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Madness & Control

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by

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Dedication

I would like to dedicate this project to the memory of Maka Geller. She was an individual who selflessly taught me to look past the beautiful and horrible extremes of life in order to grok the irrationalities that exist between them. Without her, I would not have this extraordinary capacity to both love, and hate life and I will forever be thankful for this, as I couldn't imagine living without it.

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Introduction
Meanings of Insanity

Insanity can take on a plethora of meanings according to different perspectives in a multitude of cultures and time periods. This is largely due to the fact that insanity, madness, unreason and mental disorders are all terms based loosely on a societal definition. There is no objective way to define what is sane or normal when these concepts are based completely on the dynamically shifting social constructs of a society. Therefore the meaning of madness may only be defined subjectively. Although subjective definitions can suffice for some emotions such as happiness and sadness, there became a need for an objective definition of insanity. This ideation first became evident with the introduction of the "General Hospital" in Paris. In 1656, by royal decree, facilities were created to house those who could not care for themselves and madness began to be seen as a form of illness in the sense that it was treatable and controllable.

The ramifications of this conception, that the mad were living in some "incorrect" manner and could be treated, manifested itself with the introduction of hospitals, physiatrists, and eventually pharmaceutical companies. These institutional forces would induce an epidemic of mental illness.

In The History of Madness Michael Foucault examines the institutionalization of madness and mental illness and explains that the General Hospital had a drastically different use:

> The directors were also to appoint a physician, who would be paid an annual fee of one thousand pounds, and who was to reside at La Pitié and carry out visits to each hospital house twice a week. One Fact is immediately clear: the Hôpital Général was not a medical establishment. It was more of a semi-judicial structure, an administrative entity that was granted powers to deliberate, judge and pass sentence independently of other pre-existing authorities and courts. (Foucault 49)

Foucault explains that the only connection of the General Hospital to a medical establishment was a lone physician who was heavily paid to supervise the Hospitals rather than treat any patients. Foucault insinuates that the purpose of these Hospitals had more to do with the confinement of individuals who were seen by the

authorities to be unfit for societal life. In this respect the General Hospital acted as a prison that could bypass the justice system of France and eventually all of Europe, by utilizing mental illness as a means to power and control. This was the point in which madness became more than an abstract, ubiquitous concept and took form as a concrete mental disorder with physical symptoms.

The General Hospital brought about the notion that madness should be treated and controlled. However, the patients found no such treatment meant to cure any illnesses that they might have; instead they experienced mass confinement in unlivable conditions, simply in the interest of removing and detaining citizens who posed any sort of hindrance to the government. What began as the removal of unsightly beggars and drunks soon escalated to a point of totalitarian control stemming from accusations of being without reason, reason defined as the commonly accepted structure of living. These individuals were deemed unworthy of living amongst the community because of an inability to conform. Foucault writes, "By annexing to the domain of unreason, alongside madness, religious and sexual prohibitions and the freedom of thought and of emotion, classicism shaped a moral experience of unreason, which still today forms the bedrock of our 'scientific' knowledge of mental illness" (Foucault 106). Foucault refers to unreason, as an unacceptable way living and the basis and foundation for all those incarcerated. A term as loose and malleable as unreason led the way to the incarceration of those who sought to change society or even speak their minds openly. Because the initial studies on mental illness stemmed from a motive of control, our understanding of insanity will always be linked to the moral characteristics of unreason and met with some form of confinement. This expands into contemporary pharmaceutical companies where the 'insane' or 'mentally ill' are still being held captive, yet the mode of control has changed from physical chains to drugs and misinformation.

Once the idea of madness was given physical and mental characteristics that could be categorized and defined, madness began a transformation from an idea or a state of mind to a physically manifesting illness. At this point in time a line was drawn between reason and unreason; there was now an objectively correct way to live. The latter was liable to undergo correctional treatment via the General

Hospital, which began as a place of confinement for lepers. Within the span of a century this grew to include paupers, beggars and the unemployed before becoming an exclusive prison for the mad. Although the Hospitals garnered thousands of patients over time, there was never a clear diagnosis for the mad that could justify the abduction and incarceration of the presumed insane. Because of this, their diagnoses were based on the personalities and ethics of the subjects in relation to reason; those who had unacceptable habits were sanctioned as mad, succumbing to unreason.

Foucault describes this through the description of a particular priest who became a patient: "His principal occupation was lending money at a high interest, beyond the most outrageous, odious usury, for the benefit of the priesthood and the Church. He will neither repent from his excesses nor acknowledge that usury is a sin. He takes pride in his greed" (133). From this passage we can see how the General Hospital classified their idea of insanity. The priest was not insane in the sense that his reason had failed him, or that he was too mad to communicate or make decisions. The diagnosis in this case was due primarily to his occupation as a man of the church as well as his insurmountable greed and lack of remorse. This was a diagnosis based entirely on the patient's character faults and immorality. "These formulae are not so much sicknesses as forms of madness perceived as *character faults* taken to an extreme degree, as though in confinement the sensibility to madness was not autonomous, but linked to a moral order where madness appeared as a disturbance" (133). Foucault asserts that madness was no longer a self-indicating ailment, but a state of ethics based on an established moral order that was ultimately linked to the ethical foundation of the government and its social norms. By this definition, the symptoms of madness become even more skewed as its implications grow to involve questioning ethical character and moral fiber. The definition becomes transient, mirroring the dynamically changing landscape of what the good citizen adheres to. This definition becomes exceedingly unclear as the government began broadening the classification of the insane to include those who are considered a burden to society and not necessarily due to questions of reason and unreason. "It was almost as though, paradoxically, rationalism could not

conceive of a form of madness where reason itself was not affected, but where the madness was apparent from the moral disorder of a life and an evil will" (133). Foucault explains that madness had adopted a definition stemming from reason itself; madness became defined as intrinsically tied with moral character and ethics. This was the moment in which madness had ceased to exist as a personality trait and instead, became a way of life that corresponded with moral unreason. One example of an incarcerated young woman named Sade, reveals how far the General Hospital could go in calling it's patients immoral: "A sixteen-year-old woman, publically proclaims that she will never love her husband, and that there is no law ordering that she should do so, that everyone is free to use their own heart and body as they please, but that it is a sort of crime to give one without the other" (134). Sade, who was left to die in a General Hospital, was legally announced insane essentially for 'having too much spirit'. It is evident that the idea of madness, which had thus far been considered a moral evil changes to represent individual choices that do not comply with the norms of society. The General Hospital, which began as a holding place for those with disease, the unemployed and the reclusive grew to hold those with differing moralistic and ethical outlooks. In the interest of controlling this social demographic, the definition of madness was made malleable and at the same time set in stone; "When the seventeenth and eighteenth centuries confined madness together with debauchery and libertinage, the point is not that they had failed to diagnose an illness, but that they understood it in radically different terms" (109).

Treating the Mad

Within the stone walls of the General Hospital the patients were subject to inhumane torture, not as 'treatment' for their illnesses, but as a correctional regiment meant for repentance and punishment. What follows is possibly one of the largest cases of exploitation of power and unusual punishment in Europe. The madman "was given the usual treatment, consisting of bleedings, purges, and in

some cases vesicants [blistering] and baths. Those known as the 'fanatical and frenetic' were locked up in closed couchettes, which had two windows through which they could be observed and receive food" (110). Foucault explains the daily treatment of the mad in incarceration, the aim being punishment and repentance for the insane. Traces of sadism are apparent in the General Hospital's daily regimen. The treatment of patients only grew more inhumane with time as the spaces began to fill up past capacity and the patients were forced to live in spaces meant for half their numbers. The mad found themselves mixed into a whole slew of unsavory prison mates:

> In all the Hospices and hospitals, there are reserved for the insane run-down, damp buildings quite unsuited to their presence, together with a few cells built specifically for the more frenzied amongst them; the quiet or incurable mad are mixed together with the poor and the indignant. In a small number of hospitals where prisoners are kept in what is known as the secure section, the mad live together with the prisoners and are subject to the same regime (Foucault 114).

Mental patients were thrown into the same social caste as criminals and degenerates. This identification of the insane created a political dogma that classified the insane as social pariahs. This misconception alienated society from any accurate image of the madman, replacing the idea of illness with deviancy.

Foucault writes, "Reason reigned in a pure manner, triumphantly, and victory over unchained reason was guaranteed in advance. Madness was denied the imaginary liberty that still allowed it to flourish at the time of the renaissance. Not so long ago it was still visible in the light of day, but in the space of less than half a century it found itself a recluse in the fortress of confinement" (Foucault 77). Despite the fact that the mad had always existed as a part of the public's daily life, in the form of rogues, beggars, and even philosophers, their existence ceased to be a common part of life. This effectively alienated the general public to the meanings and images of madness. The removal of the mentally ill from daily life resulted in a misconstrued vision of madness as a malevolent, unseen force that could result in banishment and torture: "The process punctured the fabric of society, and undid the familiar. Through this gesture, something inside man was placed outside of himself,

and pushed over the edge of the horizon. It is the gesture of confinement, in short, which created alienation" (80). As a result of the great confinement, madness had lost its familiar and common form. The beggars and rebels who stood apart from society in the public streets became nothing more than a memory. A new form of madness had begun to arise, not in the form of 'an other', people who exhibits these qualities openly, but in mankind's imagination.

By drawing the line between reason and unreason, a new standard of living was established that stated that there was a wrong way to live. By taking away those who represented the 'wrong way' of living, those who were left had no way of outwardly defining madness. They could only define madness within itself. Man was faced with the internal battle of being forced to live a certain way without any kind of instruction as to what that may entail, thus producing the anxiety and paranoia that exists when a person must act against what feels natural. It is apparent at this point that the General Hospital's aim followed the line of genocide; however, instead of the destruction of a race, their aim was to destroy a part of mankind's inner personality, which was made up in part by adverse human emotions.

Using Literary and Scientific Analysis

In order to evaluate how psychiatric institutions constructed the concept of madness, it necessary to use literary evidence alongside scientific evidence. Although literature is a form of analysis that is best used in conjunction with other literary works, it can prove effective in the critique of psychiatric treatment as well as portraying a humanistic account of mental illness that does not rely on quantifiable phenomena. It can be said that literary analysis and empirical analysis may differ on many levels, so many that they cannot be applied mutually. M.E. Grenander, argues differently in her essay, "Of Greater Import than History: Psychiatry in Fiction", that "'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'" (Grenander 29). Grenander refers to a quote by Aristotle in which he views

poetry's importance to be equal, if not superior to historical analysis. This is because of poetry's ascription of the esoteric nature of all things, whereas history is meant to be singular in nature. Grenander asserts that writers are limited by their aims to achieve the perspective of the average man in order to communicate their ideas. This limitation is also of great importance because the work is built on the nature of humanity in its search for authenticity.

Grenander argues that by involving the behavioral sciences in the term history, "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" (Grenander 29). Here Grenander implies that literary criticism can serve a purpose of indisputable importance by examining 'History', or more specifically in this essay, the behavioral sciences, from a point of view that is unbiased by ulterior motives. Following an empirical system, the Behavioral Sciences justify themselves solely for the continued proliferation of its own existence.

From this point of view, Grenander attempts to use literature in order to show the flaws and social control mechanisms of psychiatry.

> 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. As an extension of 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 (Grenander 29).

Paradoxically, fiction writers who have no professional relationship to the psychiatric establishment are put in a position in which they are better suited to objectively analyze those who are susceptible to social control. In this essay, the importance of literary evidence will be discussed in conjunction with scientific sources in order to present an accurate depiction of madness and control.

Chapter 1

Mental Oppression

Foucault describes the asylum in its early stages as draconian and comparatively primitive when compared to more modern institutions. It can be said that the only characteristics that have changed in the modern asylum are technological and humanitarian. The fact remains that the purpose and general philosophy of the asylum has gone on unchanged to control and observe its patients in order to cure madness.

In his Novel *One Flew Over the Cuckoo's Nest*, Ken Kesey examines the environment of the mental institution in order to expose the methods of observation and control implemented as treatment for madness. Looking upon the two different descriptions of treatments by Foucault and Kesey, it can be shown that mental institutions have not adapted to our growing understanding of madness and mental disorder, but have simply became more powerful in their implements of control, "The justice that reigned in Pinel's asylum owed nothing to other forms of repression, and invented its own instead" (501). New and efficient forms of control arose in the interest of more humanitarian practices.

In the beginning of the psychiatric institution, Foucault describes Phillippe Pinel's asylum, which proved to be the longest lasting and most popular means of treating the mentally unstable. "The asylum, in the hands of Pinel, becomes an instrument of moral uniformity and social denunciation. The intention was to erect one form of morality as universal, which was to be imposed from within on other forms of morality that were foreign to it, and which contained the alienation that would inevitably affect people in the end" (495 Foucault). The aim of Pinel's asylum was to establish a submissive morality in the patients as an instrument to normalize the mentally ill. This morality forced the patients to act according to what was acceptable, therefore eradicating any eccentricities that did not belong in society. The system of controlling and changing the patient's personality became the accepted cure for insanity, rather than just a treatment.

The concept of establishing a moral blueprint was not necessarily Pinel's creation, but had been in effect for centuries, "The operation as practiced at the

retreat was still simple: a religious segregation for the purposes of moral purification. What Pinel practiced was relatively complex, as he tried to operate a moral synthesis, assuring an ethical continuity between the worlds of madness and reason, but enacting a form of social segregation all the while that guaranteed bourgeois morality a *de facto* universality" (495). Pinel used the same constructs as religious doctrine as a crutch in his blueprint to assure effective control. Essentially, Pinel, through his techniques of control, had created a world in which a perfect, indisputable morality was set into effect within the confines of the asylum, allowing him to establish guilt and fear in those who would not adhere to his system.

The decorum described in *One Flew Over the Cuckoo's Nest* shows a similar network of rules for both the patients and staff members as well. This established a strong system meant to repress the patients as well as to give the staff-members complete control over their lives. "'I'm sorry to interrupt you and Mr. Bromden, but you must understand: *everyone*… must follow the rules.' He tips his head back and gives that wink that she isn't fooling him any more than I did, that he's onto her" (Kesey 24). In this passage, Kesey outlines the first tense interaction between McMurphy and nurse Ratched. Early in the novel the strong emphasis placed on the rules of the mental hospital not only applied to the patients but also to the staff members, who conditioned the patients to resemble passive sheep, meant to be herded into sanity via punishment and guilt, just as the staff were conditioned into becoming the malevolent herders. The methods put forth by Pinel may have been more effective if they were be accompanied by personal changes undertaken by the patients themselves.

Pinel achieved his system of oppression by using three methods that outlined the daily lives of the patients. These three methods replaced the previous; chains and gags, with methods that were equally controlling, though less palpable. The first Method was silence. "[Pinel] removed [The Patient's] chains without uttering a word, and expressly ordered that everyone imitate his reserve, so that not a word was said to this poor unfortunate. This rigorously observed prohibition had a more tangible effect on this man so imbued with himself then either the irons or his cell; he felt humiliated by the abandonment, and by this new form of isolation within his

full liberty" (496). In a revolutionary manner, Pinel introduced the power of silence to the regulation of asylums. By replacing chains with comparatively total freedom, the patient is no longer a victim of harsh circumstance, but a fool reaching for the attention of those ordered to ignore them. Sanctioned by the humiliation and isolation of neglect, the patient is encouraged to slowly and hesitatingly return to societal standards. "Free of any physical punishment, he had no option but to consider himself guilty. His torture had been his glory, his deliverance was his humiliation" (497). Once the patients are given this false sense of freedom, they feel even more trapped than ever by the morality being implanted within them.

A similar mechanism of silence is employed in *One Flew Over the Cuckoo's Nest* and is evident from the earliest passages of the novel:

> The acutes move around a lot. They tell jokes to each other and snicker in their fists (nobody ever dares to let loose and laugh, the whole staff'd be in with notebooks and a lot of questions and they write letters with yellow, runty, chewed pencils. They spy on each other. Sometimes one man says something about himself that he didn't aim to let slip, and one of his buddies at the table where he says it yawns and sidles over to the big book by the Nurse's Station and writes down the piece of information he heard" (Kesey 14).

Kesey describes the activity of the "Acutes", patients that are still functional within the hospital. While they do speak to one another, they still actively repress things such as laughter and sharing important facts about themselves. Although this differs from Pinel's use of silence in the asylum, the same ends are met; the patients do not openly speak of their illnesses for fear of having that information passed over to the nurses. Instead, they attempt to live in the norms of an exaggerated moralistic society in which even laughing has become too expressive an activity. This system satisfies Pinel's method of silence by initiating a false sense of freedom, in which the patient is able to move about and socialize; however, still not able to reach out for the attention of the other patients for fear of being exposed. This routine changes with the introduction of McMurphy, who becomes a strong personality in the ward. His presence allows the other patients to be at ease and act naturally. "'Harding',

Billy says, 'I guess it would b-b-be you. You're the president of the pay-pay-Patient's Council. This m-man wants to talk to you.' The Acutes are grinning now, not so uneasy anymore, and glad that something out of the ordinary is going on. They all razz Harding, ask him if he's the bull goose loony. He lays down his cards" (Kesey 18). McMurphy's role becomes immediately apparent, as he became the mediator of the ward, acting as the 'Bull goose loony': the leader of the patients. Just in his introduction, the other patients are drawn to him, and are said to be smiling less uneasily. He instigates the long awaited release of silence that helps the patients learn not only to think, but also to speak for themselves. Alone Nurse Ratched's methods prove incomplete. Her method of silence acts solely as a punishment, lacking the release that would expedite the process of therapy.

The second method of control was called "recognition as a mirror". This was a method of observation that deemed the subject as his/her own judge. Pinel utilized observation as a method of forcing the subject to observe and recognize their own irrationalities, rather than simply observing them from within a cell. By refraining from acting as a prison guard who ignores the madness, Hospital staff acted as if they knew the patient's madness as well as the patient himself:

> Freed from the chains that had ensured it was a pure object of the gaze, madness was paradoxically stripped of its essential liberty, which was that of solitary exaltation; it became responsible for what it knew of its truth, and was imprisoned in its own gaze, which was constantly turned back on itself. Oneself now linked realization, or gaining consciousness to the shame of being identical to that other compromised in him and scorned even before reaching recognition and knowledge of oneself. (Foucault 500)

Foucault describes Pinel's theory in action. The patients are no longer watched from captivity, where they may enjoy solitude and solace in unfettered rumination. Their madness is now constantly en, in order to chip away at the barrier that houses delusion by bringing it to the social foreground, depersonalizing madness as a means of destroying the internal logic behind it. The observer acts a mirror in order to reveal the contradictions in one's thinking.

Although Nurse Ratched's system comes close to completing Pinel's *recognition as a mirror*, she falls short due to her predisposition toward punishment rather than progress. Instead of acting as a mirror in an effort to help the patient see the contradictions in his flawed ways of thinking, she uses these flaws as a means of guilt and not as self-recognition. "'I lied about trying, I did take my sister!' 'So did I, So did I!' 'Me too, me too!' It was better than she dreamed. They were all shouting to outdo one another, going further and further, no way of stopping, telling things that wouldn't ever let them look one another in the eyes again. The nurse nodded at each confession and said, 'Yes, yes, yes'" (Kesey 49). Nurse Ratched shows satisfaction for the first time as her patients shout out their most shameful experiences. It is evident here that she sees guilt and shame, rather than self-recognition as a means for a cure. She acts as a mirror in that her reflection represents the ultimate morality that the patients are encouraged to follow; however, through her therapeutic methods she forces the patients to see the worst in themselves. McMurphy's method of dealing with the patients is shown to complete the missing aspect of Pinel's recognition as a mirror. By acting as an equal to madness without pity or judgment, Murphy is able to built trusting relationships with the patients. "'Ffffuck da wife', Ruckly says. McMurphy hides his mouth behind the back of his hand and calls across the ward to Ruckly in a scratchy whisper, 'Whose wife?' Martini's head snaps up, eyes wide and staring. 'Yeah' he says, 'whose wife? Oh Her? Yeah, I see her. Yeah.' 'Id give a lot of have that man's eyes,' McMurphy says of Martini and then doesn't say anything at all the rest of the meeting (Kesey 46). While McMurphy does not achieve Pinel's intentions, he acknowledges Ruckly's nervous tic and engages him as a mirror for his problems. He does so with an unbiased and open mind, unlike Nurse Ratched who approaches mental illness with a sadistic intention.

Much further in the novel McMurphy decides to help Chief Bromden, the protagonist with his mental delusions directly through Pinel's "*recognition as a mirror",* "Man, we can't let a secret like this out. I didn't say I'd tell you *how*, did I? Hoo Boy, blowin' a man back up top full size is a secret you can't share with everybody, be dangerous in the hands of an enemy. You won't even know it's happening most of the time yourself. But I give you my solemn word, you follow my

training program, and here's what'll happen" (Kesey 211). After Bromden first reveals that he is neither dumb nor deaf, McMurphy plays into his delusion that he had been shrinking in size while all those who exhibited power around him were growing constantly. McMurphy engages Bromden's delusions by agreeing to help him regain his former size. Just as Pinel intended, McMurphy works with the hallucinations in order to help Chief Bromden overcome his irrationalities in the way he sees himself and those around him. The significant difference between McMurphy and Pinel's approaches was that McMurphy's intentions were not to humiliate and control Bromden, but to help him.

The third means of curing insanity is called perpetual judgment. "This was a trial where any error in life, by a virtue proper to life in the asylum, became a social crime, observed, sentenced and punished; a trial that had no issue other than in a perpetual recommencement in an interiorized form of remorse" (Foucault 503). Pinel attempted to correct the mad by relating physical punishment with personal guilt. Within the walls of the asylum patients were constantly watched and judged. Any infraction in social decorum led to harsh physical punishment, which the directors of the asylum used to their advantage by internalizing guilt within the act.

> One maniac was in the habit of tearing at her clothes and breaking any object within her reach. She was given the cold water treatment, and then tied up in a straitjacket, and appeared at last 'humiliated and deeply concerned'; but fearing that her feelings of shame were merely transitory and her remorse too superficial, 'the director spoke to her in the strongest terms to ensure that she experienced a feeling of real terror; he did not show anger, but he informed her that henceforth she would always be treated as 'severely as possible'. The expected result was not long in coming: her repentance began as a torrent of tears, which she shed for nearly two hours. The cycle was doubly complete: the fault was punished, and its author had acknowledged her guilt. (Foucault 502)

A patient in the asylum is punished for her actions. The treatment begins with a purely physical punishment, the cold-water treatment. This consists of repetitive

blasts of cold water to the patient's face before being bound in a straightjacket. The punishment alone has no lasting effect, but combined with verbal abuse and threats it proves to be lastingly effective, as the patient internalizes the humiliation and punishment to be indistinguishable. The constant repetition of punishment and verbal verification of fault becomes more effective with the number of treatments. The patient begins to blame herself before any punishment is enacted for behavior that may be at fault. Guilt and paranoia becomes a part of one's mental landscape in such circumstances, the crippling effects of the mental conditioning smothered any hope of sanity.

Nurse Ratched's methods seem to follow this form of treatment very closely. Her actions are often inspired by her intent to reestablish her authority through the mechanism of guilt. This attribute of Ratched's is most clearly illustrated near the final moments of the novel, when she finds Billy Babbitt after sleeping with a prostitute in the ward,

> 'Good Morning, Miss Ratched,' Billy said, not even making any move to get up and button his pajamas. He took the girl's hand in his and grinned. 'This is Candy.'…The loud talk and laughter swirled around the nurse. She looked from Billy and the girl to the bunch of us behind her. The enamel-and-plastic face was caving in […] 'What worries me, Billy,' she said – I could hear the change in her voice – 'is how your poor mother is going to take this.' She got the response she was after. Billy flinched and put his hand to his cheek like he's been burned with acid. 'Nuh! Nuh!' His mouth was working. He shook his head, begging her. 'You d-don't n-n-need' (Kesey 300-301).

After Nurse Ratched had completely lost control over the patients in the hospital, she threatens to tell Billy's mother about the ordeal. In a silent panic, Ratched resorts to her most powerful method of control; she uses guilt to immediately turn the chaotic situation into another controlled bout of guilt and shame. Her methods have been so internalized that her attempt to guilt Billy into feeling shame for his actions is immediately met with desperation and obedience. In the beginning of the passage Billy is still in a daze; however, he speaks his one and only stutter-less

sentence in the entirety of the novel, only to have his self-confidence shot down by a threat, resulting in his suicide. "'He opened the doctor's desk and found some instruments and cut his throat. The poor miserable, misunderstood boy killed himself. He's there now in the doctor's chair, with his throat cut'" (Kesey 304). Kesey illustrates the symbolic meaning behind Billy's death. Being so filled with guilt, shame, and fear, Billy is sent to the doctor's office to be spoken to and calmed down, instead he kills himself in the doctor's chair using medical tools. The episode illustrates the failed system that was meant to cure his illness, but instead led him to his death.

The question can be asked, 'how can we ascribe Billy's death to the failure of medicine and therapy when they were created and designed to cure him?' This question leads us to the first creation of the asylum and the practices that occurred within them. To be regarded as mad was largely seen as a punishment in itself, the repercussions of which led to the confinement and ill treatment of a mad individual for any extended period of time.

> In the classical age, poverty, laziness, vice and madness all blended into a single culpability inside unreason; the mad were locked up in the great confinement of poverty and unemployment, but all were promoted to the vicinity of sin, close to the essence of fall. Madness became more of a social fall, confusedly perceived as its cause, model and limit. Within the space of half a century, mental illness would be treated as a form of degeneration. And from then on, the essential madness, and the real threat, was something that floated up from the lower depths of society. (Foucault 495)

Foucault explains that the target of such asylums were those who exhibited social sins, such as laziness and poverty. These individuals were associated with those who had fallen through the cracks of society's acceptable behavior and lifestyles. Asylums meant to house these individuals were designed to treat patients as degenerates through dehumanizing treatments and medical punishment, "[Pinel's Asylum] employed the therapeutic means that had become more widespread during the eighteenth century, reinventing them as forms of punishment. This conversion

of medicine into justice, and therapeutics into repression, ranks not lowest among the paradoxes in the achievements of this 'liberator; and 'philanthropist'" (Foucault 501). Once the notion of madness comes to represent a social fall, the purpose of medicine changes from being related to the health of the body to the mind as means of justice, or a means of correction for social degeneracy. Emerging from its foundation as a Leper prison, the General Hospital had transformed into a professional organization of mental oppression.

The aims of Ratched in *One Flew Over the Cuckoo's Nest* also reflect this notion that mental illness and insanity are flawed byproducts of society. As Chief Bromden sees it "The ward is a factory for the 'combine'" (Kesey 38), which is his term for the imaginary organization that he believes is trying to control society, an organization that involves Nurse Ratched. "It's for fixing the mistakes made in the neighborhood and in the schools and in the churches, the hospital is. When a completed product goes back into society, all fixed up as good as new, *better* than new sometimes; it brings joy to the Big Nurse's heart, something that came in all twisted and different is now a functioning, adjusted component, a credit to the whole outfit and a marvel to behold" (Kesey 38). To illustrate Nurse Ratched's motive, Kesey writes that she longs to fix the crippled mistakes of society through her 'factory' of a hospital. A factory that takes such degenerates and transforms them into the obedient and functioning products regularly accepted in society. The problem with her motive lies in her biased view of what the notion of society entails. For Nurse Ratched, the image of society brings forth images of a finely turned and well-oiled machine, with all components working in perfect harmony and unison – with reason. However the reality of this image is strikingly different, as each and every human being is subject to madness as often as they are subject to order. Ratched builds this false image of society from her experiences at the hospital, dealing with those individuals whom she deems as 'twisted' and 'different'. She sees anyone who does not follow her idealized vision of society to be mad or mentally ill and in need of correction. It is Ratched's alienation from society that keeps her from seeing the truly misguided and corrupt side of civilization. Because she is unaware of any malevolent side of society, Nurse Ratched's grain of humanity operates on a

truly different level of obedience that is alien to society, unbeknownst to her. Ratched molds patients into components of a perfect machine that only exists within her own imagination, setting cruel and unusual standards to those who operate under her wing.

In Essence, Nurse Ratched has abandoned her sense of morality in order to serve the system, which she sees as the ultimate moral factory for societal degenerates. In the words of social Psychologist Stanley Milgram, who created the famous Obedience to Authority experiment, "Obedience is the psychological mechanism that links individual action to political purpose" (Milgram 1). Nurse Ratched does not punish her patients due to an entirely sadistic nature; it is due to her obligation to act within the institutional setting of the mental hospital. Her sadistic actions are actually borne out of the conception that it is expected of her as an authoritative figure. "We've tried to be kind and considerate with him. Obviously, that's not the answer. Hostility, hostility, that's the thanks we get. You can go, Mr. Taber, if you don't wish to take your medication orally" (Kesey 32). Here Nurse Ratched responds to a patient who is questioning his medication. Fueled by her conception that the medication is a form of justice, she assumes the moral high ground and later forces that patient to take his medication intravenously and violently. For her, the questioning of medication is a sign of disobedience and unwillingness to become 'cured' and must be corrected through violent means if necessary. "Men do become angry; they do hatefully explode in rage against others. But not here. Something far more dangerous is revealed: the capacity for man to abandon his humanity, indeed the inevitability that he does so, as he merges his unique personality into larger institutional structures" (Milgram 188). Although Ratched's actions can be seen as violent and even fascistic, she acts in such a manner because of her dedication to her patients; however, it is her institutionalized occupation that so dissolution the means by which she does. Alienated from her own humanity, Ratched's orders are set above the painful screams and even suicides of her patients; she is mindful only of her higher goals.

In light of the relationship between Nurse Ratched and her finer goal of reestablishing her patients back into society, her actions seem to make more sense.

She works to shame and punish those who have ‘fallen’ from society in order to reestablish obedience and morality. She does this through a strict regimen of draconian order and above all, through modern medicine. This involves prescription medicine as an unavoidable regulation and even goes so far as lobotomy in order to achieve this goal. Her enemy is not insanity, nor mental illness, but the natural part of man that inspires him to be irrational or unproductive, and her means of battling this enemy is her façade as a an authoritative figure in an institutionalized setting. Her main flaw lies in her conception of the world outside of her mental ward as perfectly moral and orderly, void of mental illness as a function of human degeneracy. But what Nurse Ratched and the combine do not understand is that every individual possesses characteristics of madness as well as reason. This inability to understand the natural madness in the foundation of the human condition brings about even more powerful forms of repression and control.

Chapter 2

From Insane to Mentally Ill

Today, the tools and mediums of control have only grown to fully suppress the body and mind of the patient, in order to bring about a cure through the complete annihilation of one's "spirit". This is characterized through the use of scientific professionalism and psychiatric medication to treat the mentally ill, a term used to mask the negative implications of the word insane. Peter R. Breggin, a leading critic of psychiatric drugs and the psycho-pharmaceutical institution, writes in favor of humanistic approaches to the treatment of mental illness due to his personal involvement and observation of psychiatric hospitals.

> Another staff psychiatrist told me, "Electro shock and insulin shock kill bad brain cells.' I knew from my beginning studies – although only a college student, I was already reading psychiatric textbooks – that no one had found 'bad brain cells' as a cause of the psychiatric problems that were labeled schizophrenia, depression, or manic-depressive disorder. The hunt for a physical defect had been going on for centuries, with no success. Besides how could a process as gross as shocking or starving the brain cells into convulsion, unconsciousness, and coma weed out the 'bad cells' from the 'good' ones? The cell death had to be indiscriminate. 'Why would a doctor make up stuff like that?' I asked myself. I saw no mystery in how the treatments worked. By damaging the brain and mind, they made the patients docile and passive – suitable for control within these abusive institutions (Breggin 6).

Breggin begins his book *Toxic Psychiatry* with this passage outlining his initial motivation for his stance on psychiatric medication. He recalls an experience in which a staff psychiatrist described treatments, such as shock therapy or purposely induced insulin comas, to kill 'bad' brain cells. Appalled by that backward assumption, Breggin ponders the reason for such a misconception to justify shocking mental patients into a stupor of fear and submission.

The question is raised here, how can such a misconception still exist within an institute that is meant to help people with illness? Beginning with the

introduction of Pinel's asylum, the entire institution had begun to change from the draconian system of torture to the repressive and mentally abusive system that is described in *One Flew Over The Cuckoo's Nest.* The system did not begin to take shape into the familiar modern therapy that is recognizable today until the 1950s. This is when the first antipsychotic, or 'miracle drug', Thorazine was pushed onto the public, marking the beginnings of the 'psychopharmacological revolution'. This revolution was instigated out of the assumption that the cause of insanity had been found in the chemical imbalance theory of mental illness: the notion that mental illnesses were borne out of chemical imbalances in the neural pathways of the brain. This theory was created in light of the recent discovery of the chemical synapses between neurons in the brain that regulate our neural activity and in effect, ourselves. This theory was based on nothing more than inferences and backed up by absolutely no scientific evidence whatsoever: "In science the number of conjectures and hypotheses is inversely proportional to the truth. The truth, in scientific terms, is established as *one* hypothesis gains acceptance over others" (Breggin 108). As one hypothesis gains precedence over others in terms of mental illness, evidence and scientific 'facts' are molded and twisted in order to support the ongoing acceptance of the hypothesis. Breggin explains that the theory of 'chemical imbalances' was based on the desire to make mental illness an empirically treatable and controllable phenomenon. By insisting that the cause of all mental illness was biological and treatable through psychiatric medication, psychiatry could ascend to the level of medical professionalism. Psychiatrists were compared to medical doctors who treat diseases with 'magic pills', whose effectiveness, they believe, gives them the authority to propose similar treatment.

This notion that the direct causes of mental illness had been found proves to be an old recycled excuse made to give the treatment of the mentally ill an aura of professionalism and authority. Almost every dramatic change in the treatment of the mentally ill can be paired with some 'proven' root of the illness. Foucault explains that during the time of physically controlling asylums the direct cause for mental illness was thought to be 'animal spirits': "Disturbances of the animal spirits or of the brain might be isolated in the early stages, but this situation never persists

for long. Disturbances invariably combine, and either the quality of the spirits declines as a consequence of the cerebral matter, or of the cerebral matter itself is modified on the account of the imperfection of the spirits" (Foucault 254). This theory was created as an excuse for the physical retraining of mental patients in order to 'exhaust' the spirits out of their consciousness. Furthermore this theory had been exhausted by the General Hospital, new claims arose regarding the causes of mental illness that had to do with the 'evil blood' of the mentally ill: "A madman with a long history of bizarre behavior was bled and then transfused with calf blood in the hope that 'its mildness and freshness might possibly allay the heat and ebullition of his blood.' He was improved with the first transfusion and, after going into shock with the second, became 'perfectly recovered' from his madness" (Breggin 108). Breggin illustrates the treatment of blood transfusion, a very common treatment for mental illness at the time. This account of a potential cure from the 'freshness' and 'mild' blood of a calf may shock and horrify contemporary doctors, who understand more about blood type and transfusion. According to the contemporary sources at the time, such a treatment may have seemed much like the 'miracle drugs' administered today. Time and further scientific evidence may prove to illicit similar reactions in future neurological scientists concerning the treatment of mental illness in the present day.

The beginning studies of Thorazine proved to be effective in the treatment of schizophrenics in the short term, but later were shown to be hazardous in the long term. "In a six week trial, 270 patients were given Thorazine or another neuroleptic while the remaining 74 were put on a placebo. The neuroleptics did help reduce some target symptoms – unrealistic thinking, anxiety, suspiciousness, auditory hallucinations, etc. – better than a placebo, and thus according to the ratings scales cumulative score, they were effective." (Whittaker 96). Thorazine was considered to be a robust treatment for schizophrenia when compared with a placebo group. This was the beginning of the psychiatric revolution, in which, the mental 'disease' could be quantified and treated through the marvels of science, much like a doctor could treat diabetes with shots of insulin. It wasn't until Thomas Szasz wrote his book, *The Myth of Mental Illness*, that the downsides of the 'miracle' drugs drew any notice.

"[Thomas Szasz] argued that psychiatric disorders weren't medical in kind, but rather labels applied to people who struggled with 'problems' living or simply behaved in socially deviant ways. Psychiatrists, he said, had more in common with ministers and police than they did with physicians" (Whitaker 264). Whitaker describes the controversial stance that Thomas Szasz took in 1961, 9 years after the release of Thorazine. Using the lack of strong evidence in the chemical imbalance theory of mental illness, Szasz argues that mental illnesses were simply being used as a form of social control over the eccentrics of society, putting forth the claim that psychiatrists had nothing to do with science and more to do with ministers and police, identifying the forces who impose moral and social obligations on the public, in the interest of some higher power. This was the beginning of the anti-psychiatrist movement that threatened the existence of psychiatry as a respected science until the 1980s, when the movement regained its composure upon the creation of the *Diagnostic and Statistical Manual* (DSM).

The main difference between those seemingly 'primitive' treatments of mental illness in the past and the more 'sophisticated' treatments of today lies in the conception of the DSM – III. Before the third installment of the DSM there were two radically different schools of thought concerning the treatment of mental illness. On one side stood the Freudian school of thought that asserted mental illnesses, or 'neuroses', to be purely psychological phenomena that stemmed from traumatic repressed memories in the unconscious mind. These neuroses can be discovered and treated through psychoanalysis, or 'the talking cure'. The other was based in biological psychiatry: "[Biological Psychiatry] was a model of care straight out of internal medicine. The doctors in that setting took a patient's temperature, or tested blood glucose levels, or did some other diagnostic test, and once the illness was identified, prescribed the appropriate drug" (Whitaker 269). Biological psychiatry was based directly on internal medicine, implying that the illnesses treated were biological in origin. The Freudian theories were completely rejected and eventually their popularity in the US almost disappeared. With the introduction of the DSM-III, which, unlike the DSM-II, had no mention of neurosis or the unconscious. Psychiatry had officially rejected any other theories of mental illnesses.

> Thanks to the DSM-III the ascendance of scientific psychiatry became official … the old [psychoanalytical] psychiatry derives from theory; the new psychiatry derives from fact. But as the critics noted, it was difficult to understand why this manual should be regarded as a great *scientific* achievement. No scientific discoveries had led to this reconfiguring of psychiatric diagnosis. The biology of mental disorders remained unknown, and the authors of the DSM- III even confessed this was so. Most of the diagnosis, they said, 'have not yet been fully validated by data about such important correlates as clinical course, outcome, family history and treatment response. (Whitaker 270)

The downfall of modern Freudian analysis was ultimately silenced by the great scientific merit that the DSM-III brought to the psychiatric institution. By completely expunging the Freudian theories, biological psychiatry had trounced its only rival and assumed its professional throne. But as Whitaker points out, this was unsupported either by scientific proof nor the effectiveness known of suggested treatment. The DSM-III was merely a mechanism for establishing bio-psychiatry as the leader of its field by acting as a 'bible' of mental illness, regardless of the validity of its contents. It became a source of power for the psychiatric community that allowed them to diagnose anybody with an illness if they showed more than half of the symptoms of a disorder. This alienated the public from any theory basis of mental illness and marked the beginning of an undisputed bio-psychiatric treatment of mental illness in the US.

Evidently, there have been many 'cures' discovered and set into motion that have been based on the contemporary standards of scientific approach. The only similarity between these treatments has been the psychological control of patients that force them to change, thus exaggerating illness. It can be shown that the modern day medicines for 'curing' such illnesses necessitate this requirement of control today, more than ever before.

Chapter 3

Origins of Schizophrenia

In order to understand how control plays into the curing of madness, it is necessary to examine the alleged mental illnesses that constitute modern day madness. The most characteristic illness that makes up the public's view of mental illness is schizophrenia. The symptoms taken from the DSM are: delusions, hallucinations, disorganized Speech (e.g. frequent derailment or incoherence), grossly disorganized or catatonic behavior, and negative symptoms (i.e. affective flattening, alogia, or avolition). Nearly all the symptoms of schizophrenia can be found in Kesey's Chief Bromden, a sign that he may have been diagnosed and treated as a schizophrenic.

The recurring fog that is mentioned could be sighted as a hallucination while his issue with his own perceived size could easily be seen as delusional. Assuming that schizophrenia could have been one of the diagnosed illnesses of Bromden, we can see that his treatment can reflect those who were diagnosed as schizophrenic. This is apparent from his 'indefinite' institutionalization, as well as the drug treatment that he is given. "I can smell the grease and hear them chew up the toast. Other mornings they bring me cold mush and force me to eat it without it even being salted. This morning I don't plain remember. They got enough of those things they call pills down me so I don't know a thing till I hear the ward door open" (Kesey 8). Bromden is introduced in the novel describing his days at the hospital, in particular, his drug treatment that keeps him from remembering or even noticing the things that happen around him. He was kept in this state due to the common beliefs concerning schizophrenia: that it was a chronic, incurable disease. However the reason for this view is rather unscientific: "Eugenic attitudes toward the mentally ill were [initially] quite popular in the United States […] Eugenicists argued that the mentally ill needed to be sequestered in hospitals to keep them from having children and spreading their 'bad genes.' As a result, many people diagnosed with schizophrenia in the first half of the century were hospitalized and never discharged" (Whitaker 91). The treatment for schizophrenia was not the result of

scientific research, but of the political interest to subdue and control schizophrenics in order to keep them out of society. Although the views on eugenics in more contemporary times have shifted dramatically, this method of dealing with a mental illness through systematic genocide remains popular. Like Bromden's predicament of being constantly subdued and kept in a medical haze, thousands of patients found themselves permanently incarcerated in state mental hospitals.

> When Hitler came to power, psychiatrists and anthropologists were enthusiastic, since they saw in him someone who would realize and give due prominence to their ideas […] The laws which were passed or planned and which required the sterilization of 'schizophrenics', 'psychopaths, 'and 'social misfits', which forbade 'Jews' and 'schizophrenics' to choose their lovers freely, which required the killing of 'schizophrenics', all had their origins in the proposals and demands made by these learned specialists. Even in America the 'learned professionals' sought to bring about a psychiatric holocaust. An official editorial in the *American Journal of Psychiatry* in July 1942, entitled 'Euthanasia," calls for the killing of people incurably genetically defective with mental retardation […] It quotes Kennedy's assertion that 'with no good brains there can be no good mind' and… calls for the extermination of the 'completely hopelessly defective – nature's mistake'. It directed its lethal intentions broadly toward those with 'mental disability,' the feebleminded,' the low-grade defective,' and the 'helpless, inarticulate idiot,' It used euphemistic language such as 'a lethal finis to the painful chapter,' merciful passage from life,' and ' a method of disposal which… would bring relief to all those concerned.' It concluded by positioning psychiatrists as the ones to help parents overcome their 'unhappy obsession of obligation or guilt' about killing their children. (Breggin 104)

Before there was any speculation concerning the possible cause of schizophrenia, it was seen as simply a hurdle in human evolution. Supported by psychiatrists and anthropologists, schizophrenics, as well as other, 'completely hopelessly defective'

individuals who were kept from reproducing in the interest of human evolution. It can be seen from this passage that the initial thoughts concerning the mentally ill did not stray far from the view of lepers in the beginning of the century, that were all to die in secluded 'hospitals', which were re-inhabited by the mentally ill. Although such a literal genocide did not occur, the treatment of the mentally ill after bio-psychiatry came to power in the 1950s accomplished a very similar effect.

Lobotomy

The first "successful" treatment for schizophrenia was lobotomy, or the surgical severing of the neural connections between the frontal lobe and the rest of the brain.

> Today we think of lobotomy as a mutilating surgery, at that time it was regarded as a useful operation. Only two years earlier, the Nobel Prize in medicine had been awarded to the Portuguese neurologist, Egas Moniz, who had invented it. The press, in its most breathless moments, had even touted lobotomy as an operation that plucked madness neatly from the mind. But what the surgery most reliably did, and this was well understood by those who performed the operation, was change people in a profound way. It made them lethargic, disinterested, and childlike. The promoters of lobotomy saw that as an improvement over what the patients had been before – anxious, agitated, and filled with psychotic thoughts. (Whitaker 49)

Whitaker explains that before lobotomy had been seen as a mutilating and debilitating surgery, it had been praised as an amazing step forward in medicine. The actual effects only made patients lethargic and childlike. A process that had been seen to 'neatly pluck madness from the mind' in reality only made patients surrender their ability to care for themselves, and as a result, became completely reliant on psychiatric treatment. Lobotomized patients lost their capacity to act as

human beings, hindered by brain damage; they would never be free to make their own choices again.

> The ward door opened, and the black boys wheeled in this gurney with a chart at the bottom that said in heavy black letters, MCMURPHY, RANDLE P. POST OPERATIVE. And below this written in ink, LOBOTOMY. They pushed it into the day room and left it standing against the wall, along next to the Vegetables. We stood at the foot of the gurney, reading the chart, then looked up to the other end at the head dented into the pillow, a swirl of red hair over a face milk white except for the heavy purple bruises around the eyes. After a minute of silence Scanlon turned and spat on the floor. 'Aaah, what's the old bitch trying to put over on us anyhow, for crap sakes. That ain't him. (Kesey 307)

After McMurphy undergoes his lobotomy, he is no longer classified as an acute, but as a vegetable. Scanlon and the other acutes accuse Nurse Ratched of bringing in a fake McMurphy, mentioning that the real McMurphy would never sit still or have such a blank, lifeless expression. The reality is that the lobotomy had robbed McMurphy of his entire personality. Although the body that carried his face, tattoos, and scars remained, the acutes would never see McMurphy again, and his fate, if not for Bromden, would have been to sit in that mental hospital for years, being force fed-drugs and staring into space.

> Chief Broom [Bromden] 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'. (Grenander 42)

McMurphy's lobotomy was a product of Nurse Ratched's desire to create a discouraging example for other patients who would be reluctant to comply. In order to achieve this goal Ratched mutilates McMurphy's brain, basically killing any recognizable part of him. His end characterizes this, where Bromden notices that even after death, McMurphy had the same blank expression on his face, as if nothing had changed. Nurse Ratched, in the end, managed to control and subdue McMurphy, but only by going so far as killing him and keeping his body as a trophy. The question may be raised, why would any doctor use this procedure when its only use is to turn the patient into a vegetable or child, unable to care for himself or herself? In *One Flew Over the Cuckoo's Nest*, the answer is clear; lobotomy is used as a means of controlling the patient's will. As a fictional antagonist, Ratched's actions seem to make sense, yet disturbingly there are thousands of psychiatrists and nurses who follow the same procedures daily.

> The lobotomist P. Macdonald Tow wrote a book-length treatise on the effects of lobotomy entitled *Personality changes Following Frontal Leukotomy (1955)*. In it he observes, "possibly the truest and most accurate way of describing the net effect on the total personality is to say that he is more simple; and being more simple he has rather less insight into his own performance" (p. 235). The mental impairment, he found, 'is greater in the higher and more peculiarly human functions.' Tow gives insight into why so many lobotomies were performed on inmates of state mental hospitals. Lobotomized patients become more dependent and more suitable for control in a structured institution. Deprived of their autonomy, initiative, or willpower, '[their] performance is considerably better in a structured situation. (Breggin 53)

Tow explains that lobotomy, in a non-fictional paradigm, makes a person 'more simple' and takes away the peculiarly 'human' aspects of an individual. The advantage of lobotomy is only applicable in the mental hospital, where the lobotomized patients are kept in wheel chairs and pushed along to different rooms. They sit staring into space, following a schedule, as cogs in a pointless, self-

perpetuating machine until they are sent to bed and put through the same procedure again. Thanks to the brain mutilation, they do so without a fuss.

Neuroleptics

The use of lobotomy has dwindled exponentially, but it has not completely disappeared. Today, neuroleptic drugs have taken its place. These drugs are called neuroleptics simply because they work on the nervous system, they include; "Haldol (haloperidol), Thorazine (chlorpromazine), Stelazine (trifluoperazine), Vesprin (trifluopromazine), Mellaril (thioridazine), Prolixin or Permitil (fluphenazine), Navane (thiothixene), Trilafon (perphenazine), repoise (butaperazine), and Clozaril (clozapine)" (Breggin 50). Even though these drugs have been widely used since their invention in the 1950s, most of their long-term effects remain a mystery. "While the neuroleptics are toxic to most brain functions, disrupting nearly all of them, they have an especially well-documented impact on the dopamine neurotransmitter system" (Breggin 56). This is due to the common misconception that mental illnesses such as schizophrenia are genetically based diseases that occur due to chemical imbalances in the brain, specifically the dopamine pathways. Although this is widely believed in today's society, there is no empirical proof of this claim. "As any psychiatric textbook will confirm, dopamine neurotransmitters provide the major nerve pathways from the deeper brain to the frontal lobes and limbic system; chemical lobotomy largely interdicts the nerve connections to the same regions. Either way, coming or going, it's a lobotomy effect. Thus the mechanism of action of the neuroleptics is no mystery: *clinically* the drugs produce a lobotomy and *neurologically* the drugs produce lobotomy" (Breggin 56). The effects of neuroleptics induce a chemical lobotomy because they cause an inhibition of dopamine release in the neural synapses of the frontal lobe. This causes a similar effect as severing the ties between the frontal lobe and the other parts of the brain, as in lobotomy procedure; neuroleptics suppress the fibers mostly to the frontal lobes.

From the perspective of a psychiatrist who sees lobotomy as a useful tool in the treatment of mental illness, neuroleptics may be seen as a great step forward in psychiatry simply because the pills do not require open brain surgery. The long terms effects of neuroleptics, however, are confirmed to cause unwanted, hindering effects, namely iatrogenic (treatment-caused) illnesses.

> Roberta is a grossly disfigured and severely disabled human being who can no longer control her body. She suffers from extreme writhing movements and spasms involving her face, head, neck, shoulders, limbs, extremities, torso, and back – nearly the entire body. She has difficulty standing, sitting, or lying down, and the difficulties worsen as she attempts to carry out voluntary actions…. Even her respiratory movements are seriously afflicted so that her speech comes out in grunts and gasps amid spasms of her respiratory muscles (Breggin 68).

Breggin describes a patient living in a mental institution to have many difficulties with movement and speech because of her bodily dysfunctions. Her description may fit the symptoms of an individual whom we see as insane or mentally unstable, due to her inability to do many things on her own, or even speak clearly; however, her physical disabilities are due to neuroleptics drugs.

> Roberta had an unusually severe case of Tardive Dyskinesia (TD), a disease frequently caused by the neuroleptics [40% of long term neuroleptics patients develop TD]. On rare occasions it can occur after a few weeks or months, but it usually it strikes the individual after six months to two years of treatment. Any of the neuroleptics drugs can cause Tardive Dyskinesia. The total dosage probably affects the likelihood of this happening, but the dose relationship is not easily demonstrated, and any amount must be considered dangerous. (Breggin 69)

While the public often sees Roberta's symptoms as merely symptoms of an inner insanity, her physical disability is due to her prescribed treatment. She was prescribed Haldol when she was 18 and in college for mild depression from an identity crisis:

> Over the next four years, six different physicians watched her deteriorate neurologically without warning her or her family about Tardive Dyskinesia and without making a diagnosis, even when she was overtly twitching in her arms and legs. Instead they switched her from one neuroleptic to another. Eventually a rehabilitation psychologist became concerned enough to send her to a general physician, who made the diagnosis. By then she was permanently physically disabled, with a loss of 30 percent of her IQ" (Breggin 70).

A psychiatrist had prescribed a neuroleptic, even though having an identity crisis is a relatively common occurrence in college. Her reaction led her down a permanent path of psychiatric drugs and iatrogenic illness. When the treatment had only made Roberta's situation worse, a slew of psychiatrists prescribed different neuroleptics, even though all neuroleptics have similar mental effects, as well as the same side effects. This treatment left Roberta in a state of physical disarray and mental deterioration, closely resembling the popular traits of an individual we would consider mad. The drugs do not help any sort of illness, they keep the patients obediently in line; "psychiatry suffered the embarrassment of news reports that the Soviet Union was using narcoleptics to torture dissidents […] Dissident writings told of psychiatric drugs that turned people into 'vegetables,' the *New York Times* concluded that this practice would be seen as 'spiritual murder.' Antipsychotics, said one ex-patient, 'are used not to heal or help, but to torture and control'" (Whitaker 267). Mental Hospital patients were revealed to have been tortured rather than helped. The neuroleptics merely quieted the patients from being able to speak out or fight against the torture.

Aside from the obvious physical downside of psychiatric medication, there is another that absolutely hinders any possibility of recovery, namely iatrogenic helplessness.

> Even without the production of brain dysfunction [lobotomy], the giving of drugs or other physical interventions tends to reinforce the doctor's role as an authority and the patient's role as a helpless sick

> person. The patient learns that he or she has a 'disease,' that the doctor has a 'treatment' and that the patient must listen to the doctor in order to get well again. The patient's learned helplessness and submissiveness is then vastly amplified by the brain damage … Suggestion and authoritarianism are common enough in the practice of medicine but only in psychiatry does the physician actually damage the individual's brain in order to facilitate control over him or her. I have designated this unique combination of authoritarian suggestion and brain damage by the term iatrogenic helplessness. Iatrogenic helplessness is the key to understanding how the major psychiatric treatments work (Breggin 59).

Iatrogenic helplessness occurs when an individual is told that they have an incurable disease and the only person capable of treating them is a psychiatrist. This creates a need for the patient to adhere to the treatment proposed by the doctor, creating the feeling that one is helpless without the drugs that they are prescribed. Discouraged to find another means of therapy, they stay under the powerful control of the psychiatrist. If one was to stop taking neuroleptics and attempt to control their mental illness drug-free, the withdrawal effects emerge, further discouraging the break from pills. "While neuroleptic drugs are dangerous to take, they also are dangerous to stop taking too quickly. Disturbing muscular control problems can develop during the worsening period. Withdrawal can cause temporary or permanent worsening of psychotic symptoms, with anxiety and even anguish, as a result of central nervous system rebound from the drugs. This can take weeks or longer to clear or may not clear at all" (Breggin 88). After the prolonged use of neuroleptics, withdrawal results in the worsening of psychotic symptoms and anxiety. This can last until the withdrawal process ends, or may be permanent. On top of this, the withdrawal may also result in the symptoms of Tardive Dyskinesia becoming more apparent, as the effects of the neuroleptics can mask these symptoms. By hindering their ability to think or speak for themselves, Neuroleptics control patients who take them during treatment and after, they exacerbate existing psychosis and cause anxiety. It can be assumed that many individuals who try to

stop taking neuroleptics may be coaxed into abandoning that idea because of the drastic effects of withdrawal.

Because these drugs have been used for almost 6 decades, one may assume that the positive outcomes must outweigh the negative. The reality of this is that there has been a staggering increase of schizophrenia as well as a growing rate of re-hospitalization, or relapse after treatment. "The majority of people admitted for a first episode of schizophrenia during the late 1940s and early 1950s recovered to a point that within the first twelve months, they could return to the community. By the end of three years, that was true for 75% percent of the patients. Only a small percentage – 20% or so – needed to be continuously hospitalized" (Whitaker 92). Before the release of Thorazine in the late 1950s, the rates for schizophrenia called for optimism, as many of the patients could return to civilization and work to support themselves. The relapse rate was generally low on a long-term scale. "In contrast, only 31% of the patients treated at the hospital in 1967 with neuroleptics remained relapse free for five years, and as a group they were much more 'socially dependant' – on welfare and needing other forms of support. 'Rather unexpectedly, these data suggest that psychotropic drugs may not be indispensible,' Brockman and Solomon wrote. 'Their extended use in aftercare may prolong the social dependency of many discharged patients" (Whitaker 100). Starting in the late 1940s, the relapse rate for schizophrenic patients was 20 percent; meaning 80 percent of patients were released into society, and also able to work for a living. In the 1960s, 69 percent of patients would remain relapse-free, but would also find more trouble securing a job. Judging from the debilitating ailments caused by neuroleptics and withdrawing from them, it can be seen that the drugs have a strong impact on self-sufficiency. These rates of recovery only drop further in 2007, in M. Harrow's report on schizophrenic treatment, regardless of the newer generations of neuroleptics that claim to be more effective, with little to no side effects.

> At the end of two years, the group not on antipsychotics were doing slightly better on a 'global assessment scale' then the group on drugs. Then, over the next thirty months, the collective fates of the two groups began to dramatically diverge. The off-med group began to

> improve significantly, and by the end of 4.5 years, 39 percent were 'in recovery' and more than 60 percent were working… in the fifteen-year follow up, 40 percent of those off drugs were in recovery, more than half were working, and only 28 percent suffered from psychotic symptoms. In contrast, only 5 percent of those taking anti-psychotics were in recovery, and 64 percent were actively psychotic. (Whitaker 116)

Obviously the report concluded that the patients who did not take anti-psychotics fared much better on a long-term scale than the group that was on neuroleptics. Despite these efficacy tests on the treatment of schizophrenia, neuroleptics are still widely prescribed and accepted as the most reliable form of treatment, even though it had proven to hold more risks than the illness itself. The reason that the treatment is still in use today is because of the astronomical profits in lifelong drug prescription, which can add up to hundreds of thousands of dollars in the lifespan of a patient; a prescription that is clinically proven to not work as well as a placebo on a long-term scale. The result of this psychiatric procedure is a sharp increase in schizophrenia, as well as a lowering rate of schizophrenic recovery. "Today, there are an estimated 2.4 million people receiving SSI [supplemental security income] or SSDI [Social security death index] because they are ill with schizophrenia (or some other psychiatric disorder), a disability rate of 1 in every 125 Americans. Since the arrival of Thorazine, the disability rate due to psychotic illness has increased fourfold in society" (Whitaker 120). Psychiatric medication, instead of curing mental illnesses, has actually increased the rate, as well as created a need for 2.4 million people to be reliant on drugs for presumably their entire lives. This paradox in medicine has created a general consensus that more and more people suffer from mental illnesses. This creates the need for psychiatric institutions and control, when in reality the only mental illness that needed to be solved was the thirst for power and money in the psychiatric field. "I got away once holding one of those same red capsules under my tongue, played like I'd swallowed it, and crushed it open later in the broom closet. For a tick of time, before it all turned into white dust, I saw a miniature electric element like the ones I helped the radar corps work with in the

army, microscopic wires and grids and transistors" (Kesey 33). Chief Bromden describes an experience where he pretends to swallow his pill and later crushes it to find an electronic circuit inside of it. Looking at the facts for neuroleptics drugs, it can be said that perhaps this wasn't a schizophrenic hallucination. Perhaps Bromden saw how the pills made him compliant to the factory that was the mental hospital, making him become more subdued and more reliant on the system.

Looking at the staggering facts behind neuroleptics, one might think that the treatment should be changed in mental hospitals, so that more people may come back to society, able to work and think for themselves. However, the concern should be held for the other individuals in society who are prescribed these drugs frequently.

> Neuroleptics are the most frequently prescribed drugs in mental hospitals, and they are widely used as well in board-and care homes, nursing homes, institutions for people with mental retardation, children's facilities, and prisons. They are given to millions of patients in public clinics and to hundreds of thousands in private psychiatric offices. Too often are they prescribed for anxiety, sleep problems, and other difficulties in a manner that runs contrary to the usual recommendations. And too often are they administered to children with behavior problems, even children who are living at home and going to school. (Breggin 51)

The use of Neuroleptics are not limited to mental hospitals, and in fact are being more widely prescribed in nursing homes, children's clinics, and prisons. In fact, they are prescribed to almost every social demographic, causing an unnatural addiction that results in terrible physical illnesses as well as mental deterioration. With more and more under the control of psychiatric drugs, more people believe in the genetic cause of mental illness and give themselves to the treatment that will only exacerbate their problems. What is most at risk in this counter-intuitive approach is the capacity to help ourselves through our own problems. 'Learned professionals' tell us that mental illness does not have anything to do with our traumatic experiences, our personalities, or choices, instead they assert that are told

that our problems are 'unnatural', like a cancer, and must be purged through lifelong therapy. "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" (Grenander 43). Judging from the statistics, more people are turning to psychiatry in order to receive treatment for their mental illnesses, giving the psychiatric institution more power. The question may be asked, what is there to gain from this overwhelming power? Besides the obvious gain of money and scientific validity in the profession of psychiatry, the institution is creating, possibly unintentionally, the genocide of the 'feebleminded' and 'completely, hopelessly defective' individuals who put their well-being into the hands of the psychiatric institution. Psychiatrists should realize that through their methods, mental illness is being created and growing at an exponential rate, creating those who are hopelessly defective. The result of this is a cycle in which the mentally ill are only pulled deeper into madness as long as their treatment continues.

> I've finally realized what is happening. It is our last fling. We are doomed henceforth. Must screw our courage to the sticking point and face up to our impending fate. We shall all of us be shot at dawn. One hundred cc's apiece. Miss Ratched shall line us all against the wall, where we'll face the terrible maw of muzzle loading shotguns, which she has loaded with Miltowns! Thorazines! Libriums! Stelazines! And with a wave of her sword, *blooie*! Tranquilize all of us completely out of existence. (Kesey 291)

Kesey illustrates the hopeless situation of the patients through the acutes, who recognize the deeper motivations of their treatment. They acknowledge the ill intentions behind the 'medical' façade that the hospital uses to control them and for better or worse suffer the awareness that they are being destroyed.

Chapter 4

Crafting Bipolar Disorder

Bi-polar disorder (also known as Manic-depressive disorder) is another ailment that constitutes the general conception of the 'madman'. It is a mental illness that causes an individual to cycle through periods of depression and elation. The manic symptoms are characterized by the DSM as having such symptoms as a long period of feeling 'high', or an overly happy or outgoing mood, extreme irritable mood, agitation, feeling 'jumpy' or 'wired', talking very fast, jumping from one idea to another, having racing thoughts. The depressive symptoms of bi-polar disorder are a long period of feeling worried or empty, loss of interest in activities once enjoyed, including sex, feeling tired or 'slowed down', having problems concentrating and sleeping, and thinking of death or suicide, or attempting suicide.

Bi-polar disorder, in the past was held as a relatively rare disease; however, after the arrival of Lithium, the main treatment for bi-polar disorder, the illness exploded in popularity in America. "In an era prior to pharmacotherapy, poor outcome in mania was considered to be a relatively rare occurrence,' Zarate and Tohen wrote. 'However, modern outcome studies have found that a majority of bi-polar patients evidence high rates of functional impairment" (Whitaker 188). It is shown that before the lithium days of Bi-polar disorder, recovery rates were extremely high, and functional impairment and relapse were rare occurrences, "In the pre-lithium era, 85 percent of mania patients would return to work or to their 'pre-morbid' social role. As Winokur wrote in 1969 most patients had 'no difficulty resuming their usual occupations.' But then Bi-polar patients began cycling through emergency rooms more frequently, employment rates began to decline, and soon investigators were reporting fewer than half of all bi-polar patients were employed or otherwise 'functionally recovered'" (Whitaker 189). The rates of bi-polar recovery began to plummet from the 85 percent of recovery rate to less than 50 percent. This statistic only fell with time, dropping to 24 percent recovery rates in 1995" (Whitaker 189). Aside from the staggering drop in recovery rates, the total admission of bi-polar patients has also dramatically increased, "Today, according to the NIMH [National Institute of Mental Health], bi-polar illness affects one in every forty adults in the United States" (Whitaker 179). Clearly, something was amiss in the treatment of

bipolar disorder, specifically, in the initial treatment for depression, which led to the diagnosis of bipolar disorder.

To begin, it is necessary to look into the proposed and accepted cause of depression,

> For years the dominant biological theory of depression, like the dopamine neurotransmitter theory of schizophrenia, was derived from speculations on how and why medications sometimes seem to alleviate depression. One of the earlier groups of antidepressants, the monoamine oxidase inhibitors (MAOIs) such as parnate, marplan, and nardil – tends to increase the levels of available norepiniphrine [A neurotransmitter] in the central nervous system. So it was hypothesized that depression might result from the opposite – too little norepinephrine, Later studies showed that some so-called antidepressants also cause increase in the availability of another neurotransmitter, serotonin. So the theory was enlarged: some forms of depression may be due to too little serotonin as well as too much. (Breggin 141)

The most widely accepted theory of depression also has to do with a chemical imbalance theory. Although this theory differs in the type of neurotransmitter, norepinephrine and serotonin, the general theory is relatively the same. In this case, low norepinephrine and serotonin levels in the brain cause depression; however, there is absolutely no scientific proof of this claim,

> Scientific reviews of the biochemistry of depression have failed to identify a consistent biochemical basis. The most recent psychiatric textbooks review the biochemistry of depression, sometimes in detail, as if a great deal must be known about the subjects; but they end up admitting that the theories are conflicting and remain speculative... somewhat buried amid all the scientific reflections in the text is the blanket admission, 'as it is true for most other major disorders in psychiatry, the etiology of affective illness is still unknown.' (Breggin 143)

The ambiguity of the biological cause of depression is clear; there is no confirmed biological cause of depression. Many psychiatrists, as well as the media have

supported this theory; though, their support is merely a ruse because nobody knows what causes depression biologically. Like the theories behind schizophrenia, the chemical imbalance theory of depression was created after a medication was invented that coincidentally 'cured' depression. These theories were formed in response to a 'predetermined' cure, rather than forming a cure around a valid theory. This recurrent counter-intuitive approach was born out of a desire to gain professional authority over the subject of mental illness, resulting in millions of individuals being diagnosed with depression. This is because they were not exhibiting the effects of the drugs that are prescribed. This paradoxical relationship between medication and being diagnosed as ill without medication ultimately resulted in a dramatic increase of bipolar disorder. "Psychiatry and the pharmaceutical industry have been marketing depression as a 'real disease' in need of medical treatment. Accordingly the Diagnostic and Statistical manual of Mental Disorders, revised (DSM-III-R, 1987) of the American Psychiatric Association has determined that severe or major depression occurs in up to 26 percent of women and 12 percent of men during their lifetimes. That's enough business in itself to sustain all the psychiatrists in the country" (Breggin 122). In reality, nothing had changed biologically in the US; a decently large portion of the population could be diagnosed with depression, simply because of the symptoms listed in the DSM. Like clockwork, this caused anti-depressants to flood the markets accordingly.

The side effects of antidepressants are shown to have as many risks as neuroleptics. The most prominent and counter-intuitive side effect of antidepressants is the worsening of depression. "Any drug that disrupts mental function can make people feel more helpless and despairing. Drugs that cause mental confusion, sluggishness, and physical fatigue are especially more prone to precipitate or worsen depression. Psychiatrists persist in telling patients and the public that these drugs have no 'psychoactive' or mental effects at all. When uninformed patients then feel numbed or 'zonked' from the medication, they are very likely to think their condition is worsening, thereby encouraging suicidal feelings" (Whitaker 157). Especially in the beginning stages of antidepressant treatment, as well as during withdrawal, patients are prone to Akathisia, a disorder

in which the patient is subject to violent and suicidal feelings. This was a common side effect of one of the most popular antidepressant medications, Prozac.

> The symptoms were objectively and subjectively indistinguishable from those produced by neuroleptics, including 'severe anxiety and restlessness,' floor pacing and sleeplessness, severe ' jerking of extremities,' and 'bicycling in bed or just turning around and around.' Prozac induced Akathisia may also contribute to the drugs' tendency to cause self-destructive behavior or violent tendencies. Akathisia is very disturbing, especially if the individual does not realize what is happening. Akathisia can become the equivalent of biochemical torture and could possibly tip someone over the edge into self destructive and violent behavior. (Breggin 167)

Psychiatrists have a propensity to tell the patient that there are little to no side effects in taking antidepressants; however, the onset of Akathisia can be drastically dangerous to the patient's well being by convincing them that their 'genetic' condition is only worsening and that there is nothing that can be done aside from medication. Patients who are purposely uninformed by their psychiatrists often mistake the side effects of the drugs for their own worsening biological symptoms; this however, is a mistake.

> Patients diagnosed with 'affective disorders (depression, manic depression, and schizoaffective disorder) are showing up with atrophy on brain scans, suggesting that antidepressants may play a role in causing brain damage. However, the studies shown thus far do not rule out electroshock, neuroleptics, and other drugs as possible culprits. Many patients with diagnosis of affective disorders have received a broad spectrum of brain disabling treatments. Of course, the bio-psychiatrists who perform the studies assume that the brain pathology is due to the mental illness. (Breggin 156)

Here we see another example of how the psychiatric profession is shrouded in error and miscommunication. One may be told that the side effects of a given treatment

may be minimal, because the side effects are often said to be synonymous with the symptoms of mental illness. This leads to the common misconception that the antidepressants are not effective and in response the psychiatrist increases the dose rather than questions the treatment.

The connection between the rising rates of bi-polar disorder and the rising popularity of anti depressant medications is undeniable.

> In 1956, George Crane published the first report of anti-depressant-induced mania, and this problem has remained present in the scientific literature ever since. In 1985 Swiss investigators tracking changes in the patient mix at Burgholzi psychiatric hospital in Zurich reported that the percentage with manic symptoms jumped dramatically following the introduction of antidepressants. 'Bipolar disorders increased; more patients were admitted with frequent episodes,' they wrote. In a 1993 practice guide to depression, the APA [American Psychological Association] confessed that 'all antidepressant treatments, including ECT [electroconvulsive therapy], may provoke manic or hypomanic episodes. (Whitaker 180)

The connection between anti-depressants and bi-polar disorder is seen in plain view; the rise of anti-depressant medication causes depressed patients to have manic episodes, making them eligible to be diagnosed as bi-polar. This process results in the comparative explosion of bi-polar disorder rates after psychiatric treatment was introduced.

> In a recent survey of members of the Depressive and Manic-Depressive Association, 60 percent of those with a bi-polar diagnosis said they had initially fallen ill with major depression and had turned bi-polar after exposure to an antidepressant. This is data that tells of a process that routinely manufactures bi-polar patients. 'If you create iatrogenically a bi-polar patient,' explained Fred Goodwin, in a 2005 interview in *Primary Psychiatry*, 'that patient is likely to have recurrences of bi-polar illness even if the offending antidepressant is discontinued. (Whitaker 181)

Whitaker outlines the bottom-line fact: taking antidepressants can permanently lead to frequent manic episodes, even after withdrawal. While iatrogenically induced symptoms became a large part of the rising bi-polar rates, another large contributor to this phenomenon was the ever-shifting list of symptoms in the DSM catching all those on the fringe of bi-polar to fall beneath the thin line that separated depression from bi-polar disorder.

> In the 1990s, the psychiatric community decided that a diagnosis of hypomania no longer required four days of 'elevated, expansive, or irritable mood,' but rather simply two days of such moodiness… In 2003, former NIMH director Lewis Judd and others argued that many people suffer 'sub threshold' symptoms of depression and mania, and thus could be diagnosed with 'bipolar spectrum disorder.' … Judd calculated that 6.4 percent of American adults suffer from bipolar symptoms; other have argued that one in every four adults now falls into the catchall bipolar bin, this once rare illness apparently striking almost as frequently as the common cold. (Whitaker 182)

Not only did the psychiatric institution recognize this paradoxical relationship between the steadily increasing disorders, they did their best to nurture the epidemic while lying about the underlying facts. The disorder, which was considered rare and relatively treatable before the introduction of psychiatric treatment, was now an epidemic with the momentum of the common cold. The only difference was that this outbreak was controlled and intentional.

Lithium

Looking into the usual treatment of bipolar patients, one may begin to see why such an epidemic was willed onto the public. One such treatment was Lithium, which is an alkali salt that is toxic even in fairly small doses. "In 1949 [John Cade] reported that he had successfully treated ten manic patients with lithium; however, he neglected to mention in his published article that the treatment killed one person and made two others severely ill" (Whitaker 183). This did not stop the psychiatric

institution from prescribing the drug widely among the increasing numbers of bipolar patients; the results were catastrophic. "Various studies found that more than 50 percent of lithium treated patients would quit taking the drug in fairly short order, usually because they objected to how the drug dulled their minds and slowed their physical movements, and when they did, they relapsed at astonishingly high rates…This meant that bipolar patients who were treated with lithium and then stopped taking it ended up 'worse than if they had never had any drug treatment" (Whitaker 184). The drug was acting as a controlling force in the eyes of the patients forced to take lithium against their will, under the jurisdiction of a psychiatrist. The patients were slow and dulled to a point of complete "zombification" and even after complete withdrawal, "the time between episodes [of mania and/or depression] was *seven times shorter* than it was naturally, forcing the patients to return to the hospitals to continue the treatment" (Whittaker 185). The drugs acted as a leash that guaranteed re-admittance to the hospital, unless an individual would have enough determination and self-control to endure the horrible after effects of the drug. This proved to be increasingly difficult depending on the length of the treatment.

How did the psychiatric institution respond to these statistics that proved lithium to be a dangerous and addicting drug? They considered putting it in our drinking water.

> The proposal for lithium in drinking water hit the press during the Fieve-Logan media tour (1970s) The researchers led by psychiatrist Dawson claimed to have found higher levels of lithium levels in the drinking water of El Paso compared to Dallas. In El Paso, based on state mental hospital records, Dawson informed the press, 'there are almost no mental illness admissions.' Admissions to the state hospital were seven times higher where the lithium level was lowest in the water supply. Dawson's amazing conclusion is quoted in July 7th, 1973, *National Observer,* by Diane Shah: 'The lithium calms people in El Paso, makes them more cheerful, and gives them a more tranquil attitude toward life.' (Breggin 173)

Thankfully, the proposal was never enacted and Lithium stayed a prescription drug rather than a toxic drinking water supplement. One may wonder how the population of America would fare if the proposal had passed and the entire population was forcibly subjected to a tranquil and cheerful life. A fragile life speckled with major episodes of mania and depression after slight withdrawal from American tap water.

The "Healing" Effects of Shock Therapy

A patient not responding well to Lithium doses would frequently be treated with ECT (Electroconvulsive therapy). "Animal tests at the USSR Academy of Medical Sciences have shown brain damage with nerve cell death from electro shock treatment. The Russian psychiatrist boasts that his country has placed grave limitations on the use of shock, while in the USA for example, it is widely used and has become all but a repressive measure applied to healthy people" (Breggin 189). Even though the dangers of shock therapy have always been known to cause gratuitous cell death in the brain, it is still being widely used in the US today. Often those who suffer from mild depression and could be considered healthy are candidates for ECT. Electro shock therapy is widely illustrated in literary works depicting psychiatric methods:

> 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. 1 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, which I seemed connected only by a scale o f receding grays. [...] I seemed to exist in some other dimension, utterly alone. [...]. Meanings were lost in the vast whiteness in which myself was lost. [...] A terrible sense of loneliness came over me. When he [the invisible man] 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. (Grenander 40)

The protagonist in the Invisible man describes the process of electroshock therapy to be extremely traumatizing. This is clear from the imagery of warm blood filling the mouth, as well as the feeling that all of his limbs had been amputated. After this seemingly long process of pain and torture, the effects were clear; the Invisible Man had lost his entire identity to the brain damaging process of shock therapy. Although this is a fictional account of electro shock therapy, it proves to be more accurate than the scientific claims "that the animal research showed no damage. To the dismay of those of us who independently read the original investigations, most animal studies turned out to provide unequivocal proof of brain damage" (Breggin 197). Despite the scientific proof that ECT caused brain damage, the psychiatric institution still supported it as a miracle cure. "The treatment is relatively harmless and that its method of action is unknown" (Breggin 198). The absurdity that electroshock therapy caused no brain damage in animals was an unrealistic statement, as EST or ECT is in itself, a damaging process; "Many shock authorities boldly declared that the treatment works precisely by damaging the brain and that brain-cell death is the key to successful treatment" (Breggin 198). The result of this intentional brain damage is accurately described in the quote from the Invisible Man. What results is a complete reprogramming of personality, causing patients to lose sight of themselves.

The invisible man's traumatic account of shock therapy cannot merely be ascribed as fiction. The loss of identity was common in shock therapy, and was occasionally even the intention. "H.C. Tien, a Michigan psychiatrist who founded an earlier organization, the American Society for Electrotherapy, would draw media attention in the late 1970s

and early 1980s after [Peter Breggin] publicized his use of shock to obliterate and reprogram the mind of a woman to make her a more suitable housewife" (Breggin 190). Shock therapy works by damaging the brain so one may be able to reprogram a depressive or mentally ill individual to be a different person entirely. In the case study mentioned above by Peter Breggin, this process is outlined more clearly:

> Tien, a self-styled 'family psychiatrist,' purposely used the older methods of shock to 'maximize memory loss – and for a very good reason,' which was to eradicate the women's identity or personality in order reprogram it. Tien believes that the 'memory loosening' and the 'infantile' state produced by electroshock make the patient amenable to drastic change. A relative helps reprogram the patient's personality according to a 'blueprint' worked out prior to the shock. Verbatim dialogues with Tien and a married couple dramatize how the wife believes, before her shock treatment, that she wants to leave her husband. She doesn't love him, he is never home, and he beats her in front of the children. Under threat that her husband would try to get custody of the children in a divorce, the wife, Peggy, agrees to undergo the treatment. After each ECT Peggy regresses to a childlike state and is 'reprogrammed' by her bottle-feeding husband to believe that her past personality was bad and that her new one is 'good'. She assumes a new name, Belinda, to signify the change. Incidentally, Tien tells us, she became 'paranoid' during the first treatment, accusing those around her of harming her; but then she submitted to a second series of shock. (Breggin 201)

The workings of H.C. Tien resemble that of a science fiction villain who pushes the limits of morality and human control. Utilizing the effects of ECT to its frightening potential, Tien is able to create personalities that resemble that of a mail order wife scheme, changing Peggy into Belinda by using the child-like, traumatized state that occurs directly after ECT to forcibly brainwash Peggy into internalizing chosen traits and ideas. "Tien calls his method ELT, explaining that E is for electricity, L is for Love, and T is for therapy" (Breggin 201). Tien, as though unaware of the ethical repercussions, asserted that his method utilized therapy and love as well as electricity.

The treatment given to McMurphy resembles this totalitarian use of ECT.

I tried to talk him into playing along with her so's to get out

> of the treatments, but he just laughed and told me Hell, all they was doin' was chargin' his battery for him, free for nothing […] He insisted it wasn't hurting him. He wouldn't even take his capsules. But every time that loudspeaker called for him to forgo his 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 […] I had a lot of things I wanted to say to him before I went, but he's just come back from a treatment and was sitting following the ping pong ball with his eye like he was wired to it. (Kesey 277)

At first his stubborn will to resist the authority of the hospital kept him sane and able to speak for himself yet as the treatment progressed, his will and ability to fight the system had been damaged. After each session he would merely sit and stare out into space. This is the reality of shock therapy. There is no evidence that it treats depression, nor is it in any way beneficial to the patient, it merely chips away at a patient's ability to feel depressed, until it eventually destroys the patient's ability to feel anything, much like a lobotomized patient. ECT destroys our ability to be ourselves and brings us deeper under the control of the institutions that support it.

The quantifiable effects of ECT are characterized by mental deterioration resulting in "debilitating problems, such as memory difficulties, deficiencies in focusing and maintaining concentration, and a loss of problem solving skills" (Breggin 197). The desirable effects of ECT are achieved from the repeated brain damage and mass cell death. "The shock works by damaging the brain and by making patients more simpleminded, less self aware, and docile" (Breggin 199). It made patients easier to control and contain within the psychiatric institute by making the patient completely submissive and easily manipulated. They saw it as a form of drastic punishment, a punishment that was so effective that the more it was exercised, the less the patient would be able to carry out actions that deserved punishment. "In one case the psychiatrist told the husband of a patient that the treatment would help his wife by virtue of its effect as a 'mental spanking'… 'Clearly the main attitudes expressed are those of hostility and punishment' in regard to giving electroshock…. Abse and Ewing also document the use of shock as a threat against difficult patients. Personnel on the hospital wards would warn, 'You will go on the shock list'" (Breggin 212). Not only was shock so effective at

creating submissive patients from brain damage, but also it was used as a sadistic punishment to those who are 'difficult' or 'unresponsive' to treatments. Just as in McMurphy's case, shock treatment was used to dissolve the patient's will and ability to speak out against their treatments and effectively quieted any questioning of authority in the hospital, keeping all those who were reliant on that system to be completely under their control.

The question is asked, why psychiatrists would continue using and supporting such a drastic and mutilating process? The answer stems from the same motivation the psychiatrists have for prescribing life-long medications, money.

> We can easily calculate the annual income a psychiatrist can generate by shocking an average of only five patients a week at a typical charge of $200 per treatment. Since he will shock each patient three times a week, he will do fifteen shock treatments each week. At that rate he will earn 150,000 a year. The time invested by the shock doctor will hardly impinge on the rest of his week. Since each treatment takes only a few minutes, the doctor can easily do five in an hour, so it will take him a mere three hours per week to earn his annual income of 150,000. If the shock doctor also visits his patients on the ward, he can make much more money. Hospital consultants, sometimes lasting only a few minutes, will be covered by insurance at a higher rate than is psychotherapy in a private office. If the psychiatrist sees each of his five shock patients three times a week at $150 per consultation, he can generate an additional $112,500, for a grand total of 262,500 a year, without using up more than a few hours' time. Such enormous financial incentives can wholly cloud the doctor's perception of whether or not shock is good for the patient. It's *too good* for the doctor. (Breggin 191)

The financial benefits of ECT prove to be a powerful force behind the decades of continuous support from top psychiatrists, claiming ECT holds great benefit for many patients, when in reality shock therapy can only be heralded as 'mental spanking' for reluctant adults.

Shock therapy is still widely used in state mental hospitals to treat the mentally ill; its prevalence has only grown over time despite the negative reviews. One may think that the procedure of shock therapy had been generally softened to conform to the ethical

standards of treating patients; however the opposite is true. “There is no reason to believe that modern shock is safer. The electrical stimulation must, in fact, be stronger nowadays, since the patients are sedated, and sedation makes it more difficult to convulse the patients” (Breggin 197). Today shock therapy is generally exercised at even higher voltages to account for the medications that act on the patient. Perhaps the most appalling revelation concerning ECT is that outside of mental hospitals, elderly females are the most common shocked. “In 1977 only 28.7 percent of all patients were age sixty-five or older, but by 1983 it had leaped to 43.1 percent, and finally to 53.1 percent in 1988. This means those elderly women are *among the most frequent victims of shock treatment* […] Frail, despairing, desperately needing emotional support, elderly women often have no one to defend or stand up for them, and they are unlikely to find the strength in themselves to defy their doctors” (Breggin 193). Due to the submissiveness of elderly women, they are often coaxed into shock treatment by a psychiatrist’s reassurance that it is harmless, painless and will help cure symptoms of depression almost instantly. This is totally false: “The truth is while antidepressants are especially dangerous to older people, and so is electroshock. Reports are coming in that the elderly are far more sensitive to shock’s damaging effects, including brain damage and dysfunction” (Breggin 193). Shock treatment is often prescribed to the elderly because of the high risk of taking antidepressants even though the risks of undergoing shock therapy are just as dangerous and the older brain is more prone to cell death and damage. Psychiatrists take advantage of the large elderly demographic, who are seeking relief from depression and are met with permanent brain damage and an escalating medical bill.

Chapter 5

The Psychospiritual Crisis

After looking into the two main illnesses that are synonymous with the 'madman 'in modern day thinking, one can see nearly all the symptoms of schizophrenia and bipolar disorder. These symptoms include hallucinations, delusions, paranoia, dramatic mood swings and general inability to speak coherently. The other stereotypical traits of the insane being physical tics, aggressive behavior and mental deterioration can be shown to be symptoms of the treatment designed to 'cure' madness. Taking this into consideration, many of the socially impairing symptoms of madness are created through the efforts of treatment. One may ask, is there any way of treating mental illness without the drastic side effects, as well as the trauma of being treated through psychiatric procedures? The answer lies in the "Psychospiritual" crisis of those exhibiting mental illness. Coined by writer Anton Boisen, Psychospiritual crisis are the products of the internal struggles that each individual must go through, in order to establish a sense of identity. The results of this struggle leads to the traits of insanity that are apparent in Schizophrenia and Bipolar disorder. "For the person in a Psychospiritual crisis, 'Philosophy and theology are no longer theoretical and abstract problems. They are matters of life and death. These 'psychotic' episodes are radical explorations of solutions to severe identity threats: 'the sufferer is facing what for him are the great and abiding issues of life and death and of his own relationship to the universe. " (Breggin 29). Psychospiritual crises are characterized by an internal struggle to find an acceptable answer for the deeper meanings of life, a struggle that every great philosopher or writer must undergo in order to gain perspective on their ideas, as well as the personal validity of one's ideals. "In *The Politics of Experience* (1967), psychiatrist R.D. Laing gave madness a ringing endorsement and heaped criticism on organized psychiatry. According to Laing, 'schizophrenics' have more to teach psychiatrists about the inner world than psychiatrists their patients.' To paraphrase him: the mad are inarticulate poets; psychiatrists are articulate know-nothings" (Breggin 31). Laing asserts that psychiatrists, who lack any sort of critical thought allowing a sense of morality, have no understanding of the inner mental toils of the self-aware individual. The schizophrenic that suffers from an intensified sense of self-awareness requires a full grasp of their beliefs about the world

around them. This misunderstanding is the key to clarifying why psychiatrists attempt to replace all forms of rumination, depression, and inspiration with tranquility and 'happy thoughts'.

> Mad persons are victims of a corrupt upbringing: 'behavior that gets labeled schizophrenic is a *special strategy that a person invented in order to live in an unlivable situation*. What's wrong is not 'in the patient,' but in the family and in society. The problem is also in the psychiatrist, who diagnoses and treats the patient, thereby increasing his or her confusion and self-doubt. If guided by kindness and understanding the schizophrenic experience could become a transcendental journey of death and rebirth toward a new, more positive meaning in life: 'Madness need not be all breakdown. It may also be breakthrough. It is potential liberation and renewal as well as enslavement and existential death. (Breggin 31)

The theory of Psychospirituality is pushed further by claiming that madness is caused by traumatic upbringing, having to do either with the family or society as a whole. This theory, which very closely follows the Freudian school of thought on a fundamental level, proposes madness to be a naturally occurring reaction to an undesirable living situation. In other words, when the external factors of life are painful and traumatic, the individual turns to the internal world where they may question reality and also themselves. This leads to the common trait of insanity in which the madman confuses his dream world of conflicting inner ideas with the reality that he strives to avoid. Treating madness from the psychospiritual perspective is impossible alongside psychiatric treatment. "Antipsychotic drugs and electroshock may prove too drastic a handicap, as psychological helplessness is compounded by brain dysfunction" (Breggin 31). The longer a patient is committed to a psychiatric institution, the more difficult it is to combat their Psychospiritual crisis. This is because any form of deep emotion or thought is intentionally and effectively destroyed in the image of the psychiatric model of no thoughts, no mental illness. The discord between the Psychospiritual approaches and pharmaceutical approaches to madness is no coincidence. Psychiatry's main goal during the 1950s was to destroy any theory-based method of treating the mentally ill through the claim that mental illnesses were biological in origin. "The search for biomedical and

genetic causes keeps psychiatrists, as medical doctors, in the forefront of well funded research in the field. The notion that patients have 'sick brains' justifies psychiatry's claim to the top of the mental health hierarchy. In short, if irrationality isn't biological, then psychiatry loses much of its rationale for existence as a *medical* specialty" (Breggin 23). The manifestation of psychiatry as a medical profession required that all other methods be discredited. The theory of Psychospirituality was buried along with other theories that speculated mental illness to be caused by profound inner turmoil rather than chemical imbalance.

Looking further into the theory of Psychospiritual crisis, specifically in Kesey's Chief Bromden, one can make sense of the irrational thoughts that circulate in his head by understanding the metaphorical meanings of his hallucinations and delusions.

A large indicator of metaphorical meaning in Chief Bromden's delusions is the recurring fog hallucination. "I know how they work it, the fog machine. We had a whole platoon used to operate fog machines around airfields overseas. Whenever intelligence figured there might be a bombing attack, or if the generals had something secret they wanted to pull – out of sight, hid so good that even the spies of the base couldn't see what went on – they fogged the field" (Kesey 124). Bromden reveals the significance behind his fog hallucination to be a symptom of Post Traumatic Stress Disorder from participating in the Vietnam War. He explains that during his service, his platoon would use a fog machine to hide from the enemy: "You were safe from the enemy, but you were awfully alone. Sounds died and dissolved after a few yards, and you couldn't hear any of the rest of your crew… other than that brown shirt and brass buckle, you couldn't see nothing but white, like from the waist down you were being dissolved by the fog" (Kesey 125). Bromden describes the sensation of being enveloped in fog as being a safe place, where the enemy can't find you, but as a result, you would begin to lose yourself as well. "When a man showed up you didn't want to look at his face and he didn't wanted to look at yours, because it's painful to see somebody so clear that it's like looking inside of him, but then neither did you want to look away and lose him completely. You had a choice: you could either strain and look at things that appeared in front of you in the fog, as painful as it might be, or you could relax and lose yourself" (Kesey 125). Confrontation in the fog proved to be very disturbing, as the fog seemed to make the other person

appear so clearly that it was almost as if you could see inside them. One must put forth the effort to keep a grasp on one's external surroundings in the fog, or succumb to its dissolving nature, losing your identity in the comfort of feeling safe.

The pivotal clue in revealing the significance of the fog is revealed in Bromden's monologue concerning McMurphy's lack of submission to the fog. "Nobody complains at all about the fog. I know why, now: as bad as it is, you can slip back in it and feel safe. That's what McMurphy can't understand, us wanting to be safe. He keeps trying to drag us out of the fog, out in the open where we'd be easier to get at" (Kesey 123). The fog is revealed to be closely connected to the control tactics used at the Hospital. When "in the fog", one is conforming to the control tactics of the hospital by being submissive and showing no signs of reluctance. The safety of the fog is also conducive to the dulling aspects of the medications that the patients take daily which causes a loss of identity and in turn a comfort within the depersonalizing "soft whiteness" of the fog. This refers to the medical sterilization of adverse thoughts and character through sedation. McMurphy tries to 'drag everyone out of the fog' by attempting to fight back against Nurse Ratched and, in essence, psychiatric treatment. This causes him to become "visible" to the enemy, who attempt to eradicate any resistance to the control tactics in use. This is evident during the long period of time when Chief Bromden pretended to be a deaf mute, the epitome of what the institution strives to achieve in all their patients. This is when he is safest from the controlling tendencies of the hospital officials. "I don't fight or make noise. If you yell it's just tougher on you. I hold back on the yelling. I hold back till they get to my temples [...] Then I can't hold back. It's not a will-power thing anymore when they get to my temples. It's a *button*, pushed, says Air Raid Air Raid, and turns me on so loud it's like no sound. They start the fog machine again and it's snowing down cold and white all over me like skim milk, so thick that I might have been able to hide in it if they didn't have a hold on me" (Kesey 7). With the fog comes the temptation of becoming invisible to the enemy, alleviating Bromden's suffering by obscuring his desire to fight against the treatment.

The fog disappears later on in the novel when Bromden is revealed to have been faking being deaf and mute. "There's no more fog any place. All of a sudden I remember I'm supposed to clean the staff room during these meetings they have, been doing it for

years. But now I'm too scared to get out of my chair. The staff always let me clean the room because they didn't think I could hear, but now that they saw me lift my hand when McMurphy told me to, won't they know I can hear" (Kesey 141). The possibility of hiding in the fog had been destroyed for Bromden. He had exposed himself acting against Ratched's authority, no longer able to hide in his charade that he was unable to speak or hear. This newly formed situation is frightening for Bromden as it was his tendency to hide that kept him safe from the more drastic methods of control set aside for those who chose to step out of the fog. Coincidentally, after the "growing lessons" from McMurphy, Bromden decides to forever leave the fog after his experience with shock therapy. "How many hours have I been out? It's fogging a little, but I won't slip off and hide in it. No … never again … I stood up slowly, feeling numb between the shoulders […] I couldn't remember all of it yet, but I rubbed my eyes with the heels of my hands and tried to clear my head. I worked at it. I'd never worked at coming out of it before" (Kesey 279). This breakthrough moment for Bromden is illustrated as the desire to never hide in the fog again. Instead of losing himself to the depersonalizing effects of drugs and submission, He decides to fight back against the temptation of the fog and to clear his mind for the first time. This was a decision, which eventually leads to his choice to escape the hospital, but not before putting an end to the empty husk that was McMurphy. The psychospiritual crisis was solved thanks to the McMurphy's therapy. By re-learning how to think for himself, confidently, Bromden was able to escape the fog and grow back to his normal size. If it were not for this, Bromden would have never attempted to fight the fog and would have lived out the rest of his days as a silent acute.

Bromden, as well as other mentally ill patients often speak in metaphorical ways that are hard at first to understand. In this case Bromden relates his diminished self-confidence to the physical phenomena of shrinking. Actual mental patients exhibit this characteristic; as the hallucinations and delusions are usually rooted in rationality, though branch outward, irrationally. Breggin shows this through the description of a relapse patient at the hospital where he worked.

> 'Can't you see them?' She retorted with irritation. 'Them?'
> 'The worms.' Mrs. Merr cringed when I reached out to
> touch her where she saw creepy crawly things on her skin.
> Then I patted her, communicating that I neither saw nor felt

> anything awful coming out of her body. I also talked to others about how bad she must feel about herself that she imagined such awful things from inside her. […] In the morning I presented her case for evaluation by a senior psychiatrist, who happened to recall her from a previous admission. 'She won't need shock therapy this time,' he announced after interviewing her. 'She's got no hallucinations or delusions, and she's eating and drinking fluids. She's not nearly as sick on this admission as she was two years ago.' I tried to explain that she had arrived in at least as bad a condition as the previous time and had responded well to several hours of attention, but the senior psychiatrist couldn't believe it. After all, no one in the hospital had ever tried to help people like Mrs. Merr 'by just talking to them,' it made no sense to him. Of course, I didn't 'cure' Mrs. Merr. I'm sure I hardly dented her vast problems. But I was able to get her through her crisis without further damaging her brain. (Breggin 134)

Just through the simple conversation held with Mrs. Merr, Breggin was able to get through her hallucinations and delusions, successfully convincing her to eat. By not simply checking off a list of symptoms and prescribing the 'proper' treatment, he was able to get Mrs. Merr through her episode without having to resort to such measures as shock treatment. The metaphorical significance of the worms coming out of her skin was a manifestation of the negative feelings she held of herself. The simple communication was not enough to forever solve Mrs. Merr's mental illness, yet it was sufficient in helping the patient through an episode without resorting to drastic measures resulting in further harm.

Mental illness can be categorized and quantified in the DSM as a biological disease with medical treatments that primarily involve drugs. The treatments that have been proposed and 'proved' to be effective cannot be taken too seriously. Medical psychiatry has turned mental illnesses into a self-perpetuating epidemic, affecting the entire population of the United States in the interest of financial gain and power. This is a testament to the corruption that large corporations fall victim to. In the interest of establishing itself as the fundamental power in treating the mentally ill, the psychiatric institution has created a paradox in which non-medicated individuals are suffering from symptoms of being un-medicated. Those who are on the chemical cocktail find

themselves desperately dependent on them, due to worsening symptoms of existing mental illnesses and the onset of iatrogenic ones. The push for bio-psychiatry has proven to be a powerful force in the attention of the public, who have accepted the biological and genetic theories put forth by scientific publication and the media. As psychiatrists come to realize their relatively newfound jurisdiction to treat the mentally ill, even against their will, they falsely promote drugs as having little to no long term effects. By doing this they take advantage of those who seek help by promoting profitable treatments.

The epidemic has continued to grow, along with popularity of pharmaceutical treatments. As long as the institution of psychiatry goes on unchallenged, the mentally ill will continue to be controlled and subdued in order to promote the philosophy that favors the destruction of thought over the formation of social identity. The epidemic of increasing mental illness rates, coupled with dropping recovery rates, will continue until eventually no form of spirituality or identity will exist. Those with enough substance to have psychospiritual crisis will eventually become extinct without so much as a look back.

Conclusion

Overview

Mental Illness has always been on the forefront of thought, acting as an antithesis to the movement of reason. People lived side by side with those who were deemed insane or mad, as it was considered a part of life to experience and/or witness madness. This all changed in the wake of the General Hospital, which began its career as a mass grave for Lepers, who were all gathered and shipped to these hospitals in an effort to get rid of the disease all together. After this successful genocide, the General Hospital began to be filled with social deviants and political radicals who posed a threat to the philosophy of the government; they did this by accusing them of exhibiting unreason. These individuals were deemed insane and were kept hidden from society. This was the beginning of a second attempt at genocide, this time aimed at those who ran at odds with the governmental and domestic systems of the state. This was the pivotal moment in which man became alienated from his mad counterpart and the definition of madness was reinvented to signify delinquency rather than a radically different lens of perspective, turning madness into mentally ill. This misconception of the insane was exacerbated by their diminished presence and public's view of the insane became dependent of media portrayals as well as the social dogma surrounding them.

In turn, this changed the view of insanity to be a form of social delinquency and introduced the revolutionary new idea that insanity was a social menace and must be contained and "solved". The idea that madness had any kind of cure was revolutionary in itself. These treatments proved to be strong forms of control and were meant to keep the insane from leaving the hospitals, rather than alleviating their sickness. This began the complex relationship between madness and control that resulted in the formation of Psychiatry as an institution, born and nourished from the social control of the mad. In the beginning madness only needed to be contained, but as time went on the public became informed that there was an effective remedy to madness, cures were invented out of the control tactics in use. The chains that tied down each patient were meant, to exhaust the 'animal spirits' that inspired madness, rather than to contain and banish them from existence. This was not only intended to keep the insane in control, they were for the

purpose of storing the mad away indefinitely. This notion of creating cures out of mechanisms of control was to be endlessly recycled in the years to come.

Little had changed in the process of securing and controlling the mad until the introduction of Pinel's methods of curing madness. Pinel liberated the mad from their physical incarceration and instead worked for the purpose of mental oppression. He removed the chains from their ankles, unlocked the prison bars that kept them stagnant and took off the gags that kept them from shouting. In place of all these physical constraints, Pinel taught the mad humiliation and shame through his debilitating therapies. He took the spirit out of each patient by ignoring their irrational claims. Instead of trying to prove the insane to be incorrect, he taught his staff at the hospitals to prove the insane correct in order to keep them from shouting their irrationalities to the world. Pinel made the patient's madness known to all and attempted to destroy it by making them ashamed of it. Above all, Pinel introduced the constant aspect of guilt, taking away the victimized status of the confined, and made those who worked at the hospital the victims for having to deal with the incessant nonsense of the patients. This was the beginning of a deeper form of control that would prove to be much more effective at controlling madness.

The school of Freudian thought began taking precedence all over Europe and eventually in America. The revolutionary new idea that madness exists in all of us, manifested in our dreams and neurosis, began to dominate the field of mental illness and the prevalence of psychiatry began to dwindle. Patients were being moved from institutions to the private offices of psychoanalysts. This was until the introduction of Thorazine in the 1950s; the magic pill that cured insanity.

Looking desperately to change the course of psychiatry from a dying profession to a once again powerful institution, Psychiatry transformed itself into a medical practice by proposing the chemical imbalance theories of mental illness and promoting the drugs that supposedly cured them. Thorazine was introduced as a fantastically effective for mental illness, provided that it was indeed a biological illness that could be cured as simply as real disease. In reality, much like in the beginning days of psychiatry, the theory was caused by the proposed cure for madness, a cure that only resulted in the masking of mental illness through complete tranquilization and submission of the patients. Despite

the lack of scientific evidence behind these "cures" for mental illnesses, the theories were widely accepted throughout the US, which resulted in the explosion of "miracle pills" becoming the unanimously accepted treatment to cure all forms of mental illness. The result of this sudden rise to power of the pharmaceutical companies and psychiatric institution was the growing rate of all forms of mental illnesses. These were all validated by the unsupported theories of chemical imbalance to promote the efficacy of the drugs. Suddenly, rare illnesses that were highly treatable exploded out of control, along with the creation of iatrogenic illnesses that resulted in additional medications becoming necessary to combat the side effects of the initial treatment. Patients became hopelessly dependent on the drugs that had exacerbated their problems in the first place and the psychiatrists willingly took advantage of the subdued and permanently brain damaged patients, who no longer had the autonomy to seek change. In the doctor-patient relationship, the psychiatrist had all the power, being able to treat the patient against his/her will, being able to diagnose illnesses and prescribe drugs that the mentally ill are supposed to stay on for presumably the rest of their lives.

Psychiatry spiraled out of control as it remarketed itself annually through the introductions of newer drugs and newer illnesses. Today this problem runs rampant and affects "one in every sixteen young adults in the United States" (Whitaker 10). Mental Illness is no longer a minor, treatable problem, but a major epidemic that is exponentially creating more power and profit for the psychiatric institution, effectively discouraging any hope of reform.

Gateways to Madness

Today, the problem only expands as psychiatrists become richer and their methods become more widely accepted and introduced at younger ages with the introduction of such illnesses as ADD (Attention Deficit Disorder).

> There was no rush by psychiatrists during the 1960s to prescribe Ritalin to fidgety children who went to regular schools […] The population of children so hyperactive that they might be diagnosed with "organic brain dysfunction" was small. However, psychiatry's use of Ritalin slowly began to climb during the 1970s, such that by the end of the

> decade perhaps 150,000 children in the United States were taking the drug. In 1980, the field published the DSM-III, and it identified "attention deficit disorder" as a disease for the first time. The cardinal symptoms were "hyperactivity," "inattention," and "impulsivity," and given that many children fidget in their seats and have trouble paying attention in school, the diagnosis of ADD began to take off […] Today, perhaps 3.5 million American children take a stimulant for ADHD; with the centers for disease reporting in 2007 that one in every twenty-three children four to seventeen years old is so medicated. (Whitaker 220)

Just as adults are diagnosed with depression when they experience grief or stress from everyday life, children are being diagnosed with ADD and ADHD for being energetic, enthusiastic, and curious. The glaring flaw in diagnosing hyperactive children with ADD has been questioned as an extreme by few; however, being energetic is a natural trait of the youth. "Wender is very clear about the crux of the problem in dealing with his hyperactive youngsters, their failure to comply with requests and prohibitions [...] 'A child who cannot force himself to complete tedious disagreeable school tasks will have trouble mastering reading, spelling and arithmetic" (Breggin 280). Diagnosing children with ADD in school is absurd because of the monotony of school-life. He also asserts that children who are not completely obedient to the rules can be diagnosed with ADD in order to force the child to comply. This is the beginning of a child's life of obedience and submission to authority, a state of mind that Stanley Milgram coined as the agentic state.

> As soon as the child emerges from the cocoon of the family, he is transferred to an *Institutional System of Authority,* the school. Here, the child learns not merely a specific curriculum but also how to function within an organized framework. His actions are, to a significant degree, regulated by his teachers, but he can perceive that they in turn subjected to the discipline and requirements of a headmaster. The student observes that arrogance is not passively accepted by authority but severely rebuked and that deference is the only appropriate and comfortable response to authority. (Milgram 137)

The child, during the school setting begins to learn how to react to authority and eventually develops the agentic state, or a state in which one relinquishes one's own

beliefs and morals in acting as an agent to authority. This allows them to alienate their own actions from their conscience. In this case, from an early age the child learns to accept the authority of the psychiatrist and begin to view psychiatric medication as a symbol of health and morality, optimistically creating such personalities as nurse Ratched. The students who do not initially respond well to authority are forced to fall under the control of the psychiatric institution. They are led to believe that they are physically sick and unwell, and the medication is the only thing that can help them. This resulted in many children being diagnosed with other mental illnesses as a side effect of ADD medication.

> Even before the prescribing of Ritalin took hold, it was well known that amphetamines could stir psychotic and manic episodes […] From 2000-2005, the agency had received nearly one thousand reports of stimulant induced psychosis and mania in children and adolescents, and given that these MedWatch reports are thought to represent 1 percent of the actual number of adverse events, this suggests that 100,000 youths diagnosed with ADHD suffered psychotic and or manic episodes during a five year period…Once this drug induced psychosis occurs, the children are usually diagnosed with bipolar disorder. Moreover, this diagnostic progression from medicated ADHD to bipolar illness is well recognized by experts in the field. (Whitaker 237)

Children who "suffered" naturally" from the effects of ADD and ADHD were prescribed stimulants which were widely known to induce manic episodes. This frequently resulted in children, who went from being diagnosed as energetic and unable to concentrate in school, to being diagnosed with bipolar disorder. This began the never-ending cycle of prescription pills, which in turn causes the mental illness to spiral out of control from iatrogenic effects. The epidemic that is the drastic increase in mental illness becomes illuminated by these facts. As iatrogenic illness grows, so does the rate of juvenile bipolar disorder as well as the national disability rates. Children who have been told early on that their illness is genetically and biologically caused live their lives believing that they must be on medication indefinitely, completely unaware of the actual effects of the drugs. "Starting in 1990, the number of mentally ill children rose *thirty-five fold*. Mental illness

is now the leading cause of disability in children, with the mentally ill group comprising 50 percent of the total number of children on the SSI rolls in 2007." (Whitaker 8). The result of this increase in adolescent mental illness are the horror stories we constantly hear concerning children who are prescribed more and more medications while at the same time developing more illnesses as a result.

Another gateway into madness that is sweeping the nation at an alarming rate is the rise of Benzodiazepines, an anti-anxiety medication. The history of Benzodiazepines begins in the late 1950s along with the introduction of Thorazine, with the drug Miltown.

> When Miltown first appeared, there were a number of studies published in medical journal that told – as two Harvard medical School researchers, David Greenblatt and Richard Shader, later recalled – of how 'it was almost magically effective in reducing anxiety […] In their review of the Miltown literature in 1974, Greenblatt and Shader found that in twenty-six well-controlled trials, there were only five in which Miltown 'was more effective than placebo' as treatment for anxiety… The initial popularity of this drug, they wrote, illustrates how factors other than scientific evidence may determine physicians' patterns of drug use. (Whitaker 131)

After initial glowing reviews of Miltown faded and scientific facts began to break down its reputation as a 'magic pill', it was taken out of pharmacies due to the lack of efficacy as well as its dangerous side effects. This resulted in the remarketing of Miltown through prescription of drugs with the same effects; however, with different names and potencies. Today, the most widely prescribed anti-anxiety drug, Xanax, has reached the popularity of Miltown at its peak. "The prescribing of benzodiazepines in the United States has increased, from 69 million prescriptions in 2002 to 83 million in 2007" (Whitaker 132). This number has just recently matched the prescriptions for benzodiazepines before the Miltown scandal in 1973.

The effects of Benzodiazepines on the body and mind, aside from its intended purposes as an anti-anxiety agent, are numerous.

> The drugs show clear efficacy for the first week, and then their advantage over a placebo abates. But, as British investigators noted in 1991, this brief period of efficacy comes at high cost. 'Both psychomotor and cognitive

> functioning may be impaired, and amnesia is a common effect of all benzodiazepines,' they said. In 2007, researchers in Spain looked at whether these adverse events negated the small 'efficacy benefit' provided by the drugs, and found that the drop-out rates in clinical trails, a measure often used to assess the overall 'effectiveness' of a drug, were the same for benzodiazepines and placebos patients (Whitaker 133).

The study showed that benzodiazepines, although they provided short-term relief by numbing our ability to emote, had no benefits that were worth the negative effects. In spite of this their popularity soared. Perhaps the direst effect of benzodiazepines comes during withdrawal from the drug, as expected from one of the most addicting substances ever given to humans.

> Physicians at Pennsylvania State University unannounced that patients withdrawing from benzodiazepines often experienced 'an increase in anxiety above baseline levels […] a condition that we term 'rebound anxiety'.' In Britain, Lader reported similar findings, 'Anxiety rose sharply during withdrawal, and to a point of panic in several patients. Patients commonly experienced bodily symptoms of anxiety, such as a choking feeling, dry mouth, hot and cold, legs like jelly, etc. Patients withdrawing from Benzodiazepines, it seemed, were becoming more anxious than they had ever been […] In addition to rebound anxiety patients could experience insomnia, seizures, tremors, headaches, blurred vision, a ringing in the ears, extreme sensitivity to noise, a feeling that insects were crawling on them, nightmares, hallucinations, extreme depression, depersonalization, and derealization (a sense that the external world is unreal). Withdrawal, one patient told Heather Ashton, was like living death… I thought I had gone mad. (Whitaker 137)

The unwanted effect of Benzodiazepines goes on through the usual symptoms of madness. Aside from the counterintuitive effect of Benzodiazepines to induce 'rebound anxiety', they can also induce such symptoms of delusions, hallucinations, seizures, and extreme depression; these are the leading symptoms of such mental disorders as schizophrenia and bi-polar disease. One can now see how easily patients taking the

choice to come off benzodiazepines may find themselves in a mental hospital diagnosed with a slew of mental disorders, while being forced to take a number of additional medications. This occurs quite commonly in the field of psychiatry: "Most patients find that anxiety symptoms gradually increase over the years despite continuous benzodiazepine use, and panic attacks and agoraphobia may appear for the first time. These studies and observations told of a very problematic long term course, and in 2007, French researchers surveyed 4,425 long-term benzodiazepine users and found that 75 percent were 'markedly ill to extremely ill" (Whitaker 137). These patients, who were shown to be extremely ill, also exhibited extreme depressive episodes, severe anxiety disorder as well as mental disability. This is shown in their inability to memorize facts, do simple problem solving and learn new information. It can be said that these individuals did not truly experience madness and insanity until after they were abandoned and left with the control tactics of psychiatry, leaving them even more susceptible to the madness they sought to escape.

Solutions

Perhaps what can be said after this grueling list of treatments for madness and insanity created by the Psychiatric Institute is that they all have one common aim: to cure madness through the mechanism of control. By capturing and chaining the insane, the General Hospital and governmental establishments were able to rid the streets of social deviancy and rebellion through punishment and control. To silence the mad from within the asylum, they were ignored, humiliated and controlled through the constant presence of guilt. The mad are controlled today through toxic chemicals that create a cycle of addiction and dependence that permanently degrade and mutilate their brains, often to a point of complete helplessness and deterioration. Additionally, the rate of mentally ill individuals is rising due to the misappropriation of basic human emotions to symptoms of greater disease, rather than symptoms of human nature and physiology.

Today, there are methods of treating mental illnesses with techniques that do not involve these controlling factors that hinder the process of healing. These methods use the process of communication and personalized care to deal with the Psychospiritual

crisis at hand, as opposed to covering up these emotions through tranquilizers that render patients unable to change. "[At Keropudas Hospital in Torino, Finland] 'The language we use when the patient is sitting with us is so different from the language we use when we [therapists] are by ourselves and discussing the patient" (Whitaker 339). The staff at Keropudas Hospital makes a strong effort to familiarize themselves with their patients. This allows them to develop a relationship with each therapist that destroys the patient-doctor relationship that is based on professionalism and inane décor.

> Western Lapland had discovered a successful formula for helping psychotic patients recover, with its policy of no immediate use of neuroleptics in first episode patients critical to that success, as it provided an 'escape valve' for those who could recover naturally. 'I am confident of this idea,' Seikkula said. 'There are patients who may be living in a quite peculiar way, and they may have psychotic ideas, but they still can hang on to an active life. But if they are medicated, because of the sedative action of the drugs, they lose this 'grip on life,' and that is so important. They become passive, and they no longer take care of themselves. (Whitaker 341)

The therapists at Keropudas Hospital keep psychiatric medication use to a minimum and focus instead on treating patients naturally. They do this by personally attending to the ideas and problems of each patient. The therapists are greeted with calm and open-minded patients who find they have complete freedom in their choices and actions to a sizable extent in comparison to 'professional' treatment.

Instead of alienating the patients from their natural emotions, they are encouraged to express themselves honestly and comfortably in a non-professional setting. It is this factor that truly separates Freudian psychoanalysis and the treatment in use by the staff at Keropudas. The doctor-patient relationship, which Freud thought was essential to proper psychoanalytic technique, is ignored in favor of building proper relationships.

> The therapists consider themselves guests in the patient's home, and if an agitated patient runs off into his or her room, they simply ask the patient to leave the door open, so that he or she can listen to the conversation. 'They hear voices, we meet them, and we try to reassure them,' Salo said. 'They are psychotic, but they are not violent at all,' Indeed most patients want to tell their story, and when they speak of hallucinations and paranoid thoughts, the therapists simply listen and reflect upon what they have

> heard. 'I think [psychotic symptoms] are very interesting,' Kurtti said. 'What's the difference between voices and thoughts? We are having a conversation. (Whitaker 342)

Instead of the usual psychoanalytic method of "talking cure", the therapists engage the patients in casual conversation, whereas in psychoanalysis the psychoanalyst encourages the patient to speak and for the most part listens. By distancing themselves from the professionalism from both psychiatry and psychoanalysis, the therapists are able to reach a mutual understanding with the patients. This allows them to encourage each other as human beings, rather than a doctor to a patient. Results of the hospital prove to be significantly more efficient than the American counterpart, "From 2002-2006, Torino participated in a multi-international study by Nordic countries of first episode psychosis, and at the end of two years, 84 percent of the patients had returned to work or school, and only 20 percent were taking antipsychotics. Most remarkable of all, schizophrenia is now disappearing from the region […] only two or three new cases of schizophrenia appear each year in western Lapland, a 90 percent drop since the early 1980s" (Whitaker 343). The results are cause for optimism, as they are proof that this epidemic can be turned around, although the extent of the harm caused by this corruption will never be realized.

Madness is a naturally occurring form of passion and irrationality that must be treated in some way, though it is clear that using control is simply exacerbating the problems that they pose. Alternative forms of treating mental illness do exist and are showing results that prove psychiatric medication and institutionalization are inefficient and are only making the iatrogenic epidemic of mental illness a tragedy of human greed and vice. Upon looking at these new forms of treatment it is clear that Kesey, as well as Freud, had a proper idea of how the mentally ill should be treated; with the dignity and respect that humans owe one another in understanding that, at times, life can make any individual crazy. Perhaps, through the professionalized and strictly regimented façade, psychiatrists forget that they are human as well as their patients and are too prone to madness. It is possible that Freud said it best, a century before we realized it ourselves, that "Neurotics fall ill of the same complexes with which we sound people struggle" (Whitaker 128). We must accept madness and "mental illness" as an inseparable element of life that should not be quieted through any means of control, but through empathy.

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