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Minnesota Bedlam

Chains Don't Cure Minds

This is the sixth of a series of stories describing conditions in Minnesota mental hospitals. Geri Hoffner, Tribune writer, and Arthur Hager, Tribune photographer, visited all of the seven state hospitals.

By Geri Hoffner, Minneapolis Tribune Staff Writer

Civilization is several centuries behind the times in some wards of Minnesota's seven mental hospitals.

In these wards, men and women--the so-called agitated and disturbed patients--are tied to beds, chairs and benches. There is no other sight in our institutions more depressing, more frightening, or more infuriating.

In centuries past, mentally ill patients were restrained by a number of crude mechanical devices.

But few modern psychiatrists uphold the use of restraints in mental hospitals today. They claim that proper treatment and activities plus trained personnel make use of restraints obsolete.

Increases Violence

They claim, too, that violent handling of a patient only breeds more violence and that even a normal person will become increasingly upset if strapped to a chair or a bed for days, weeks, perhaps years.

Some states have laws prohibiting the use of restraints. These states recognize that the use of such devices as leather wristlets, leather belts around the body, chains and straps around the legs prevents the establishment of a truly modern mental hospital.

But in Minnesota the number of restraints used could qualify some of our institutions as medieval torture chambers.

At one hospital, a thick door was unlocked for us and we looked in at an emaciated woman. Her wrists and ankles were tied to the bedposts. Her hair was disheveled and her thin body strained at the tight sheets which were used as one more restraint.

She was what many people see in their mind's eye when they hear the word, "insane." Yet that woman, with proper treatment, could have been a calmer, better-adjusted patient. She might have been cured.

Man Tied for Years

At another hospital, we saw a man in his 30's tied to his bed in much the same way. "He's a bad one," the attendant murmured. "He's had to be tied up like that for years. We never take him out."

"How do you know he still needs to be tied up that way if you never take him out," we asked. But the attendant just shook his head and repeated, "He's a bad one."

In two hospitals, we walked through room after room where women were tied to wooden benches. Some stared blankly at bare walls; some were screaming wildly, some were crying and some talked quietly to themselves.

One woman, her hair chopped short in the ear-length institutional haircut, moaned repeatedly. "The Lord is my shepherd; I shall not want..."

Attendants stood around like guards or talked among themselves.

The scene jarred the mind as well as the emotions because it was so out of step with the year 1948, the twentieth century, the era of great scientific advancement.

Yet, we were told, what we were seeing represented an improvement over what had existed just a few months before.

When Gov. Luther W. Youngdahl visited a number of the hospitals last December, he was shocked at what he saw and insisted that "every effort be made to keep restraints to the lowest possible number and to reduce those which are now clearly excessive."

One institution had managed to cut its restraint rate almost in half between the time of the governor's statement and our visit.

What further proof is needed to show that it can be done?

Justin Reese, who also inspected the seven state hospitals during December for the Minnesota Unitarian conference committee on mental hospitals, describes other restraint situations.

Girl Refuses Clothing

In the Unitarian report presented to the governor several weeks ago, Reese, who is executive secretary of Minnesota Mental Hygiene society, told of a nude girl locked in a narrow "seclusion" room:

"Her wrists and ankles were tied to the side of a metal cot; the cot had no mattress; a thin blanket was between her body and springs and folded over her; window wide open with outside temperature sub-zero."

"Nurse states she was without clothing and mattress because she was destructive."

"Observation: the girl was so completely bound it would have been physically impossible for her to tear either clothing or mattress. She was visibly suffering from exposure."

The reasons given for using restraints are many and varied. A patient may be restrained because he is too active or because he disturbs other patients. Or he may be called violent, assaultive or destructive.

Maybe he simply refuses to work when an attendant orders him to do so and he gets into an argument or fight with that attendant.

There can be little doubt that the sheer monotony of the hospitals' routine contributes largely to the number of disturbed patients. Many of the men and women are nervous upon entering the hospital.

Inside, they find nothing to keep them occupied. They are fleeing from reality, and in the hospitals, there is little in the surroundings or daily schedule to bring them back to this world.

There are no clocks or calendars. Soap, toilet paper, toothpaste are rarely found. All the material things which would allow the willing patient to continue normal habits are gone.

He forgets habits of long standing which ordinarily, in spite of his mental illness, he would continue. Sitting for hours in a gloomy corridor, he becomes more restless. The patients sitting all around him suddenly are the most irritating people in the world. His clothes are ugly and he begins to hate them.

May Seek Escape

Then comes the blowup. The patient paces the floor; he wants to escape, to find some privacy. He tears his clothes and he screams to go outside.

Before he knows what has happened, several attendants -- without any understanding of what brought on the patient's outburst--have him tied in a camisole and strapped to a bench. As simple as that.

There are a number of treatments which are successful in quieting the disturbed patient.

Hydrotherapy tubs are considered a humane and effective method of calming a patient. But they require trained personnel. So those state institutions which do have tubs are unable to make full use of them.

Activities also are important in working with disturbed patients. An intensive recreational program can go a long way in preventing a patient from getting disturbed in the first place. But this, too, demands trained personnel.

Even without a properly trained staff, however, one state hospital has managed to cut its restraint rate down to almost nothing. The credit belongs directly to the superintendent whose ideas on the subject--inherited, he claims, from an attendant killed during the war -- have been "caught" by the employees.

"You've got to untie the patients," he maintains stubbornly. "If you don't treat them like sick people, you've got nothing but a jail."

Some of his techniques are so simple, it's amazing that they work.

When Don, a big, burly patient, "starts acting up," he is sent to the kitchen to eat a huge steak.

When Mary, one of the more excitable women patients, gets upset, she is taken for a long walk around the hospital grounds. After the walk, the superintendent invites her to his office where she frequently cries and tells him her troubles.

There is no question, of course, that more personnel with training that helps them to understand mental illness will help the situation considerably.

Must Have Sympathy

But it was proved to us that where an attitude of sympathy, patience and real opposition to restraints begins at the top administrative level, there were comparatively few restraints used.

This was outstandingly true in one hospital already mentioned. It was true to a lesser degree in two others.

Until it is true of all state hospitals - until restraints are looked upon for what they are - a cruel, outmoded excuse for treatment. Minnesota's mentally sick men and women will continue to be prisoners not only of their tortured minds but of the state as well.