



By Frank Johnston—The Washington Post
Patients in dresses issued by the hospital go for an afternoon stroll.

5 Days Inside St. Elizabeths: Anguish, Boredom, Despair

First in a Series

By Karlyn Barker

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I clutched my purse and forced myself to look up at the doctor instead of at the floor. It was important, so very important, that I convince him I was stable enough to leave the hospital—St. Elizabeths, the largest federal mental institution in the country.

It had been even more important when, just five days earlier, I had cleaned that purse of all press credentials and successfully convinced another doctor that I belonged in the hospital. Now I wanted out.

I spent five days and five nights in a mental hospital. That's a genteel term for madhouse, but there was nothing genteel about being a sane person living among the insane.

My reason for wanting to experience St. Elizabeths from the inside was tied to the work I had already done on the hospital. For more than three months I

had walked its grounds, interviewing staff and patients and collecting data and scenes and opinions from others for articles about how the hospital functioned.

Yet, there seemed to be a wall between what I had been told and seen and what I needed to feel. I was handicapped as an outsider, and I could not shake the statement from an employee that I had jotted down in a notebook my first day at the hospital: "The ultimate reality here," he said, "is in the wards."

My stay at St. Elizabeths was excruciatingly depressing and boring. The sights and sounds of life in a mental ward were routinely awful and so nerve-shattering that I left sooner than I had intended.

I lived with about 35 men and women. Mostly old and mostly black, my fellow patients were too mentally disturbed to talk in a normal way and

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5 Days and 5 Nights of Living With the Patients at St. Elizabeths

HOSPITAL, From A1

too pathetic to ignore. A few were physically handicapped and physically ugly as well, with heads that could not be still and hands and feet that curled beneath the ends of their limbs.

We lived together not as friends, although there were friendships, but as victims, victims of an illness that has struck one in 10 Americans and touched the lives of many more.

What I saw among these people was gruesome. With unchanging mannerisms, patients in shapeless clothes with vacant stares constantly roamed the corridors of the ward. And now that I am no longer with them, their warped behavior still roams the corridors of my mind.

There was a middle-aged woman, face stern and hands clasped behind her back, who paced in a small circle in front of the nursing office. Her dark hair was pulled behind her ears, and her lined face was bent low to avoid the eyes of those around her.

Another woman, older and dressed in a droopy wrap-around house dress with an olive green sweater put on inside-out, just stood for hours in one spot, her back hunched against a wall, her disheveled smoky hair pinned up loosely.

A young man, almost a boy, walked the hall at an aching slow and jerky pace. With arms crossed and held out awkwardly in front of him, he carried a volleyball against his chest. His pale green shirt was too small, his grey pants too big.

"Don't walk in front of him, honey," a nurse once warned me. "He scratches."

The noise on Nichols Three, the name of my ward, was ceaseless. When all the sounds—the moaning, the babbling, the shouting, the crying and singing—got going at once, sleeping, or reading, or doing anything normal was impossible. When the racket interfered with a television program I was trying to watch, my frustration caused me to dub it "the chorus of the crazies."

This chorus included a man who often lapsed into the role of a preacher, giving sermons to himself and lecturing others in a sing-song, booming voice. His phrases made sense individually, but when strung together into a speech, his ideas had no meaning.

There was a woman who walked stiff-legged and determinedly around the room, striking up conversations with the more regressed patients who never answered.

When not walking around the room, this heavy-set woman would sit and sing, repeating the same off key verses over and over again, sometimes for 15 minutes, until a nurse asked her to sing something else.

"Okay, momma, okay," she replied, repeating this phrase over and over and over. "Okay, momma, okay."

A 70-year-old woman, with hand held to lowered head, moaned and groaned continuously as though in severe pain. She could only be quieted when given tobacco to chew.

Another woman, when forced to sit down or refused a cigarette, raged obscenities at anyone who tried to calm her.

Added to the uproar was the constant, discordant sound of rock music turned up full volume on the radio and the blare of soap opera dialogue from a daytime television series.

The effect was painful to my ears and shattering to my nerves.

Because I was heavily sedated during most of my hospital stay, I spent much of my time sitting or sleeping in a chair. At other times, when patients were quieter, I read or watched television.

The quiz show, "Three on a Match," and the soap operas "Love is a Many Splendored Thing" and "General Hospital," were ward favorites among the staff. Most of the patients stared at the set blankly no matter what program was on.

Sometimes, especially near the end of my stay, I watched the clock.

Getting admitted to St. Elizabeths was fairly easy. I showed up at the hospital's central admissions area one Wednesday night at about 9 p.m. Normally, I would have been immediately referred to D.C. General, the location of my community mental health center. But it was the night tropical storm Agnes swept through the Washington area and the medical staff was sympathetic.

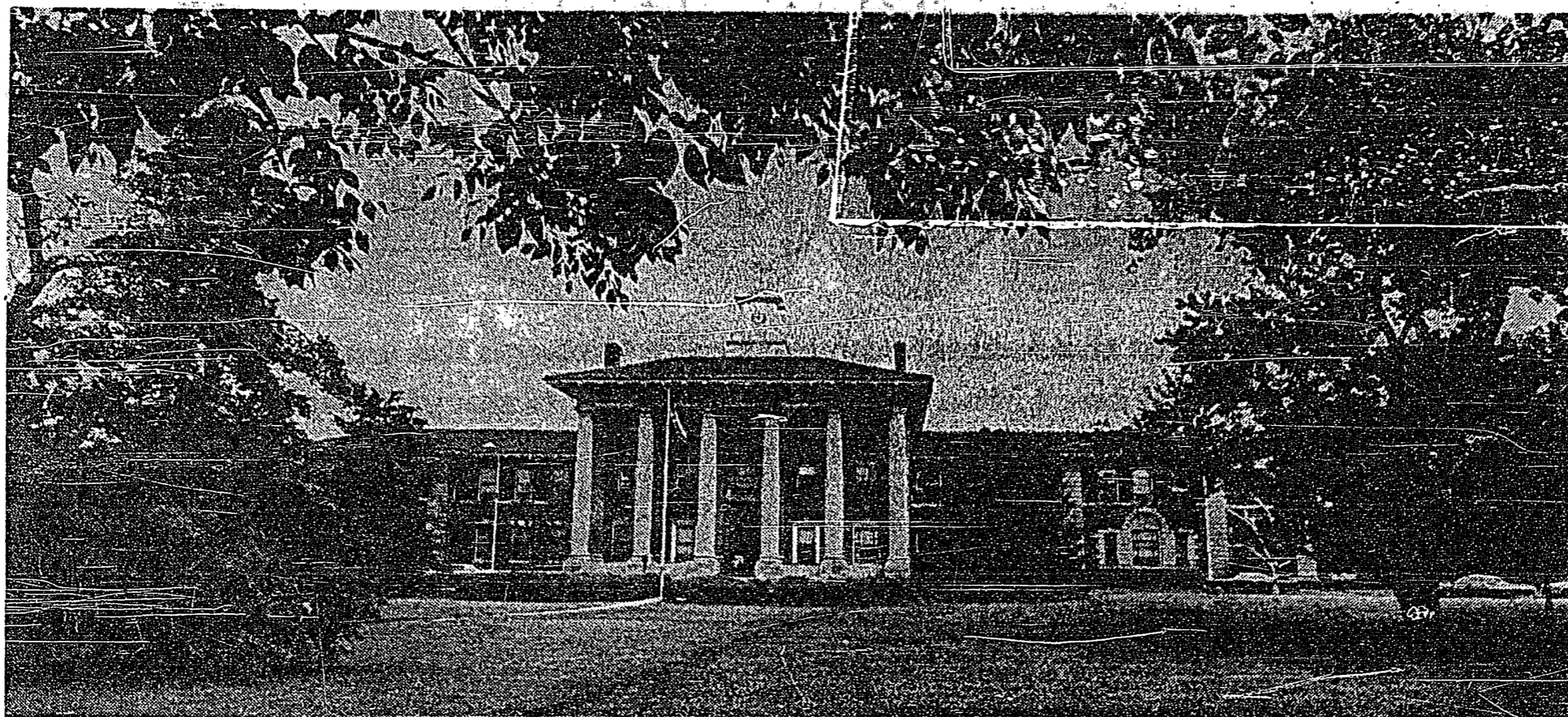
I brought along a girl friend to corroborate my well-rehearsed story: I had broken up with my boyfriend and I didn't seem able to handle the resulting emotional turmoil. My friend said she had been "playing watchdog" with me all day and was afraid I might kill myself.

Although this was an area of the hospital where I had not visited before, I had my friend cut two inches from my hair, and I pulled it back in a pony tail and wore different, unstylish glasses to alter my appearance.

Just to make sure I'd be admitted, I invented a past stay at a psychiatric hospital and brought along a rubber band that I kept twisting nervously throughout an interview with a psychiatrist.

The doctor talked to me privately for about 20 minutes. How long had I known my boyfriend? Why had he left? Did I expect to see him again? Did I take drugs? What did I want the hospital to do for me?

To each question I tried to answer with what I thought would convince him that I was disturbed enough to be hospitalized. I said I had lived with my boyfriend for about six months, that he had left me for another girl who lived in our commune and that I didn't know where he was now. I said I used marijuana and occasionally LSD and that I had only come to the hospital because my girl friend had insisted.



Exterior of the administration building of St. Elizabeths Hospital, located in Southeast. About 85 per cent of the patients are residents of the District.

The psychiatrist talked to my girl friend privately, then to both of us. My friend said I was "a weak person," who needed protection. The doctor agreed. He said he was putting me in the hospital as a voluntary patient which meant that I could sign myself out when I felt better and go home within 48 hours after my request to leave.

By midnight, after three hours of questions, paperwork and waiting, a car was called to "transport" me to Nichols, a seven-story building that houses Area B patients, those who live east of Rock Creek Park and west of Rhode Island Avenue NW.

An admissions staffer phoned ahead to tell attendants I was coming and to caution that I should be "partially watched" to make sure I didn't hurt myself.

Because of the humidity inside the building my coat was still wet and my hair was dripping water from walking in the rain earlier, so an attendant held an umbrella over my head as a nurse led me to a waiting car.

There was no umbrella when we reached Nichols, however, and the nurse—fearing I might resist being led inside the building—was worried.

"Now you hurry up and jump out, honey, and then run with me," she urged. We ran about 20 yards through the rain, then climbed the steps and rushed inside. It was nearly 12:30 a.m.

"Why do you want to destroy yourself?" asked a concerned nursing supervisor as she led me through a heavy locked door and into the nursing office of Nichols Three.

"I don't want to kill myself. I just want to stop hurting so much," I answered. What I really wanted was sleep. I was by now exhausted from the admissions ordeal and soaded and shivering from the storm.

The ward was dark except for the fluorescent lights of the nursing office. I saw a cabinet full of medicines and a small sign on the wall reading, "You don't have to be crazy to work here but it helps."

My purse was taken from me that night and returned the next day. A razor blade wrapped in tissue paper and a bottle containing one "Speed" capsule I had put there to emphasize my instability had been removed. No one ever mentioned them to me.

Two nursing attendants led me to a rusty-tiled shower room. They controlled the temperature and the force of the shower from the outside, and the water came down so hard it hurt. One attendant shampooed my hair, then brought me a comb and a white cotton nightgown so that I could go to bed.

Because of my "suicidal behavior," my bed was set up in the corridor so that I could be easily watched from the nursing office. It was the only bed in sight, and as I climbed between the cold white sheets, I wondered where the other patients were.

There were no blankets available, so a nurse gave me an extra sheet. I noticed four or five attendants walking between the office and what I later learned was the dayroom. They were talking and joking loudly as if it were the middle of the day.

Their conversation and the sounds of a radio and a late-night movie on tele-



Reporter Karlyn Barker at hospital gate.

vision echoed in a deserted hallway. I felt the disturbance was terribly incongruous, and I wondered if the other patients were having trouble sleeping.

I stared up at the high ceiling for a few moments, trying to let the idea that I was really inside settle in, then turned toward the wall and started to fall asleep despite the noise.

Shortly, whatever sleep was in me vanished suddenly as I heard the shouts and cries of patients in nearby rooms.

There was a woman's voice singing a monotone chorus of "Swanee River" over and over again, and from the other end of the hallway a man was crying, "Oh, God, Oh, God," in a raspy, ghost-like voice that made me sit up in horror.

I don't know when the voices stopped. I must have fallen asleep, but all too soon I was awakened by a young, heavy woman who said as she peered down at me, "You're new here. Hi."

I was about to answer when I noticed some of her companions streaming out of bedrooms at both ends of the hall. The lighting was dim, and the patients seemed to come from out of a haze.

There were no "good mornings" exchanged. Instead, patients shuffled into the bathrooms or took up what appeared to be self-assigned posts in the hall, some pacing in a tight circle while others just stood in one place and waited for attendants to herd them into the lavatories.

While I was watching in wonderment and disbelief, a nurse from the day shift came up to my bed and told me to hurry and get dressed in time for breakfast. My clothes had been hung to dry in the shower room. When I reached for them, an attendant said they would be put away until I left the hospital. From a closet marked "dodgy clothes," she handed me baggy white underwear, slippers and a red and blue flowered cotton dress similar to those worn by other women patients.

My own clothes were put in a closet

labeled "personal," where they joined a collection of shoes, winter coats and dresses belonging to other women patients. Despite past service as a volunteer for two years in a state hospital in California, the realization that I would be treated just like other mentally disturbed persons was a shock.

Someone, probably the staff but perhaps an exceptional patient, had tried to brighten the walls with pictures but had failed. A poster with colored balloons, some magazine cutouts illustrating "summer fun" activities, and a print of Da Vinci's "Mona Lisa" seemed out of place in the drab interior.

Windows spaced along the back of the dayroom gave it a light, but not cheery, appearance. It was roomy, though, and that was a good thing since the dayroom was the only place other than the halls where patients could go in the daytime. Both men's and women's bedrooms were closed except at night.

Many of the patients were harmless and almost lovable. One elderly and polite white-haired woman always offered to help you. "Hello, I'm Mrs. ———," she would say. "May I assist you? I'm the owner here."

There was also a little man who forever shuffled around the room searching for a light for his tiny, hand-rolled cigarettes. Sometimes the cigarette was hardly more than a stub, causing visitors to give the man a new one rather than risk lighting the old. There was one patient who really frightened me. He was a man in his mid-twenties who got a special kick out of tormenting the other patients when the nurses weren't watching.

He often went up behind an old man, for example, and pulled his hair. Or he approached the women patients, particularly those who were most regressed and lifeless, and tried to kiss or fondle them.

Afterwards, he laughed uproariously. It was an evil laugh, I thought, and when he came up to me I was suddenly terrified.

"How ya doing, baby?" he asked, leaning over my chair and grasping my arms. I jumped in surprise and pushed him away, but he seemed to get more fun out of my reaction. After that, he was constantly harassing me.

Mornings patients were awakened at 6 by a nursing attendant who turned on the room lights and yelled, "All right, ladies, get on up."

After that first night in the ward, I slept for four nights in a large, pale blue dormitory with 15 beds lining the sides. There were little cream-colored dressers at the foot of or between the beds that contained soap and towels. The windows were barred and looked out onto the grassy backyard of another building.

Since breakfast wasn't until 8 a.m., patients were herded into the dayroom to wait. About 10 of the older and more handicapped patients, such as the four men who sat in wheel chairs all day, were helped to bathe and dress. Sometimes, the attendants brushed the hair of the older women, braiding it or putting it up in buns.

The more independent patients like myself—and I never understood why the staff didn't let us sleep later—were left to fend for themselves. Invariably, we just relocated ourselves in the dayroom, curled up on chairs and slept until breakfast.

Lunch was at noon and dinner at 5:30 p.m. We ate cafeteria style and in shifts, with the "slow eaters" going first. Persons like me were allotted about 15 minutes per meal.

The sameness and regimentation of ward life made it difficult to keep track of the days. I had a calendar watch in my purse, and each morning I took it out to reassure myself that the days were indeed passing.

Most of the patients were given tranquilizing drugs, and I was no exception. Three times a day an attendant came by and handed me a little paper cup selected from a carefully labeled cart—with the patient's name on it—that he wheeled around the room. My cup had two pills in it, and the attendant stood over me until I took the medicine. Then he filled the cup with orange juice to help wash down the pills.

One of the pills was thiorazine, a tranquilizer widely used at the hospital to control psychotic behavior and calm down patients. The other was a drug to counteract such side effects of thiorazine as dizziness and fainting. The thiorazine acted like knockout drops. I felt exhausted. My tongue got thick with its aftertaste and I found it impossible to keep my eyes open. A doctor later told me I was given 150 milligrams of the drug each day.

Once, during a ward meeting, I dozed in the middle of a discussion between staff and patients about who should be allowed to go home on weekends. The meeting shifted to a report from a male patient about his progress

in occupational therapy, and I shifted in my chair and put my head on a cushion.

"Miss Baker." (I had signed in as Barker but was called almost everything else.)

"Miss Baker," a nurse repeated, abruptly jabbing me in the side. "You're not supposed to sleep during ward meetings."

I never figured out the justification for pumping me full of tranquilizers and then demanding that I stay awake. "I'm so tired," I told the doctors, but they kept me medicated anyway.

Ward meetings reminded me of student government sessions. Patients took turns being chairman, and the group was supposed to vote on privileges. But my impression after seeing just two such meetings was that the staff had the final word on any decisions.

For example, there was a woman during one meeting who wanted to go home to visit her family that Saturday. No vote was taken because the patients switched the discussion before deciding her case, but the woman did go home the next day.

I saw a psychiatrist just once after being admitted. That was on Thursday, my first full day in the ward. The visit lasted less than a half hour and included a medical examination as well.

Earlier that morning, a nurse had taken three test tubes full of blood out of me, but it took her two minutes of poking to find my ever-evasive veins.

The session with the psychiatrist was the first of a series of brief, nervous conversations with staff members. Because my problem was severe depression rather than psychotic behavior, I received a lot of attention in the ward, with nursing attendants often sitting down beside me to ask how I was feeling.

With the psychiatrist, as with other staff members, I reacted to concerned questioning with embarrassment. I hated lying to him, and I became more withdrawn as the questions increased—leading him to think I was more unstable than ever.

"Do you have a bad temper?" he asked after I told him that my boyfriend had run off with another girl.

"Sometimes," I replied meekly. I tried to be as honest as possible even though the whole situation was phony.

"What does your depression tell you about your relationships with men?" he continued probing.

I didn't have any answer for that one, probably never will.

Several staffers, sensing my discomfort, asked me "What are you thinking right this minute?" Each time I just shrugged and kept pulling at the rubber band in my hand. How could I tell them I was at that moment silently apologizing for putting them on?

I went through this experience six times in all. In addition to the psychiatrist I had brief chats with a social worker, a psychologist and two ministers from the hospital's special training program for clergymen.

On my last day, Monday, I saw another psychologist who was so concerned about my depressed state that he gave me a private appointment for follow-up therapy once I was discharged from the hospital. He also gave me his home phone number "in case you need to talk to someone."

The weekend in the ward was agonizingly boring. With just a skeleton staff on hand, no attempt was made to organize activities for patients.

I was rescued from total boredom by a student nurse who helped out at the hospital once a week as part of her training. (I think she came on Saturday, but it may actually have been on Friday.)

I had planned to take as little of the staff's time as possible, but when this friendly student asked me if I wanted to play a duet of "Heart and Soul" with her on the piano, I accepted as though she was inviting me to an outdoor concert.

We contributed to the noise on the ward by pounding out a round of that song and then switching to "Chopsticks." I let her teach me another song I already knew just to have her company. Later, we played cards, and I taught her how to play Casino.

Sunday was more of the same, except there was a Sunday church service held in the dayroom.

The service was said to be "voluntary," but since it was held in the only room open to us, patients were a captive audience.

Chairs were arranged like pews. I sat in the back row and again dozed until someone woke me up by slapping me on the shoulder with a booklet of hymns.

The minister set up a tiny altar and, though nobody knelt, a few patients did sing. He read a few prayers that I don't remember then adjourned the service without a sermon.

The weekend also meant visitors. On Saturday, a woman who didn't seem to have relatives in the ward came and passed out candy and little boxes of raisins. Sometimes those visiting individual patients would bring extra snacks to pass out on the ward.

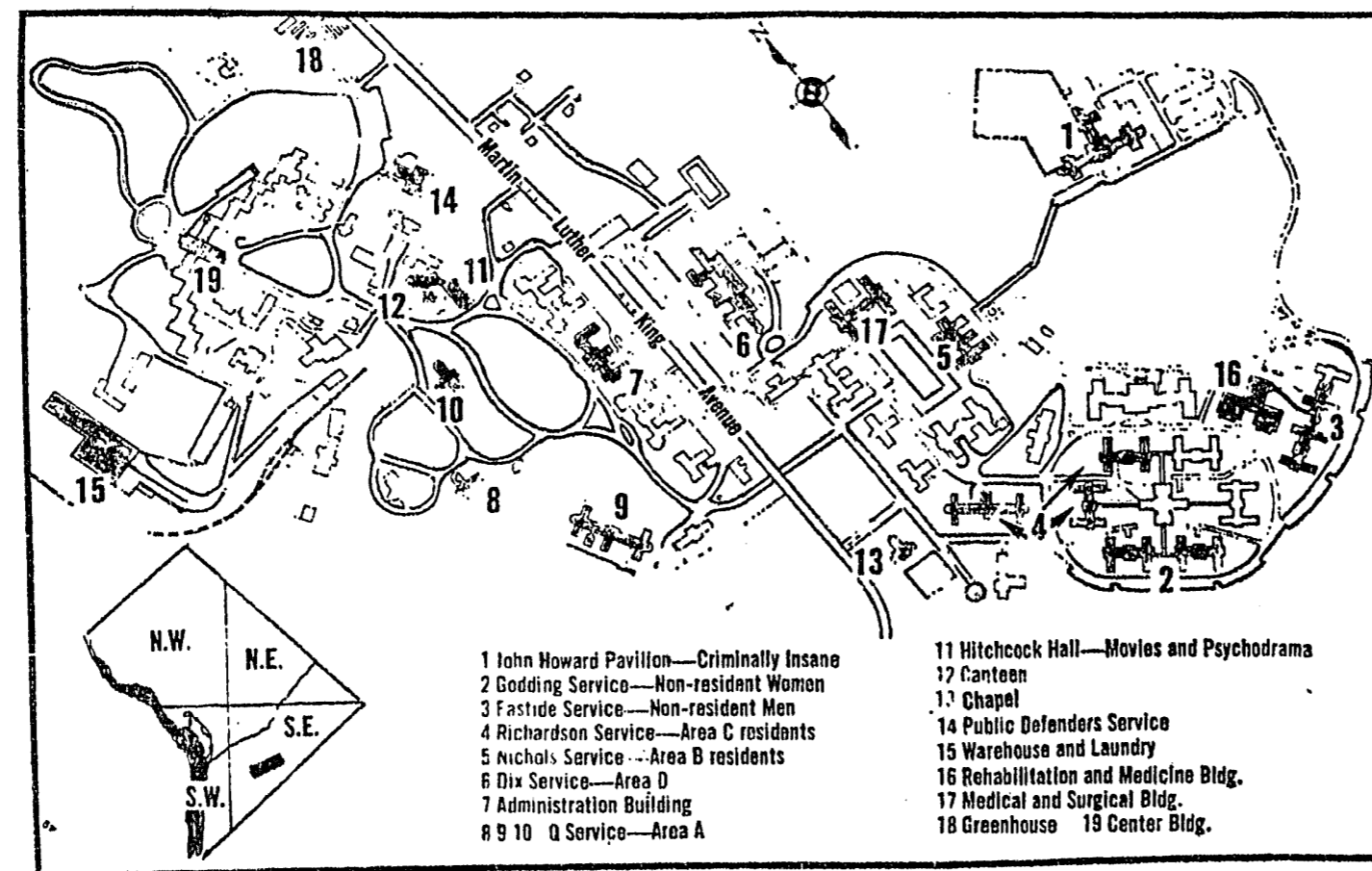
My girlfriend came to visit on Sunday and brought along a copy of Esquire.

She asked me if there was anything I really wanted, and suddenly I had this overpowering urge for a McDonald's hamburger. I wasn't hungry, and the food on the ward wasn't bad at all, but I wanted a McDonald's hamburger.

My friend acceded to my craving and went to a McDonald's stand across the street from the hospital's main entrance and next to the Safeway store where some patients did their shopping when out on ground privileges.

Ground privileges, for the few patients who had them, meant that they could leave the locked ward to attend therapy programs in the basement or in other buildings on the grounds.

Some had ground privileges only from 2 to 4 p.m., just long enough to stroll along the landscaped lawns or visit one of the hospital's two canteens or patient snack bars located within walking distance of Nichols. The chance to get "outside" was cherished



Map shows the general layout of St. Elizabeths, the buildings and the purposes for which they are used.

- 1 John Howard Pavilion—Criminally Insane
- 2 Godding Service—Non-resident Women
- 3 Fastlane Service—Non-resident Men
- 4 Richardson Service—Area C residents
- 5 Nichols Service—Area B residents
- 6 Dix Service—Area D
- 7 Administration Building
- 8 9 10 Q Service—Area A

- 11 Hitchcock Hall—Movies and Psychodrama
- 12 Canteen
- 13 Chapel
- 14 Public Defenders Service
- 15 Warehouse and Laundry
- 16 Rehabilitation and Medicine Bldg.
- 17 Medical and Surgical Bldg.
- 18 Greenhouse 19 Center Bldg.

By Joseph Mastrangelo—The Washington Post

5 Days Inside St. Elizabeths

HOSPITAL, From A11.

and was used to reward patients for good behavior.

For the unlucky majority without such privileges the nurses and attendants often organized such projects as making baskets with yarn. Usually, however, the staff members did most of the work, weaving yellow and purple yarn through pre-shaped plastic containers.

Except for the ministers, the only non-ward staff visitor was an occupational therapist who came into the ward and took a few patients out to the porch to make baskets and waltzes.

Staff members suffered the same boredom as myself. When they weren't taking care of patients, many gathered together at a table in the corner to play cards as though to reaffirm their own sanity.

But the projects and occasional card games only attracted the few less severely disturbed patients who were more outgoing.

My overall impression of patient treatment was that the professional staff was too small to give much individual therapy.

As for the nurses and attendants who spent the most time with patients, they lacked the professional skills and the time to devote to individual therapy.

Most of their energies were devoted to just feeding, clothing and cleaning up after the elderly or retarded patients who looked like they belonged in nursing homes rather than a mental institution. The time necessary to take care of these patients detracted from the care required to help the mentally disturbed.

So, except for brief and superficial visits by some staff members, I was left pretty much to myself. I read or watched television, but most often I slept.

"Do you want anything from the can-

teen, honey?" The question, breaking into my chair slumber, came from a fellow patient.

As one of the few patients with ground privileges, this woman often took orders for cigarettes and candy from those who had to stay inside.

Touched by her consideration, I dug out a dime and asked her to buy me some chewing gum so that I could get the taste of medicine out of my mouth.

My gratefulness soon vanished, however, when she asked indignantly, "What do I get for going?" This one apparently used her privileges to make a little money on the side. I watched her go from patient to patient soliciting orders and tips. Some patients argued loudly with her that they had already overpaid her.

The next day, as canteen time approached, I handed her a quarter and again asked for some gum. "Oh, you're a big tipper," she announced loudly. Before the day was over, the money in my wallet had been stolen.

Because I was a voluntary patient, I could sign myself out of the hospital the same way I signed myself in. This meant that I had to be released within 48 hours after my request to leave.

Once I had made that request, however, my impatience to get out was overpowering. I signed the request form on a Friday afternoon, but under hospital policy weekends are not counted into the 48-hour period. This meant that legally the hospital did not have to let me out until Tuesday.

I spent the weekend reading, watching TV and feeling that if I stayed on the ward much longer—even one more night or day longer—I would go crazy for real. I couldn't think of anything except that I had to get out, not Tuesday afternoon, not Tuesday morning, but Monday—and as soon as possible.

By Monday, I had contacted my girlfriend on the outside—patients can make and receive phone calls—and had urged her in anything but a calm way to "get me outta here!"

On Monday the psychologist in

charge was still talking in terms of a Tuesday release so that I could see another psychologist. The ward psychiatrist had been out of town attending a conference since Friday.

"Oh, please, I'd really like to go home today. I'm feeling much better." (Actually, I was feeling that I didn't have the emotional stamina to stay at St. Elizabeths a moment longer.)

"We'll see," he said in an infuriatingly noncommittal way. I left his office in complete despair and panic.

Fortunately, my girlfriend called on cue and added successful pressure that I be released that day. When I knew I was going home, my anxiety about staying subsided. But I still watched the clock until it was time to dress and go.

My own clothes were wrinkled and my coat was still damp from the Wednesday storm. My dress was an old one, but at least it was my old dress. I put it on like it was an outfit from Saks.

The nursing staff gave me friendly good-byes, but it was the good-byes of the patients that saddened me. Those who understood that I was being released looked on enviously, and I think I could understand what they were feeling.

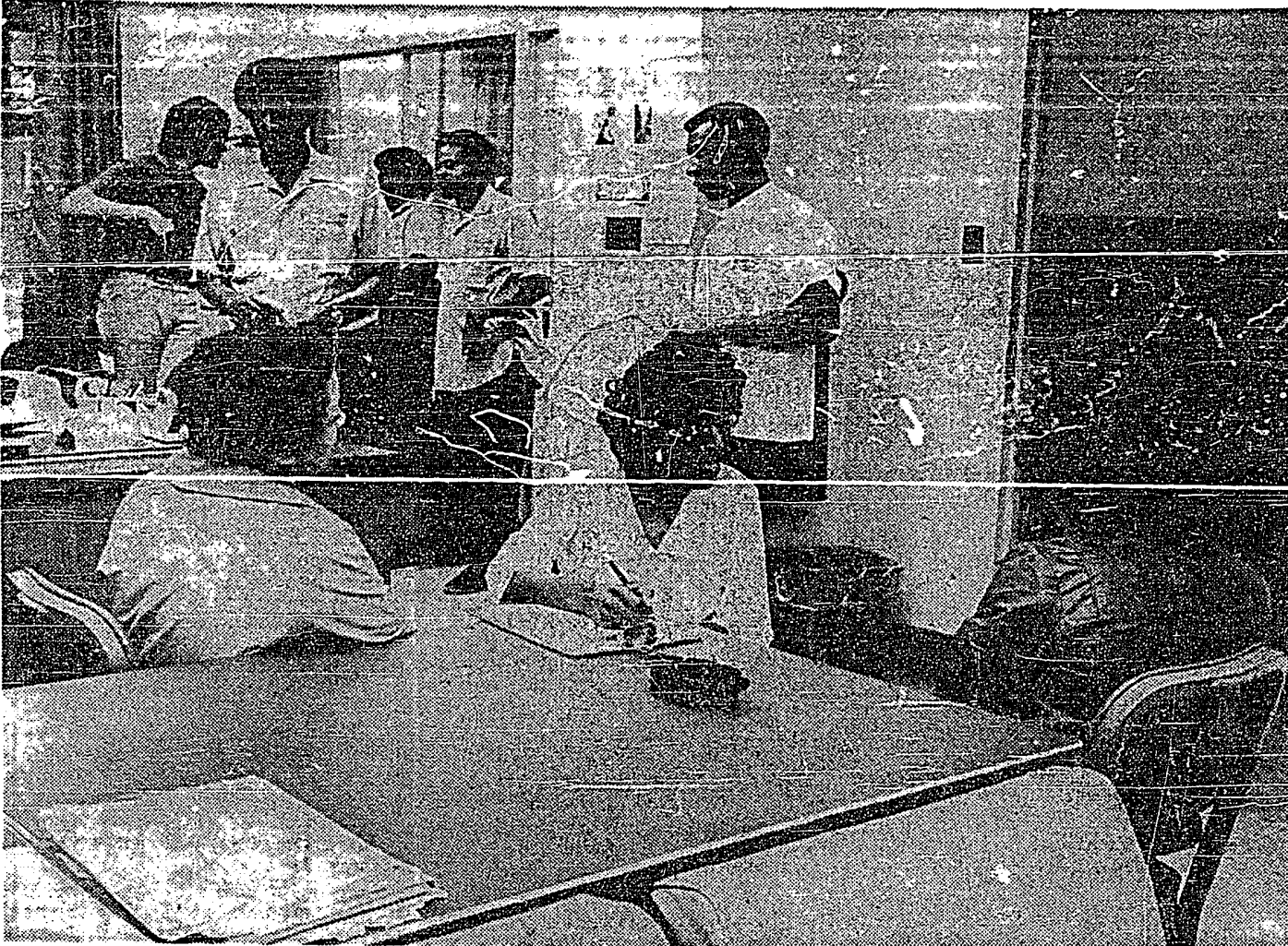
Some of these people had been in hospital wards for years, and here I was getting out after less than a week.

One woman patient, the same one who collected fees for going to the canteen, came up to ask me if I had any money. Suspecting that she was going to ask me for some, I said no. Then, looking very worried, she asked me if I wanted some money from her to get home on. I almost hugged her, but said instead that my friend was taking me home.

"Well, honey, I'm glad for you," she said. "You go on home, and I hope you never come back here."

So do I.

Next: Patients and prisoners



By Frank Johnston—The Washington Post

A nurse at the admissions center in the Dix Building interviews patients being admitted to St. Elizabeths.