

THE EXPOSÉ AS A PROGRESSIVE TOOL*

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AN exposé, as defined by Webster, is "an exposure or revelation of something discreditable." Perhaps never in journalistic history has a particular social institution been subjected to such a sustained and widespread barrage of exposés as the mental-hospital system in recent years. The recent epidemic of exposés, spreading from paper to paper like a benign infection, has been unique in at least one respect: the reporters, in most instances, have entered the institutions not as hostile invaders, threatening the reputation and security of superintendents and other officers, but as welcome allies enlisted in a common cause.

What these reporters have found has shocked and shamed large sections of the American public. They have rendered reports, often documented by irrefutable photographic proof, of rundown physical plants and overcrowded wards; of appallingly underpaid, overworked, and understaffed personnel; of occasional physical brutality and widespread neglect; of malnutrition, maltreatment, and maladministration; of degradation and despair in places that should spell hope and comfort for sick people entitled to a chance at cure. These reporters also found bright spots in the picture, but the dark aspects were so dominant, the broad canvas so repugnant to the general social and ethical standards of our culture, that they posed an immediate and direct challenge to the public conscience.

What have these exposés accomplished? Have they helped or harmed the drive for improved mental hospitals and expanded mental-health facilities? In either case, how can they be made more effective as tools of progress?

The exposé, like the surgeon's scalpel, is a useful, but dangerous instrument. Its application can be constructive

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or destructive, depending on the user's skill, integrity, sensitivity, and timing. As applied to mental-hospital conditions, its development can be traced to two widely divergent trends exemplified by the work of two remarkable women of the past century.

The first—and traditionally most common—type was the institutional exposé that created a "nine-day sensation." There would be a sudden flare-up on page one about "asylum horrors" that would flicker and die out within a few days, leaving nothing behind save a deeper sense of dread on the reader's part. A classic example of this journalistic treatment was Nellie Bly's series on the New York City Lunatic Asylum (now known as the Manhattan State Hospital) published in Joseph Pulitzer's *New York World* in 1887, under the title, *Ten Days in a Madhouse; Feigning Insanity in Order to Reveal Asylum Horrors*. The intrepid girl reporter's series, brilliantly written, created a brief sensation; the stories were rich in color, if not in facts, but they stirred no constructive action. Their net effect, probably, was to widen the gap between institution and community as countless exposés, hastily conceived and superficially executed, have done since.

In the year that Nellie Bly published her exposé, there died at the Trenton State Hospital one of America's truly great crusaders, Dorothea Lynde Dix. The American "apostle of the insane" was not a journalist, but she was none the less a great sociological reporter, a master of the exposé technique. The chief aim of her forty-years crusade, as you know, was to get the mentally sick removed from the catch-all poorhouses and prisons where most of them were then confined and into hospitals for their special treatment.

As she journeyed from state to state, she crammed notebook after notebook with accurate data about the conditions of the mentally sick in penal and pauper institutions. Her manner of gathering and presenting eyewitness accounts of conditions, prepared in the form of reports or memorials to state legislatures, could serve as a model for newspapermen to-day. For emotional impact, what literary ornamentation could improve on the telegraphic terseness of Miss Dix's account of what she saw in her rounds of Massachusetts

almshouses and jails, included in her memorial to the state legislature in 1843?

"Lincoln: A woman in a cage.

"Medford: One idiot subject chained, and one in a close stall for seventeen years.

"Lenox: Two in the jail, against whose unfit condition there the jailor protests.

"Dedham: The insane disadvantageously placed in the jail. In the almshouse, two females in stalls, situated in the main building; lie in wooden bunks filled with straw, always shut up."

Any paper's star reporter would be hard put it to equal the vividness and emotional appeal of Miss Dix's great story of Abram Simmons, published April 10, 1844, in the *Providence (R.I.) Journal*—a paper that still vigorously champions many good health and welfare causes. Miss Dix's article, unsigned, described the condition of an "insane" man named Simmons, who was confined for years in an iron-doored stone cell. Under the apt title, *Remarkable Tenacity of Life*, she gave a hair-raising description, climaxed by this sentence: "Thus, in utter darkness, encased on every side by walls of frost, his garments constantly more or less wet, with only wet straw to lie upon and a sheet of ice for his covering, has this most dreadfully abused man existed through the past inclement winter."

That exposé article of Miss Dix's, touched with delicate irony, had a considerable effect in promoting the movement that led to the creation of the Butler Hospital in Providence—later directed for many years by Dr. Arthur Ruggles.

I regret that time limitations prevent my detailing Miss Dix's consummate skill in utilizing the exposé and its follow-up to prick the public conscience and to prod the conscience-stricken into constructive action through the press and other media, in state after state. I can't resist using the present occasion to remind you all that Dorothea Lynde Dix is being nominated this year for a place in the Hall of Fame of Great Americans. As one who has deeply revered this inspiring crusader, I would urge all of you, individually and through your organizations, to support the drive to get Miss Dix into the Hall of Fame.

Miss Dix's great crusade had two serious weaknesses: Firstly, she oversold existing mental hospitals, greatly ex-

generating their powers to cure mental disease with the knowledge and skills then available. (She was a devotee of what I have called "the cult of curability" which flourished in mid-century, based on the curious conviction that practically any mental patient could be cured by placing him within the walls of a place called a hospital.) Secondly, Miss Dix never tried to develop a permanent organization that could carry on the task of stimulating improvement. It is perhaps symbolic that at the time of her death the mental hospitals were already becoming the targets of the kind of exposé she had applied to poorhouses and prisons.

In subsequent decades the routine newspaper exposés of psychiatric institutions followed the Nellie Bly pattern rather than that of Dorothea Dix. These exposés were usually sensationalistic, often unfair, sometimes vicious, and seldom constructive. Their main attacks were concentrated on personal scapegoats, such as hospital superintendents, staff physicians, nurses, or ward attendants. Hospital officials, through long conditioning, became allergic to newspaper inquiries. Signs of newspaper interest became unhappy portents to them, almost certain to be personally disturbing if not devastating. The already isolated institutions were still further withdrawn from the community. As the lines of communication between hospital and public were broken, the fearsome mysteries associated with institutions for the mentally sick impinged even more heavily on the public mind.

The traditional "asylum exposés" did little or nothing to dispel the destructive mysteries and superstitions; they tended rather to heighten them by distorted tales and intimations of nightmarish horrors beyond the walls. The exposés were usually built around one of two classic themes: (1) the railroading of sane persons to mental hospitals by satanic relatives motivated by illicit lust or greed, and (2) brutal murders of patients by their keepers. Most exposés were hysterical caricatures evidencing little concern with fundamental problems and their solutions. They frightened without informing, and usually left the readers in an anxious and frustrated suspension.

Two factors combined to make virtually inevitable the large-scale exposés of mental-hospital conditions during the

late war and postwar periods: (1) the steady deterioration of public psychiatric institutions by depression-created financial deprivation, followed by war-created personnel and material shortages; and (2) the enormous public interest in mental health evoked mainly by public discussions of psychiatric problems in selective-service screening and in military service.

That our public mental hospitals were generally in very poor shape before the war was amply demonstrated by the nation-wide survey undertaken by Dr. Samuel W. Hamilton and his colleagues under the joint auspices of The National Committee for Mental Hygiene and the United States Public Health Service in the pre-war period. I used this survey as the basis of an "exposé" series in the newspaper *PM* early in 1941, but with several notable exceptions, the state-by-state survey findings gathered dust in convenient pigeonholes.

It should be noted that the great rash of journalistic exposés of mental-hospital conditions that broke out at the war's end, shocking the nation, was largely stimulated by a group of earnest young conscientious objectors who had been assigned to mental-hospital ward duty in lieu of military service. Some of these youngsters later banded themselves into the National Mental Health Foundation. Their diaries and notebooks, containing the day-to-day testimony of brutality and neglect on the wards, spurred many newspapermen, including myself, to launch large-scale journalistic inquiries into the situation on a local, state-wide, or national basis.

The exposés of this period, in the main, have differed radically from the routine "asylum horror" exposé of former times. They are infused with greater understanding of fundamental factors. They have more sense, less sentimentalism. They rarely concentrate on personal scapegoats. Many put the blame where it rightly belongs—on callous state executives, penny-pinching legislatures, and an apathetic and ill-informed public. Invariably, they have concluded with generally sound programs for improving the "discreditable conditions."

A steadily increasing group of reporters have taken a special interest in mental-hospital and allied problems and have identified themselves with the drive for improvement. One might mention, as members of this growing fellowship

reporters like Walter Lerch, of Cleveland; Peter Lisagor, of Chicago; Al Ostrow, of San Francisco; Mike Gorman, of Oklahoma; Odom Fanning, of Atlanta; Howard Norton, of Baltimore; and, in the magazine field, Albert Maisel and Edith Stern. These reporters have helped rip off the veil of unwholesome mystery that surrounded the mental hospitals, have informed the public frankly of the real problems they pose, and have forced large sections of the public to face up to these problems. Significantly, many reporters who entered the realm of social journalism via the mental-hospital exposé have broadened their perspectives to include other health and welfare problems and are making this field their regular beat—with the encouragement of their editors.

The press exposé campaigns, which at first met with some resistance from insecure or complacent officials, received great stimulus when The National Committee for Mental Hygiene issued a formal statement urging administrators to help get the facts frankly before the public, and when the American Psychiatric Association approved a similar statement drawn up by its Hospital Standards and Policies Committee under Dr. Tarumianz. Both organizations had previously been laggard in assuming responsibility for informing the public frankly about conditions that could be corrected only through public awareness. That period of unseemly silence is now happily behind us.

The present-day newspaper exposé of mental-hospital conditions has paid off abundantly, by and large, by helping obtain more liberal institutional and agency budgets, raising institutional morale, stimulating psychiatric research and training, placing better laws on our statute books, achieving administrative reforms, and arousing public interest not only in this limited area of psychiatry, but in broader aspects of mental health.

None of these accomplishments can be credited to the exposé alone. To function effectively, the exposé must be geared to a campaign aimed at specific objectives, in coöperation with civic leaders or social agencies in the community. The day of the lone crusader—journalistic or otherwise—is long past. The last of the great personal crusaders in this field was the late Clifford W. Beers—who exposed conditions

through a book rather than a newspaper—and his exposé, by design, was climaxed by the creation of The National Committee for Mental Hygiene forty years ago.

The worth-while newspaper exposé has its own complex technique and strategy. The exposé that confines itself to criticism, without offering specific proposals for improving the "discreditable conditions" it reveals, may prove not only useless, but actually harmful. If it leads to a blind alley, without guides to corrective action, it may condition the frustrated reader to an acceptance of a situation that initially shocked him. The aimless exposé may be an immunizing dose, fortifying the armor of the conscience against further efforts to pierce it.

Applying a generous sprinkling of literary license, I have often likened the journalistic exposé to the administration of shock treatment to mental patients. Shock treatment, when used therapeutically, is supposed to be followed by psychotherapy; the shocks alone don't cure. Similarly, the responsible journalist follows the jolting exposé with discussions illuminating the problem, digging toward its roots, helping the reader gain insight, and suggesting ways and means toward solving the problem. He uses the exposé as a calculated risk, knowing that its failure may cause harm and realizing that, at best, it is but the opening wedge in arousing public interest that can be transmuted into desired public action.

The exposé, when planned properly, is only the first stage in a general campaign. It represents the "agitational" phase, with penetration of the public consciousness as its initial goal. I regard myself primarily as an "agitator" type, most helpful when the public conscience needs to be stirred out of complacency.

The second stage is the "organizational" one, where public interest is mobilized toward definite desirable goals. Many an exposé has failed of its ultimate purpose because of lack of organizational follow-through. The state of Ohio affords us a classic example. There, a few years ago, one of the greatest agitational campaigns, leaning heavily on the exposé technique, was waged with astounding initial results in terms of arousing public interest. But that most promising

campaign, which did achieve some modest results, fell far short of its possibilities because there weren't enough good organizers on the team to take up the batons of the agitators and push ahead. The agitator, journalist or otherwise, is not likely to be a good organizer; he should help, but not lead, in this second stage.

After the organizational phase comes the "consolidation" stage in which the gains achieved are firmly cemented. The fourth and final stage is a regrouping of ranks and a pushing forward to more advanced goals, possibly through a repetition of the same cycle.

These four stages do not necessarily follow one another in orderly procession; more often than not, the fight is waged on several fronts, with an uneven pace of progress. An improvement might be recorded on one front while a smashing exposé is being made of a persisting evil on another.

Timing is a most important factor in the well-intentioned exposé. But the timing cannot always be planned ahead. Often a break in the news—a dramatic incident, a sensational charge—opens the door to a closetful of "discreditable conditions" that must be exposed immediately. In that case, it is incumbent upon individuals and agencies in the field to clarify the issues and objectives while public interest is intense and to help direct the course of the press campaign toward desirable action. But wherever possible, the exposé series should be timed in advance for maximum effect. It is foolish, for instance, to launch an exposé of institutional conditions requiring legislative correction at a time when the legislature has just adjourned. Too often, an exposé runs in one season, and an organizational campaign in another, with no effort to combine them and thus gain maximum power.

In many cities it is not possible to persuade a newspaper to conduct a socially oriented campaign through the exposé or other techniques. The editors simply may have a distaste for exposés. They may be temperamentally averse to raising a fuss about anything. They may be antisocial in philosophy. They may be afraid of arousing the disfavor or the hostility of powerful groups in the community, including advertisers. They may feel that a successful campaign for better hospitals

will mean higher taxes, which they abhor. They may have personal loyalties to some of the characters who might be subjected to criticism, loyalties that may constitute a determining factor. They may not care, period.

In such instances, it is usually best for interested and informed individuals or agencies to organize a survey under impressive auspices, the findings of which, when released, must be published as a news-worthy item. At times, disclosure of discreditable conditions through a statement that commands authority is far preferable to a one-paper, one-reporter exposé, since it can be released simultaneously through a number of newspapers, reaching more people and avoiding the inevitable jealousies and resentments that follow the exclusive scoop of a rival newspaper.

Howbeit, the once-despised exposé has become respectable and even eagerly sought in the mental-health field. Professionals in psychiatry, with some exceptions, no longer regard the muckracking newspaperman as a foe, but as a friend. In Minnesota, Governor Youngdahl has fed columns of news to the papers in criticism of his state's own institutions, and has egged newspapers to conduct their own investigations with his full support. In Connecticut, Governor Chester Bowles has manifested a similar attitude. In California, Governor Warren has commended reporters like Al Ostrow for exposing institutional defects and needs. In Massachusetts, State Mental Health Commissioner Clifton Perkins has enunciated an "open-door policy," inviting responsible newspapers to make full inquiries and publish frank reports on his mental hospitals as one means of enlisting public support in the field.

A personal word, in conclusion. Some people have seen a paradox in the fact that I, who have spent so much time exposing defects in public institutions and agencies have yet unceasingly advocated extension of governmental activities in the very areas under criticism. It is true and it is paradoxical, but it is not contradictory. I am a firm believer in the Welfare State, seeing nothing to fear in a condition that Webster defines as a "state of faring or doing well; state or condition in regard to well-being, especially condition

of health, happiness, prosperity or the like." What's wrong with that?

We are a democratic republic. We don't relish paternalism, public or private. But as a reasonable, self-governing people, we have not only the right, but the responsibility to do in combination those things that it is difficult or impossible for us to do individually. The ethic we subscribe to impels us to help our neighbors in need. The ethics of a well-to-do democracy call for floors of decency and dignity under which no individual should be permitted to sink, lest it degrade us all. The floors of decency and dignity under the institutionalized mentally sick are still to be built.

A community has no right to call itself truly civilized so long as it tolerates on its own doorstep the subhuman conditions found on the wards of many public mental hospitals, not only in the impoverished backwoods, but in and about the proudest centers of wealth and so-called culture. Our ancestors, who tolerated similar conditions, could plead ignorance and lack of remedial resources; these excuses are not available to us. We must erase the shame, which touches every one of us.

Public institutions and agencies are neither good nor bad *per se*. They have their own inherent dangers and defects, as do private agencies and institutions. When isolated by public apathy and ignorance, they tend to develop into sterile, static bureaucratic systems. An informed and active public opinion can not only stave off that bureaucratic stagnation, but can propel governmental agencies into high-grade, dynamic instruments serving the public weal.

Eternal vigilance, to paraphrase Jefferson, is the price of good government. When that vigilance is lacking, regression is inevitable. It is the responsibility of the press, along with other media of mass communication, to inform and to activate the public through the exposé and other means.