

Kris McBride
Anoka State Hospital Oral History Project
28 February 2014
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Neal: Good morning.

Kris: Morning.

Neal: I'm Neal Holtan and I'll be interviewing you today for the Anoka County Historical Society's oral history project on Anoka State Hospital. Thank you for coming in.

Kris: You're welcome.

Neal: Can you tell us your name and what year you were born?

Kris: My name is Kristina McBride. I was born in 1976.

Neal: Where did you grow up?

Kris: I was adopted from Bogota, Columbia and grew up in Andover, Minnesota at the age of 2.

Neal: Can you tell us something about your family?

Kris: I guess my family is American and I'm South American and I guess I'm more Aztec and they're more just themselves.

Neal: Where did you go to school?

Kris: I went to Crooked Lake Elementary School, from there I went to Coon Rapids Middle School, from there _____ [00:01:42] Senior High, graduating in 1995.

Neal: Can you tell us something about your parents in your home where you grew up?

Kris: I think a lot of it was based on a lot of dysfunctionality because of the fact that I was adopted and when you are adopted from a foreign country you don't have enough basic history of a child's mental health, well-being or whatever and you're bringing something into a new family with the secrecy of dysfunction and that is what kind of makes it challenging to be more optimistic to be _____ [00:02:23].

Neal: What did your parents do for work?

Kris: My Dad was a mechanic and my Mom worked as something for staffing at Abbott...the equestrian hospital in Minneapolis.

Neal: Were there brothers and sisters?

Kris: They have three biological children of their own- my two brothers and my younger sister.

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Neal: So you were the...

[Crosstalk]

Neal: The third oldest?

Kris: Yep.

Neal: Before coming to Anoka State Hospital were you ever treated for any kind of mental illness?

Kris: In 9th grade I started being diagnosed with PTSTD and in 7th grade I started seeking counseling. It was...when you're an adolescent it is very hard to say what med do we put the person on...it is kind of a hard thing because you go to counseling and I always felt like the black sheep in my family because...How do we deal with this kid? What do we do with it? Nobody really helped me in that grounds because it is _____ [00:03:29]. I think what happened is it really hit hard after my high school years.

Neal: Did it ever cause any legal problems?

Kris: I ended up being committed through the system in the spring of 1996.

Neal: So that is how you came to Anoka State Hospital?

Kris: Right.

Neal: When you first came did you know how long you would be there?

Kris: No, I didn't know how long I would be there because I remember they picked me up from the group home I was at and I was shocked because I got in the sheriff car and they said to grab whatever and I said okay and I remember as I got up in the State Hospital grounds and I entered the Miller North building I talked to the first doctor provider and he let me have a cigarette inside and I had no idea what brought me there. I was just kind of like...what did I do? You hear all these stories about people come in and they never get out and that was running through my mind. I had no idea when I was going to be there...how long.

Neal: How do you think it all happened?

Kris: Personally, I think in some ways it was a set up. I think I was overly medicated so it was hard for me to maintain and get out of bed at a group home and do my curriculum, chores or do things that were recommended out of me and you're so sedated that you can't even function. I think sometimes people perceive...like the staff perceives in a group home that...This patient did this but it isn't how it really went down. I just feel like it was a set up to get me away and why I say it so strongly like that because I was over medicated and I think that is a way to get somebody

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put...because if you're over medicated you cannot even sit up and just look at something straight on. You're just...forget it. I think that is what they said...I was in compliant.

Neal: What kind of diagnosis did they finally give you?

Kris: That is the big part too. When you're in the State Hospital you get misdiagnosed right off the bat because you're dealing with back in the asylum itself when I was on, you're dealing with people who are schizophrenic, schizoaffective disorder, PTSD, bipolar, child molesting...it is all in the brand. I had schizophrenia and OCD disorder...anything they could label me with. I know for a fact if you are schizophrenia you would have had it at a young age but if you think about it, if you're in an area too long you kind of take on characteristics of somebody that could be schizophrenic or something in that vibe but when they say that and I'm thinking...where do you come up with that? Well, you act like it. Let me see...why wouldn't when you're in a crowd of like that. You are all thrown in one pit.

Neal: At what age did you enter the hospital?

Kris: At 19-1/2.

Neal: How long did you end up staying?

Kris: A year and 7 months.

Neal: What kind of treatments did you receive when you were in the hospital?

Kris: Pretty much it was more like getting up in the morning you had to be out of the room area by 8:30, the door was locked, all in the day room, all in the med line. It was more like...go to DBT (Dialectical Behavioral Therapy), women's group, journal group, arts and crafts, gym. It was very productive. There was nothing that I recall like in the history far back then like hydrotherapy. If they did electrical shock treatment it was usually provided at Mercy Medical Center by a licensed psychiatrist in the care of the fifth floor.

Neal: You had that?

Kris: No, I didn't.

Neal: But other people did?

Kris: Yes, they would be picked up by the sheriff...not the sheriff but the reserved officer, transported to Mercy Medical Center and then had the shock treatment at the hospital and then when they were okay to come back they would bring them back to the State Hospital. I don't recall anything like hydrotherapy, shock treatment or lobotomy done back then...no. Not up there, no.

Neal: Did you get medications?

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Kris: Too much.

Neal: What kind? Do you remember anything about...?

Kris: The one I really recall the most was Depakote and Ritalin. Depakote they say is to help with anxiety and Ritalin...they thought I had adult ADHD because it was like I couldn't focus on something without pinging around and laughing but the thing with that is I remember when I was on Ritalin it was like a constant feeling of my heart was going to come out of my chest, pulse racing, the sweating, the excessive nervousness. And the psychiatrist then that was dealing with John Doe's realized that I was too sensitive to higher doses of medication and I think that is another problem, too. You look at people and they say somebody who is 230 pounds...most of the time I'm on 300 mg of Geodon. What does that do to a person when you overdo that to somebody? It's just like telling somebody to go bench press 300 right off the bat. I think some psychiatrists cared and some didn't.

Neal: Did you have the same psychiatrist during your time at Anoka?

Kris: I had the same psychiatrist under continuous care yes and as a patient in Anoka yes. But outside of Anoka? No. I had the administrator that was once with the State Hospital that was Mary Moleka [PH].

Neal: Did you interact with nurses?

Kris: I made them quite work their paycheck, yes.

Neal: They would be giving you the medicine? Is that...?

Kris: They had psych nurses that drew the meds and then they had the charge nurse and then they had the nurse that was more in your care and your team with your doctor. It was good but I was more the type that when you're young you're kind of rebellious and you want to kind of test the waters and see whose button you can push and kind of naïve with certain things but then there was a trust issue, too. When you're brought up in an atmosphere of trusting things and that trust gets broken it is like...what do you do now? My one individual nurse was very proactive with me and how to set up my meds to prepare for discharge and stuff like that...more of a connection with the doctor. The charge nurse is kind of iffy but I think the nurses back then had more education. They were more maybe cranky but not like the attitude of...get out of my face. I don't have time to deal with you attitude. In the same aspect looking back, I think on the nurses point of view, you can't tell me that you're going to come to work one day and say everything is going to be hunky dory. You can be sitting at your desk and an hour later two patients are just going at it for an odd reason. You have to be touch there.

Neal: Did you have what is called psychotherapy or word therapy?

Kris: I did see an individual therapist _____ [00:10:57] but I took that as kind of different because when they ask you how you're doing you just pretty much say what it is. I think what really

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rebounded a lot of that is they didn't go back to what makes a person to the way they are today? They wanted to know what brought you in, why this was going on, let's start here and go forward. When I tried to explain my past...I don't want to hear it. Now. I was like...that's kind of silly because it's like building a tower. We'll just build it in the middle of the thing and wonder why it collapsed. I think that's a lot of what really rebounded.

Neal: So you actually wanted more of that talking therapy?

Kris: Yes because I think it would have been beneficial if someone would go to somebody's past and say...what kind of treatment did they get as an adolescent? What leveled up to what? It would have made more productive sense.

Neal: How did they decide when you were to leave the hospital?

Kris: It was based on stability. It was based on the county social worker finding a suitable place for me to go to that would accept me. It was all on those grounds. It was very hard for me to leave, I think. I was there for a year and seven months and you start becoming accustomed to it. You are immune to it and I am so used to Anoka County because that is my hometown, Anoka County and then I'm being shipped all the way out to Hennepin Country. That was really, I think, what really backfired in a lot of ways because I had to fight my way to get back to Anoka County and eventually the spring of 1998 I did.

Neal: Before we talk about what happened after you left the hospital, can we go back and talk about daily life at Anoka State Hospital? Where did you live, for example?

Kris: I was on the _____ [00:12:56] 3 unit. The _____ [00:12:58] Building as you go up to the grounds you take the first right...the top floor.

Neal: Were other people in the same building with you?

Kris: Yes.

Neal: How many?

Kris: I'd say probably about 8 women on the women's side and 8 men on the other. It was a long hall with women on one end and the men on the other.

Neal: Did you interact with the other patients?

Kris: You had to...to get along and keep the peace.

Neal: Any examples of when peace was not happening?

Kris: There was an incident where I was in the med line and Jane Doe was behind me and what happened...I don't know if it was just the intensity or the stress but there no air conditioning.

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It was in the summertime and it was at the top floor and heat rises and there was no air conditioner. All of a sudden within seconds Jane Doe just got very angry and started getting violent and that ruins it for everybody so everybody had to go back to their rooms until things settled down and start over. That's hard. You are supposed to focus on your individual treatment but then it kind of is affected by one person screwing up. I think that wasn't right, right there.

Neal: What was the food like?

Kris: It sure wasn't like KFC or McDonalds. Gross. Dried out meat and it was like elementary school tray size. You got the squares and the carton of milk and it's like... Well, this looks pretty good. I could just give it to the dog.

Neal: Were you able to leave the grounds?

Kris: Yes, when you got up to a certain level you could go in the van and they took us to Wal-Mart and the Humane Society and I would go home with a pass maybe during the day or overnight for a holiday.

Neal: How often would that happen?

Kris: At a moderate rate. It depends upon situation.

Neal: One a month?

Kris: Maybe. It depends upon the situation.

Neal: Did you enjoy leaving the grounds or not?

Kris: I did but at times I got anxious and I wanted to go back. I think a lot of it was to get away but then it was going back home to this dysfunctional atmosphere and then coming back. The hard part was going back. I was so confused. You're either outside in your home life or you're just in an institution life.

Neal: Did your family come to visit you when you were in the hospital?

Kris: Just my Mom and my sister. I think that is what jeopardized my father and my relationship.

Neal: How often did they come?

Kris: My Mom as much as she could on the weekends and once brought my younger sister but my Dad and my brothers and them no.

Neal: Is that still something that bothers you?

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Kris: Well yeah because when you read the history of why people get put away and a lot of it, if I look back why I think a lot of it was just I had a lot of history of violence at home. I think it put my Mom at a standpoint between my husband or my adopted daughter. I think that at times looking back I was blamed for a lot of my adoptive family's issues...my parents, the children's and I think that is why it was the way it was. I think more from a father's perspective it was kind of like...and it depends upon your family experience with mental health too. It was like...Oh my God...my kid is an asylum...where women are more nurturing but it depends on stuff too because there were patients there too that had nobody.

Neal: After you left the hospital did your treatments continue?

Kris: Only on the provisional discharge and what that means is that if I screw up, instead of going through the rigamorow of the court system that they hold you in the hospital at the local psychiatric hospital and then take you back to Anoka. I think that was really good because it really kept me in line. It was like...just keep playing at the pit there you are going to fall in and go back. Treatment was better and now it's just weird that these days I've actually gotten the right diagnosis and on the right meds for some reason after all being misdiagnosed, mislabeled and it was a nightmare. I really believe that people are, when they are in the mental health system, you're just a number. It is different because I don't like it because when you've got a medical problem you get more respect in that than you do a mental problem but if you're in the mental health system and let's say you're not feeling good...Just go to your room. You're fine. It is really hard especially when you go to the local ER and they know you've been there for mental health...What is it now? Not mental health...get out of here, this is for medical. I've seen a lot of people with medical when they were in the asylum get neglected to the point that it was very dark there.

Neal: Did you have a different psychiatrist after you left the hospital? A new one?

Kris: I had the same one that was the administrator a year later and then early 2000 and something he passed away and then I got transitioned into a female psychiatrist and it was really hard. It was like the psychiatrist that I had _____ [00:19:09] also worked with a family member of mine so that made it easier to deal with the situation but it was just like...Oh great, now I've got to adjust to somebody else. And I have a trust issue because some psychiatrists give you the attitude...How are you doing? Fine. Do you need more meds? How are they working? Go. Jeez...thank you. You want the paycheck on that too?

Neal: How did they figure out the correct diagnosis? When did that happen?

Kris: That actually happened this year in November shortly before Thanksgiving. I have suffered with PTSD for many years and I am adopted and the thing is that I've come to the conclusion that bipolar is genetic. PTSD and everything else is due to environmental...dysfunctional upbringing and traumatic events. What happened is that I told the psychiatrist I had been on Trazodone too many years and Trazodone is a nightmare stimulator and I had a nightmare and sleep terror incident and it just got...Oh my gosh. So they came out with new psychiatric medicine for the nightmares and the testing now getting tested for bipolar to make sure if this is right or not. None of this...you have symptoms of this and symptoms of that and I think

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that is where people get overmedicated because they hear that someone has a new symptom and...Oh my God! It's a panic.

Neal: Maybe to wrap up, I'd like to get your opinion about mental illness in general and how society views it. Do you think things have changed from the 1990's to the present?

Kris: No. I really think it's backward and why I say that so strongly is that now if you watch the local news or read the paper, some crime is done and somebody is mentally ill. If something happens the person did it because they are mentally ill. I think it really makes a stigma on that to say hey...It heightens society's fear because they say somebody has a gun and it really...it is kind of like, you're a puppet on a string. Who is to say? You could be sitting in a restaurant a booth away and somebody could be mentally ill and not even know it but it's sad because it just takes one thing to make a stereotype of anything on the mental health piece. I think the other piece of why it hasn't gotten better is when you go to the local hospital crisis intervention, let's say somebody who is schizophrenic, they say you don't fit the criteria and then it's hard. Anonymously, knowing that the local hospital...especially Mercy Medical Center has sent mentally ill people home and they didn't fit the criteria and took their own life to prove that they did and that is pretty sad.

Then, this vulnerable adult thing within the mental health...that's a joke I think because you've got family that the vulnerable adult and then they are mentally ill and then you've got the outside looking in....Hey, this person is mentally ill and they're a vulnerable adult. Well, they're an adult and there is nothing you can do about it. Yeah, but they're vulnerable. Why do you guys waste taxpayers money having all these vulnerable adult advocates for the person that is mentally ill unless they are incompetent to speak or whatever the situation is...family looking in for their welfare when you've got the social workers and the system and them guarding that. Get out of here, they're an adult and they can take...They're screwed. I think things really need to change because I think this respect and value needs to come back. You have to go in there and say...Okay, I'm dealing with somebody who is mentally ill but then you get some of these people that are young and naïve and out of college and say...We're dealing with some nut case. People can sense that.

Neal: Do you get involved in any kind of advocacy or lobbying or anything like that?

Kris: I would but my fear is retaliation. I would. I am just afraid of retaliation but in the same protocol, I am the type of person I will respect you-I don't care who you are. I don't care if you are the CIA, I don't care if you are the cops. I don't care who you are. If you're nice to me I will respect you but if you start treating me like crap I'll tell you I don't like it...just get away from me.

Neal: Looking back do you think your time at the hospital was beneficial to you?

Kris: In some ways yes and in some ways no. There was an incident that occurred that was never documented in they forgot about me overnight in a restraint situation. Roped me down and I remember five point restraints where you are like this...and the funny part about it is it happened late shift. It was never reported and why I say that is because when it happened they forgot about

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me, they hurried me upstairs, changed my clothes and tried to pressure the doctor about my doctors and kind of blacked me to keep my mouth shut...that kind of thing. It was very traumatic for me because I was all forgotten about. I was laying on the ground by the staff screaming in my face, breaking me into start taking accountability and everything you can imagine. I think about that room. Some spiritual thing had happened because it was like either a room that was used for operation like a lobotomy or something or like shock treatment. It was a light that was a little square that you could see but there was lightening. It was very traumatic for me on that matter. I try not to think about it but when you are laying there full of your own urine and stuff that is pretty sad. It is because of retaliation. I think it was done because I said something and it was a way of saying...Alright, you want to get smart mouth...It was the doctor that was involved and I was more...

Neal: Could you tell us about your life right now these days? What do you do? What do you enjoy? Do you have hobbies?

Kris: What I enjoy doing is putting my own words in music. Like *The Beautiful People* Marilyn Manson is one of my things. You put your own lyrics and music. Sometimes it can be based on the asylum life I dealt with, my personal adoption life being adopted into a dysfunctional family. It can be good things. I think right now what I am dealing with people admire me because...Oh, I wish I had somebody that could be my advocate. I wish I was like you. Yeah...but in the same aspect it is like...people sit here and...You should be this...But yeah, I'm mentally ill myself and that could put me in a vulnerable place and I don't want any retaliation because there is not enough security to be okay and do something and know you are not going to be retaliated as far as something Presidential or political standards.

Neal: Do you think you are happier now than 15 or 20 years ago?

Kris: Oh yeah. I've really come a long way. I can say I was hell on wheels and gave them quite the money. Twenty years ago I put holes in the walls and now it's just whatever. It also makes sense how much people validate and respect you and not judge you and say...I'll compare you to so and so. That makes a big difference too and also the projective of therapy too. If you are in a session with a therapist and psychiatrist and they care about you and want the best for you versus saying...You just want this...It also makes the different altitude of how you outlook on your life and peace of you.

Neal: Anything else that you'd like to talk about?

Kris: The tunnel is one thing. _____ [00:27:14] pursue a paranormal person to go in a certain part of the tunnel. There are parts of the tunnel that are blocked off. I am the type of person curiosity kills the cat to a point. I remember going through the tunnels for my own personal experience and never again. There is something down there that I think is unsettled souls. People say it's evil and people say it's this. How can you say it is something? What it is, I think it's things that have never been put in respect and it is just all in a mess and never...the tunnels. Walking through one day and I'll never do it again- never.

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Neal: How did that feel? How did you know something was not normal?

Kris: I am hearing impaired and borderline MR. I have other senses like I can walk and touch something and just standing at a doorway of something was like...Oooh, I've got to turn around. Just the energy of it. Not hearing anything but the energy of itself. Just knowing that a lot of it was blocked off because there had to have been rooms down there. You can't sit here and tell me that somebody is going to do a lobotomy or shock treatment on a normal floor and have everybody else all riled up hearing that torturement and screaming and pain and all that. The reality of it.

Neal: You think it is unsettled spirits?

Kris: Spirits yes because they were never validated. They died in such ways that was inhumanity is the word I want to say. That is sad. Nobody should have gone through that. That is why I think a lot of people are scared to get help because they hear the history of how people get treated within the mental health system and it is true. I think certain mental health diagnosis are highly discriminated. One of them I can name off the bat is schizoaphrenia and schizoffective, bipolar and PTSD I think are the higher ones that are discriminated the most because like myself, I'm not schizophrenia but I've got PTSD and they say...Do you hear voices? Yes, I do. Ooh...you're schizophrenia. How do you come up with that? PTSD hearing voices and stuff is you know who it is and it is from a past traumatic experience where schizophrenic is more on the delusional format that has nothing to do with today's reality. It is hard.

Neal: If you could change anything about how people with mental illness are treated or get along in society what would you do?

Kris: I wouldn't mind volunteering like people that are...Let's say you wanted to work in the mental health field. I can say...Hey, I've been a patient. This is my end of it. This is what you can...it kind of takes two. People working in the mental health field have to be open minded and not have those attitudes. People that are mentally ill can sense that. When you work with them if you've got an attitude like that and you're staff they are not going to like you. I think the more people that are mentally ill that are everyday life that deal with like...the Anoka Police Department where I live. From what I know of they seem to be more trained dealing with the situation with people that are mentally ill versus other local city law enforcement from what I know because of the way they deal with the situation. People need to be more 1:1 and say...somebody that is mentally ill, how can they help us deal with somebody that is mentally ill? What do we do? We've never gone through this. It is kind of learn from the experience, interviews and stuff like that.

Neal: Do you think the Anoka Police are more sensitive because the hospital is located in their town?

Kris: I think a lot of it has to do with that and I think a lot of it has to do with the security guards are through the Anoka Police Department. You can't sit here and tell me that...they have to do their tunnel touring and deal with the dramatic episodes on the unit and chaos or whatever but you can't sit here and tell me that they like being the bad guy either. It is kind of hard. You kind of have to be concrete. What I mean is that person is not well in the mind but that person is

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saying... You're hurting me but then they are trying to help you and it isn't easy. I don't think it's an easy thing being anything in that grounds.

Neal: Any final thoughts?

Kris: I just wish things would get better and maybe if it needs to I was hoping maybe there would be a learning channel like _____ [00:31:53] to make it more interesting instead of making it sound like mentally ill people are a bunch of ax murderers. We're not. We can just be normal as you and you may not even know it.

Neal: That is a beautiful way to end. Thank you for coming in today and sharing.

Kris: You're welcome.