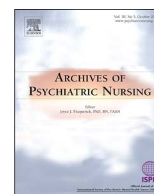
Archives of Psychiatric Nursing 32 (2018) 93–97

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu



Lessons From the Light and Dark Sides of Psychiatric Clinical Experiences

Gail Godwin[a,*], Leslie Moore[b]

[a] Georgia College and State University, Campus Box 063, Milledgeville, GA 31061, United states
[b] School of Nursing, Georgia College & State University, Campus Box 063, Milledgeville, GA 31061, United states

Background

This study tells the story of nursing students of Georgia Baptist Hospital School of Nursing (GBHSN) in the 1960s and their experiences during their psychiatric nursing rotation at Central State Hospital (CSH) in Milledgeville, Georgia. As the narrators told about their weekly trip from Atlanta to Milledgeville and back, it was as if they felt like they were traveling to “crazy and back” discussing both the light and dark side of psychiatric mental health nursing during the 1960s.

Georgia Baptist Hospital (GBH) was founded by Dr. Len Broughton as the Baptist Tabernacle Infirmary in the heart of Atlanta, Georgia in 1901 and is known today as Georgia Baptist College of Nursing of Mercer University (Gunby, 2011). The GBH School of Nursing (GBHSN), a diploma school in the 1960s, required students to complete a three-month psychiatric nursing rotation in Milledgeville, GA, home of Milledgeville State Hospital which became CSH in 1967. During the 1960s, the CSH census neared 12,000 patients, one of the largest mental hospitals in the United States and world. Unfortunately, with this high patient census, the care was mostly custodial, with the patients frequently undergoing such interventions as insulin shock therapy and electroconvulsive therapy (Payne, 2006).

While nurses described their student psychiatric rotation as scary, horrifying, and even traumatic, many still remembered Milledgeville with fondness. Milledgeville, situated southeast of Atlanta, was about a two-hour car ride for the students. Away from the dorm in Atlanta, the rules were more lenient. Because their classes and clinical experiences were held during the day, the students had their evenings and weekends free. Boyfriends with cars could pick up students and take them home for the weekend or the students could stay and enjoy activities in Milledgeville. Also, the strict rules enforced in the dormitory in Atlanta were somewhat relaxed in Milledgeville. Narrators talked about engaging in pastimes with the patients which the hospital staff arranged such as playing cards and going to dances. This was humorous to the narrators because playing cards and dancing were against the rules at GBHSN in Atlanta. The narrators' dichotomy of feelings about their three-month stay in Milledgeville was remarkable, as some remembered mostly the freedoms and fun experiences, while others acknowledged the extra freedom but found the rotation to be the most challenging. The purpose of this study was to explore the experiences of the GBH nursing students' remembrances of their psychiatric nursing school rotation at CSH in Milledgeville, Georgia.

This research has a pronounced significance because of the dearth of research about nursing students in the 1960s. There are several published articles about nurses in the 1960s, but few where nursing students' voices are heard providing their own account. Oral history seeks to capture history where none was written. Through the expressions of the narrators, historians are given the “opportunity to understand changes and occurrences from the perspective of those who experienced them” (Boschma, Scaia, Bonifacio, & Roberts, 2008, p. 78). Virtually no research exists that describe experiences of nursing students rotating through psychiatric hospitals. Although the field of psychiatric nursing and treatments for psychiatric disorders have progressed, many lessons can be gleamed from these nursing students and applied to current psychiatric clinical rotations to help nursing students cope with what some described as a difficult experience.

Boschma, an advocate for oral history research in nursing, has published several articles regarding her oral history research in the field of mental health with narrations covering a period of the 1930s to 1970s (Boschma, 2007, 2012; Boschma, Yonge, & Mychajlunow, 2005). These articles are of interest because of their historical context of time and care of mentally ill patients. The articles by Boschma and her colleagues highlight the practicality and effectiveness of the oral history method in nursing research while also providing valuable awareness of the perspective of nurses and families impacted by mental illness and the treatments for mental illness during the 1960s.

Method

This study utilized oral histories as the method of conducting nursing historical research. Since the 1940s and the invention of the audio recorder, oral history has become a widely-used method of scholarly inquiry, but the practice of oral history is not a new historical research method. Oral history practitioners have been quick to note all history was oral before the written word was created (Sharpless, 2006). Miller-Rosser, Robinson, Chapman, and Francis (2009) advocated the use of oral histories in nursing historical research. They discussed three advantages for using oral histories, especially in nursing. Oral histories give voice to those forgotten and overlooked in working, middle-class

* Corresponding author.
E-mail addresses: gail.godwin@gcsu.edu (G. Godwin), Leslie.Moore@gcsu.edu (L. Moore).

https://doi.org/10.1016/j.apnu.2017.10.007
Received 22 August 2017; Accepted 12 October 2017
0883-9417/ © 2017 Elsevier Inc. All rights reserved.

people and ethnic minorities. They expose and describe work conditions and culture helpful to understanding the profession of nursing, while also recording and archiving historical occurrences of everyday nurses and the patients for whom they care. Boschma et al. (2008) added a fourth benefit of oral history research, the "therapeutic and transformative potential" (p. 85) of the oral history interview. Reminiscence, telling life stories, or giving personal accounts of events contribute to empowerment and increase self-worth with the validating effect of telling a life story. "Few can describe the past with more passion and articulation than those who were there," according to Biedermann (2001, p. 61). The oral history research approach met the objectives of this study to recover, record, archive, and analyze the oral histories of GBHSN nursing students of the 1960s.

This oral history project gave voice to a non-hegemonic group of nurses and the meanings they assigned to their student experiences while at GBHSN.

The current study is part of a larger study of thirteen narrators providing accounts of their nursing school in the context of social and political turmoil in the 1960s. Of the original thirteen narrators, eleven shared stories of their psychiatric clinical rotation and are included in the current study. The narrators were GBHSN graduates of the 1960s who now live in the southeastern United States. Because GBHSN was a women's school, all narrators were referred to with feminine pronouns. Narrators practiced in nursing a minimum of fifteen cumulative years after graduation so that the narrators were looking back and reflecting on their experiences as students after a career in nursing. The study was approved by the University's Internal Review Board, and all participants provided informed consent.

Results

The dark side

In response to the question "Do you remember a particular time or event that was challenging for you at Georgia Baptist?", all eleven narrators referred to their psychiatric clinical rotation at CSH as challenging. However, five of the eleven narrators had an initial negative reaction to the question with gut responses like "*I recall more negative than I do positive about that time*" (Rawlins, 2013), "*The psych experience was, for me, horrifying*" (Levi, 2013), "*Well, I went in to Georgia Baptist clearly, unequivocally set on being a psychiatric nurse, that's what I really wanted to do. And then I went to Milledgeville (laughs) and almost died in my three-month rotation at Milledgeville, and came out of that saying, "No, no, no, this is not [for me]*" (Cox, 2013), and "*It was very difficult at the time*" (Luther, 2013). These visceral responses indicated that many of the Georgia Baptist students in the 1960s did not enjoy their psychiatric rotation and that the rotation left vivid bleak, depressing, and dismal memories that could be recalled some fifty years later.

Narrators recalled many stories and accounts of experiences at CSH that, together, described a "dark side" of this clinical rotation. Of these young narrators, many were inexperienced with life and came from sheltered backgrounds. For many, moving to Atlanta was an eye-opening experience in and of itself, but then spending three months at one of the world's largest insane asylums and bearing witness to a wide variety of patients and treatments was overwhelming.

The snake pit

Narrators arriving at CSH were subjected to living conditions much different than as previously experienced. For example, the female students were confined to sleeping in dormitories with rooms alongside the patients, both male and female. During the hot months, windows were kept open in order to keep cool, but this allowed constant exposure to screaming and moaning through the night. As one student described: "*Of course we lived on the same building with the patients and we actually woke up one night and there was a patient going through one of our drawers. You were locked onto the unit with very, very, very ill people*" (Levi, 2013).

Narrators described this constant exposure to patients as being difficult. As one stated, "*But then not only did we sit in class all day and hear that being taught to us, but we heard it all night long…It was a very depressing time for me*" (Rawlins, 2013). Many also described how the patients looked like "zombies" due to overmedication and that this was distressing. When asked more about the living situation, Rawlins clarified that:

> *The patients that were in that building were high functioning patients who actually went out to work during the day…So it was not as if we were closed in, you know, with somebody who was nonfunctioning, but nonetheless just living in that environment, with people that – I know this is really stereotyping – but they just looked like zombies….They were just walking dead, many of them, so overmedicated – even in our own building. So, it was just hard to see that day after day, after day, and night after night.*
>
> (Rawlins, 2013)

There was a general sense of feeling sorry for the patients because students knew many of the patients would never improve enough to leave the hospital, thereby being in this perpetual state of "zombie". One student described:

> *I felt so sorry for those people 'cause here again, you look back, those were heavily medicated people. They came to Milledgeville and most of them didn't get out. I mean it, through the years of students at Georgia Baptist, you'd come back after your clinical and they'd say, "Did you meet Coffee Mary?" I mean, you know, some of the same people were there through five years of nursing students.*
>
> (Liipfert, 2013)

Narrators also questioned the effectiveness of their therapeutic treatments for the chronic mentally ill patients. Some described a sense that they knew the treatments were ineffective, and therefore, the focus for these patients became to entertain them. Other narrators described feeling some of the therapeutic treatments were helpful for acute mentally ill patients.

> *…now, as far as caring for the patients, I realized – and I probably shouldn't say this but I truly did, that people with chronic mental illness, at least at that point in time, with the knowledge that we had and the medications we had – this stuff about learning to be therapeutic as far as I consider it was a waste of time. Somebody had been there thirty years, me going in and saying, "How does this make you feel?" I felt like a fool. It's like I can't communicate with somebody who's been mentally ill for thirty years. So I just had to take care of me. I had to protect my mental health while I was dealing with these very chronic mental ill. Now it's a different situation with those who were acute, and at that time we spent half of our time on acute units and half of our time on chronic units, and the chronic units I felt like anything I could do to work with patients to entertain them. We painted fingernails and put on makeup, and did this, and did that, I mean, that had nothing to do with, with what I would consider being a therapeutic thing, it was just kind of passing the time, but on the acute ward you could see that people were in acute distress, we got to see electric shock therapy which shocked me, but I saw people improve. I mean, I truly did. When you were three weeks in a unit, and you went to a lady's shock therapy the first day, and two weeks later you see her and she's conversing with people in the day room with the hairs not sticking up like something wild, but it's laying down and you could see that some of the therapies actually did help. And there I think you really could use your therapeutic skills at communication, but, it also showed me that chronic, chronic mental illness, if there weren't other modes of intervention, then it was really truly housing and trying to make people as comfortable as you could with, with being with them 'cause you knew they were going be there the rest of their lives and there was nothing you could do to change it, except make that day as pleasant as you could for the individual.*

(Domico, 2013)

Most narrators discussed viewing the sickest patients in the "back ward" or "snake pit", which was a reference to the 1948 movie "The Snake Pit" which follows a woman in an insane asylum. Narrators described "*walking through that ward and it was so sad*" (Thomas, 2013), to see some of the "*very, very regressed patients, which they would not do now- they would not take you to see patients like that or put them on exhibit the way they did back then*" (Bush, 2013). Detailed description of that "exhibition" lived in one narrator's memory:

> *I remember one day they took us on a tour of some of the worst units – I don't know why they thought they had to show us this – but I remember patients, you were looking in these big doors that had bars, and you could look through the bars and, and there were patients eating sheets. There were patients swinging back and forth between beds like monkeys. There were people sitting there eating feces, there— And you're seeing all this through these bars— It, it was like the Snake Pit, if you've ever seen that movie, and that was incredibly traumatizing.*
>
> (Cox, 2013)

Lack of support

Experiencing the "snake pit" left the narrators traumatized, depressed, and horrified, and yet many indicated a lack of support in dealing with this clinical rotation from instructors and psych-mental health providers. These Students had never been exposed to difficult patient encounters such as these in their hospital clinical rotations. They were left to process all they had seen by themselves, and could not escape in the safety of their own beds due to hearing the screaming of patients from their open windows at night. One narrator described:

> *The reason it was so traumatizing and difficult, is there was just nobody to talk to. There was no real support. So when you would see something, I mean there were instructors there, but they were there for their eight hours and that was it. And, they had been there forever; we were just coming— They were getting new students every three months, so I was just one more student coming down for another rotation. There was no real relationship. And so when you would see something that was traumatizing there was nobody to talk to. There were no support groups, there were no debriefings after your shift. And so I saw things that are so vivid in my memory…I cannot comprehend why we didn't have some kind of routine support going through these three months. I mean, you took folks from all kinds of walks of life and you put them in Milledgeville for three months with no real support, and to me that was unconscionable.*
>
> (Cox, 2013)

Because students did not know their psychiatric nursing faculty well, and the faculty did not know them well, some narrators described having a non-existent relationship with their faculty. One student stated the faculty "*were more punitive than helpful*" (Levi, 2013). Therefore, students had to develop coping skills on their own. One student found that "*really difficult, you know, and your faith always helps in situations like that because it helps you to get through it, and you try to make a difference, and to try to do something that you think makes life easier, but that was really difficult*" (Levi, 2013). Another student described leaning on each other to deal with the sadness they were experiencing:

> *We really clung to each other, and had lots of silly parties in to balance out the sadness of some of these patients. And once we were there a little bit you realized it is what it is. You do the best you can with it; you're not gonna heal these people. You really don't make that much of a difference unfortunately because they were so heavily medicated.*
>
> (Liipfert, 2013)

Interestingly, one student expressed that the level of support began to change during the latter part of the 1960s. The narrator pointed out the change seemed to be as a result of pastoral care faculty understanding the need to help students cope, not the psych-mental health professionals or nursing instructors.

> *I think something must have happened, because after that particular experience, they did have a hospital-based psychiatrist come and meet with our group of students and he tried to kind of talk us through that and say, "You know, I know these have been difficult to see, but we're trying to give you a broad scope of education" or whatever. But I do remember somebody coming to talk with us because it was pretty traumatizing. So, at some point between '66 and '70 it began to dawn on people that support groups would be helpful for students. And, so we did— We had support groups for faculty and we had support groups for students, and it was very much needed and I think it really helped retain some people.*
>
> (Cox, 2013)

Although there was a dark side of the CSH clinical rotation, there were many pleasant memories relayed by the narrators that show a dichotomy of experiences making the total rotation. For example, one piece of advice given to nursing students by the nursing instructors was to "consider this part of the illness" (Liipfert, 2013). One student recalled a story with a patient in a humorous way, which showed that although the clinical rotation was a difficult journey, some narrators could reflect back on these times with a sense of humor.

> *You have to accept this because it's part of the illness. But, the second week I was there, a man that was about 7′4 swooped me up… walking down the corridor with me saying, "I am going to get you. I am going to get you" and I was going, "This is part of the illness. This is part of the illness." And I thought, "No, this is not part of the illness" and I started screaming for all I could, and thank goodness I was rescued. I don't know what would have happened, but I couldn't accept that.*
>
> (Liipfert, 2013)

The light side

For some narrators, the experience in Milledgeville was a positive one, even considered "entertaining" (Nave, 2013). Spring weather in middle Georgia, the beautiful CSH campus, freedom from restrictive rules at GBHSN, and joining in the entertainment for the patients were explanations for positive recollections of CSH. A few of the narrators relayed a specific fond memory with a patient, seeing the recovery of acutely ill patients, or receiving support during a difficult period. Some even experienced a life-changing moment during this rotation that stayed with them for their nursing career. Simple freedoms were appreciated, which eased the stress of caring for mentally ill patients. Together, these memories balanced the dark side of their psychiatric clinical rotation for some nursing students.

Narrators described events that resulted in an epiphany, or a deeper understanding of what it meant to be a nurse caring for human beings. One student described an encounter with her psychiatric patient as a "pivotal" moment in her life. She recalls the story with detail, and in the end, credits one patient with her decision to stay in the nursing profession.

> *…in the middle of all this I would usually go sit under a Magnolia tree there on campus…and sit and cry. And one afternoon, I just decided that I'd had it…So anyway, that night we were required to go to an AA meeting while we were there at Milledgeville, and I saw the first patient that I had ever had there, his name was Mr. X… it had been about six weeks because I had moved off that unit onto a couple of other units. And he recognized me, and I recognized him, and I said, "Oh Mr. X," and he said, "You look like you've been crying." And I said, "It's been a rough day, Mr. X, I just don't know if I can do this. This is not what I thought psych nursing was gonna be." And then I just started crying again. And we walked out on this little balcony where they'd had the AA meeting, and Mr. X talked me into staying in Nursing. He said, "You're gonna be a good nurse. I wasn't gonna tell you this, but the day that you came on our unit, and spent that whole day talking to me, you don't know it," but he*

said," I spent my last quarter on a razor and I had planned to cut my wrist and end my life." And he said, "I was convinced that's the best thing I could possibly do, just end my life here. Because you spent eight hours talking to me and we had such a good talk, I just had to believe that maybe there were people who could see something good in me, and maybe I didn't need to end my life. So, you saved my life whether you ever knew it or not." And course then, I really did cry. And he said, "Now it's my turn to help you, and I promise you that you're not gonna remember the worst of this. All that you've seen will fade in your memory. Your nursing career is ahead of you, and you were meant to be a nurse, and don't you dare drop out of Nursing School." So, Mr. X, a psychiatric patient at Milledgeville, …it was a pivotal time in my life and it's probably the most memorable experience from those years. 'Cause if it hadn't been for Mr. X, I would've bagged it.

(Cox, 2013)

Another narrator could find good in her patients, even in those whom society had deemed a lost cause. She discovered during her time in the psychiatric rotation that all people are "just simply human", which may have led to her decision to practice psychiatric nursing throughout her career. When asked about her favorite clinical experience in nursing school, she stated:

It's the rotation at Milledgeville, and that's gonna sound strange, except that I then went into Psychiatric nursing. I had some good experiences with patients, too. One of the patients— I learned that we're all just simply human. I don't know if you remember the story [of one patient] but she had killed several husbands, but on the units she was helping the other patients. She would bathe the women, and was just very, very, helpful, and that's something that a young person needs to learn, that people can be murderers and still be kind to other people.

(Bush, 2013)

Seeing good in people and in their time at CSH was achieved by some nursing students during a time in "mental" nursing where curriculum had been prescribed as a requirement for all who "attended" patients at the hospital (MSH Alumni Newsletter, 1951), but where an understanding of the need for support for these students was in its infancy stage. This student's account of seeing that we are all human was remarkable, as if she had heard the hospital's former Superintendent, Dr. Peacock, describe almost twenty years prior that the patient was the most important person in the hospital and that there is hope for them. According to a 1951 Milledgeville State Hospital Nursing Alumni Newsletter, "it is for these [patients] that every department exists and workers cooperate to help the patients who, in Dr. Peacock's own words, are "undergoing treatment for a malady that is somewhat intangible, yet it is commonplace and could easily afflict any of us. After their battle is won, these citizens will, in all probability, consciously contribute more to society than the average person. Mental patients do get well" (MSH Alumni Newsletter, 1951).

Narrators recalled additional positive aspects of their time at CSH. Toward the end of the 1960s, students described that administrators, and especially clergy, were beginning to recognize the need for supporting the nursing students. According to students, it was not uncommon for students to withdraw from nursing school as a result of the psychiatric rotation during the early and mid-1960s. However, some experienced increased support from faculty. One student recollected, "*We had wonderful instructors. They were so patient with us, and helped us with all of those endless, it seemed like, endless one-on-one settings where we had to interview patients and record our therapeutic interventions, as they called them, and I learned a lot*" (Luther, 2013).

Freedom was also recognized as a perk "down in Milledgeville". Many narrators spoke of such strict rules while living in the dormitories in Atlanta. Once students were in Milledgeville for their psychiatric rotation, they felt a reprieve from those rules. One stated, "*Oh I loved that [rotation]. I really did. It, to me, was a real awakening period for me because we had been so protected in Atlanta, and down there we had more freedom to come and go*" (Domico, 2013). Even simple freedoms, such as the ability to be fashionable while they were away from main campus, was remembered fondly: "*We always thought we were pretty good looking because our uniforms were a whole lot better looking than the rest of them because they were actually short. You could make them short, you know, by pulling them up, [blousing] them up with your belt*" (Fragala, 2013). Students had their nights and weekends free, whereas those shifts were required while in Atlanta. "*You didn't have to do evenings and you didn't have to do nightshift. You didn't have to work the weekend. And it was almost like freedom for three months. You get up early, early in the morning, the sun was coming up, you could hear the birds*" (Fragala, 2013).

Discussion

Narrators' memories of their time spent at CSH form a dichotomy of the light and dark sides of mental health student experiences. While some narrators remember with horror their experiences, others were able to set aside the tragedies of CSH and enjoy their time and freedom in Milledgeville. However, all the narrators stated the care of patients at CSH was at times substandard.

Experiences in a mental health clinical setting are an essential part of nursing education. These experiences assist in developing the knowledge, skills, and attitudes necessary for nursing care of the mentally ill. Outcomes of mental health nursing education include for students to be able to utilize the nursing process to engage with mentally ill patients though therapeutic communication and learn to develop therapeutic relationships with and empathy for mentally ill patients. Lack of empathy and therapeutic relationships show prejudice toward mental illness. The memories of these narrators support the prevalent assumptions of mental institutions even today. Instead of activities to educate or edify the students, some of the clinical education activities seemed to be established to shock, alarm, and distress the students. These activities solidified common misconceptions of mental illness.

The narrators listed improvements which were needed to increase their learning and lessen anxiety during their mental health educational experience. Adequate preparation before clinical experiences, supportive faculty during clinical hours, debriefing after clinical experience, and a support group with time to reflect, discuss, aid, and generally care for the students may have resulted in a better experience for students. These narrators' statements echo research completed regarding mental health clinical placements. For example, McCann, Moxham, Usher, Crookes, and Farrell (2009) listed characteristics of quality mental health experiences as supportive environments, staff willingness to precept or mentor students, partnership between university and clinical facility, adequate preparation of students, positive staff role models, and utilization of evidence based practice. Interestingly, despite the difficulties of their mental health rotation, two of the narrators became mental health nurses, with one working at CSH.

Conclusion

This historical study presents narrators' positive and negative stories of their psychiatric clinical rotation in the 1960s. Although nursing education best practices have established the need for a more comprehensive approach to introducing students to clinical experiences, this study serves as a reminder that psychiatric rotations can be especially trying for students, therefore increasing the need for adequate faculty support both prior to and following the rotation.

References

Biedermann, N. (2001). The voices of days gone by: Advocating the use of oral history in nursing. *Nursing Inquiry, 8*, 61–62.

Boschma, G. (2007). Accommodation and resistance to the dominant culture discourse on psychiatric mental health: Oral history accounts of family members. *Nursing Inquiry,*

4, 266–278.

Boschma, G. (2012). Community mental health nursing in Alberta, Canada: An oral history. *Nursing History Review, 20*, 103–135.

Boschma, G., Scaia, M., Bonifacio, N., & Roberts, E. (2008). Oral history research. In S. B. Lewenson, & E. K. Herrmann (Eds.). *Capturing nursing history: A guide to historical methods in research* (pp. 79–98). New York, NY: Springer.

Boschma, G., Yonge, O., & Mychajlunow, L. (2005). Gender and professional identity in psychiatric nursing practice in Alberta, Canada, 1930–75. *Nursing Inquiry, 4*, 243–255.

Bush, C. T. (2013, September 19). *Interview by G. K. Godwin [audio recording and transcript]. Georgia Baptist College of Nursing of Mercer University Archives.* Atlanta, GA: Georgia Baptist College of Nursing.

Cox, S. H. (2013, September 18). *Interview by G. K. Godwin [audio recording and transcript]. Georgia Baptist College of Nursing of Mercer University Archives.* Atlanta, GA: Georgia Baptist College of Nursing.

Domico, V. D. R. (2013, September 12). *Interview by G. K. Godwin [audio recording and transcript]. Georgia Baptist College of Nursing of Mercer University Archives.* Atlanta, GA: Georgia Baptist College of Nursing.

Fragala, P. B. (2013, October 1). *Interview by G. K. Godwin [Audio recording and transcript]. Georgia Baptist College of Nursing of Mercer University Archives.* Atlanta, GA: Georgia Baptist College of Nursing.

Gunby, S. S. (2011). *A historical perspective of the Tabernacle Infirmary and Training School for Christian Nurses and Georgia Baptist Hospital School of Nursing and Georgia Baptist College of Nursing and Georgia Baptist College of Nursing of Mercer University.* Unpublished manuscriptAtlanta, GA: Georgia Baptist College of Nursing, Mercer University.

Levi, P. C. (2013, September 14). *Interview by G. K. Godwin [audio recording and transcript]. Georgia Baptist College of Nursing of Mercer University Archives.* Atlanta, GA: Georgia Baptist College of Nursing.

Liipfert, D. D. (2013, September 24). *Interview by G. K. Godwin [audio recording and transcript]. Georgia Baptist College of Nursing of Mercer University Archives.* Atlanta, GA: Georgia Baptist College of Nursing.

Luther, A. P. (2013, September 18). *Interview by G. K. Godwin [audio recording and transcript]. Georgia Baptist College of Nursing of Mercer University Archives.* Atlanta, GA: Georgia Baptist College of Nursing.

McCann, T. V., Moxham, L., Usher, K., Crookes, P. A., & Farrell, G. (2009). Mental health content of comprehensive pre-registration nursing curricula in Australia. *Journal of Research in Nursing, 14*, 519–530.

Milledgeville State Hospital Alumni Association, (September, 1951) MSH Alumni Newsletter. Copy in possession of Gail Godwin.

Miller-Rosser, K., Robinson, S., Chapman, Y., & Francis, K. (2009). Analysing oral history: A new approach when linking method to methodology. *International Journal of Nursing Practice, 15*, 475–480. http://dx.doi.org/10.1111/j.1440-172X.2009.01793.x.

Nave, B. D. (2013, September 17). *Interview by G. K. Godwin [audio recording and transcript]. Georgia Baptist College of Nursing of Mercer University Archives.* Atlanta, GA: Georgia Baptist College of Nursing.

Payne, D. H. (2006). Central State Hospital. Retrieved from http://www.georgiaencyclopedia.org/articles/science-medicine/central-state-hospital.

Rawlins, S. R. (2013, August 29). *Interview by G. K. Godwin [audio recording and transcript]. Georgia Baptist College of Nursing of Mercer University Archives.* Atlanta, GA: Georgia Baptist College of Nursing.

Sharpless, R. (2006). The history of oral history. In T. L. Charlton, L. E. Myers, & R. Sharpless (Eds.). *Handbook of oral history* (pp. 19–42). Lanham, MD: AltaMira Press.

Thomas, J. S. (2013, September 12). *Interview by G. K. Godwin [audio recording and transcript]. Georgia Baptist College of Nursing of Mercer University Archives.* Atlanta, GA: Georgia Baptist College of Nursing.