

OF GRAVER IMPORT THAN HISTORY: PSYCHIATRY IN FICTION

M. E. GRENANDER

Department of English and Institute for Humanistic Studies, State University of New York at Albany

"Like any efficient business organization, the management of a hospital for mental diseases is consciously interested in disseminating effective propaganda concerning the patient's hospital experience, to the patients themselves, to relatives and to the public at large . . . Little is heard, though, about the patient's real thoughts and feelings concerning hospitalization and the loss of his freedom."

Byron G. Wales¹¹

In Chapter 9 of the *Poetics*, Aristotle wrote that "poetry is something more philosophic and of graver import than history, since its statements are of the nature rather of universals, whereas those of history are singulars" (1451b, trans. Ingram Bywater). This is a classic tenet to whose abstract significance we often pay lip service without recognizing the dynamic role it could play in our interpretation of the literary arts. However, to make it viable for application to modern works, we need only broaden the term *history* to include those behavioral sciences which have evolved since Aristotle's time.

When we do so, we recognize that a fruitful field for critical exploration from this point of view is precisely those areas of human concern in which the behavioral sciences have vested benefits, but which literary artists have examined more disinterestedly, and hence more "truthfully", than professional practitioners. The important social contributions that such criticism can make are obvious. Indeed, in a recent thoughtful article, R. Gordon Kelly has pointed out the "heuristic value in suggesting that a given literary text is analogous to a response to an interview schedule for which the questions have been lost. The text embodies the response in a complex form, and the meaning of the work may be specified, in part, by reconstructing the 'questions' to which the author was responding."¹²

A striking illustration of this approach can be demonstrated through analyzing the fictional study of psychiatry, which has become an

increasingly important narrative theme, extensively treated in short stories, novellas, and novels, in the literature of several countries, from the 19th century to the present. Applying the cited Aristotelian principle to these works, we see that "poetry" has indicated rents in the social fabric in an examination which is on the whole both "more philosophic and of graver import" than that undertaken by the behavioral sciences.

The values of studying such fictional narratives are therefore threefold: (1) Fiction writers, or "poets", as Aristotle pointed out, are bound only by considerations as to "what such or such a kind of man will probably or necessarily say or do"; it is this limited but precise constraint that makes their statements "of the nature rather of universals, whereas those of history are singulars". (2) Almost without exception, studies of psychiatric practices by the behavioral sciences adopt the viewpoint of those who are in a position to use them for social control. Fiction, however, also gives us an analysis of these practices from the point of view of those who are susceptible to such control. (3) As an extension of (1), artists, since they have no professional commitment to established psychiatric mores, are paradoxically in a unique position to give us an objective analysis of their universal human significance, regardless of the fact that their examination is cast in a fictional framework.

Accordingly, fiction may give us a profound insight into the displacements and potential

fractures inherent in what Thomas Szasz has called the "Therapeutic State"¹³ as it is interpreted by the various echelons in its governing hierarchy. I therefore propose to examine critically a number of works which cover aspects of institutional psychiatry.¹⁴ These works include five short stories: Linda Arking's "Certain Hard Places" (1974), F. Scott Fitzgerald's "The Long Way Out" (1937), Max Frisch's "Schinz" (1950), and James Thurber's "The Catbird Seat" (1942) and "The Unicorn in the Garden" (1939); three novellas: Anton Chekhov's *Ward Six* (1892), Joachim Maria Machado de Assis' *The Psychiatrist* (1881-82), and Katherine Anne Porter's *Noon Wine* (1936); and 12 novels: Millen Brand's *Savage Sleep* (1968), Peter Breggin's *The Crazy from the Sane* (1971), Ralph Ellison's *Invisible Man* (1947), Joanne (Hannah Green) Greenberg's *I Never Promised You a Rose Garden* (1964), Ken Kesey's *One Flew Over the Cuckoo's Nest* (1962), Jack London's *The Iron Heel* (1908), Penelope Mortimer's *Long Distance* (1974), Sylvia Plath's *The Bell Jar* (1963), James Park Sloan's *The Case History of Comrade V.* (1972), Valeriy Tarsis' *Ward 7* (1965), Kurt Vonnegut's *God Bless You, Mr. Rosewater* (1965), and Robert Penn Warren's *All the King's Men* (1946).¹⁵ One is tempted to add Franz Kafka's surrealist parable, "Der Schlag ans Hoftor."¹⁶

The list spans several countries and almost a century in time. Although the works it includes are all in the genre of narrative prose fiction, they have little in common other than their inclusion of the psychiatric theme. Not only are they unequal in length, they are of unequal artistic merit. Moreover, some are didactic works which propound a thesis and argue it persuasively; others are representations of human actions affecting the reader emotionally, either humorously or seriously. Nevertheless, the mere fact of their disparity would underline the significance of their consensus, if it were to be found, in the portrayal of institutional psychiatry.

In this essay,¹⁷ I shall implement R. Gordon Kelly's theory by examining these fictional studies in order to determine whether one can perceive among them any common ground in

answers to the following questions: How are "sanity" and/or "insanity" defined? Who allocates individuals to the categories of "insane" and "sane"? On what grounds is this authority vested in him or her? Who stands to gain by implementing the decision that someone is insane? How are psychiatric professionals portrayed? How are the insane treated?

I

Although colloquial terms used to describe the objects of psychiatric attention have evolved in a progression that goes more or less from *mad* to *crazy* to *lunatic* to *insane* to *mentally ill* to *sick* to *disturbed* (with side excursions into *neurotic* and *psychotic*), in this paper no attempt will be made to differentiate among such labels. Nor will my concern be with the luxuriant and convoluted technical taxonomy of psychiatric conditions (*schizophrenia*, *catatonia*, *hebephrenia*, etc.). Rather, attention will be focussed initially on how the condition of those deemed other than "normal" is defined, regardless of what tag is pinned to the individuals involved.

Three definitions of "insanity" are suggested, either explicitly or implicitly, in the fiction I have studied. According to the first, the insane person is one whose behavior deviates from what his society regards as acceptable. This definition will vary, of course, according to the mores of a given society. Thus, in Jack London's *The Iron Heel*, Bishop Morehouse is regarded as insane in a plutocratic oligarchy because he espouses the communistic principles of primitive Christianity. In Valeriy Tarsis' *Ward 7*, however, Valentine Almazov is locked up as insane because, in a collectivist society, he champions the tenets of individualism. More subtle than either of these is Max Frisch's portrayal of how a bourgeois Swiss city (presumably Zurich) reacts to a respectable lawyer, Heinrich Gottlieb Schinz, after his sudden insight into the inequities of its economic and legal system. Schinz can no longer remain mute in the face of injustice: "Ich kann es nicht aushalten, Unrecht zu sehen und zu schweigen" (p. 200). Although he recognizes that his attitude is idiosyncratic — "Man sieht die Dinge etwas anders, als die andern sie lehren" — his wife, Bimba, also learns that the prevailing

attitudes collapse when not buttressed by social pressures: "Komisch, wie anders man sieht, wenn einmal der gewohnte Umgang etwas nachläßt" (p. 202). As a consequence of his egalitarian defense of a thief in a city which venerates property, Schinz is incarcerated as a madman. "Die Außenwelt, ausgenommen Bimba, hat das Ganze . . . durchaus als einen klinischen Fall betrachtet, aufsehenerregend auch so, erschütternd auch so, aber für die Außenwelt ohne jede Folge" (p. 208).

A second and related definition is based on the individual's ability to function effectively and/or happily in his society. This raises a further question: Who judges whether or not he is able to function? It may be agents of his society; or it may be his acquaintances, friends, or family; or it may be the individual himself. In *One Flew Over the Cuckoo's Nest*, *Ward Six* and *Invisible Man* it is agents of their respective societies who decide that Randle McMurphy, Andrei Yefimych, and Ellison's narrator are in need of psychiatric attention. In *Cuckoo's Nest* the "theory of the Therapeutic Community" is that "a guy has to learn to get along in a group before he'll be able to function in a normal society; . . . society is what decides who's sane and who isn't, so you got to measure up". However, relatives make this judgment in *God Bless You, Mr. Rosewater*; "The Unicorn in the Garden"; *I Never Promised You a Rose Garden*; and *The Bell Jar*. In *The Case History of Comrade V.*, it is the individual himself who decides to consult a psychiatrist.

Yet neither of these definitions can be pushed too far, since both are highly subjective and, in the last analysis, have more to do with the individual's society and his relation to it than with any intrinsic condition. The difficulty is indicated by Professor Nezhevsky in *Ward 7* (pp. 119-120). He dismisses "the current notion of 'mental illness' — if only because no one could give a definition of mental health, so that there was no firm principle by which to define or classify pathological phenomena". The same point is hinted at in *Savage Sleep* (p. 149). The protagonist, Dr. Marks, is explaining the "likeness between insanity and childhood". Then, prodded by his son, he admits that a remark he had himself made to his daughter

("The whole world knows I love you") "was insane too. But everybody used these large expressions. What the hell was sane and insane in this world anyway?" McMurphy in *Cuckoo's Nest* (p. 63) faces a similar problem. He tells his fellow inmates in the mental hospital: "I been surprised how sane you guys all are. As near as I can tell you're not any crazier than the average asshole on the street." And in *I Never Promised You a Rose Garden* Dr. Fried, remembering Nazi Germany, reflects ruefully that "sometimes . . . the world is so much sicker than the inmates of its institutions" (p. 17).

As a consequence of this stumbling block, both of the first two definitions of sanity/insanity are finally telescoped into a third, stated most explicitly in *The Case History of Comrade V.* (p. 142): "Sanity is a matter of role, and nothing more. The man behind the [psychiatrist's] desk is sane; the man in front of it is mad, or at least in grave doubt of sanity Now this may not seem a very ideal definition, and it is not, but it will have to stand until a better theoretical construct can be tested. The starting point, of course, is this: psychiatrists are, by definition, sane. This is, in a sense, the cornerstone of modern society. The man in the streets is indeterminate until encountered in the office of the psychiatrist. The client of the psychiatrist is open to grave doubt." The reader who remembers the brouhaha over Senator Thomas Eagleton's nomination to the vice-presidency after his psychiatric history had been revealed will be disinclined to doubt the general acceptance of such a judgment. The irony of this definition, however, is that the psychiatrist himself not infrequently winds up on the wrong side of the desk and is cast in the insane role. Thus, Dr. Bacamarte in *The Psychiatrist*, after testing and rejecting various shifting definitions of insanity which lead to the incarceration of four-fifths of Itaguaí's population, is finally driven to commit himself as "the perfect, undeniable case of insanity" (p. 44). The same fate also befalls psychiatrists in *Invisible Man* (p. 57), *Ward Six*, and *The Case History of Comrade V.*

The authority of the psychiatrist in defining sanity/insanity derives, ultimately, from the enormous respect the modern world has paid to

science since the days of Newton. The point is made explicit by Dr. Bacamarte in *The Psychiatrist* (p. 24): "Science is a serious thing and it must be treated seriously. For my professional decisions I account to no one but God and the authorities in my special field. . . . I shall never [account for my methods] to laymen of any description." Such absolute dominion would not, of course, be possible if it were not accepted by the very people over whom it is exercised. Thus Mr. Fitweiler in "The Catbird Seat" says (p. 16): "These matters are not for the lay mind to grasp." Unfortunately, however, as this fiction demonstrates has happened in psychiatry, science can all too easily degenerate into "scientism", or what Moody E. Prior has described as "the superficial adoption of the paraphernalia of physical science as a masquerade where they do not function essentially".¹⁸¹ Thus the psychiatrist in *Comrade V.* (pp. 145-46) finally acquires a delusion of his own: that psychiatry is "a universal system . . . of perception and value", the "ultimate science that encompasses and supervises all the others", including mathematics, geophysics, astronomy, and anthropology.

II

An answer to the question of how psychiatrists acquired their pervasive authority is given in *The Psychiatrist* (pp. 29, 30); it has been granted them by the government, which "recognizes that the question is purely scientific and that scientific issues cannot be resolved by legislation". The government "knows that the mentally ill must receive treatment. It knows also that it cannot itself provide this treatment and that it even lacks the ability to distinguish the sane from the insane. These are matters for science, not for politics. They are matters requiring the sort of delicate, trained judgment that [the psychiatrist is] fitted to exercise".

The reason the government has delegated this awesome and sinister power is, of course, that psychiatric control is an easy way to maintain public order without going through tortuous legal channels safeguarding the rights of the accused, presuming them innocent until proved guilty, and setting definite terms to their

imprisonment. "For order, my friends, is the foundation on which government must rest" (*The Psychiatrist*, p. 31). Thus, Mr. Helton in *Noon Wine* (p. 93), who had killed his brother, was put in the asylum instead of being tried for the murder. Black professional men in *Invisible Man* are incarcerated in the vets' asylum when their aspirations threaten a social order based on white supremacy. The puzzled narrator remarked (p. 57): "Whenever I saw them I felt uncomfortable. They were supposed to be members of the professions toward which at various times I vaguely aspired myself, and even though they never seemed to see me I could never believe that they were really patients. Sometimes it appeared as though they played some vast and complicated game . . . whose goal was laughter and whose rules and subtleties I could never grasp." And the role of the asylum is obvious in preventing mavericks like Bishop Morehouse (in *The Iron Heel*), Valentine Almazov (in *Ward 7*), and R. P. McMurphy (in *One Flew Over the Cuckoo's Nest*) from disrupting the social order. Hathaway in *Long Distance* (4/22/74 — pp. 83, 84) suggests to his Board that they can get Basil Gondzik off their hands by sending him to the psychiatric wing, where he "may possibly become a responsible citizen. . . . It is my firm belief that the balance of Basil's mind has, of late, been disturbed. Basil is no criminal. He is an intelligent man. He needs help, rather than punishment. . . . If we decide that he is deranged — which I firmly believe — and should be institutionalized, the Board will be relieved of a very arduous and unpleasant duty." Chief Bromden describes the hospital in *Cuckoo's Nest* (p. 38) as "a factory . . . for fixing up mistakes made in the neighborhoods and in the schools and in the churches. . . . When a completed product goes back out into society, all fixed up good as new, *better* than new sometimes, . . . something that came in all twisted different is now a functioning, adjusted component, a credit to the whole outfit and a marvel to behold. Watch him sliding across the land with a welded grin."

But if the psychiatrist acts usually as the agent of society in exercising extra-legal control over dissidents, he may also function as the agent of an individual who has something to gain from

the incarceration of another person. Thus, a spouse may wish to have his mate hospitalized rather than go to the trouble of securing a divorce. The husband in "The Unicorn in the Garden" gets rid of a nagging wife in this way. Mr. King in "The Long Way Out" (pp. 400-401) commits his wife because of a delusion she has having "something to do with the Declaration of Independence". Zagogulin's wife has her husband taken forcibly to *Ward 7* (pp. 65-67) because she wants to clear the field for her amorous escapades; her solution is "inhuman but so currently adopted as to be almost fashionable".

Other reasons for someone's wanting an individual committed to a mental hospital are also indicated in these fictional works. In *Ward Six*, Dr. Khobotov has the chief psychiatrist, whom he envies, incarcerated in order to take over his job. Mr. Martin in "The Catbird Seat" eliminates an obnoxious office rival in the same way. Likewise, the narrator of *Invisible Man* is put in a company mental hospital by Liberty Paints because he was a troublesome employee. In *Ward 7* (p. 17), the well-known bibliographer Samdelov, "like several other patients, . . . had been committed by his relations who needed his 'living space'". The shyster lawyer Norman Mushari, dazzled by dreams of a fat fee, persuades the Rhode Island Rosewaters to institute court proceedings against Eliot Rosewater in order to prove him insane. (Vonnegut's novel is unusual in that it has a happy ending; Mushari's ploy fails.)

The reptilian Mr. Hatch in *Noon Wine* tells Mr. Thompson (p. 95): "In the last twelve years or so I musta rounded up twenty-odd escaped loonatics. . . . I don't make a business of it, but if there's a reward, and there usually is a reward, of course, I get it. It amounts to a tidy little sum in the long run, but that ain't the main question. Fact is," he rationalizes, "I'm for law and order, I don't like to see . . . loonatics at large." In a remarkable essay on her novella,¹⁹ Porter characterizes Mr. Hatch as "evil in the most dangerous irremediable way", since "he will always be found on the side of custom and common sense and the letter of the law". There is "nothing much wrong" with his defense — "it only lacks human decency".

Very commonly parents who cannot handle their troublesome offspring any other way arrange to have them hospitalized. This accounts for the fact that Esther Greenwood in *The Bell Jar*, Deborah Blau in *I Never Promised You a Rose Garden*, Jimmy Cady and George Golding ("something of a problem child" — p. 255) in *Savage Sleep*, Danny in "Certain Hard Places," and Billy Bibbitt in *One Flew Over the Cuckoo's Nest* wind up in mental hospitals. These "children" range in age from eight (George Golding) to over thirty (Billy Bibbitt). Danny says (p. 45) "When I was eighteen my father and I were arguing a lot, and he had me placed for a month in a psychiatric hospital. He was a doctor, he could do it."

A few individuals may enter mental hospitals voluntarily. It is this group, in *One Flew Over the Cuckoo's Nest*, whose rabbit behavior McMurphy finds so puzzling: Harding, Sefelt, Frederickson. "Voluntary" commitments are often, however, little more than legal fictions. Dale Harding's relationship with his wife Vera makes his presence in the mental hospital closely analogous to Zagogulin's in *Ward 7*.

Finally, and most disturbing of all, is the role that pure chance can play in determining whether a given individual winds up in a lunatic asylum. In Kafka's nightmarish parable, the narrator, for reasons never very clear to him, finds himself standing in a bare, prison-like room which he fears he may never leave; it is furnished with a bed which is as much like an operating table as a cot. "Die Stube sah einer Gefängniszelle ähnlicher als einer Bauernstube. Große Steinfliesen, dunkel, ganz kahle Wand, irgendwo eingemauert ein eiserner Ring, in der Mitte etwas, das halb Pritsche, halb Operationstisch war" (p. 131). Added to the ominous quality of his surroundings is the uncertainty of his release: "Könnte ich noch andere Luft schmecken als die des Gefängnisses? Das ist die große Frage oder vielmehr, sie wäre es, wenn ich noch Aussicht auf Entlassung hätte."

In *Ward Six* Gromov reflects: "Not without reason does the age-old experience of the people teach that no one is safe. . . . And, legal procedures being what they are today, a miscarriage of justice is not only quite possible but would be nothing to wonder at. People who

have an official, professional relation to other men's suffering — judges, physicians, the police, for example — grow so callous in the course of time, simply from force of habit, that even if they wanted to they would be unable to treat their clients in any but a formal way. . . . And once this formal, heartless attitude has been established, only one thing is needed to make a judge deprive an innocent man of all his rights . . . : time. Just the time necessary for the observation of certain formalities for which a judge receives his salary — and it is all over" (pp. 12–13).

This passage is later glossed when Ivan Dmitrich, now an inmate of the psychiatric ward, upbraids the doctor, Andrei Yefimych (p. 29): "There are dozens, hundreds, of madmen walking around at liberty, simply because you, in your ignorance, are incapable of distinguishing them from the sane. Why, then, must I, and these other unfortunates, be shut up here as scapegoats for all of them? Morally, you, the medical assistant, the superintendent, and the rest of your hospital rabble are immeasurably inferior to every one of us — why then should we be here and not you? Where's the logic?" Dr. Ragin answers: "Morals and logic do not enter into it. Everything depends on chance. Those who are put in here, stay here; those who are not, enjoy their liberty, that's all. And there is no morality or logic in the fact that I am a doctor and you are a mental patient — it's pure chance, nothing more."

III

Once the individual is locked up in a mental hospital, he becomes the object of attention from three kinds of medical and paramedical personnel: orderlies, nurses, and of course the psychiatrists themselves. In *Rose Garden*, the nurses and attendants in the Disturbed Ward have "big, hard, muscular bodies, . . . heavy arms and . . . frightened faces" (pp. 53, 67). The characters presented in these roles are, by and large, unattractive ones, many of whom display the callous impersonality toward their charges described by Gromov. Others take a sadistic delight in tormenting their victims.

In the fiction I have studied, only two attendants are portrayed sympathetically:

McPherson and Dobshansky in *Rose Garden*. The reason for McPherson's success with his patients is his recognition of the humanity they share with him. He "was a strong man, even a happy one. He wanted the patients to be like him, and the closer they got to being like him the better he felt. He kept calling to the similarity between them, never demanding, but subtly, secretly calling, and when a scrap of it came forth, he welcomed it" (p. 66). When the patients twit him by telling him that without his keys "you wouldn't know yourself from us!" he only laughs and agrees: "We're not so different" (p. 88). His tone with the patients is "like a priceless jewel", that of "a simple respect between equals" (p. 94).

McPherson stands out, however, because of his rarity. The attendants, or hospital orderlies, are usually described as brutal exponents of the doctrine of physical coercion for controlling their helpless charges. In *Ward Six* (pp. 7–8), the guard Nikita, "an old retired soldier", is "one of those diligent, simple-minded, dogmatic, and obtuse individuals who love law and order more than anything else in the world, and as a consequence are convinced that *they* have to be beaten. He distributes blows indiscriminately on the face, chest, or back, in the certainty that there is no other way to keep order here." Andrei Yefimych, when he is himself locked up, experiences first hand what his patients have undergone from this attendant (pp. 57–58): "Using both hands and his knee, [Nikita] roughly knocked Andrei Yefimych to one side, then drew back his fist and punched him in the face. . . . There was . . . a salty taste in [Dr. Ragin's] mouth, probably blood from his teeth. Waving his arms . . . , [he] felt two more blows from Nikita's fists in his back. . . . All of a sudden out of the chaos there clearly flashed through his mind the dreadful, unbearable thought that these people . . . must have experienced this same pain day in and day out for years. How could it have happened that in the course of more than twenty years he had not known, had refused to know this?"

In *Invisible Man* (p. 63), Supercargo, the attendant at the vets' insane asylum, is "a huge black giant of a man" who habitually wears a "hard-starved white uniform. Usually he

walked around threatening the men with a strait jacket which he always carried over his arm, and usually they were quiet and submissive in his presence". Like Nikita, Supercargo wants order, "and if there's white folks down there", he wants "double order".

The ward attendants in *Cuckoo's Nest* have been chosen with care by the Big Nurse (pp. 27-28):

Her three daytime black boys she acquires after . . . testing and rejecting thousands. They come at her in a long black row of sulky, big-nosed masks, hating her and her chalk doll whiteness from the first look they get. She appraises them and their hate for a month or so, then lets them go because they don't hate enough. When she finally gets the three she wants . . . she's damn positive they hate enough to be capable.

The first one she gets . . . [is] a twisted sinewy dwarf the color of cold asphalt. His mother was raped in Georgia while his papa stood by tied to the hot iron stove with plow traces, blood streaming into his shoes. The boy watched from a closet, five years old and squinting his eye to peep out the crack between the door and the jamb, and he never grew an inch after. . . . He wanted to carry a sock full of birdshot when he first came on the job, to work the patients into shape, but she told him they didn't do it that way anymore, made him leave the sap at home and taught him . . . not to show his hate and to be calm and wait, wait for a little advantage, a little slack, then twist the rope and keep the pressure steady. All the time. That's the way you get them into shape, she taught him.

The other two black boys . . . are tall and sharp and bony and their faces are chipped into expressions that never change. . . .

All of them black as telephones. The blacker they are . . . the more time they are likely to devote to cleaning and scrubbing and keeping the ward in order. For instance, all three of these boys' uniforms are always spotless as snow. White and cold and stiff as her own.

The attendant who is described with the most psychological insight is Hobbs, in *Rose Garden*. His brutality is accounted for by his frightened recognition that "the craziness he saw around him" was "an extension of something inside himself. He wanted people to be crazier and more bizarre than they really were so that he could see the line which separated him, his inclinations and random thoughts, and his half-wishes, from the full-bloomed, exploded madness of the patients." They expect him to wind up "on some mental ward as a patient" (p. 66), and are not surprised when they learn that he has committed suicide.

In *Rose Garden*, however, the most vicious attendants of all are the conscientious objectors

who regard their service in mental hospitals as little better than being imprisoned to stay out of the army. The patients are their punishment for refusing to be drafted, and are treated accordingly. Ellis is portrayed as a typical example of this type of attendant: he "feared and hated the patients, and looked upon the government which had punished him as the early Christian martyrs must have looked upon the Roman procurators" (p. 92). The protagonist, herself helpless in restraints, watches him beat up her roommate, who had jerked her head away from him. "Movement of the head was a person's whole repertoire in pack; Ellis grabbed Helene's face and held it with one hand. . . . Then he straightened a little, not angry, only deliberate, and began to hit her in the face. The blows landed sure and hard. . . . Deborah, watching, saw what would be to her forever after the symbol of the impotence of all mental patients: the blow again, calm and accurate and merciless. . . . When he had slapped her into submission, he took her pulse . . . and left" (pp. 103-104). Deborah later characterizes "a pacifist" as "one who uses his open hand".

The mistreated patients nurture their resentment against brutal attendants, and, when they get an opportunity, retaliate in kind. Thus, in *Invisible Man* (p. 64), when the vets at the Golden Day see their chance, they beat and kick Supercargo into unconsciousness, yelling "Give the bastard some order!" Hobbs, in *Rose Garden* (pp. 65-66), is "attacked by the patients night after night," and finally, in a wild free-for-all, they break his wrist.

Like the attendants, nurses also tend to be portrayed negatively. Usually, as in *Rose Garden*, *The Bell Jar*, and *Savage Sleep*, they are only appendages to the doctors. At best, like the well-meaning Miss Fitzhugh and Miss Davis in *Savage Sleep*, they are helpless to do more than accompany with a sympathetic smile and a not unkindly word the tortures they are ordered to inflict. At worst they can be merely annoying. Thus Esther Greenwood in *The Bell Jar* suffers the ministrations of a whole series of unpleasant nurses: "Dumpy and muscular in her smudge-fronted uniform, the wall-eyed nurse wore such thick spectacles that four eyes peered out at me from behind the round, twin panes of

glass. . . . As she leaned over to reach the side of my head nearest the wall, her fat breast muffled my face like a cloud or a pillow. A vague, medicinal stench emanated from her flesh" (p. 117). Other nurses torment Esther with vague threats: "'At you-know-where they'll take care of *her!*'" (p. 143). "I felt the nurse had been instructed to show me my alternatives. Either I got better, or I fell down, down, like a burning, then burnt-out star, . . . to the state place next door" (p. 171).

But Miss Ratched in *Cuckoo's Nest* is the fiendishly efficient and omnipotent dictator of her antiseptic domain, ruling physicians as well as patients with her "sure power that extends in all directions" (p. 26). Like Nikita, she had formerly been in the army.

The Big Nurse tends to get real put out if something keeps her outfit from running like a smooth, accurate, precision-made machine. The slightest thing messy or out of kilter or in the way ties her into a little white knot of tight-smiled fury. She walks around with that same doll smile crimped between her chin and her nose and that same calm whirl coming from her eyes, but down inside of her she's tense as steel. . . . And she don't relax a hair till she gets the nuisance attended to — what she calls "adjusted to surroundings."

What she dreams of . . . is a world of precision efficiency and tidiness like a pocket watch with a glass back, a place where the schedule is unbreakable Year by year she accumulates her ideal staff: doctors, all ages and types, come and rise up in front of her with ideas of their own about the way a ward should be run, some with backbone enough to stand behind their ideas, and she fixes these doctors with dry-ice eyes day in, day out, until they retreat with unnatural chills. (pp. 26–27)

She rides her patients, rubbing their noses in their weaknesses "till what little dignity [they] got left is gone and [they] shrink up to nothing from humiliation" (p. 131).

IV

However, it is the physicians who are the most interesting and, almost without exception, the most powerful figures presented in this fiction. They can be grouped under three fairly well-defined rubrics. First, there is a very small number of humane and understanding doctors. Strangely enough, pathologists — notably Drs. Pirosh and Johanson in *Savage Sleep* — fall under this heading. They are strongly opposed to the whole concept of "mental illness" as an

organic disease to be treated by physical means, basing their opinion on post-mortems which reveal a pattern of irreversible injury and even death from such interventions as shock treatments.

Dr. Pirosh says "there's always more or less damage from shock. . . . I've mentioned it in Staff but they don't seem to want to hear me" (p. 32). "When you do a lot of posts and see the hemorrhaging — a hemorrhage in the cardiac controls in the brain, and good-by. . . . But the important thing is, shock isn't helping patients" (p. 96). Dr. Johanson is even more emphatic, as he shows Dr. Marks slides of the brains of 50 shocked patients (pp. 270–271): "These are all deaths from shock itself or from suicide. A slit throat or slit wrists can't hurt the brain. . . . Here's loss of ganglion cells typical of whole areas of the brain. . . . This is insulin shock. Do you see where the cells are replaced by lines of scar tissue? . . . Petechial hemorrhage. If any of it hits the cardiac or respiratory center in the medulla, the patient dies." Metrazol and electric shock show the same revealing lines of scar tissue.

Dr. Johanson believes shock treatments are hostile to the patient since they produce "artificial convulsions and damage to tissues, to bones, to life". He objects on grounds of principle:

In the middle of the last century some doctors treated mental illness by castration. Masturbating causes insanity, ergo stop masturbating. . . . The flesh is innocent. The cells have done no wrong. Why must they be assaulted, mutilated? What is it in these professors of the soul, these psychiatrists, that makes them so angry with body tissue? . . . If the brain tissue is quiescent — in, say, nondreaming sleep — then surely it's guiltless, isn't it? Or consider it as an instrument, a mere potential. Would you smash a violin, a Stradivarius, because it was imperfectly played by a child who didn't know music? Is the brain, the cellular structure in itself, guilty and punishable? Is it at fault for the way it responds to human cruelties? I object to shock because it's nonspecific, there's no scientific methodology there and there cannot be.

Allies of the pathologists are those psychiatrists who regard their clients with sympathy and understanding. Fortunate indeed are the few patients, like Deborah Blau in *Rose Garden*, who come within their ambience. Without exception, such psychiatrists are strongly

opposed to the use of either fraud or force; are frequently outspoken in attacking particular examples of it; and are psychoanalytically oriented, although by no means classical Freudians (often their feelings for their clients range from affection to genuine love). Shock they regard with horror. On the other hand, they are not afraid of their patients, even the psychotics, and are willing to spend long hours in conversation with them, attempting to understand and assuage the disguised terrors that haunt them. Examples of this group are Dr. Nolan (*The Bell Jar*); Dr. Fried (*Rose Garden*); Drs. John Marks, Erich Naumann, and Bertram Lewin (*Savage Sleep*); and Drs. Zoya Alexeyevna Makhova and René Gillard in *Ward 7*. A perhaps significant sidelight is that at least two of these are based on real people: Dr. Fried on Frieda Fromm-Reichmann¹⁰¹ and Dr. Marks on John N. Rosen.

Dr. Gillard, the French psychiatrist, says (pp. 120–123) that he knows “only of mental states — we don’t call them diseases — and in so far as they are undesirable, we try to modify them by modifying whatever factors in the patient’s way of life partly, or even wholly, account for them.” He avoids drugs, his staff are forbidden to talk about “illness”, his patients are free to come and go, and the men and women are free to mix. Love he regards as therapeutic. “A hospital is not a prison,” he says; “we don’t force people to have treatment.” He does not regard the attempted suicide as a psychiatric patient: “If he can’t or doesn’t want to go on living, it’s his own affair. It’s for him to dispose of his own life, not for the authorities. I must say, the idea of compulsory treatment really revolts me. . . . Compulsion in every form is disgusting — especially mental, psychological compulsion.”

Dr. Marks’s greatest insight is his recognition of the humanity of his patients. His specialty is the putatively hopeless rejects of mental hospitals who are usually relegated permanently to the back wards. After some gruelling ordeals, he comes to feel (p. 460) “that he could handle the hardest case and bring the patient out [of psychosis, even speechless catatonia.] . . . But when he defined the case as a hard case, it was with a qualification of no prior shock treatment

or at least a minimum of shock.” Dr. Marks recognizes (p. 464) “that the doctor is part of his patient’s life at its most despairing and dreadful moments. . . . The patient is human. . . . There was no difference in humanity between [himself, the psychiatrist,] and a psychotic.”

However, Dr. Marks had perceived that “the Establishment itself can waver” (p. 299). Heretics like him are definitely in the minority. Even the honest and humane Dr. Fried is reluctant to intervene against reported brutality “on the wards”, since she is “not an administrative doctor” (p. 105). More common than Drs. Marks and Fried are well-meaning but weak individuals who go along with psychiatric assaults on human freedom and dignity because they feel powerless to change the system. In this group are included Andrei Yefimych Ragin in *Ward Six*, Dr. Spivey in *Cuckoo’s Nest*, Aaron Almquest in *The Crazy from the Sane*, Andrey Efimovich Nezhevsky in *Ward 7*, and the young doctor in “The Long Way Out”. Dr. Nezhevsky says, typically (p. 140), “You can’t fight a war all by yourself.”

But even such ambivalent Milquetoasts do not predominate. The vast majority of fictional psychiatrists are those in the third group. Like Dr. Gordon in *The Bell Jar*; Dr. Bacamarte in *The Psychiatrist*; Comrade V.’s psychiatrist; Dr. Ed Brown in *Rosewater* (pp. 41–45), the quack who coined a new term, “samari-trophia”, for the official taxonomy and built his reputation on it; Drs. Staul and Frick in *The Crazy from the Sane*; and most of the psychiatrists in *Savage Sleep* (e.g. Drs. Linscomb, Wellman, Bently, and Carey), these doctors regard themselves as the priesthood of their modern theocracy. They use “their prestige and a certain sense of private ownership of reality to separate themselves from their patients” (*Rose Garden*, p. 202). “They make everything pathological, every emotion’s a symptom” (“Certain Hard Places”, p. 45). Motivated by love of power, they advocate social engineering as a laudable goal. Deceit and trickery are accompanied in their arsenal by physical restraint, chemotherapy, shock, and psychosurgery as they coerce their unhappy victims with pain and fear.

V

The fiction I have examined portrays in harrowing detail the various forms of fraud and force used by the psychiatrists in the last group and their allies. In *I Never Promised You a Rose Garden*, one of the principal reasons for Dr. Fried's success with Deborah Blau, "the veteran of many deceits" (p. 192), is that the analyst is always honest, sometimes painfully so. (Indeed, her uncompromising honesty gives the novel its title.) But Dr. Fried is a notable exception. Typically, the treatment of those who become the objects of psychiatric control is a terrifying instance of how a general principle enunciated by Moody Prior operates: "The initial effect of power is to deprive its victim of the customary forms and objects which help him to express his identity and establish his status among his fellows. . . . Ultimately, the victim of power becomes a helpless, manipulable object, and finally a mere thing, a corpse."¹¹

Dr. Marks in *Savage Sleep* asks himself "Wasn't this whole damn hospital just . . . a continuous replacing of life by death? No care, no love, no will to help these suffering human beings, nothing but evasions and beatings" (p. 393). Deceit is used both to entice patients into the mental hospitals and to keep them docile once they are incarcerated. Thus Khobotov traps Andrei Yefimych in *Ward Six*, Dr. Yanushkevich lures Valentine Almazov into Ward 7 by falsehoods, and Comrade V.'s therapist is himself duped by another psychiatrist who poses as "an official of the National Institute of Health". Although it is used against unattractive characters, trickery is a key element in "The Unicorn in the Garden," "The Catbird Seat," and *Long Distance*. Dr. Pirie in "The Long Way Out" lies to Mrs. King in order to keep her "a tractable patient" instead of "a restraint case".

Indeterminate commitment is a subtle stratagem which fosters hypocrisy in the patients. In order to secure their freedom, they are induced to pretend an outward conformity to whatever they perceive as the demands made upon them. The lifeguard in *Cuckoo's Nest* knows from bitter experience that "being committed ain't like being sentenced. 'You're sentenced in a jail, and you got a date ahead of you when you know

you're gonna be turned loose. . . . I was picked up for drunk and disorderly, and I been here eight years and eight months'" (pp. 161-162). Too late, Randle McMurphy discovers that he has traded a few months' stay at the prison farm with his psyche intact for, quite literally, a mess of pottage: fresh orange juice in a soul-destroying environment from which he cannot escape. It is the indefiniteness of his commitment, with his term limited only by the whim of Miss Ratched, that he finds so terrifying and that causes his ultimate despair.

More fortunate is the narrator in *Long Distance*, who learns to play a role. "My sense of survival made one last feeble attempt to save me, and succeeded. . . . I learned how to act. My part, that of a grateful and reformed criminal, came to me as if by magic. I already knew it by heart. I had become an entertainer." The nurses and doctors respond with the grateful "relief of people whose necessary brutality had hurt them much more than it hurt me. They congratulated me for looking so much better, sounding so much happier, being so much more tractable. They showed me off to each other, their prize exhibit. I am sure I was written down as an example of the efficacy of their treatment, and probably held up as a sign of hope to others whose vice was to be misfortunate. I basked in their self-approval. It was a non-stop performance, and there were moments when I felt very tired, but fear, thank God, kept me going." Another patient in the same novel, however, Basil, will probably "be treated indefinitely", since there is "little hope of his learning to pretend" (4/22/74 — pp. 35-36, 83, 89).

But even more common than fraud is the use of force: physical restraint, chemotherapy, insulin and electric shock, and psychosurgery. A patient in *Rose Garden* says (p. 47): "I've been in six hospitals. I've been analyzed, paralyzed, shocked, jolted, revolted, given metrazol, amatyl, and whatever else they make. All I need now is a brain operation and I'll have had the whole works. Nothing does any good, not this crap or anything else."

Physical restraint, the least sophisticated of these instruments, includes the obvious measures of locked doors and barred windows which are endemic to lunatic asylums; the

wet-packs which, aside from sedatives, are the only non-analytic treatments used in Deborah Blau's hospital; and straitjackets, almost the synecdoche of psychiatric power. Chemotherapy, however, has opened up a vast new technology for behavioral control. By forcing patients to pop pills of various kinds, psychiatrists keep large groups of them in a state of almost constant dazed tranquillity.

This method is widely used in *Ward 7*, *One Flew Over the Cuckoo's Nest*, *Savage Sleep*, *The Bell Jar*, and *Long Distance*. Even in *Rose Garden's* relatively humane hospital the patients, "dizzy with sedatives" (p. 140), sink under "the brittle crust of drugged sleep" (p. 121). However, René Gillard, the French psychiatrist in *Ward 7* (p. 122), characterizes the "long-term effects" of "happiness pills" as "anything but happy! Damage to memory, to eyesight, reduced sexual potency, apathy and indifference." The narrator in *Long Distance* (4/24/74 — p. 35) describes her experience with chemotherapy. "They gave me an incredible and constantly changing quantity of drugs. Until I learned better, and became wily, I screamed quite openly at the pain these pain-killing drugs caused me. The white shapes hung over me, solicitous. . . . More drugs were prescribed. . . . If I slept too much, they woke me up. If I was too wakeful, they put me to sleep. If I was depressed . . . , they cheered me up. If I was too cheerful . . . , they depressed me again. If I remembered, they made me forget. If I forgot, they forced me to remember. All in all, I had never known such unhappiness or such exhaustion. I literally did not know if I was coming or going." Her one recourse was to secrete the pills in her cheek, stuff them in the pillowcase, "or, on one occasion, drop [them] into a nurse's tea."

Far more terrifying than drugs, however, are shock treatments, either insulin (as in *Savage Sleep* and *The Bell Jar*) or electric (as in *Savage Sleep*, *The Bell Jar*, *One Flew Over the Cuckoo's Nest*, *Long Distance*, *Invisible Man*, and *Mr. Rosewater*). Sometimes shock is used punitively, as in *Cuckoo's Nest*. And Dr. Marks in *Savage Sleep* discovered that "when one patient had 'acted up,' she had been given several consecutive electric shocks" (p. 393).

The insulin ward, dimmed by a "cloud of sweat . . . into the usual phantasmagoric purgatory", is described in the same novel (pp. 257–258). The faces of the patients became "moist and red" as "the hot minutes of the insulin went by and its power everywhere began seeping down through the brain. Several of the men and one of the women moaned and screamed. They twisted. The nurses and attendants held them, keeping them from falling out of bed, tying them in or readjusting their canvas bonds. Now the time of drowning, the time of those hoarse cries between terror and sleep. . . . On one of the beds a man had begun to protrude his tongue, over which he seemed to have lost control, and foam formed on his lips."

The eight-year-old George Golding in *Savage Sleep* dies from insulin shock, and Marta Kleinerman gets worse (p. 340), going into mute catatonic rigidity. One patient in *Rose Garden* is "a gentle, generous veteran of mechanical psychiatry in a dozen other hospitals. Her memory had been ravaged, but her sickness was still intact" (p. 225). Dr. Marks in *Savage Sleep* regards Ethel as his most challenging case because she has had "a maximum of shock: incalculable rivers of electric shock and insulin coma had flowed through her with their physical ravage to the brain" (p. 460). We are given a graphic description of the consequences (p. 393): her "wasted body lay . . . completely still, her eyes open but non-seeing. . . . [Dr. Marks] had seen on Johanson's slides what must be in this brain — massive replacement of live ganglion cells by ridges and corrugations of scar tissue. Life replaced by death."

Some of the most lurid passages in this group of fictional works concern compulsory electroshock, the panic with which it is faced and endured by the cowed patients, and the helpless disorientation which succeeds it. Representative descriptions of the ordeal, which is a feature of *Invisible Man*, *Savage Sleep*, *The Bell Jar*, *God Bless You, Mr. Rosewater*, *One Flew Over the Cuckoo's Nest*, and *Long Distance*, are indicated here.

This "benevolent electricity" is described in *Long Distance* (4/22/74 — p. 35): "They repeatedly convulsed me with many electric volts. Although their firm belief was that the

root of the trouble was in my unconscious, they paradoxically believed that if I wasn't conscious of the pain of these electric shocks, I wouldn't feel it. My body, I suppose, clenched its teeth and writhed in a momentary death throe; in fact every part of me except for my anesthetized nerves must have suffered appallingly. . . . It obviously frightened me very much, for in the few moments I was conscious (before they put me under again) intense fear was my main symptom."

Electroshock is also pictured in detail in *One Flew Over the Cuckoo's Nest*. Harding describes it to McMurphy (pp. 66-67) as "a device that might be said to do the work of the sleeping pill, the electric chair, and the torture rack. . . . No one ever wants another one. Ever. . . . You are strapped to a table, shaped, ironically, like a cross, with a crown of electric sparks in place of thorns. You are touched on each side of the head with wires. Zap! Five cents' worth of electricity through the brain and you are jointly administered therapy and a punishment for your hostile go-to-hell behavior, on top of being put out of everyone's way for six hours to three days, depending on the individual. Even when you do regain consciousness you are in a state of disorientation for days. You are unable to think coherently. You can't recall things." Harding later points out "the Shock Shop" to McMurphy as the place where "fortunate souls . . . are being given a free trip to the moon. No, on second thought it isn't completely free. You pay for the service with brain cells instead of money. . . . One flash and you're unconscious immediately. No gas, no needle, no sledgehammer. . . . The thing is, no one ever wants another one. You . . . change. You forget things. It's as if . . . the jolt sets off a wild carnival wheel of images, emotions, memories" (pp. 177-180).

Finally McMurphy's own shocking is described (pp. 270-271): "Climbs on the table without any help and spreads his arms out. . . . A switch snaps the clasps on his wrists, ankles, clamping him. . . . A hand takes off his wristwatch. . . . They [smear] the graphite salve on his temples. . . . Put on those things like headphones, crown of silver thorns over the graphite. . . . Just as those irons get close

enough to the silver on his temples — light arcs across, stiffens him, bridges him up off the table till nothing is down but his wrists and ankles and . . . he's frosted over completely with sparks. . . . They roll him out . . . , still jerking, face frosted white."

The narrator of *Invisible Man* relates his experience with electroshock (pp. 177-183).

My head was encircled by a piece of cold metal like the iron cap worn by the occupant of an electric chair. . . . The machine droned, and I . . . steeled myself for the shocks, but was blasted nevertheless. The pulse came swift and staccato, increasing gradually until I fairly danced between the nodes. My teeth chattered. I closed my eyes and bit my lips to smother my screams. Warm blood filled my mouth. . . . I wanted to be angry, murderously angry. But somehow the pulse of current smashing through my body prevented me. Something had been disconnected. . . . I tried to *imagine* myself angry — only to discover a deeper sense of remoteness. I was beyond anger. I was only bewildered. . . . There was no avoiding the shock and I rolled with the agitated tide, out into the blackness. . . . All my limbs seemed amputated. . . . I seemed to have lost all sense of proportion. . . . Thoughts evaded me, hiding in the vast stretch of clinical whiteness to which I seemed connected only by a scale of receding grays. . . . I seemed to exist in some other dimension, utterly alone. . . . Meanings were lost in the vast whiteness in which I myself was lost. . . . A terrible sense of loneliness came over me.

When he is asked his name, he cannot remember it: "I was overcome with swift shame. I realized that I no longer knew my own name. . . . I tried again, plunging into the blackness of my mind. It was no use; I found nothing but pain. . . . Who am I? I asked myself. But it was like trying to identify one particular cell that coursed through the torpid veins of my body. Maybe I was just this blackness and bewilderment and pain."

Esther Greenwood, in *The Bell Jar* (pp. 117-119), describes a similar encounter. "Doctor Gordon was fitting two metal plates on either side of my head. He buckled them into place with a strap that dented my forehead, and gave me a wire to bite. . . . Then something bent down and shook me like the end of the world. Whee-ee-ee-ee-ee, it shrilled, through an air crackling with blue light, and with each flash a great jolt drubbed me till I thought my bones would break and the sap fly out of me like a split plant." Afterward she felt "dumb and subdued. Every time I tried to concentrate, my mind glided off, like a skater, into a large empty

space, and pirouetted there, absently.”

Chief Broom’s experiences with the Shock Shop in *Cuckoo’s Nest* are also portrayed: “There’d be that door, opening to show me the mattress padding on the other side to stop out the sounds, the men standing in a line like zombies among shiny copper wires and tubes pulsing light, and the bright scrape of arcing electricity. I’d take my place in the line and wait my turn at the table. The table shaped like a cross, with shadows of a thousand murdered men printed on it, silhouette wrists and ankles running under leather straps sweated green with use, a silhouette neck and head running up to a silver band goes across the forehead. And a technician at the controls beside the table looking up from his dials and down the line and pointing at me with a rubber glove. . . . No matter how hard I tried, two or three times a month I found myself with that door opening in front of me to the acid smell of sparks and ozone” (p. 126).

Esther Greenwood in *The Bell Jar* (p. 168) could always tell which patients were going to be shocked “because they didn’t get their breakfast trays with the rest of us. They had their shock treatments while we breakfasted in our rooms, and then they came into the lounge, quiet and extinguished, led like children by the nurses, and ate their breakfasts there.”

Chief Broom describes the aftermath of his shock treatments (pp. 275–276): “I’d wandered around in a daze for as long as two weeks after a shock treatment, living in that foggy, jumbled blur which is a whole lot like the ragged edge of sleep, that gray zone between light and dark, or between sleeping and waking or living and dying, where you know you’re not unconscious any more but don’t know yet what day it is or who you are or what’s the use of coming back at all.”

McMurphy, whose “humor had been parched dry between two electrodes” (p. 305), makes a gallant effort to conceal the terror that seizes him whenever he is to be subjected to another shock treatment (pp. 276–277). “But every time that loudspeaker called for him to forego breakfast and prepare to walk to Building One, the muscles in his jaw went taut and his whole face drained of color, looking thin and scared.”

Esther Greenwood, too, in *The Bell Jar*, who had felt “an immense relief” flooding through her each morning when she got her breakfast tray, knowing she was “out of danger for that day” (p. 168), is terror-stricken when she deduces, from not having been served breakfast, that she is to undergo shock again. In blind panic, she tries vainly to hide by curling up in a corner of the hall alcove with the blanket over her head, numb with dread (pp. 172–173).

Sometimes electroshock does not kill, but is a failure nonetheless, its victims pathetic dropouts from the human race. Chief Bromden, narrator of *Cuckoo’s Nest*, is himself such a failure, as Harding explains to McMurphy (p. 67): “The Chief, years ago, received more than two hundred shock treatments. . . . Imagine what this could do to a mind that was already slipping. Look at him: a giant janitor. There’s your Vanishing American, a six-foot-eight sweeping machine, scared of its own shadow. That, my friend, is what we can be threatened with.”

But, although he moves through a fog of fear, reduced to hysteric deafness and muteness, Chief Broom is at least still ambulatory. More grisly is the example of Ellis, “a drooling, pants-wetting idiot at thirty-five” (p. 67), whose forced shock treatments caused his degeneration to a mere vegetable: “Ellis is a Chronic came in an Acute and got fouled up bad when they overloaded him in that filthy brain-murdering room that the black boys call the ‘Shock Shop’. Now he’s nailed against the wall in the same condition they lifted him off the table for the last time, in the same shape, arms out, palms cupped, with the same horror on his face. . . . They pull the nails when it’s time to eat or time to drive him in to bed or when they want him to move so’s I can mop the puddle where he stands. At the old place he stood so long in one spot the piss ate the floor and beams away under him” (pp. 14–15).

VI

Even shock, however, horribly though it is portrayed in psychiatric fiction, is not the ultimate degradation. That dubious distinction is reserved for psychosurgery, whose practitioners aim quite explicitly at homogenizing the

victim's personality to a bland pudding. This method of character reduction is used in *The Bell Jar*, *Cuckoo's Nest*, and *All the King's Men*.

In *The Bell Jar*, we are briefly introduced to Valerie, who, having been "always angry," was lobotomized. One day she shows Esther her scars (pp. 157-158), "two pale marks, one on either side of her forehead, as if at some time she had started to sprout horns, but cut them off". The horrified Esther looks at Valerie "in awe, appreciating for the first time her perpetual marble calm". Although she is "not angry any more", Valerie will never leave the mental hospital; she now likes it there, and her "snow-maiden face behind which so little, bad or good, could happen" (p. 196) will always be a fixture of its corridors.

An actual psychosurgical operation is described in *All the King's Men*. However, the few pages (pp. 316-319) it occupies cannot be understood without reference to the novel as a whole.¹²¹ Dr. Adam Stanton, the surgeon, has been characterized as a rigidly repressed man incapable of love (except for a thinly disguised incestuous attachment to his sister) who sees everything in terms of black and white. His "ice-water-blue, abstract eyes . . . were a reproach to all uncertain, twisted, and clouded things and were as unwavering as conscience" (p. 234). The prefrontal lobectomy he performs follows close on the heels of a passage in which Jack Burden talks about the importance of love as a means of changing the character of another person, with one's own character also changing in the process. (This is how the rare "good" fictional psychiatrists like Dr. Marks and Dr. Fried operate.) Dr. Stanton, however, sets about changing someone's character as if his patient were an inanimate block of wood he is operating on with carpenter's tools. Of course he has no "love" for the other person, and is not himself changed. Indeed, he cannot even be sure that his carpentry will bring about the desired result.

The surgery, which Jack Burden witnesses, is described in gruesome detail. Adam aims at giving his patient "a different personality", but says "You can't ever guarantee anything. . . . There have been cases . . . where the patient

didn't become cheerfully extroverted but became completely and cheerfully amoral", with "all the ordinary inhibitions" disappearing. Burden characterizes the operation as "more radical even than what happened to Saul on the road to Damascus". As Adam cuts away, he does a job "that would have made a Comanche brave look like a tyro with a scalping knife". The victim becomes completely dehumanized. "The man there on the table didn't seem real" as Jack watches Adam's "high-grade carpenter work". But when Adam begins cauterizing the brain, Jack gets a little sick, for he is reminded of a childhood memory involving "the smell of . . . burning horses". Eventually the prefrontal lobectomy is completed and "what was left inside the split-open skull . . . was sealed back up and left to think up an entirely new personality".

More repellent than the physically nauseating details of this psychosurgery, however, are its implications for arbitrary behavior control. Anyone who sets about changing the character of another person is attempting to change his moral values. Consequently the "human engineer" — the man who presumes to give someone else a rebirth, a new personality — must operate on the assumption that he understands what ethical standards are desirable. Yet Adam himself is represented only a few pages further on (p. 323) as "acting perfectly crazy", and he winds up a murderer.

In *Cuckoo's Nest*, lobotomy — "chopping away the brain" — is characterized as "frontal-lobe castration" (p. 180). When McMurphy returns from this operation (pp. 307-309) his face is "milk-white except for the heavy purple bruises around the eyes". Chief Broom is appalled at its empty expression. "There's nothin' in the face. Just like one of those store dummies." Scanlon agrees: "Whole thing's . . . too blank." As the swelling around the eyes begins to subside, Chief Broom realizes he cannot let "something like that sit there in the day room with [McMurphy's] name tacked on it for twenty or thirty years so the Big Nurse could use it as an example of what can happen if you buck the system". More hours pass: "The swelling had gone down enough in the eyes that they were open; they stared into the full light of

the moon, open and undreaming, glazed from being open so long without blinking until they were like smudged fuses in a fuse box." Chief Broom suffocates McMurphy, but when he lifts the pillow, he sees in the moonlight that "the expression hadn't changed from the blank, dead-end look".

Presumably McMurphy's operation would have been, by psychiatric standards, a "success". "The technicians [now] got more skill and experience. No more of the button holes in the forehead, no cutting at all — they go in through the eye sockets. Sometimes a guy goes over for an installation, leaves the ward mean and mad and snapping at the whole world and comes back a few weeks later with black-and-blue eyes like he'd been in a fist fight, and he's the sweetest, nicest, best-behaved thing you ever saw. He'll maybe even go home in a month or two, a hat pulled low over the face of a sleepwalker wandering round in a simple, happy dream. A success, they say, but I say he's just another robot for the Combine" (pp. 15–16).

Ruckly's operation, on the other hand, was a failure, reducing him from an Acute to a Chronic: "They made a mistake in one of their head installations. He was being a holy nuisance all over the place, kicking the black boys and biting the student nurses on the legs, so they took him away to be fixed. They strapped him to that table" and "brought him back to the ward two weeks later, bald and the front of his face an oily purple bruise and two little button-sized plugs stitched one above each eye. You can see by his eyes how they burned him out over there; his eyes are all smoked up and gray and deserted inside. . . . All day now he won't do a thing but hold an old photograph up in front of that burned-out face, turning it over and over in his cold fingers, and the picture wore gray as his eyes on both sides with all his handling till you can't tell any more what it used to be." He sits "fumbling and drooling over his picture. He never does much else. The dwarf black boy gets a rise out of him from time to time by leaning close and asking, 'Say, Ruckly, what you figure your little wife is doing in town tonight?' Ruckly's head comes up. Memory whispers someplace in that jumbled machinery. He turns red and his veins clog up at one end. This puffs him up so he

can just barely make a little whistling sound in his throat. Bubbles squeeze out the corner of his mouth, he's working his jaw so hard to say something. When he finally does get to where he can say his few words it's a low, choking noise to make your skin crawl — 'Fffffffuck da wife! Fffffffuck da wife!' and passes out on the spot from the effort" (pp. 15–16).

VII

In summary, the picture fiction paints of psychiatry is a grim one. In didactic works like *The Psychiatrist*, *Savage Sleep*, *The Iron Heel*, *Ward 7*, and *God Bless You, Mr. Rosewater*, the thesis is clearcut, persuasive, and devastating: psychiatry, as interpreted by its professional adherents, is an instrument of social control unbridled in its arbitrary grasp of power. Feeding upon its own successes, it grows constantly more rapacious, its fires stoked by society's yearning for scapegoats and man's lust for dominion over his fellows. In mimetic works, the representation of psychiatric power is repellent, even in the humorous Thurber stories. In reading serious mimetic works like "The Long Way Out", *Noon Wine*, *Ward Six*, *I Never Promised You a Rose Garden*, and *One Flew Over the Cuckoo's Nest*, we find our responses running the gamut of two contrapuntal scales, both of which stem from an initial concern. On the one hand, as we contemplate the degradation of psychiatric victims, our emotions range over concern–irritation–annoyance–resentment–indignation–anger–outrage. Coupled with this spectrum, however, is another, as the realization dawns on us that "there but for the grace of God . . .": concern–uneasiness–perturbation–anxiety–fear–terror–dread. Through these works, we are reminded of the existence of an oppressed and growing segment of our population: those unfortunates hidden away in lunatic asylums. Both "The Long Way Out" (pp. 400, 404) and *God Bless You, Mr. Rosewater* (p. 42) make explicit analogies to oubliettes.

Randle McMurphy, who at first fails to understand why his fellow-inmates are so rabby, asks (p. 65): "What is there [Big Nurse] can do to you, anyway? . . . She can't have you whipped. She can't burn you with hot irons. She

can't tie you to the rack. They got laws about that sort of thing nowadays; this ain't the Middle Ages."

McMurphy is centuries behind the times, however. What he fails to realize is that, like the Grand Inquisitor, the psychiatrist is armored not only in his profession, but with all the awesome panoply of the State. And his weapons are infinitely more refined than such clumsy contrivances as the rack and the iron maiden. If clerical benevolence to the 17th-century witch consisted of destroying her body by physical torture so that her soul might live, psychiatric benevolence to the mental patient today consists in destroying his soul by technological torture so that his body might live. And yet, since its practitioners often mechanically equate flesh and spirit, their ministrations may destroy his body, too. Our fiction writers have been dramatizing for us their conviction that demonology, wearing the deceptive disguise of scientific pseudo-humanitarianism, continues to flourish.

NOTES

1. Byron G. Wales, "Rewards of Illness: Observations on Institutionalization by a Former Neuropsychiatric Patient," *Mental Hygiene* vol. 44 (January, 1960), p. 61.
2. "Literature and the Historian," *American Quarterly*, vol. 26 (May, 1974), p. 151.
3. In *Ideology and Insanity*, Anchor Books A 704, Doubleday (Garden City, New York, 1970), p. 139.
4. Earlier studies by psychiatric professionals have been gingerly in their approach and defensive in their conclusions. See, for example, Charles Winick, "The Psychiatrist in Fiction," *Journal of Nervous and Mental Disease*, vol. 136 (January, 1963), pp. 43-57; Marjorie C. Meehan, "Psychiatrists Portrayed in Fiction," *Journal of the American Medical Association*, vol. 188 (20 April, 1964), pp. 255-258; and Paul Rom, "Psychiatry in Modern Novels," *International Journal of Social Psychiatry*, vol. 11 (Winter, 1965), pp. 70-77.
5. The texts I have used in this paper are the following: Linda Arking, "Certain Hard Places," *The New Yorker*, vol. 50 (March 25, 1974), pp. 40-76; F. Scott Fitzgerald, "The Long Way Out," in James K. Bowen and Richard VanDerBeets, Eds., *American Short Fiction*, Bobbs-Merrill (Indianapolis, 1970), pp. 400-404; Max Frisch, "Schinz," in Robert Spaethling and Eugene Weber, Eds., *A Reader in German Literature*, Oxford University Press (New York, 1969), pp. 181-212; James Thurber, "The Catbird Seat" and "The Unicorn in the Garden," in *The Thurber Carnival*, Harper & Brothers (New York, 1945), pp. 9-17, 268-269; Anton Chekhov, *Ward Six and Other Stories*, trans. Ann Dunnigan, Signet Classic CQ 613, New American Library (New York, 1965), pp. 7-59; Machado de Assis, *The Psychiatrist and Other Stories*, trans. William L. Grossman, University of California Press (Berkeley, 1966), pp. 1-45; Katherine Anne Porter, *Noon Wine*, in *Pale Horse, Pale Rider*, Signet Modern Classic CQ 488, New American Library (New York, 1967), pp. 62-112; Millen Brand, *Savage Sleep*, Crown Publishers (New York, 1968); Peter Breggin, *The Crazy from the Sane* (Secaucus, N.J.: Lyle Stuart, 1971); Ralph Ellison, *Invisible Man*, Vintage V-715, Vintage Books (New York, 1972); Joanne (Hannah Green) Greenberg, *I Never Promised You a Rose Garden*, Signet Y-4835, New American Library (New York, 1971); Ken Kesey, *One Flew Over the Cuckoo's Nest*, Viking Compass C 161, Viking Press (New York, 1972); Jack London, *The Iron Heel*, American Century Series, Hill & Wang (New York, 1957); Penelope Mortimer, *Long Distance*, in *The New Yorker*, 50 (April 15 and 22, 1974), *passim*; Sylvia Plath, *The Bell Jar*, Bantam Book T 7178, Bantam Books (New York, 1972); James Park Sloan, *The Case History of Comrade V.*, Houghton Mifflin Boston, 1972; Valeriy Tarsis, *Ward 7*, trans. Katya Brown, Dutton Paperback D 183, E. P. Dutton (New York, 1966); Kurt Vonnegut, Jr., *God Bless You, Mr. Rosewater*, Dell 2929, Dell (New York, 1970); and Robert Penn Warren, *All the King's Men*, Bantam Modern Classic QY 5249, Bantam Books (New York, 1970). In order to eliminate excessive footnotes, I have referred to these editions by page numbers enclosed in parentheses in the body of the article.
6. In *Er, Prosa von Franz Kafka*, Band 97 der Bibliothek Suhrkamp, Suhrkamp Verlag (Frankfurt-am-Main, 1968), pp. 130-131.
7. Many of the insights in this article were developed in cooperation with my English 615-B graduate students at the State University of New York at Albany: Lenore Cherkes, Susan Ciszek, Edwin W. Dietrick, Diane Gori, Edward Kazlauskas, Arlene King, Elisabeth Leydier, Susan Oaks, James M. Parker, James Rawson, Anne Roberts, and Richard Spires. I am grateful for their collaboration.
8. *Science and the Humanities*, Northwestern University Press (Evanston, Ill., 1962), p. 42.
9. Katherine Anne Porter, "'Noon Wine': The Sources," *The Collected Essays and Occasional Writings of Katherine Anne Porter*, Delacorte Press (New York, 1970), p. 480.
10. "Dr. Fried" was identified by Dr. Hilde Bruch, who had been a consultant in the case on which *Rose Garden* was based. See Bruch's *Eating Disorders*, Basic Books (New York, 1973), pp. 350-351.
11. *The Drama of Power: Studies in Shakespeare's History Plays*, Northwestern University Press (Evanston, 1973), pp. 165-166.
12. This is not the place to go into an extended analysis of *All the King's Men*. It can be pointed out, however, that the prefrontal lobectomy Adam Stanton performs dramatically exemplifies a stage in Jack Burden's thinking which the narrator has to abandon. If a human being's character can be altered by the surgeon's knife, then our so-called morality is nothing but a mechanistic function of the brain's organic structure and we need take no moral responsibility for our decisions. This, of course, is the philosophy of the Great Twitch which Jack Burden has to transcend in terms of the development of this novel. Before *All the King's Men* can end, given the premises on which its plot of thought is constructed, Jack Burden must learn to accept responsibility for the consequences of his actions.