible mumbles.

Williams was led by Carmouche through much of the same testimony elicited earlier Tuesday during a bond hearing in Lake Superior Court where

by state and federal Drug Enforcement Administration (DEA) agents Friday at his home.

The federal drug charges against Williams are tied to what DEA spokesmen describe as an illicit "prescription factory" that resulted in the widespread production of dangerous drugs in Gary's narcotics underworld.

According to the DEA, the drugs are used as substitutes by heroin addicts when the heroin supply dries up.

Despite the lengthy indictment re-

charges included in the complaint.

Baker said his course of action re
garding a motion for Williams bein
admitted to the Medical Center fo
Federal Prisoners in Springfield, Ill
was dictated by McNagny's comment
during the bond hearing.

The judge, besides observing Wil
liams on the stand, may have consid
ered the comments of Carmouche wh
said family members were trying t
arrange for Williams to be committe
to the Veterans Administration Hospi

subjection to top-down planning, I could see things (objects) open-mindedly, objectively.

I was not under suspicion in the missing drugs case, but there was a need to create some distraction to distract attention away from nonprofessional decisions and clinical misconduct for which ultimately the Acting Director was responsible.

The situation was polarizing the staff, and four of us were beginning to communicate in a vocational-survival sort of way. Two personages had direct access to the upper chain of command. It was obvious to me that of the two, the one with the greatest ethical above-board influence was Sheila—the best force to join. I knew my survival there at the clinic depended on accepting whatever assistance was possible. The side I chose was composed of those who did not normally plan the manipulation of others but all were capable of reacting in kind by nature or by premeditation—me also.

Thesis typing—Concurrent also with these happenings was my efforts to complete a thesis, a paper showing responsibility and some originality. The work was to show how my schooling there was to be applied in a critical fashion to some problem relevant to the student's major area of study. The paper in fact would be a required hardcover professionally bound book. The thesis-requirement could be more a report on research findings rather then a demonstration of one's ability to be judgmental; as research it would be called a "dissertation" but also hardcover book bound. The hardcover bound book was a requirement for Lincoln seminary graduation.

My dissertation advisor seemed impressed with the dissertation, and wondered if it would be possible to discreetly use some actual cases to show how my counseling system worked. I referred to it as “Existenz” counseling, which leaned toward non-imposing planning in the approach to counselees. Karl Jaspers, a psychopathologist, the subject of my “dissertation”, used the word. In short the word simply means that to exist, to live, means believing in the positive source and its constant presence for humankind’s existence.

One day the State Division Director asked me how things were going, and in confidence I mentioned that either the nurse or the secretary was making final decisions. It was a quick conversation, hardly a setting for going into or adequately describing the complex staff division. That Division Director told the Acting Director what he had heard, but he did not say who said it.

The Acting Director was beside himself in the conflict, and to gratify the nurse he decided to heap some busy work upon Sheila, and started writing out orders.

The written orders were presented in such a fashion that led Sheila to confront him seeking a clear answer as to what was going on. It was obviously the Director’s way of getting a reaction and to see if she would display any guilt. He then told her that someone on the staff had criticized him and that he was going to find out who said such a thing. He said it with a detective’s determination. Within several days he then gave an ultimatum to the Division Director, that if he did not reveal who it was, he would resign. The secretary later revealed the content above to me when the planning had reached a critical point in which she could no longer ethically function as a secret agent to the boss.

He told the two counselors to give Sheila typing to do. It was a tactic to keep her too busy to communicate with any of the staff on any matter other than assigned work. The other counselor had plenty of typing for Sheila, and the main thing I was working on was my dissertation, and both were clinic relative. Then the Acting Director claimed he had discovered who it was that criticized his administration of the clinic

Sheila to Sheila—Time was slipping by and graduation deadlines were looming. I mentioned to Sonja that Sheila was going to be doing some typing for me. Sonja did not approve of anyone doing what most would think my wife should be doing. Her insecurities and confinements to the home were quite understandable, but again my relationship with this Sheila was nothing to be concerned about.

Due to the visitations by the nurse to my home, it put the nurse in a position of making suggestions about a growing relationship between “Sheila and Glenn”. However, Don, the other counselor had given her more work than she could do.

She had typed a few pages of my dissertation but the thing was somewhat technical. She informed me that she would not be able to do what needed to be done for me to meet my dissertation deadline. Her decision might have interfered with a potential situation that might fit a plan to find reasons to terminate me for having her do work that could be viewed as non-clinic material. I had nothing in writing that could be used to show my schoolwork was approved.

So, after getting approval for after hours work, I started going into the clinic in the evenings to use the electric IBM typewriter. As more and more time was needed at the clinic, Sonja became exponentially and aggressively involved in expressing concerns over a developing relationship. Her involvements included contacts with Sheila’s husband. I attempted to explain the staff polarization to Sonja, and told her she must not interfere. Again later she was warned that if she did not refrain from interfering that what she feared most, the impairing of our marriage, might materialize.

As the staff dynamics of forces continued to develop in the clinic, Sheila was under duress too at home. Sheila and I were being drawn closer due to the similarities of the home stresses, and there was no reason why we could not associate in as much as we were thought to be doing so. Once when Sheila and I went to lunch, the district consultant was visiting, and the Acting Director showed him that we were going to lunch together and the consultant looked at him as if to say: "So what?"

Realizing this apparent act of indiscretion was known and accepted as meaning more than it did in the clinic and in the community, Sheila told her husband that she wanted to resign. His reaction was that Glenn should be the one to go, and besides he wanted a garage built and she needed to keep her job. He asked the Acting Director to fire me. That did not set well with her. And also at that point she realized that if she left, my position would be vulnerable. I knew that for certain too. So the greater the effort to draw apart something that was not joined, the greater occurred the actual coalescing—we grew to need each other and to communicate.

As graduation time for me drew nearer, Sonja's means of securing the relationship that she had too incorrectly presumed to be absolute, aimed her efforts in another direction in an effort to "bring me to my senses". She made contacts with school officials and made subtle innuendos about my "waywardness". It drew attention to the two-part dissertation for two degrees, one being the Bachelor of Divinity and the other a Master of Arts. "Waywardness" and a Bachelor of Divinity degree from that school would be dishonorable and inimical.

Rumors about my reputation were now in the church and in the seminary. Too late to make any changes for graduation I was informed that a choice between the two degrees would have to be made or postpone graduation. I knew at that point that postponement meant the thwarting of any degree. Moreover the dissertation was about the limits of reason and the limits of emotion too. It involved the theoretical application of forms of thinking that were actually being experienced. It was true of the clinic's patient-cases and true of what was transpiring in home life. It was now growing true in the church and school.

The clash of wills all around was sweeping emotional stress to the fore as spouses/parents obstinately dug in recalcitrant heels. The struggle now for individual independence or subservience grew. Decisions had to be made as to whether battles on the home fronts would mean enslavement if the vocational battle were lost. If the vocational battles were lost, then the momentum of forces would all concentrate in the home.

I could not have or at least would not be able to tolerate being restrained by or bound to Sonja's goals, and she was not adjusting easily with mine. Life for Sonja revolved largely around her mother and the home of Sonja's upbringing. Sonja needed promises that with every vocational venture I might set as a goal that it would include her customary regimental pilgrimages for her and the girls. I understood this felt need, but it was a felt need that became the pivotal point of life.

Four little girls were in the thick of the matter. I had Melody, age 11, and Michele 8, and Sheila had Donna 12 and Beth 9—and they would also bear the brunt and blunt of the dynamics. It was clear to me that key personages— the planners—were predicting with smug assurance that the ultimate outcome could be determined and then controlled by our natural and normal parental concern and love.

In Michigan—Meanwhile back on the home front of my upbringing, Pa and Ma were seeing the situation from their special perspective. Later, Ma would grow fond of

Sheila and expressed her appreciation in these terms: “If it were not for you I think Glenn would not be alive.” Ma felt that for me the matter had become a question of life or death.

It is understandably ridiculous to attempt to justify what appears to be a total disregard for the emotional and intellectual development of the children. Though it is a disregardfulness that all participated in, the impact of it seemed to be caused by Sheila and Glenn. Common sense says that a responsible family-person would have crawled and complied with every demand that was made with the children exploited as points of might. No very large array of words, no attempt to put it in terms could avoid appearing like poor excuses. It would be counter-affective/effective to attempt to show the logic, to list carefully the reasons and make connections showing the relativity of objects of experience, mind, and emotion.

Though it is insufficient to say, and at the risk of sounding like the honored member of an in-depth pity party, withdrawing inside and then beyond consciousness was actually experienced by me. This occurred when confronted with how difficult this would be for the girls, and facing the reality that I might not see them again, and they not see me. What drew me back from a more prolonged withdrawn state and emotionally catatonic within consciousness was Sheila calling my name several times. Also there was the hope and a trust that out of the unknown if not soon then later things would work out. To even write about this here is such a selfish display of self-pity for it surely does not begin to describe the rational, emotional, physical, social, and religious conflicts experienced by the four little girls. And of course there was the stress on our parents who with age had become too fragile to not be at risk.


Me at the Clinic

In the Clinic—Some before and some during the height of staff conflict, most of the patients seemed to be preferring individual counseling with me, preferring me over the other counselor, and preferring individual counseling over group therapy sessions. I was getting some rough cases, and though suspecting it was part of a greater plan, the suspicion was fleeting only as a possibility in the constellations of ideas, so as not to affect the counselor-counselee relationship. My approach was not judgmental, and often a person simply needed to be aware that alcohol, though a socially acceptable lubricant, when overused has serious consequences in vital areas of life. It was enough to bring to their awareness that over the prolonged misuse a person loses tolerance in proportion too to the constant increase in the amount that it takes to get the effect. Follow-up calls tended to verify that simple education was sufficient in some cases of alcoholism.

Where there were easy answers for those having a struggle, the Acting Director doubted whether they were alcoholics and whether they should be considered patients. Similarly, if a drinking person spoke of other problems, and if we even listened, the listening therapist would be considered out of line with the purpose of the clinic, which was to wholly concentrate on getting the person to see that it was always the misuse of alcohol that was the main problem. The overall plan was to avoid the less clear and distinct and avoid what was in many cases more real than the alcohol dependency.

The State Division Director arranged for me to attend the Georgian Clinic's intensive training program. I was recommended due to his evaluation that I "showed the potential for being an effective clinician". This was a highly valued training ground for counselors. Howard Clinebell, author of Pastoral Textbooks, had been told about my clinical efforts. Howard had indicated that further inroads to affective counseling might be possible through "existential" approaches and techniques. As a clinician I had informed him of my own work using such a technique, but I called it Existenz counseling. He wrote back and expressed an interest.

The State Division Director seemed impressed by the letter from a successful author and professor as Clinebell. He also prearranged for me to participate in training in the Alcoholism wing at Central Hospital in Indianapolis. When I got to the Georgian clinic, what I became aware of was that therapists were listening to what I was hearing, and all that could be wrapped up in a: "…in short, if we had to live with what these patients had to live with, we would be alcoholics too".

There were problems that patients had that could be referred to in private individual counseling sessions, but not in the typical group therapy session, or the pity petty groups where only the alcohol problem was the problem. In those groups the focus was on a commitment to drink or not to drink, a preference expressed in "how fortunate for others that they can drink…but we cannot" and "we need to depend on one another." In AA there was the other side of individual counseling that was effective such as what came by individual sponsoring techniques. But there was no adequate initial clear grey area for those who had something other than the addiction to live with.

At the clinic, through the foresight of the State Division Director, we had psychological testing, about which the Acting Director had aversions. The tests were administered at the clinic and scrutinized and diagnosed, and treatment for some included group therapy, and for others, individual counseling and sometimes both, etc. I found those diagnostic records helpful. There were a few cases diagnosed as Schizophrenia, and these were not group-therapy material, and could actually be unhealthy for the patient and family, and the group. The tests were given again to patients who continued in the program for a certain period, the program included refraining from misuse of the drug. Whether a patient was drinking or not was determined by medical examination and interviews, as well as the tests. The first and second tests were compared to see if there was some change, little or much change, after a period of sobriety. It could indicate if some physical damage had been done but some mending had occurred.

Patients not continuing in the program were follow-up contacted for some indication of the affect of at least some limited education. The Acting Director preferred that all patients should be participating in the clinic's regime—to attend group sessions as a matter of course—and it made the statistical reports look good and also the numbers seem to substantiate the "plan" but more so the "planer".

The Georgian Clinic information tended to confirm my approach, which in some cases required an unusual empathetic openness during an individual approach to individuals rather than a social approach. The patients seemed to feel comfortable enough around me to unburden through sharing. My technique not only picked up on the immediate problem, but also immediately looked back and forward.

Clinical cases too institutional—This was not always possible: A male patient had been married several years before the couple had children. After children came along for years he was happy being a "father". His sister had also married and had children. One day he came home and found a note written by his wife; it read that she had run off with his brother in law, and furthermore the children he thought were his were in fact his

brother-in-law's. It was devastating to the patient who was now living with his sister whose children were those of the man that ran off with his wife.

The patient had been through the alcoholism routine and was sponsored by AA too. When he came in to me he had not been drinking for a long while due to the institutional court ordered confinement at Westville. Though he had been institutionalized, as soon as he got out he resumed constant inebriation with one single goal: "I only want my kids back, and life the way it ought to be, otherwise I do not want to live."

His religious community was one of exclusivity and family was central, and marriage was forever. The only past was a highly ritualistic religious social culture, and the only future was seen in terms of that past experience. There was nothing in his past and nothing he could reach up for because of his habitually cultured commitment. His motivation for participation in the clinic treatment program was to get his life back and if that could not be done he wanted to die. He was determined—his terms—"to drink himself to death". His existence was fatalistic and his emotional state was total despair. He was not to become individualistic enough to escape his situation.

Later, a few weeks after I left the clinic, I read in the local paper that he had walked out of a Gary hospital and got hit by a car and died. The Gary Post-Tribune reported that the coroner (brother of the Clinic medical director) decided that the patient died of natural causes. I wondered how much of the autopsy was a bit of defensive coroner forensics—defensive because his brother had been the patient's clinical doctor. It struck me as strange that being hit by a car could be a natural cause, and how much of it was a tacit medical industrial agreement to defend the institution that he walked out of and how much to defend the clinic that referred the patient. Using that logic the excessive use of alcohol and culture could be socially acceptable problems on par with natural causes.

Clinical case—But in clinical experience, sometimes something worked that was not included in a planned solution, though it was uncertain just what, and no one but the patient could gain the main credit. The nurse and medical director's brother, the coroner––standing in for the medical director—maneuvered a patient into me for intake and individual counseling. The man had been a long time employee at one of the steel mills. He was also known in the community as a featherweight boxer.

After staffing, i.e., discussing the patient by the staff, the nurse and medical director set up an appointment for a hypnotic session to see if some deep cause might be contributing to the man's apparent dependence on alcohol. This in-depth effort though was circumstantially farmed out to the medical director's brother, the Coroner. He was also a hypnotist and was going to stand in for the vacationing regular doctor.

The patient told me about the plan during another individual session, and he seemed concerned. I gave no sign of approval or disapproval. When he arrived for the hypnotic session he asked to see me first. Again he expressed some anxiety about the planned hypnosis. He said, "I don't think that's needed because after thinking about it, I know what happened and when I started drinking heavily". He went on to describe how as a coke-train operator he failed to comply with a safety-stop requirement and ran-over two electricians working on the line. "When I stopped the train I noticed a man running toward me shouting something, and I looked back and saw what I had done". He had traced his heavy drinking back to that event.

None of what he said seemed then or seems now conclusive. I mean, no cause of his drinking could be certain, for who knows whether he had been drinking on the job, and how much that entered into what was being avoided. There may have been other in-depth things that he did not want to reveal. And because he was well known in the community, from both the accident and his punishing boxing art, it could be that the doctor too might

have seen an opportunity to have the records show that his expertise in hypnosis had led to the patient's giving vent to suppressed stuff.

On the other hand this patient was by all appearance a man of high intelligence, apt at descriptions, and a self evaluator and wise with hard knocks; he might have also decided to not allow the doctor to receive credit for bringing to his consciousness something about which he was already conscious but thought best if left alone rather than brought back into community consciousness. Besides, the patient and I had already begun probing beyond that which seemed to be the most immediate problem of excessive drinking. This was a spouse-referral, and his wife was in on a few of the sessions. He refused the hypnotic treatment.

A few more samples—So it is true that if we had to live with what some have to live with we would take refuge in an addiction. In the nature of a drug, the choices might be limited, like for the patient who in the Special Forces got involved with a French agent during WWII. He later gunned her down when he saw her associating with the enemy, conveniently assuming she was a double agent—but as a result he was confined militarily.

There's nothing easy to endure for the mother whose daughter when physically matured had an affair with her stepfather, and ran off with him, the husband of her mother.

There might be an alcohol block for the one with an activated suicide nerve (tic douloureux, trigeminal neuralgia). There might be *nothing but* some chemical addiction less harmful than an activated suicide nerve…of the soul—when alcohol or drugs no longer block the pain (due to having worked up a high tolerance only for the drug).

Describing the staff dynamics in greater depth would require profiles on each of those contributing to the situation. It came to my attention that the nurse, the receptionist, and the latter's brother were all reared in the same Catholic orphanage and expressed their hatred for it. The nurse was "in love" with the receptionist's brother and getting the receptionist a job at the clinic was part of the nurse's amorous plans. Her efforts were unrequited.


Sheila

I'm fired—The final result on the clinic side was that one-day I was handed a letter of suspension listing the reasons, though another letter rescinded the letter a few days later. The day of my suspension, Sheila resigned in protest, as did Don the other seminarian. All of us were immediately hired by the Lake County Department of Public Welfare, which soon became the Indiana Department of Public Welfare.

Sheila filed for and obtained an uncontested divorce—which materialized in the following way:

As part of another plan, this one imposed by her brother-in-law, things did not go as planned. He had arranged an appointment for Sheila with a

lawyer known for his efforts to avoid divorces. Sheila kept the appointment out of regard for her brother-in-law and family concerns. After a lengthy conference, the attorney agreed to take her case and he started divorce proceedings. Sheila was surprised and her brother-in-law was livid. Instituted plans can be reacted to the more they appear as having been planned, especially when the planner's motivation is better understood by the one for whom the plan was designed.

I filed for divorce too but understandably Sonja contested it with no signs of wavering. My attorney did not use evidence I had given him. When Sonja took me back to court for contempt, I pled my own well-prepared case and won. I knew she had to contest it vehemently, and that she needed to contest it on all grounds beginning with a bible-based rationale that Jesus prohibited divorce, except for certain conditions. When that condition materialized, and then when the right replacement came along for her, she requested through my attorney that I pursue an absolute divorce.

Indeed though she requested that I pursue the absolute divorce, it appeared as though I wanted the divorce rather than she. In fact, simultaneously with the prolonged development of my relationship with Sheila, Sonja had renewed a meaningful relationship with a previous acquaintance. The renewal of their friendship was in part advanced by the fact that Sheila and I had grown dependent on one another, sharing living expenses, and entering an unconditional relationship.

Pa had performed the wedding ceremonial for my brother and sister, and now he performed mine as well—only this time he obliged us by not having us make any promises that could be misused as leverage and as a substitute for reason.

The point of this chapter is not to argue toward any defense for conduct arising from unusual but comprehensible forces. In part this information can tend to show that life's forces are not shallowly clear and distinct, but the same information can avoid simple solutions by getting bogged down in the mire of complexity—though there is simple and complex mire. Whether a matter is singularly clear or multifaceted; let the answer reach the point where our yeas can be yeas and nays be nays—yes it is complex or no to it being too simple.

Moreover the point of this chapter is to remain nonjudgmental, for instance I preferred not to talk about patients and staff in terms of sinners, or liars, but more the victims of circumstances, and some having snuffed out the light of conscience with the drug. That approach seemed to infuse a transparency into what patient's described to me. The transparency of being nonjudgmental could reveal what was being avoided—those matters being covered up by distracting words or images. The infusion of transparency could reveal extreme negatives as well as positives. One patient while not excessively inebriated sat silent but while in remorse spoke about having killed a girl named "sexteen". The Acting Director, the retired detective, shrugged it off as one more excuse for the patient to drink, whereas I thought it worthy of pursuing for there might be something significant even though a complex mixture of various real and unreal ideas.

Sheila, me, and Ma

This Chapter began with one Sheila who only typed one paper for me on the uncertainty principle, and ends with another Sheila. Sheila Potts (maiden name) at the age of five had a serious case of pneumonia and the measles. Her situation was deteriorating and as a last resort she was given the new sulfa drug. She recovered but had to learn how to walk again, and her eyes crossed as an after affect—it affected her eyes. Corrective glasses resolved that life-long problem. As a teenager she had viral pneumonia and again participated in the X ray treatment regime. She has had pneumonia several times. During the birth of her second daughter, Beth, she hemorrhaged, and was stuffed with ice—and with attention distracted. I'd guess it probably led to the umbilical cord not being milked and leading to a high red blood count for Beth.

Several years after leaving employment at the alcoholism clinic Sheila was diagnosed with cancer and had a mastectomy. Eventually she would hemorrhage from a duodenum ulcer, go into shock, and narrowly escape death by moments. She refused hospitalization until the pain forced her to nod approval. She was unconscious and weighing 92 lbs when Jack and I carried her into the emergency room.

I have hemorrhaged thrice with a duodenum ulcer.

All this is relevant to saving Lilia's cry in that I had become a parental and academic patristic figure to my father but not in any Roman-church sense but more in a roaming protestant sense. His and others' behavior would be affected by how my conduct could be interpreted and used. My life's complexity, and the final complex years of Pa's life should not be allowed to muffle Lilia's cry…

Few photos were taken during the period involving the divorce. Me with Michele and Richard on my right, and Melody and Jack on left.