

# Reporter Finds Hospital Stay 'Demoralizing'

From Dec. 14 until Jan. 13, Tennessean reporter Frank Sutherland posed as a patient at Central State Psychiatric Hospital to observe conditions and treatment there first hand.

No member of the hospital staff was aware of the role he was playing. Following is the second in the series of articles about his experience there.

By FRANK SUTHERLAND

It is impossible for a person who is sane to feel the same way about entering a psychiatric hospital as a person who is mentally ill.

But the feelings of apprehension and loneliness uncertainty and even fear which I had in Central State Psychiatric Hospital cannot be escaped by the sane or mentally ill. Any human being must feel those emotions.

AS I ENTERED the hospital Dec. 14, I had to wonder, does the mentally ill inmate really know what is happening around him? If he does, he realizes that the hospital is unaccredited and that more than half of its doctors are unlicensed in Tennessee.

While I had the advantage of knowing this before I entered the hospital, all of us living there knew the physical facilities and the general atmosphere of the hospital are demoralizing and depressing.

I entered the hospital mentally healthy with a task of observing what happens there, but the buildings, the system and the people worked on my mind, constantly pulling me down. It was an emotional drain just to exist there. I found that not only was I working to report what goes on there, I was working to survive.

ALL THE THINGS I had taken for granted in the outside world — decent eating habits, sound sleep, clean linens, laughter — were threatening to escape from me.

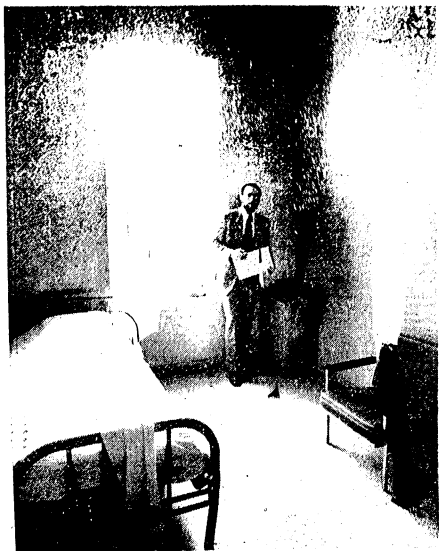
If the hospital had this kind of effect on me, I wondered how it affected the sick patients there.

I knew before I entered that my admitting physician, Dr. Werner Edzard, is not a licensed psychiatrist. In my preparations for this assignment, I was told that he would be "fascinated" if I related to him that voices were telling me to kill myself and this approach would most likely get me admitted.

UPON HEARING my story, this is what he wrote for my medical file:

"Brief history of present illness, including rea-

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—Staff photos by Jack Corn

## Journey Into the Dark

Tennessean reporter Frank Sutherland revisits one of the rooms in which he stayed while posing for 31 days as a patient at Central State Psychiatric Hospital. . . .

. . . When he entered the hospital, he walked down this flight of stairs to enter the 122-year-old Farmer Building

# Hospital Found Demoralizing

(Continued From Page One)

sons for admission: For several years fighting for himself. Very lonely, shy, withdrawn, often depressed. Falls in everything he is doing, his job, communication between people. Father was very authoritarian. No contact with family. Several months living with a young woman, an artist. Now more frustrated. Sexually not able to function. Several suicide attempts, twice this week, one by car fumes. Now comes for voluntary admission. Recently derogative voices "tells me I'm no good, kill yourself."

"Brief physical examination: Oriented, coherent, very depressed and despondent. Occasionally a burst of anger, more self expressive. Then passive, helpless, "I don't know, don't want to know, don't want to talk, it's hopeless." In his own way he is seeking environmental support. Seemingly delusional and auditory hallucinations. Denies drugs and alcohol abuse.

"TENTATIVE diagnosis:

- 1 Acute psychotic episode of a very basically schizoid person.
- 2 Severe depressive episode. Suicidal."

Some might say it is unfair to dupe Edzard and the other staff members to enter the hospital. But others might say it is unfair to put patients in outmoded and unsanitary buildings; that it is unfair to subject them to unprofessional care, unlicensed doctors and poorly trained aides.

Dr. Richard Treadway, commissioner of mental health, and officials at Central State say the hospital is much better now than it used to be. Treadway said much progress has been made in the last three years.

I CANNOT judge that. I can only judge what I saw and felt there, and conclude that it was a horrible experience.

After I discussed my true identity in revisits last week, staff members from the superintendent to the lowest paid aides asked me, "How could you endure that a whole month?"

My response was, if they know to ask me that question, how can they expect the patients to endure it? I was there a month. Some people have been there 30 and 40 years. I paid \$38.10 — the maximum rate — for my stay. Other patients are paying up to \$11 a day or more for a much longer stay.

UNPROFESSIONALISM!

This is the word that describes my reactions to my first days in Central State.

Because I gave my address

as Wilson County, I was admitted to the Farmer Building, a forbidding looking structure constructed before the Civil War.

After Edzard ordered me admitted, an aide led me through a maze of elevators, doors, corridors and construction areas, twice leaving and re-entering the same building.

WE FINALLY entered a wing of the Farmer Building, and the sight and smell made me step back. I was facing gray metal steps, surrounded by a cross-latched wire, the kind of entrance I would have pictured to a dungeon. The stench was of urine and vomit.

I was taken to the second floor and handed over to the two aides on duty, Skip Lester and Jeff Williams. The ward was strangely quiet, and I did not see any patients at first. In the aides' station, Lester asked me questions to determine if I knew where I was and what was happening to me.

He told Williams to take my vital signs.

"I have never done this before," Williams said. "Do I have to do all of this?" Lester said he did.

WILLIAMS was just filling in that night on that ward. I was to meet him later on another ward and conclude he had an above average concern for patients. But he had difficulties taking my vital signs. It took him about 10 minutes to take my blood pressure as he had trouble with the machine.

He took my pulse and then gave me a thermometer. Apparently he did not wipe off the thermometer for the taste made me immediately want to throw up. I suffered through the dry heaves for several minutes, and water would not erase the taste.

After I calmed down, Williams told me he was going to check my respiration rate.

"When do you want me to start?" I said.

HE LOOKED bewildered, looked at me and then looked at the clock. He then closed his eyes, and, apparently, he counted his own breaths and wrote his own breath rate on the form.

Williams left the information blank on patient behaviour during admission bath. I did not have an admission bath.

After Williams finished, Lester asked me if I had a knife or anything with which I could hurt myself. I said no, and he took my word for it. I was never frisked, nor my room searched the entire

month I was at Central State.

LESTER TOLD me that if I had anything valuable I should give it to him for safekeeping because "the people here will steal anything." I gave him \$11 (which I eventually got back) and my keys. He also took my lighter, saying patients can have neither it nor matches on the ward.

Some of the patients had gathered around, the aide station by now for the admission of a new patient is a diversion. One patient, who had seen me hand over my money, offered to sell me his coat for 50 cents. He did this although a list of rules prohibits patients from buying, selling, or loaning anything to each other.

This patient frightened me a bit, for his hair and rough shod appearance reminded me of a ducktailed bully. I refused his offer, and Lester told me to "pay no attention to him."

LESTER TOOK me to my room. I had established before I entered the hospital that Central State had empty beds. This ward was about two-thirds full.

My room was nearest his aide station where all new admissions are "observed" for three days.

There were three metal beds there. The smell was foul. Although it was only 7:30 p.m., my two roommates already were asleep. Lester pointed at the middle bed as mine. I looked at the crumpled, dirty sheets and then looked at Lester expectantly.

"I GUESS YOU want some clean sheets," he said. I nodded.

The room contained two old chests of drawers and a night stand. There was no closet or place to hang clothes. Dirty clothes belonging to my roommates were piled on the floor.

After I made my bed, I ate a ham sandwich and an apple I had been given, for I had missed dinner time.

I watched television alone for an hour until I was joined by a 15-year-old patient. We introduced ourselves and he asked if I had any friends. I said no, and he said, "I am your friend."

"LET ME TELL you how to get along on this ward," he said. "If you pretend to act good, they'll know you are acting. So act natural like you would get in a fight ever once in a while. Otherwise, you'll never get privileges to get off this locked ward."

By the time I left Central State Jan. 13, that teenager had been there seven weeks and still was on a locked ward. An aide had diagnosed his illness for me as "spoiled brat."

Later that evening, I visited for the first time the toilets of 10-A-2. Water was standing the floor, mixed with the dirt from patients' shoes.

I CHECKED the first stall; it was covered with dried human waste. The floor was spotted from where someone had thrown up. The other two stalls were no better. I decided to wait.

The television picture was too blurry to watch for long, so I joined the other alternative to patients not in their room — walking the hall.

That hall contained sofas with rotting cushions at one end, and the aide station at the other end. Chairs, with the same kind of cushions, were spaced along the wall.

BACK AND forth, three or four of us paced the 175 feet, never speaking, just walking...for hours.

There was a small kitchen at the end of the hall. A patient poured water over old coffee grounds in a water pitcher and put it on the stove to boil. There was no sugar or cream — just bitter coffee.

Shortly before 1 a.m., I decided to ask for medication to help me sleep — just to see what the aides would do. Edzard had prescribed 10 milligrams of valium, a tranquilizer.

I WAS EXPECTING to get it in pill form which I could feign taking, but the aide came with a needle and told me to let down my pants.

"We don't give shots in the arm," he said.

That shot hurt for three days, and I never asked for another.

THIS NEW patient, in his 60s, had kidney problems and was given a plastic pail to use in the room at night. He used it frequently that night. The bucket was half full the next morning.

My rooming roommate, under heavy sedation, continued to sleep all the time, never eating anything.

When my elderly roommate and I returned from Sunday morning breakfast — the same food — we found the pail of urine had been thrown all over the floor. Our sedated roommate had wallowed in it and used the sheets from my bed to spread it around.

I TOLD MRS. Whitlow that I wanted to move to another room. She said I had to stay in the observation room at

my roommate again. The aides were holding him down, giving him a shot in the buttocks. They took him away to the solitary room.

ABOUT 7 A.M. someone opened the door to my room and yelled, "time to get up!" I suddenly remembered where I was and groaned from the lack of sleep.

The patients who had been on that ward for some time and had earned privileges left with an aide to go to the dining room for breakfast. About 15 minutes later, they returned with trays of plates piled on top of each other.

Breakfast consisted of scrambled eggs, toast, jelly, watery rice, coffee and milk. All of it was cold except the milk. Our only eating utensil was a spoon. No napkins.

I HAD TO watch my plate carefully for other patients would grab my food, tasteless as it was.

After breakfast, I helped another patient wash the dishes in Tide detergent.

Upon my return to my room, I discovered that the patient who had been taken to solitary was now back — in my bed. I could see where he had urinated all over himself and the bed.

I called an aide, Mrs. May Whitlow, who chased the patient back into his own bed.

"WHAT DO I do about my bed?" I asked.

She consulted with the other aide and they decided to move my other roommate, an old man who had yet to speak, to a new room. I could have his bed, they said, as they took away the soiled sheets.

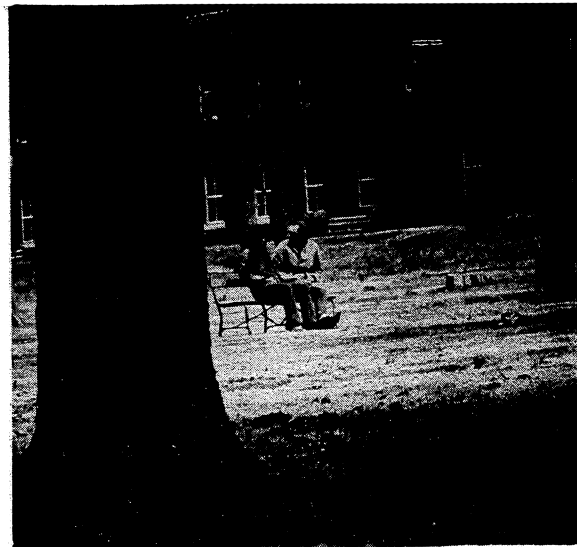
No one ever mentioned cleaning anything else in the room. That Saturday night another new admission came on to the ward. He was given my old bed.

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—Staff photo by Bill Preston

## In Touch With Outside

Tennessee reporters Frank Sutherland and Alice Alexander use a bench to talk quietly on the grounds of Central State Psychiatric Hospital where she visited him while he posed as a patient for 31 days.

least another day — that was the rules. I told her that if she did not move me, I would pitch such a fit that she would have to put me in solitary.

In exasperation, she finally gave me another room. I was lucky, for it was the only single bed room on the ward.

While I attempted to clean my new room, the elder patient was attempting to clean up the mess in the observation room. I never saw the aides, helping him.

I asked about shaving, since patients were not allowed to have razors or blades. I was given a mug of soap, a brush used for weeks without the blade being changed. I attempted to shave but I could not bear the pail.

"This blade is so bad that I could cut my throat," I told aide Ronald West.

"No, you couldn't," West replied. "It isn't sharp enough."

I grew a beard. Life on the ward became tedious. There was absolutely nothing to do except eat and sleep, sit and walk. The only breaks in that routine over that weekend were the meals.

I COULDN'T even watch sports on television for I was outwitted by patients who wanted to watch cartoons and children's shows.

I asked Mrs. Whitlow about clothes, since I had only what I was wearing. I knew before

I went in that some clothes were provided by the state. I knew from another patient that they had such clothes on my ward. But Mrs. Whitlow told me a friend would have to bring me some. Apparently, she did not believe I was an indigent as some of the other patients.

I took notes on what happened to me that weekend to pass time. I found myself desperately looking forward to visits from my "contact."

Tennessee reporter Alice Alexander. She brought clothes and cigarettes.

THOSE PATIENTS who did not have or could not afford

packaged cigarettes were given loose tobacco and papers to roll their own. When they saw my carton delivered, they began to bum cigarettes off me.

Each of us who smoked had to ask an aide for a light. I later had a lighter smuggled in to me. The aides eventually discovered I had it but it was not taken from me for several days.

The patients on that ward did not talk much at first. I was very much alone.

I began to understand the meaning of "stir crazy."

Tomorrow — Who Really Runs Central State?

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