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## Minnesota Bedlam Revisited

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### 20 Helpless Patients Learn to Live Again

#### CHAPTER 6

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What hope is there that the long-time mentally sick patient may get well - may leave the hospital and begin "living" again if he gets the best available treatment and care?

An answer to this question may be in the making at the Fergus Falls state hospital.

The experiment is called the "total push" program. Here's what it has done up to the time Arthur Hager, Minneapolis Tribune photographer, and I visited:

In June 1950, 10 men and 10 women patients were selected by a psychiatric team made up of a psychologist, a nurse, six psychiatric aids and six student nurses.

The patients were between the ages of 30 and 50 and had been in the state hospital from 5 to 10 years.

They were among the most withdrawn patients in the hospital. Most could not - or would not - control their bowels or urine. About 15 of them would not lift a finger to help themselves. At least 11 refused to talk.

"We kept them as separate as possible from other patients," the young psychologist who is heading the experiment said, "we had them sleep apart from other patients and eat at separate tables."

"Our aim was to 'bring them back,' to make them socially useful people," he explained. "We didn't and don't expect to cure them all. If we could get just half of them to be good hospital patients, we'd consider the program a success."

"If we could discharge any of them, we'd jump up and down with joy."

The hospital team figured out a behavior rating scale; the lowest number on the scale - one - stood for "as far back as a person can slide and still be alive."

Number five represented normal behavior.

On this scale, the patients had a rating of 1.64.

The team carefully planned a program for each patient. Then the hard work started.

ALL PATIENTS got a series of 20 electric shock treatments - three a week. In these treatments, two electricity conducting pads are attached to the patient's head and current is fed at 120 volts from a small machine. The patient suffers a severe convulsion for about a minute, then goes to sleep.

(Value of the treatment lies in the fact that it creates a temporary amnesia. The patient will forget briefly his depression or delusion and the psychiatrist can work with him more easily.)

Simple recreational activities were organized. Even simple exercises - like tossing a ball - meant hours of supervision, and help. It meant putting the ball in the patient's hand, drawing his arm back to throw the ball and sometimes showing him how to open his fingers to release it.

A rhythm band was organized in an effort to get the patients to respond to music.

EVERY MORNING the patients were bathed and encouraged to bathe themselves. The women were helped to fix their hair, brush their teeth and put on lipstick.

Most of the patients hadn't eaten with silverware in years. They had to be taught like children to use a fork, a spoon, a knife.

"We gave them plenty of individual attention," the psychologist said. "We wrote letters to any relatives we could find. We asked what kind of things these people liked before they got sick."

"All relatives answered our letters. We found out that one man used to like playing the guitar. We gave him one and he started playing right away. Imagine - a man who hadn't talked in years!"

What are the results of this intensive care at the end of six months?

Most of the patients now can take care of their personal hygiene needs such as bathing, brushing their teeth, combing their hair and shaving.

ALL BUT THREE work. The patient who has made the most progress -- a 38-year-old man who'd been in the hospital six years -- now does highly skilled bookkeeping work in the hospital's business office.

Of the 11 who would not speak, seven are still more or less mute (some of the seven occasionally will respond when spoken to).

There's one more result.

"We have hopes" the psychologist said, "that we eventually will be able to send at least two patients home."

The program is still going on.

MEMBERS of the hospital team have had some heartbreaking experiences with their patients.

There's Mrs. V. C., for example, whose behavior some days is normal. But on those "clear" days, the psychologist said, she takes a look at reality. Reality for her means a husband who's gotten a divorce, children who are ashamed of her and a family that doesn't care.

The hospital team found, too, that where relatives kept writing -- even though they rarely got answers -- the patients made more progress.

The experiment has had one byproduct: It has aroused the intense interest of the best hospital workers all over the state. Its eventual accomplishments may have significance for many of this nation's mental hospitals.



**FREED FOR TREATMENT** Some of the women patients pictured left with the white-uniformed aid were tied up two years ago. Today—because of more workers in the state’s mental hospitals and better training for the workers—these women are kept occupied with activities such as painting and drawing. Use of straitjackets, leather cuffs, and other restraints is not encouraged at most institutions.