

Books reconsidered

One flew over the cuckoo's nest

Ken Kesey

New York: Viking, 1962

In 1938 the Nazis held a book burning in Vienna. Works on philosophy, history, ethics, science and even psychoanalysis were destroyed. When asked for his response Freud remarked, 'What progress we have made'. In the Middle Ages they would have burnt me. Now they are content to burn my books.' What has this to do with the book under review? Have *we* made progress? In some places Freud's books are still burned. The book burning was not so much an attack on intellectual knowledge, as a manifestation of the totalitarian state of mind, of the need for absolute control and of the sadistic destruction of the capacity to think. That is, I believe, what *One flew over the cuckoo's nest* is about. Of course, Randall McMurphy, independent thinker and challenger of authority, was in the end less fortunate than Freud. He *was* burnt.

What are the lessons to be learnt by psychiatrists from the conflict between Randall McMurphy, gambler, roustabout, possible sociopath with more self-assertiveness and integrity than is good for him, and 'the combine', represented by Nurse Ratched and the psychiatrist, Dr Spivey, representatives of an organization that will not tolerate confrontation or a questioning of its prerogative in maintaining control?

I wondered whether it was too late in the day to be examining the past behaviour of some representatives of psychiatric practice. Do we as members of that profession owe an apology for the treatment or techniques delivered at the time, with the best of intentions and in the light of existing knowledge? (Shades of the Lost Generation?) Should we just forget it? The novel is set in a psychiatric institution but one does not have to use one's imagination to understand that the Institution is itself a representative of a totalitarian state of mind, which exists, in many forms within any state mentality that encourages it.

The novel is therefore about the misuse of available and legitimate knowledge to further illegitimate goals. It immediately brings to mind the use of psychiatrists and psychiatric organizations within Communist Russia, events much more recent than the setting for this novel.

Who is Ken Kesey? An American author known for two novels, *One flew over the cuckoo's nest*, written in 1962 and another, *Sometimes a great nation*, in 1964. Both novels and Kesey's lifestyle made him a prominent representative of the East Coast 'hippie' counter-culture of the 1960s and 1970s. A graduate of the University of

Oregon and of Stanford University's creative writing programme, he became active in the local hippie 'movement' that included experimentation with drugs and interest in Asian religions. Although he wrote much other material (his curriculum covers 14 A4 pages) nothing has been as influential as his first novel set in a psychiatric ward, which becomes a metaphor for oppressive American society. Kesey himself says that his work is about totalitarianism and how you can overcome it [1]. Linking his work with that of poet Alan Ginsberg, he says: 'He uses his poetry to be a warrior. And it's the same way I feel about my writing.'

So should a psychiatric audience pay any attention to this book? Kesey worked in a psychiatric ward in a Veteran's Administration Hospital in California in 1961 and has clearly used his experiences. It is therefore not without some substance and the reality of psychiatric practice, at least in terms of those organizations within psychiatry that have or had almost unquestioned control over their patients.

When I began in psychiatry in 1959, I was placed, without any prior psychiatric knowledge or experience as a medical officer at Sunbury Mental Hospital where my responsibilities included being the sole medical officer for 250 male patients. It goes without saying that I was almost totally dependant upon the attitudes, reports and recommendations of the nursing staff. If I questioned their position my life could, and sometimes was, made extremely difficult. Another part of my responsibility was looking after a ward of adolescent law breakers who were admitted to the mental hospital because there was no other facility that would take them. Young McMurphys. My 'therapy' consisted of a rough and ready form of psychodrama which they seemed to enjoy enormously so that when I left the hospital they presented me with a rather handsome fountain pen. It was not until later that I learnt they had stolen it from the office of the Medical Superintendent! They were not, I hasten to add, punished with courses of electroconvulsive therapy or a leucotomy, as was McMurphy.

The novel itself reminds me of several others. For example George Orwell's *1984* in which the protagonist is pitted against a monolithic organization which, despite his efforts and best intentions, overcomes his resistance and teaches him to 'love big brother' through manipulation and threats. It reminds me also of Upton Sinclair's novel, *The jungle*, written in the 1930s to underline the exploitation of non-unionized labour, mostly emigrants, in the Chicago meat markets of the day. It led to an investigation into hygiene in the meat processing industry. Sinclair complained, 'I aimed my book at America's heart, but I hit it in the stomach.'

Is *One flew over the cuckoo's nest* about abuses in psychiatric hospitals and if so, has psychiatric practise changed? Have we come far in terms of technique and management and of therapeutic possibility since that time? Are we actually better informed and as a result do we pay greater attention to the needs of the patient, his/her feelings attitudes and anxieties, or do we still maintain the moral high ground with respect to knowing 'what is best' for those who seek our help? Even more pertinent is the question of whether we, as professionals, function in an independent and ethically sound environment, or have we, like Dr Spivey, given over our responsibilities to others?

What Kesey is writing about is not unfamiliar. The excesses and inadequacies of the early 1960s were, I believe, universal in the Western world and continue today, not only in Third World countries, but also in sophisticated and educated environments.

Of course, the presentation and rationalization is different. Goodness, usually felt as a kind of moral rightness, is highly prized, but may be claimed falsely for the self or for the organization in the form of taking the moral high ground [2]. The danger is of a kind of self-righteousness where an initial 'just cause' can lead on to forms of chronic hidden revenge being licensed. We may become so obsessed with being seen as 'good' and possessing qualities of generosity, fair mindedness, integrity and strength that to have, or to be seen to have, these qualities may take a particular sort of intensity. It is then that we may be vulnerable to creating an illusion for ourselves of virtue by attributing vice to others with the inevitable acquisition then not of true goodness or morality but merely of the moral high ground. We can easily idealize our own goodness, technique, treatment, attitude, etc. while badness is disowned and attributed elsewhere. I believe this is as relevant today within psychiatry, and indeed within its various branches including psychoanalysis, as it has ever been.

The dangers of this situation do not involve only psychiatry any more than this novel refers only to psychiatry. Obvious examples are the developments, and some would say destruction, of our education system, particularly universities. Some feel that the real problem is the drift of many so-called new universities away from traditional disciplines and towards vocational study which occurred without any real research or discussion, which is leading, as Robert Manne suggests, to 'complete collapse in recent times of any shared understanding of what a university is and what it is not' [3].

It is a concern echoed by Australian playwright Hannie Rayson who adds that the thoughtless and unquestioning way university administrations have followed the lead of political and managerial directions has added to the

crisis and ensured the inevitable. 'There is only one thing more wicked than the desire to command – and that is the will to obey' [4].

This special kind of irresponsibility is described superbly in the novel under review, the obsequious and inadequate psychiatrist, Dr Spivy who is in awe of and controlled by nurse Ratched. Red McMurphy, 'the 1000 watt psychopath' breaks the all-powerful nexus, leading the narrator to wonder for the first time,

Maybe the combine wasn't all powerful. What was to stop us from doing it again, now that we saw we could? Or keep us from doing other things we wanted? They are still sick men in lots of ways. But at least there's that: they are sick men now. No more rabbits, Mac. Maybe they can be well men some day.

Recently, a powerful private health company has been almost brought to its knees by doctors who feel patient care and adequate facilities have been sacrificed to the profit motive. The 'combine' is not all-powerful.

But going against the combine is dangerous. Whether from malice or perversion. A ward nurse proposes 'What you say we take him right on over to the building 1 and buzz him with EST while we are at it – that way not waste the extra Seconal? . . . It might be beneficial that he receive some shock therapy unless he realizes his mistakes . . . for some unusual reason he did not seem to be responding to EST at all and that more drastic means might be required to make contact with him.' The more drastic means referred to is leucotomy.

The history of psychiatry is replete with examples of that way of thinking, those attitudes and that behaviour. 'The nurse closes up the folder and passes it across the doorway to the doctor. "Our new admission, Dr Spivy," just like she's got a man folded up inside that yellow paper and can pass him on to be looked over.'

This is the message of the novel. It is often only after the event that due respect is given ' . . . a young doctor lifts old Blastic onto the stretcher and carries him out covered with a sheet – handle him more careful than anybody ever handled him before in all his life.'

As witnesses to the changes in society and in our profession we are in danger of ending as Dante describes. As belonging either to the order of sad hypocrites wandering the world hidden by our cloaks for all eternity or becoming one of those who refuse to commit themselves, 'neither rebels nor true to God – faithful to themselves alone.' Thrown out by heaven for imperfection and not received even by hell because they had not even been able to commit themselves to sin. Constantly regretting what might have been. Regret being more painful than failure.

McMurphy is no more forgiving; he 'can't understand us wanting to be safe. He keeps trying to drag us out of the fog, out in the open where we would be easy to get at.' The threat in terms of the novel being 'frontal lobe castration. I guess if she can't cut below the belt, she'll do it above the eyes.' Or as Dante expressed it 'souls suffer here who lost the good of intellect.'

The message is clear. From the moral high ground we may, in Kesey's terms be 'simply witness to the fading of the magnificent psychopathic sun tan'. Or put differently again by Kesey 'I could feel my feet getting wet as the dock sank with shame into the bay. We become aware of a "singed smell of men scared berserk."'

Our profession has gained much in understanding over the last 100 years, both biologically and psychologically, but now under the label of simplification and cost effectiveness, is it in danger of returning to that miasma where psychiatry and neurology are indistinguishable, where symptom is all and aetiology ignored? Wordsworth described, 'a meddling intellect' that 'mis-shapes the beauteous forms of things' and 'murders to dissect'.

Where is the wisdom we have lost in knowledge?
Where is the knowledge we have lost in information?
(TS Eliot)

Attempts to restore psychiatry to the state of a humane discipline, studying the whole person and not just disjointed faculties are difficult. It would seem that the answer to Holmes' question, 'Are poetry and psychotherapy too wet for serious psychiatrists?' may be yes! [5]

There are real concerns. They are to do with what Kesey calls 'the combine'. The combine today, it seems to me, consists of the neglect of humane, philosophical and even spiritual aspects of the suffering individual in favour of the training and development of young psychiatrists in biological science, even that being confined to a degree of clinical experience which is increasingly limited. The 'combine' includes the nature of psychiatric classification to further those goals with the acceptance of DSM-IV and ICD-10 which has occurred 'in the context of a discipline that still lacks sufficient conceptual coherence and hence remains easily influenced by ideological, political and market forces' [6].

Jablensky continues,

The introduction of the new classifications occurred concurrently and synergistically with the trend of medicalization of psychiatry which aims to remove the boundaries that separate mental illness from physical disease. Most of the funded psychiatry research today is being conducted within a biomedical paradigm.

Despite this, he points out, 'clinical diagnosis in psychiatry remains intrinsically dependant on the clinician's

ability to elicit and the patient's readiness to communicate subjective experience. The classificatory systems rely entirely or primarily on objective signs or tests.'

The 'combine' is also involved in instructing the profession regarding which medications they should prescribe. Control of the patient's behaviour rather than any attempt to understand it is the name of the game. Control so to speak of the cuckoo's nest and who is allowed to remain in it. Can we, for example, trust the drug companies? The editors of *The Lancet*, *British Medical Journal* and the *New England Journal of Medicine* together with eight other medical journals are concerned. The International Committee of Medical Journal Editors has issued a statement calling for more openness in the way drug companies report their results and less readiness to hide unfavourable ones. The editors declare they will 'require authors to attest that they had full access to all of the data in the study and . . . to take complete responsibility for the integrity of the data and the accuracy of the data analysis' [7]. Burne points out that negative results are rarely published, and that while 'the duty of universities is to seek the truth, the duty of the pharmaceutical companies is to make money.' Of course, as he points out, if either abandons their mission they fail. English psychiatrist David Healey, a mainstream biological psychiatrist claims that there is a deliberate campaign by drug companies to change our image of depression for the sake of sales of antidepressants.

The pharmaceutical 'combine' is in the ascendancy. Are there any reliable studies even to distinguish which patients benefit from which antidepressants?

These issues have been taken further in an editorial in the March 2002 issue of the *British Journal of Psychiatry*, 'The antidepressant debate', Moncrieff is concerned both over the ethics and affects of the current situation. 'Adverse physical effects of the antidepressant treatment are well known, but the psychological effects are rarely discussed. The prescription of medication for depression conveys the powerful message that we are passive victims of our biology. The consequences for the individual may include a failure to develop intrinsic coping strategies, leading to psychological dependence on drug treatment and increased susceptibility to recurrence . . . the pharmaceutical industry is an obvious beneficiary of this situation and psychiatry must be wary of being swept along by this juggernaut. In order to achieve a truly balanced view of the evidence it is necessary at least to raise questions of the efficacy of antidepressants' [8].

There is no doubt that there has been enormous development (progress may yet be too strong a word) in biological aspects of the functioning of both brain and

mind. The work of Richard Dawkins and others [9] is unequivocal in recognizing the central role of genetic structure as the unit of natural selection. He, however, makes it clear that 'no one factor, genetic or environmental can be considered as the single "cause" of any part of a baby . . . it is differences that matter in the competitive struggle to survive; and it is genetically controlled differences that matter.' He makes it clear, however, that evolutionary processes which depend upon a sense of ruthlessness or selfishness rather than altruism, nevertheless proceed in relationship to *the available environment* even if that is purely by chance. Psychoanalyst WH Winnicott wrote both about the ruthlessness of the infant in relationship to his mother and of the significance of the 'good enough mother' in the development of the psyche.

Are we prepared to take these factors into account in training those who will come after us in the service of the best possible care for our patients or shall we stick to the moral high ground in awe of 'the combine'? Change, new ideas and the acceptance of the other side of the story is always disruptive but not destructive. Rethinking one's beliefs is never easy, but possible. Nevertheless organizations of all kinds, and our own organization is not exempt, can be dominated by the concerns that if we question accepted wisdom,

Things fall apart; the centre cannot hold; mere anarchy
is loose upon the world, the blood dimmed tide is
loosed, and everywhere the ceremony of innocence is
drowned;

Certainly, as Kesey presents it, that was the rationale behind the destruction of McMurphy. Let us hope that it is not the outcome within our own profession and the society of which we are part. Otherwise we may find ourselves 'committed' to an environment in which:

the best lack all conviction, while the worst are full of
passionate intensity. (WB Yeats).

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Stanley Gold
Senior Lecturer
Department of Psychological Medicine
Monash University
Melbourne, Australia
Email: stanleygold@bigpond.com

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Ken Kesey
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It is 40 years since Ken Kesey's *One flew over the cuckoo's nest* was published. The book became a counter-cultural classic, selling millions of copies and ushering in the era of psychedelics and hippie radicalism. An award winning play followed, recently revived by Chicago's Steppenwolf Theatre (with music by Jimi Hendrix) [1]. In 1975 the film, directed by Milos Forman, became one of the most popular of all time [1].

Cuckoo had enormous impact on public perceptions of psychiatry and mental illness. Variousy blamed and credited for the decline of electroconvulsive therapy (ECT) and psychosurgery, it shaped the attitudes of a whole generation. Forty years later it is well worth examining its appeal.

The Chief's flashback

The novel is set in a ward of an Oregon mental hospital in late 1959, at the time of the Kennedy/Nixon presidential election race. However, such outside events play little part in the closed universe of the ward, recounted in flashbacks by Chief Bromden, the catatonic narrator. Bromden is a giant half-Columbian Indian, who once lost his native village to a government hydroelectric dam. He has lived in the ward for 15 years receiving over 200 shock treatments and retreating into feigned deaf and dumbness. He sweeps the ward, all the time observing (or hallucinating) the operation of a giant influencing machine, 'the combine'. The combine controls the world, 'adjusting the Outside as well as the Inside'. It spreads dense fog over the ward, clouding the Chief's brain, slowing time and shrinking and swelling everything with electric beams. Its agent in the ward is Nurse Ratched, the Big Nurse. She sits in her office before 'a web of wires like a watchful robot, tending her network with mechanical insect skill . . . dreaming of a

Ecstasy Reconsidered is a crucial and timely look at various aspects of the drug written by experts in the field. Factual, insightful and fascinating, this new volume cuts through the media-created panic to directly address the ecstasy debate. Ecstasy Reconsidered is a crucial and timely look at various aspects of the drug written by experts in the field. Factual, insightful and fascinating, this new volume cuts through the media-created panic to directly address the ecstasy debate. reconsideration. (Definition of "reconsider" from the Cambridge Advanced Learner's Dictionary & Thesaurus © Cambridge University Press). "reconsider" in American English. reconsider verb [I/T]. us /ˈrɪkənˈsɪdər/. to think again about (a decision or opinion) and decide whether you want to change it: [I] He begged her to reconsider. (Definition of "reconsider" from the Cambridge Academic Content Dictionary © Cambridge University Press). "reconsider" in Business English. reconsider verb [I or T]. uk /ˈrɪkənˈsɪdər/ us.