

Abstract

Far up in the mountains of North Carolina, a state mental hospital and a small town coexist. After spending a summer working at Broughton Mental Hospital and living in the town of Morganton, I wanted to understand how these two disparate communities existed side-by-side. This question sparked a journey which led me to bomb threats, hangings, and ghosts. If you ask a typical Morganton resident about the hospital, they will offer up a joke but little more. However, as I peeled back the layers a more complicated picture came into focus.

This paper will begin by sketching the history of the town and lay the foundation for how the hospital was initially received. Using historical records, I will broadly outline the history of the town and hospital up through the present day. Then, using interviews with townspeople, as well as staff at the hospital, I will slowly work through the current issues facing both, such as stigma, job production, and community. I will speak about an idea of stuck-ness expressed by patients via elopement and by town residents who feel they can't leave Morganton. In the process of unraveling this complicated coexistence I will tell some jokes and offer up some ghost stories, both real and imagined.

Word Count: 207

*Ghosts Passing Through: the Relationship Between Broughton Mental Hospital and
the Town of Morganton, North Carolina*

Morganton rests in the mountains of rural North Carolina. The town is small but not desolate: it has stoplights, gas stations, a Mexican restaurant with margarita specials every day, three fitness gyms, and one state mental hospital. To a casual traveler passing through, Morganton might look like a lazy southern town with afternoons that kick up dust and nothing more. But stay a day: stop by the Maria's Italian Eatery for the unlimited pizza buffet, explore the library with the Harry Potter themed reading room, listen to the chatter of the locals going about their days. There's a lot going on in this small town.

During the summer of 2016, Morganton received over 400 bomb threats from an anonymous caller. The threats were localized but seemingly random. There were calls to the local newspaper, various businesses, and even a few to the Wal-Mart Supercenter. For days after the threatening calls started, people at Bone Breaker Boxing Gym gathered around the front counter in between sparring matches and speculated on the identity of the anonymous caller: an idiotic teen, some meth addict in the woods, a disgruntled patient from Broughton.

Monica Pradel, a psychology intern at Broughton Mental Hospital, said that she felt it was clear "most of the townspeople blamed someone at Broughton." During that summer Monica and I were both living and working on the hospital grounds. Although neither of us directly experienced any of the threats, we got used to our phones constantly buzzing with local safety alerts. Of course, the police checked the phone lines in the hospital first.

Long before Monica and I arrived in town, Morganton and Broughton have coexisted. According to historian Carrie Streeter, when Broughton opened on March 29, 1883, it was called the "Pearl of the Mountains" for its cutting edge approach to health care. Unlike the stereotypical movie depiction of mental hospitals with crumbling buildings and leaky ceilings, the Broughton facilities are beautiful. The buildings are tall and brick; townspeople

and staff are proud of the strong craftsmanship. Streeter notes that the hospital was built using the “Kirkbride approach” which indicated the “era’s application of creating intentional order for disordered minds.” In short, Broughton looks more like a college campus than anything out of a horror movie.

However, the history of the hospital is riddled with some facts and many fictions: stories of ghosts, murder-suicides, and a secret maze of tunnels beneath the hospital corridors. Even as an intern, I got swept up in it all. Morganton seemed like the right background for these stories.

If events that summer had been a clichéd TV drama I would’ve called it *The Summer of the Bomb Threats* or something equally dramatic, but in reality I seemed to be the only one in Morganton worried about the danger hanging in the summer air. I suppose a town used to stories of escaped patients hitch-hiking along the road hardly bats an eye over a smattering of bomb threats. The bomb threats happened in July, and like any decently patriotic community, on the fourth, Morganton had a fireworks show. That night cars parked along the road by a small park, and people watched the glittery display. I remember sitting on the still-warm hood of the car, eating a mint Oreo milkshake from Cookout, and listening to the faint *pop pop* of the fireworks.

Three days later, the police and FBI caught the man responsible for the bomb threats. His name is Cody Matthew Startt, and apparently this wasn’t his first bout of prank calls gone seriously wrong. The town made the state news over the dramatic arrest. I speculated with the other interns at Broughton whether we’d see a new admission to the hospital. The residents of Morganton seemed unbothered.

During the summer of the bomb threats, I was busy working at Broughton. My job there allowed me to spend my days interacting with patients, reading mental health histories, and learning from the psychologists on staff. In the evenings, two of the other interns and I

would drive to Bone Breaker gym. Even at the gym, we were always thinking about Broughton. I wasn't sure how all of this fit with Morganton. Obviously we were outsiders—a Seattle native, I was far out of my element in this small Southern town—but what did the residents think of the hospital? I began chewing on this question incessantly. How did the hospital end up in this town in the mountains of North Carolina? I wanted answers so, like Cody Matthew Startt, I picked up the phone, but these calls were about Broughton, not bombs.

My goal became to research the relationship between Broughton Mental Hospital and Morganton, North Carolina. I wanted to understand the history of the hospital and town, as well as the working relationship between the two. However, on a deeper level I hoped my conversation with town residents and my role at the hospital would allow me to uncover the key to this symbiotic existence. Before I went around calling up Morganton residents, however, I felt it was important to give myself a history lesson.

Ever since the inception of a mental asylum in Morganton, the hospital had a complicated relationship with the town. On one level, the hospital fought back against stigma from the community. According to Streeter, Dr. Patrick Murphy, the first superintendent of the hospital, believed it was important to address both, “individual and cultural understandings of insanity without exploiting the stereotypical stigma that accompanies perceptions of insane asylums.” Streeter explains that although Broughton was not, “immune from human oversight and mistreatment, mental hospitals were not always snake pits or prison-like places of confinement.”

Despite the risk of stigma, the hospital also filled a void in treatment for the mentally ill within the community. The necessity of a mental hospital became evident as the community witnessed an exponential influx of patients, from 182 patients in 1883 to 1,256 patients by 1907. The question of why a mental hospital was built in Morganton, North

Carolina, turned out to have a pragmatic answer. In 1880, Burke County was home to nearly 13,000 people. According to Streeter, within the county, Morganton was the only town that had been reachable by railroad since the mid 1860s. For this simple reason officials made the strategic decision to build a hospital in the town.

Many of the townspeople I spoke with, recall being warned about Broughton as a child: don't misbehave or we'll throw you in the mental hospital. Ironically, they might have fit in well with the first set of patients who arrived at Broughton, many of whom were placed on the hospital because they had become too much of a burden for their family. Today, however, a patient cannot simply be dropped off at Broughton by his or her family. There are three specific ways a patient can enter Broughton: via the court system, via involuntary commitment, or via voluntary commitment. A person can only be involuntarily committed if they pose an immediate danger to themselves or others. Currently over 90% of patients at Broughton are involuntary commitments.

In the first few decades of operation, a person could be admitted to Broughton for very different reasons than today. Today, the hospital serves many patients with schizophrenia, personality disorders, post-traumatic stress disorder, traumatic brain injuries, and other well-documented psychological disorders. In the 1800s and early 1900s, however, Broughton admitted patients for health issues such as dementia, menopause, and superlactation after giving birth. The hospital also welcomed many patients who were just down on their luck. According to historian, Kayla Cable, this included, "businessmen suffering financial setbacks, women whose nerves were exhausted, or men recovering from overwork or overstudy." So the threat, "don't misbehave or we will send you to Broughton," isn't as hollow as it first might sound.

By the 1930s, Broughton was changing. In the early years, patients at the hospital worked on farms and in greenhouses around the grounds. They had freedom to play pool or

go out dancing with friends. However by the 1930s overcrowded facilities, limited resources, and insufficiently trained staff had begun to dramatically shift public perception. The government began to view treatment of the mentally ill as less of social responsibility and more like a burden upon the state, says Streeter. She further writes that by the 1940s, the presence of a mental hospital within a community became a source of shame rather than pride. Journalists called mental hospitals places of filth and torture and painted a hopeless picture of mental health outcomes around the country.

More recently, in the early 20th century, solutions to mental health issues have included practices now deemed horrific and unethical such as eugenic sterilizations, electric shock therapy, insulin-induced comas, and lobotomies. Even though Broughton has long since given up these practices, many of the bathrooms around the hospital still contain bathtubs once used for electric shock therapy. To me and the other interns, they served as a reminder that this chapter of psychology history is not as distant as we might want to make it.

During our first few weeks at the hospital, all of the new nursing staff as well as the psychologists and us interns, had to complete hospital orientation. The last few days were spent exclusively discussing how Broughton currently handles patients who are out of control and at risk of harming themselves or others. Everyone at the hospital has to become certified in nonviolent crisis prevention as well as learn pragmatic techniques such as how to react nonviolently if a patient bites you or grabs you around the neck. As a part of this intense training, we took turns putting each other in various manual restraints.

The last thing we discussed during training was the restraint bed. Broughton, like all mental hospitals, has incredibly strict guidelines when it comes to physically restraining a patient, which include a lot of paperwork, justification, and constant supervision. As a part of the training however we were encouraged to allow ourselves to be placed in a five point restraint. A five point restraint is the most common type used by staff at Broughton and

means that all four limbs are restrained across a bed via leather cuffs, and then a fifth leather band is added across the chest. The purpose of this restraint is to protect a patient who cannot be calmed down.

When it was my turn to be restrained I wasn't concerned. However, as one of the new nurses used her tiny metal key to lock the leather cuff tightly across my wrist, I could feel my chest tighten and my breathing quicken. The five minutes I lay there felt like hours and I begin to fear that I wouldn't be freed. As I rolled off the bed after the last cuff had been released from my ankle, I felt a sense of pure freedom. For five minutes I was in the position of a patient at Broughton. For five minutes I wasn't the one with the key and it was terrifying.

This sense of paralysis began to surface over and over again when speaking with the patients at Broughton. This idea was echoed in interviews with Morganton residents who expressed a magnetism, which drew them back to this community. Although at first these may seem disparate, I began to view them in a similar light. Both paralysis and magnetic pull are characterized by an inability to move or shift course. Residents of Morganton and patients at Broughton spoke of a stuck-ness, sometimes even self-imposed, when describing their location and relationship with place.

A few days before I was placed in a restraint bed, I had volunteered first in key training, which was an hour long tutorial on how to lock and unlock the different types of doors around Broughton. During this session I first heard the term "elope" in a context other than two people running off to get married like Lydia and Mr. Wickham in *Pride and Prejudice*. At Broughton, us interns were informed, there were many different codes related to disasters around the hospital. Code Green corresponds to an elopement. An elopement means that a patient has escaped. This was why we were in key training.

It shocked me to hear that patients could elope from Broughton. Every morning on my way to work I had to unlock and lock six different doors in addition to swiping into the

building with my access card. It seemed impossible to me that a patient could manage to escape through even one of those doors. However, I heard many stories while at Broughton contradicting my skepticism. Much to my shock, I almost became complicit in one elopement attempt of a female patient in a wheelchair during my second week at the hospital.

At the time of her attempted elopement, I had just decided to take my lunch break. Coincidentally, all of the patients were lined up against the wall of the unit waiting to be escorted by nurses to the cafeteria for their lunch hour. As I reached for the door, the first woman in line began vigorously pumping her arms to push her wheelchair towards the now unlocked door. I body blocked the open door and was quickly assisted by two other nurses who grabbed control of the wheelchair and escorted the patient back to her place in the line. In a certain light, elopement speaks to the determination of patients and an inherent desire for freedom. “No one wants to be locked up,” our key trainer reminded us interns.

When I spoke to townspeople of Morganton they described the same feeling but via the opposite pull. What I mean, is that Morganton residents justify why they stay. They speak of community and of how the town has a way of pulling people back to their roots even after they have left. “In high school I wanted to get out of this small town,” Meagan Canipe said. At thirty-one though, she’s back. “I guess Morganton has grown since then. The town is more open minded now.” Meagan speaks to me fondly about the town she once wanted so desperately to elope from.

We sit together in a coffee shop as she drinks a chai tea latte with three pumps of caramel syrup. “Try it,” she says before holding out the straw for me to take a sip. Meagan wears a purple shirt with a sparkly butterfly pattern that shimmers in the direct sunlight. She speaks passionately about the locally owned restaurants, art galleries, and the new brewery that just opened down the street. “It’s a cool little town,” she tells me, “people are generally really friendly here.”

When I began conducting interviews, I considered returning to Broughton as well but since I relinquished my key at the end of the internship, I worried that I would get stuck on a unit and without a nametag would not be allowed to leave. So it goes with the hospital and the town. I think about the patients and elopement, the urge for freedom so strong a woman in a wheelchair almost knocked me to the ground. I think about Meagan and her return to Morganton after yearning to leave. “I have a lot of close friends here,” she tells me “in the end I wanted to come back because I appreciated how much the town had grown.”

The interconnected pull of town and hospital is not new. Even from inception, the two have been intrinsically linked. While Broughton was being built, the size of Morganton had grown to around 400 people, many of whom helped build the hospital. All of the townspeople lined up on March 29th to watch the first hundred patients arrive at Broughton. Besides townspeople, the government utilized the labor of convicted felons who they brought to the town to lay over three millions handmade bricks. At the time, the hospital cost the state \$75,000 to build. The first patient to be logged in the hospital records was Dr. Pepper, a former physician, who had been experiencing mental health issues for about two years.

From the beginning, Superintendent Dr. Murphy recognized the importance of creating a congenial attitude between the town of Morganton and the residents of the state mental hospital. He strategically volunteered within the community and became an outspoken advocate for the mentally ill. In 1889, the *Morganton Star* wrote that the mental hospital, then called the Western Insane Asylum, was “one of the chief glories of North Carolina.”

In 1975, *The News Herald* published a twelve-page article praising the hospital for growing Morganton into a progressive southern town. The article states, “almost immediately, the facility began drawing hundreds of highly skilled newcomers into the Morganton area, and the same is true today. Over the years, the state supported hospital has provided jobs for thousands of Burke County citizens.” As I spoke with current residents of

Morganton I heard a similar sentiment expressed. It was hard to find a single person in the town without an aunt, cousin, or friend who works as a nurse or police officer at Broughton. In the same way many of the residents today feel that Broughton makes them look at mental health issues with a more progressive lens, so too did residents when the hospital opened view it as a mechanism for becoming an industrialized and modern community.

Broughton's operations have also evolved. With increased activism within the disability community in recent years, Broughton has switched from the medical model to the recovery model as the hospital's guiding principle. During my internship I discussed this shift in philosophy with my psychology mentor, Bill Smultz.

Bill began working at Broughton in the summer of 1999 as a part of his doctoral internship and he hasn't left, yet. When I asked him why he moved all the way across the state to the small town of Morganton he admitted, "I was dating a female medical student here." Although the relationship ended long ago, Bill decided to stay. "I think the function of the hospital is valuable," he told me.

I spent hours over the summer following Bill around the hospital conducting patient alcohol and drug evaluations and also listening to his exhaustive pontifications. With his antiquated pager still hooked onto his belt, Bill would often lean back in his chair and talk for hours about Broughton as well as his own life story. Often, the two threads would overlap. After completing a drug addiction evaluation for a patient on the teen unit, Bill confided in me, "I don't really consider hallucinogens when doing my evaluations. After all, who hasn't dropped acid at least a few times in their life?"

His hands off approach to my internship often surprised me. I spent many afternoons sitting on Broughton's admissions units, those for short-term stay patients. I also attended multiple individual therapy sessions as well as group therapy. I particularly enjoyed a weekly music therapy class. The all male group was quite pleased when I showed up the first day and

promptly set me up with my own bongo drum and maraca. Throughout the weeks, we sang *Waiting for Superman* over and over again until every member of the group could catch the drumbeat as it echoed around the circle. One day, much to my shock, one of the patients spontaneously burst into a rousing rendition of Kathy Mattea's *Eighteen Wheels and a Dozen Roses*. Much to his delight, I joined in on the chorus.

Bill and I met up later to catch up and discuss my research. At the coffee shop Bill is as chatty as usual. I was curious about how Broughton had changed during Bill's time as a psychologist. "Well, when I got here there were a lot of Cluster B patients." Cluster B refers to patients with personality disorders such as Borderline Personality Disorder or Antisocial Personality Disorder. Within the psychological community, these patients are notoriously hard to treat. "A lot of patients at the time just came for the free cigarettes" Bill laughs, "Oh, and we provided condoms for patients back then." At that time, many of the patients came to Broughton like in the early days just as a place to rest during hard times or to have some fun before going on their way. I am shocked at the idea of patients having sex and smoking.

Reforms in health care have focused on advocating for the rights of the mentally ill. Many of the patients at Broughton have been deemed by the government to still need legal guardians to assist and advocate for them. As a result of this status, many of the adults at Broughton are not consenting adults, which means sexual relationships are forbidden throughout the hospital. Some units struggle to maintain this standard, particularly those with many sex offenders; however, it is the hospital's legal duty to make sure that no patient is endangered or assaulted either physically or sexually while at Broughton. Therefore, sex is forbidden on the units because any sexual activity would be considered non-consenting.

This topic sends Bill and I down a trail of storytelling. After a few minutes however Bill's tone changes. "As you know, some of the stigma present when the hospital was founded is still there today and has maybe even grown." He pauses and then repeats as if for

emphasis, “There is an enormous stigma surrounding going to Broughton.” I nod, remembering how social workers would buy cell phones without the Broughton area code to get a group home to pick up their call. It’s one of the many examples we share about what the unknowledgeable think about the mentally ill.

Bill does not shy away from talking about negative impressions Morganton residents have of Broughton. He continues by saying, “I remember this one man in his sixties used to come and throw snowballs at the patients.” It’s an interesting comment after my conversation with Meagan. She’s going back to school in the fall with the hopes of becoming a mental health counselor. Stigma against people with mental illness is undeniably strong in the United States. Meagan speaks about this stigma for the better part of an hour. “I wish people understood you can’t just snap out of it,” she says to me recounting an episode of depression she experienced in high school. “That said, as a whole we are moving forwards. People are more understanding.”

Meagan believes that Broughton has helped the townspeople move past some of the stigma felt by people with mental illness. However, she says that people still joke that, “if you don’t behave we’ll throw you in Broughton.” Elopements don’t help with that stigma. Sometimes, it is a Morganton resident who spots a person running down the highway outside the hospital or stopping by the gas station for a pack of cigarettes. They are then the ones who pick up the phone to report that a woman in Hello Kitty pajamas has been observed and it is believed that she has eloped from Broughton Mental Hospital.

Contrary to Meagan’s optimism, I’m not sure Bill would agree that the residents of Morganton are any more informed about mental health than the average American. “I think there is a tendency with mental illness to blame the victim, unlike with physical illness,” Bill tells me. I nod. He continues, “there is almost a suspicion that people might overcome their illness and confusion if they can’t.” We both know how detrimental this attitude can be. The

recent shift within the hospital to the recovery model is a calculated effort on the part of the hospital to empower patients and reduce stigma as much as possible. The former model, the medical model, focuses on the power of doctors and psychologists to make determining decisions about treatment options for patients including medication and therapy.

The new recovery model emphasizes or rather, empowers the patient. The recovery model focuses on what a patient wants out of their treatment and for their mental health. This shift in philosophies has left psychologists at Broughton grappling with two important questions: what makes someone dischargeable from the hospital and what does recovery look like? For a broad range of people with mental illness, the recovery model is an overwhelmingly positive change.

However, in the context of a state mental hospital, Bill remains skeptical about the feasibility of such an approach. “The recovery model focuses on quality of care which is good but at Broughton, well...” Bill’s voice trails off. We sit in silence for a moment both staring down at our coffee cups. Bill began working at Broughton in 1999 and he has been treating many of the same patients since then. Patients at Broughton are usually the sickest of the sick. Patients at Broughton still should have agency over their health decisions and celebrate recovery, however the bleak reality is that even on the admissions unit some patients have lived at Broughton for the past ten years.

One young female patient on my unit has lived at Broughton on and off again since she was fifteen years old. What does recovery look like for these patients? Many of them are stuck at Broughton because they remain a danger to themselves or others. Others are stuck because there are no beds available in local group homes, which is a federally mandated requirement for a state hospital discharge. Still others are stuck because Broughton is the only stable home they have known. Still others are caught in an endless loop of hospital visit and prison stay.

Currently one third of the patients come to Broughton through the court system as incapable to proceed (ITP) patients. These are people whom the court has determined are unable to assist in their own legal defense due to their mental state. The prisons send them to Broughton for mental rehabilitation. Often, these patients get caught in the system. One female patient on the unit has schizophrenia and experiences hyper religiosity as a part of that diagnosis. The judge overseeing her case is adamant that she can't waive her right to an attorney due to her faith in the protection of god, because he sees this as a complete delusion. While he may partially be right, the reality is this woman will probably never give up that belief, even when stabilized. As a result of this incongruence she has been stuck at Broughton for the past three years.

Bill has seen many of the same patients discharged and readmitted and discharged and readmitted. He shakes his head, "no one in the government is very sympathetic," he pauses and sighs, "as a result people get stuck." That word again, stuck. Elopement, the word sticks in the back of my mind, too. I think of keys and magnets, of Broughton and Morganton. I wonder if you have to feel stuck to be stuck.

My mind flashes to Kristina. I smile thinking of her. She shows up at the coffee shop wearing bedazzled jeans and cork flip flops with a crisp French pedicure on her toes. She clutches her large black Coach purse in front of her like a flotation device. Kristina and I met at Bone Breaker last summer when Monica and I nicknamed her "Mama Bear." As we catch up, I ask Kristina how her son, Jake, is doing. She pauses and her eyes begin to water slightly, "I guess I didn't tell you," she hesitates and adds, "it's okay if you write this down. I feel it's an important part of my story." I nod and use the ink tip of my pen to write and then circle the phrase *okay to use*. "He's doing well now but Jake had to spend a few weeks at a local emergency room after he tried to kill himself." My pen pauses midsentence as Kristina takes a breath. "I am so sorry," I say to her, "I'm glad he is doing better now." She smiles me

and nods. “You know, they didn’t have a bed for him at any hospitals in the area. Luckily I have enough money to pay for him to see a therapist,” Kristina adds.

Neither of us speak for a moment. She knows as well as I do how Broughton works. A few years ago Kristina’s brother, who is on the autism spectrum and nonverbal, was involuntarily committed to Broughton. While at the hospital, her brother ended up with black eyes and a bruised nose, presumably at the hands of another patient. Kristina gets very emotional recounting the situation to me. “Every interaction I’ve had with Broughton hasn’t been good,” she admits. “My brother doesn’t speak but he makes little movements and noises that my sisters and I understand. I know he was so scared at Broughton, so scared.” She shakes her head. I’m caught off guard by what Kristina says next, “I don’t really blame Broughton though,” she tells me. “I’m sure they did the best they could and I know it’s not always easy to control patients there.” I find the statement a fascinating paradox.

There are echoes of this tension throughout the whole community. None of the dozens of Morganton townspeople that I spoke with wanted to speak loudly about their negative thoughts about Broughton. There almost seems to be a debt or obligation the residents feel to respect the hospital that helped build the town. And in a way it’s true, the reality is that without the decision to put a state mental hospital in Morganton, the town probably wouldn’t have flourished the way it has. Once a hub of the timber and furniture industries, now many jobs in Morganton now rely upon the hospital’s existence. No one in town seems to want to bite the hand that feeds so many of them. Instead, people speak about the hospital through jokes and ghost stories and otherwise try to carry about their normal lives.

There’s almost a sense of family loyalty about Morganton. I felt it during the summer. Many weekends Monica and I spent playing volleyball with members of Bone Breaker Gym. After two classes we were already a part of the clan, which included invitations to cookouts and one hilarious trip to Buffalo Wild Wings to watch a pay per view MMA fight. Even

though one of the coaches at Bone Breaker, Eddie, or Chico as everyone calls him, didn't know my name until the third week of boxing classes, by the end of the first week he had already let me hit him in the face during a sparring match. On a recent trip back to Morganton, I asked Chico if we could hang out and chat. He told me to meet him at Drexel Recreational Center. The rec center is so old and dilapidated it doesn't show up on Google Maps. Finding the right location depends entirely on the verbal directions of a local resident: turn left until the stop light then take another left past the graveyard. The gravel parking lot oozes mud after last night's rain and the cars are parked close together, a Lexus next to a pickup truck. It's Saturday and children's soccer is the main event.

There are no soccer fields at the rec center so the children kick a neon yellow soccer ball back and forth on an indoor basketball court. Two plastic goals with white netting stand underneath the basketball hoops and bleachers rest against the right side of the court. Parents fill the stands and each coach stands at an opposite end shouting at their team. The coach for the red team is Chico. Chico's two nephews play soccer, and when the red team lost their coach last season, he stepped up. Chico cuts an intimidating figure in the small gym. He's tall, stocky, and wearing a jacket with the Bone Breaker logo printed on the back. He yells loudly at his team, although most of the biting comments he reserves for his nephews. "I'm the strict one," he says, "I make them run and work on technique." Unfortunately, the practice doesn't seem to be paying off today.

The other team toe-kicks the neon soccer ball yet again past the red team goalie who is wearing a mouth guard with a shark tooth pattern pressed into the wax. He's chewing on his mouth guard like Steph Curry at the free throw line, but cannot get his hands up quickly enough to stop the power shot. Chico is not pleased. He shouts, "don't get too sloppy" from the side of the bleachers as his team pushes the ball up the court.

The red team hasn't scored all day and Chico tries to maintain his cool. "They're

getting lazy,” Chico says, “kids don’t just go outside and practice like they used to. Hell, when I was growing up I’d go outside all the time and kick a soccer ball up against a concrete wall. That just doesn’t happen anymore.” After half-time the referee calls for substitutions from each team to ensure that every child gets to play. The other team subs in a girl so tall she appears a giant next to the other kids. Chico subs out one of his nephews.

The game continues. Sometimes, the neon ball bounces up into the bleachers and a parent will throw it back onto the court. The game doesn’t stop, not even when the ball rolls into a little alcove next to a trashcan. At this point, most of the children look longingly at the sideline as they run back and forth across the court. Everyone but Chico seems anxious for the final whistle and post-game snacks. Chico isn’t ready for the game to be over. His team is down by one goal and he wants them to win.

Chico has lived in Morganton most of his life. In high school he discovered Bone Breaker gym as a sort of teenage refuge and started working out there periodically. It was at the gym, that Chico had his first opportunity to coach. He speaks often about his favorite class, which is held once a week at the gym for senior citizens in the community. “We have a lot of boxers with Parkinson’s and when they come in they’ll be shaking. I set them up with the heavy bag though and it stops. They start to focus on the movement and the shaking just completely stops.” He pauses, “I mean, I’m not one to call something a miracle, but it’s amazing to watch.”

Chico doesn’t share things like that often. He hides behind his size and gruff exterior. At the soccer game, he rags on his two nephews hollering at them to pick up the pace. It’s only later he explains, “Their father isn’t around. That’s really why I started coaching. I wanted them to have that positive male presence to grow up with.” The red team loses but Chico gives each player a high-five. He wishes they’d won but he isn’t really mad, he’s enjoying every moment of it.

The scene sticks in my head while I'm driving home. Chico, who stays to ensure that his young nephews grow up with a positive male role model. Kristina, who stays to help her mother care for her brother. Meagan, who returned years later to the community she left behind. And even Bill, who waits for his retirement through gritted teeth and yet remains faithful to the hospital. I reach for the threads to tie Broughton and Morganton together, but I am often left gripping wisps of stories and legends. I asked Meagan about her interactions with patients outside of the occasional elopement and she said she didn't have any. I didn't think this was the appropriate time to inform her that patients often left the hospital to dine at local restaurants and tour those much praised art galleries. However, Meagan did confide in me about her own experiences with mental illness.

She spoke about her aunt who had a diagnosis of Bipolar Disorder, "when she wasn't being a bitch it was really sad. I wasn't the nicest to her." She pauses, "but after she died I didn't sleep for three days from all of the guilt." Again, she pauses, "I guess now I feel it is my purpose to work in the mental health profession."

It's only then, as Meagan gets up to leave the coffee shop that I begin to understand. Maybe the townspeople of Morganton are no better equipped to deal with mental illness than any other Americans. Maybe they still express stigma through jokes or the occasional snowball. But still, every day Morganton residents wake up with a state mental hospital in their backyard. I talk to one of the other interns, Katarina Swaim, about my revelation. She nods while taking a messy bite of an over easy egg sandwich. She reminds me that when you Google "Broughton Mental Hospital" the first article that pops up describes the hospital as "the most haunted place in the state." She looks at me with big earnest blue eyes. "Can you imagine living in a town with a history of murder-suicides and elopements? It'd be quite the eventful place to grow up." I nod my head in agreement as I recall something Meagan said to me: "Do you know the story of Frankie Silvers?" I ask Katarina if she remembers the bomb

threats. She laughs as a streak of yolk drips down her chin. “I was at the Wal-Mart when it happened!” she reminds me gleefully.

She puts down her sandwich quickly and relives the story. “I remember it was late at night,” she tells me. “All of the sudden over the speakers someone said ‘Code Blue Code Blue’ and staff started to escort shoppers out of the Wal-Mart.” “What was the feeling in the parking lot?” I asked her, “Were people worried?” She pauses, “There were some uneasy murmurings but mostly people were irritated because they wanted to finish shopping.” We both laughed. That sounded like Morganton.

“After a while,” Katarina continues, “they let us back into the store and then once again someone came on over the speakers and said ‘Code Blue Code Blue.’” She stops talking for a moment and smiles. “I think I left after that,” she concludes. “They caught the guy a couple of days later, didn’t they?” she asks me. I nod, “I think his name is Cody Matthew Startt” I tell her. Katarina smiles, “I think you are right.” The words of Meagan echo in my head again: “Do you know the story of the first woman hanged in the state of North Carolina? Her name was Frankie Silvers.”

Maybe Morganton is a town of ghosts. A town of people who are haunted. A town haunted by the same people year after year. I look up the story of Frankie Silvers on the Internet. She’s accused in the 1800s of killing her husband. Meagan asks me if I think she would have been a patient at Broughton. I tell her I have no idea. In this town of ghosts, sometimes the lines between story and history blur. In 1883 Dr. Pepper arrived at Broughton as the first patient. A few years before that, Morganton received a railway line. Sometime around then, Frankie Silvers became the first woman ever to be hanged in North Carolina.

In a famous speech about mental hospitals, S. Weir Mitchell described an ideal hospital as one that “would not be isolated from its surrounding community, but rather be located in the mix of the surrounding community.” I cannot help but think about Broughton

and Morganton. I think about the stuck-ness. I think about keys, the recovery model, the art gallery that just opened in town. I think about Chico barking at his nephews to “not look so winded” during the soccer game. I think about Bill telling me, “I’ll retire, eventually.” I think of Kristina and Meagan. I think about bomb threats and hangings and ghost stories about tunnels beneath the hospital. I think about mental health care. I think about the stickiness of it all and then I think that maybe, I’ve gotten it all wrong.

I’ve been asking the wrong question, searching for the unimportant answer. Getting unstuck will happen with time. A small farming community will begin opening brewpubs and shoe stores and boxing gyms. A state mental hospital will continue to serve the sickest patients across the state in the most humane way possible. A small town will continue to tell ghost stories. A hospital will keep bathtubs in the bathrooms to remind the staff of the past. And like always, the two will remain symbiotically linked.

The people of Morganton care about one another. They are protective of the hospital that provides jobs for the community. Maybe a better word than community is family. Meagan’s voice echoes again in my head: “Do you know the story of Frankie Silvers? They did hang her, you know.” I shudder at the thought, yet Meagan seems unfazed, “it’s one of my favorite stories about the history of Morganton.” I wonder at that. It seems like such a grim story, but I suppose it’s a fitting representation of the place.

If a person were to walk down the streets of Morganton, North Carolina they might pop into Maria’s for pizza or walk over to Bone Breaker Gym to sweat after a long day. A person might hear a smattering of jokes about the hospital or see a nurse dropping by *Starbucks*. Within the hospital, patients might be banging on a bongo drum or plotting to slip past a locked door. On the surface, the town and the hospital quietly coexist. Beneath the surface however, there are ghosts fluttering about in the lolling southern breeze. There’s a sense of community here stronger than the mortar between the bricks. On one of my visits

back to Morganton, I had trouble interviewing many of the people part of the Bone Breaker community, because they had all driven fifty miles to help clean their friend's family chicken coops. Over lunch at *Moondog Pizza*, those of us remaining in Morganton laugh at the thought of burly grown men shoveling chicken poop out of fraternal obligation.

The summer of the bomb threats passed through Morganton like a fading light. Now the incident is only something mentioned in passing over a cup of sweet tea. Next year, the residents of Morganton will once again gather in the community park to watch fireworks explode midair. The patients at Broughton will walk to the window and watch the dark sky glow orange and red and purple. That night as the firework show ends, everyone will go to bed. The moon will rise over the still Southern night and illuminate the shadow Broughton casts over the town. Perhaps, somewhere in the hospital ghosts will flicker through the night like sparks from a lit campfire.

Word Count: 7,155

On my honor I have neither given nor received unauthorized information regarding this work, I have followed and will continue to observe all regulations regarding it, and I am unaware of any violation of the Honor Code by others.