

Linda Walton
Anoka State Hospital Oral History Project
25 April 2014
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Neal Holtan: Good morning.

Linda Walton: Good morning.

Neal Holtan: I'm Neal Holtan. I'll be interviewing you today. I'm here with Linda Walton and Sharon Sandberg, who are colleagues at Anoka State Hospital and still friends. Uh, this is the Anoka County Historical Society's oral history project on Anoka State Hospital. Thank you for coming in today.

Could you please tell us where you grew up and went to school?

Linda Walton: I grew up in St. Paul, up near McAllister College, that area. Uh, I went to Maddox Grade School and Central High School. I went to the University of Minnesota, um, College of – the Ag School, St. Paul campus, um in Home Economics. I majored in Home, General Home Ec and Nursery School Ed, so and my plan was to be a nursery school teacher. That is where I started.

Neal Holtan: And where did you go from there?

Linda Walton: I went – I answered – and I'll tell you how I ended at Anoka State Hospital. I answered an, uh, uh, posting at the university for a state job at a nursery school. And I had no idea where there was one, but I took the Civil Service Test and I got called in for an oral interview and I went. And there was a panel of five or six people and I tried to answer the questions they were asking me. And the questions became more and more strange to me. I remember being asked if one of the children came in and was carrying scissors and what would you do to get them away from – to take them away from them. And I thought, well, three-year olds, you know. You'd take the scissors away from them and tell them that it wasn't safe and, you know, and I'll put them up here or do whatever. And they kind of didn't like my answer too well. But then they asked again, well, what if they were, um, violent and you had to restrain them, what would you do? Would you sit on them? And I thought, you know, I was thin then, even, but no, I wouldn't sit on a three-year old. I don't think that's too appropriate. So I said, "No." Well, the next question came and if they were smoking what would you do? And I said, I'm sorry but, you know, this doesn't seem appropriate. I don't think there'd be a three-year old who would be smoking. And I used three-year old words. And they looked at me and I looked at them and they just all started laughing. They were interviewing me for a job as the Lino Lakes Adolescent Treatment Center. And I think I'm going to a nursery school. And I said, I told them, well, _____[00:03:33] there was no such job. There are no state nursery schools. And I said, well, that's what it said. That's what I so far got this far doing.

So, I left and I interviewed with a couple of different nursery schools and almost took a job at a Baptist Church that was starting a nursery school. And then I got called by the Art Robel, who was the Head of Rehab for the State. And he had heard about this hysterical oral interview that I had taken part in. And he wanted to know if I would be interested, by any chance, in a home economics job at the State Hospital in Anoka. And the occupational therapist in that department had started a cooking class and there was an ongoing sewing class going on, all within occupational therapy. But there was a shortage of OTs and they were – he was thinking that if I could get in and work the Home Ec parts of it, this would free the occupational therapist to do traditional things. So I went

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and I thought it was a big trip to Anoka, because I was still living at home in St. Paul and that was on the way to Fergus Falls. And so we went up to the lake and so it was kind of a, you know, kind of a scary thing. I had never thought about working in mental health. I knew very little about it. But I spent the day being toured around and I decided that it seemed like it would be very interesting. I knew I didn't want to teach adolescents and school-aged kids. I had known that. Um, I was – if they wanted to talk about what they saw on TV last night, I was not going to discipline 'em for it. I wanted to talk about that, too, so I was not cut out to be a high school teacher. So, I went and I accepted the job at Anoka.

Neal Holtan: And what year was that?

Linda Walton: 1964.

Neal Holtan: And it was a – was that a new position?

Linda Walton: It was a new position. They'd never had a home economist, as such. Um, and I, I just – I was told by the person who had started this group, and I kind of walked into a situation that, you know, as a new employee, you don't know what's going on behind the scenes. She loved the groups that she had started and she wanted to be doing that. And she very much resented my having been hired to do her job.

Neal Holtan: Hmm.

Linda Walton: So, I – she was going to work with me for two weeks. I could just kind of shadow her and get to know the people and all. Instead, she introduced me to the group the first day and walked out. And I thought oh, what am I supposed to do? These ladies, you know, this is scary. But they were just ladies. They were just people. And we did fine.

Neal Holtan: And could you describe the groups that you worked with?

Linda Walton: Well, I worked with groups who had like been hospitalized 20-years and now were on meds. And, um, looking at maybe they could leave the hospital. Not big possibilities of going back home. In 20-years, home had changed hugely, even if they were willing to have them. People had died, they weren't there anymore, parents and so on. So, but they might be going to board and care homes or they might be just staying and having a better quality of life at the hospital. And so I had women's groups that would come several days a week. We would talk about nutrition. We would talk about meal planning, what should be in a healthy breakfast or a lunch or whatever. And then we'd make lists of groceries, make the meal plan, make grocery lists and then I would take – we would alternate who they were. I'd usually have four to five people at a time. And then one of them each week would go grocery shopping with me. And, uh –

Neal Holtan: Before we go too much farther, could you, uh, describe or define what home economics is?

Linda Walton: I don't know. It's – now they call, I think they call it life science in the high schools, when they talk about home economics. Um, it encompasses family life, cooking, sewing,

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housecleaning, housekeeping, um, budgeting, um childcare, very broad kind of things. It used to be called domestic science, way back in the 20s.

Neal Holtan: And did you feel prepared when you started working at Anoka?

Linda Walton: Home Ec wise I was prepared. I was not at all prepared for mental health. Pat Babcock was not there anymore, although I got to know Pat, but I got to know her through Sharon because Sharon was my boss when I was hired and gave me a lot of the written information that the students got. And I, I still use some of those terms and some of those things. I can always remember there was a description, if you have to deal with someone who is hallucinating. And they're really telling you something they're seeing or hearing, that's really far off. You, you don't argue with them. But you don't agree with them, either. But the term was inject a note of mild doubt. And that has lived with me for all these years. It's a very good statement. You can use it very often when someone tells you something that you just don't agree with at all. you can use it then, you know, and oh, really, you know, comes in handy. But a lot of I relied on Sharon to bring me up to what, who I was dealing with and what.

Neal Holtan: What do you think was the biggest challenge in your position?

Linda Walton: I don't know. I guess learning about mental health, mental illness was a big challenge. I, I really knew little. I think one thing that helped was we had free access to the patients' charts who we were working with. And so going and reading charts, not only putting in our notes of what was happening daily, but reading history and getting to see how they came to be where they were and how they'd been treated and with what. I learned a lot that, that way.

Neal Holtan: What, what, in, in Home Economics was the most needed by the patients?

Linda Walton: Oh, the reality of what's in the world today. When you think about cooking, going to the grocery store, there were people who, in 1964, had never seen frozen foods because there weren't home freezers. You know, you might have meat in a locker plant or something. But you didn't go to the store and have a choice of should you buy canned peas or frozen peas, because there hadn't been. So just exposing them to, uh, to what's in the world today. And then, again, making choices. Um, if you asked a group of men – one day I asked what kind of – what did they want, plan for lunch, you know, what were they going to have the next day for lunch. And they said sandwiches. Well, what kind? And they, for lunch tomorrow, they wanted tuna and bologna and salami and, you know, it just went on because they hadn't ever been asked that question. For so long, they just thought of all the things they wanted to eat, they liked. And they went to the cafeteria and the food was just plopped on their plate or on their tray. Um, no choice, do you want gravy or not gravy? Or do you even want green beans? You got what you got, what you got. And if you did that for 15-years, you know, you didn't have a clue of what you would want if you could choose, except you wanted everything that was good that you'd been missing.

Neal Holtan: And how did the trips go when you took patients with you shopping?

Linda Walton: They went well, they went well. The – some people were very hesitant and really stuck, stuck right with you. And you had to help them know what decisions to make. We're

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looking at vegetables now. Now, what does the list say? You'd have to – they didn't just look at the list and go say oh, we're getting corn. But, you know, you had – they, you had to kind of guide them into what. And others were just glad to be off the grounds and going to a grocery store, like they remember they maybe had done way back. Um, I didn't have anyone ever act out or, well, I shouldn't say never. But we had one patient who did act out and was pretty inappropriate. But she earned the right to go shopping sometimes. And so she would steal things and so you'd give her a certain amount of money that she could buy whatever it was that she was buying. But then sometimes, when they carried out your groceries, they'd catch me and say she took a pack of cigarettes, you know. But then, she could be quite violent if she was crossed. So they weren't telling her this and I didn't tell her this until we got back to the hospital and I her back on the ward, then I would tell the nurse. And usually, you'd hear the toilet flushing as the nurse got to her because she got rid of what she'd taken quickly. So it was the taking of it. She wanted cigarettes or she wanted the candy, but she would get rid of it quick rather than get caught with it. So that was a little different. But that was – that was part of her therapy was earning, being good, doing the right thing, being appropriate. And then earning the right to go shop.

Neal Holtan: Uh-huh, and then how did you interact with the other staff?

Linda Walton: I attended team meetings, like Sharon talked about, um, and wrote progress notes, put them in the charts. Uh, called, if there was any upsets or anything. Even in the kitchen, if someone got a very small cut on their finger and you put a band-aid on it for 'em and it's fine, but you still would call over to the nursing staff and tell them what happened so that they would look at it when they came back. Because I wasn't authorized to make medical decisions that that cut was okay. You know, it could be just a nothing, but still you would communicate that way, kind of.

Neal Holtan: Do you think there were other home economists at other state hospitals or was this pretty unique?

Linda Walton: I don't think so. Um, as far as just part of treatment. And I know at Lino Lakes, since it was an adolescent center and it was including school, there was a home economist there. But she was in the – she was like a Home Ec teacher in their school program. And when Lino closed, she came to Anoka. Some of the staff from there were transferred to Anoka and she took over the adolescent program, which I was very happy about.

Neal Holtan: Could you give a description of the Fair Weather Program?

Linda Walton: Well, the Fairweather Program, I worked until 1976. And they were in progress the last couple of years that I was there. I can't put a date exactly on it. I think it was named for Dr. Fairweather. It was a program where patients had expectations made of them. They were supposed to have appropriate behavior. When they came to groups and they did anything that was inappropriate, you had to write a note, send it back to the ward. They had daily meetings. I wasn't there for meetings. I was at some of them but not many because I had other groups at the time they met every day. Um, and they'd, these inappropriate behaviors would be brought up and corrected. They learned janitor work and there were women's groups and men's groups. I think they met together as groups but they worked differently. And then the goal was to get them ready to go out into a halfway house, or it wasn't board and care, it was a group home, a group home, where

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they lived without any staff. But they had staff that checked on them. And I know one of the social workers went one day a week. I went to one of the men's groups once a week and met with them to check were they washing their clothes, because they were responsible for getting to the laundry and doing what they were supposed to do. And that really, the dishtowel that was hanging in the kitchen that was all covered with tomato soup or something, you know, this needed to be washed. I mean, those were the kinds of the things I was checking on. Were their beds made? And then we went over their grocery list for the, their meal plans for the week, their grocery lists, and I took them shopping that day. And so a couple of them would be assigned to do that.

As I remember, and you have to remember this was many years ago. As I remember, they had a janitorial service that they worked at night cleaning office buildings, at least the group that I worked with did. But they came, when they were in the hospital, they came every morning at 8:30. And they had an hour or talking about living outside of the hospital, what all you had to do and how were you going to do it, cleaning, housecleaning and meal planning, and cooking. And then one day a week, they cooked and had to clean up afterwards. That's all I, you know, I just supervised or whatever.

Neal Holtan: How do you think that program worked?

Linda Walton: It seemed to work well. It seemed to work well, because they had learned appropriate behavior by having consequences when they weren't appropriate. So, they kind of got to know what was expected of them. And that – at that point in 1974, even, their – the population was not so many of the long, older, chronic patients. These were people – these were a lot of people who were going in and out that, you know, would get discharged. Come – get off their meds, no supervision outside of medical supervision. They didn't go to appointments. No one made them go, so they didn't or they weren't available. And then they'd be back at the hospital again. So they were kind of chosen, uh, selectively chosen to be in the Fairweather Program.

Neal Holtan: Is that program still operating?

Linda Walton: I don't know. I really lost track of Anoka when I moved.

Neal Holtan: Um, when you worked here did you live in Anoka or nearby?

Linda Walton: I lived for – the first year, I stayed still in St. Paul and drove back and forth. And then I rented a house out north of in Anoka County for a year. And then I bought a house at Coon Lake Beach, which is north, 20 miles maybe, but much better driving than all the way through St. Paul from the north to the south end on Snowing Avenue. It's a different kind of driving, so.

Neal Holtan: And what did you do after you left Anoka?

Linda Walton: I moved to the east coast for health reasons and because my grandma had died and I was able to buy this huge, old house at the shore from her estate. So, my sister and I and her daughter, my sister's daughter, who was about eight, we moved out there and we renovated that house. And then we did kind of, kind of board and care. We had three elderly ladies that stayed with us, who didn't want to go to a nursing home but had been in the hospital and needed a place to go.

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And they came and stayed and we did that for – I was there about four and a half years and then I decided to come back to Minnesota. I sold a little Amway, I did that. And then I, uh, I had done a lot of work with animal rescue. So that's what I'm still doing, volunteering with a rescue group.

Neal Holtan: Do you have any, um, contact with advocates for mentally ill people?

Linda Walton: I have contact with Sharon and there's no better advocate – advocate than that. Um, Sharon has alerted me to a few things. Um, we went to the, they had a, uh, there's a group that's trying to get real tombstones put on the patients, uh, in the patient cemetery instead of just numbers. And I, we went to that. And I've certainly supported that idea, recognizing they're human people that deserve names, that kind of thing.

Neal Holtan: Um, do you think your experience at Anoka affected our thinking attitudes?

Linda Walton: It, it did, it did, because I really knew nothing about mental illness. And if anything, it was scary. And, uh, it was a foreign, scary thing. And instead, it's, it's, uh, it's a medical problem. And, uh, yeah, and just – and dealing with people. Um, I have used skills that I kind of acquired, uh, just different times. I talked my way out of an intruder at my door one night.

Neal Holtan: Hmm.

Linda Walton: Um, by just putting myself back and thinking what would I say if I was at work? What would I, how would I talk to him, you know. I talked him down and he didn't break the screen door that was being held by one little hook, is all. And, and things like that, that you just, um, yeah –

Neal Holtan: Uh-huh.

Linda Walton: -- very fond memories of working there. I enjoyed working there. I really did.

Neal Holtan: And what, what were some of the best aspects of it?

Linda Walton: Just dealing with the people. Getting to know the different people and their, uh, stories. Um, like Sharon said, you relate to them and you know how different their life is than the life you have, that it's just, uh, it – you have so more compassion for how their, how well they really are coping, some of them, for what they've gone through. And just, um, it was, it was pleasant. It wasn't a, uh, I always wanted to go to work, yeah, I just did.

Neal Holtan: That's nice.

Linda Walton: It wasn't like a job that you, um, did.

Neal Holtan: Well, we've covered quite a few different topics. Is there anything that we've left out that you think is important?

Linda Walton: I, I don't think so, that I can think of.

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Neal Holtan: Well, um, we can wrap up, then. And thank you for coming in today, for sharing your memories and thoughts and for all the good that you did.

Linda Walton: Oh, thank you.

Neal Holtan: It's been a pleasure.

Linda Walton: Thank you.

Neal Holtan: Thank you.
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