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The Loneliness of Insanity

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Foreword

The idea for this book emerged when I read *Wide Sargasso Sea.* Jean Rhys wrote this novel in 1966, indignant at the simplistic way in which Charlotte Brontë writes off the insane wife Bertha Mason in *Jane Eyre.* In *Wide Sargasso Sea*, Rhys gives Bertha a past history that explains her insanity in a more satisfactory manner . Yet there was no reason to reproach Charlotte Bronte. She was writing in 1847 and in accordance with the views about insanity current in her time. Just as Jean Rhys did more than one hundred years later.

To what extent is it possible to trace the history of psychiatry in literary works? Where do writers deviate from traditional history writing, and what do they add?

In this book I follow the history of psychiatry on the basis of literary works in which lunatics, neurotics, psychiatrists, institutions, therapists or therapies play a role. I concentrated not on Dutch literature but on novels and stories written in the countries where psychiatry as we now know it was developed, notably Britain, France, Germany, and the United States. I thought I had a fairly good idea of the literary works that were suitable. That turned out to be a naïve assumption. The manageable list of books I started with quickly grew into a jungle of literature that needed pruning and selection. I owe thanks to those who showed me how to approach and handle this jungle and arrange my text.

Introduction

What does it mean to be mentally disturbed? To sink into fathomless gloom without any apparent reason? To be seized by irrational fears or a psychosis?

We could ask those to whom this happens. But then we'd need to know them well enough to ask and for them to tell, always assuming that they are actually able to do so.

We could ask psychiatrists for whom psychological illnesses are everyday fare and who would be able to give us well-documented answers, going into symptoms, probable causes, and potential treatment. It would be a rather abstract answer applying to all with a specific disorder. And it would give us little insight into how it feels to wake up again and again every day with depression, psychosis, fear. What it means in daily life to be among people who have no idea how difficult it is to keep going, to hold conversations, and not to hide.

Fortunately there is a third voice that we can listen to: that of writers. Since antiquity, writers have dealt with disturbances of the mind. In their stories, plays, and novels the subject is above all that one person, that one life.

Writers and psychiatrists often pose the same questions about the human mind, but they don't do it for the same reasons. The psychiatrist hopes to bring order to cause and effect and thereby find a way to restore the disturbed mind or at least make it suffer less. The writer doesn't have to cure anyone. He can do whatever he wants to with his character and is above all focused on the description of the struggling mind of that one person within the context of that one life. If he lets that life end in dramatic suicide, as Couperus does with the life of Eline Vere, no one will reprimand him. But if the story had a happy ending, we would probably judge it to be unsatisfactory.

In this way the writer has a freedom that a psychiatrist does not. We hope that a psychiatrist would keep the Eline Veres of his practice from their contemplated suicide. No one would blame him if he failed just once, but fail more often and he has a problem. He is supposed to provide proofs to corroborate his reasoning about the disturbed mind. If his ideas seem to encounter a practice in

which insanity spreads unhindered despite his efforts, he would sooner or later feel forced to revise those ideas.

This imposes more powerful restraints on the psychiatrist than on the writer. Yet the writer's freedom is not unlimited. If he wants his story about mental disturbances to come across as believable, his character should behave or misbehave according to the norms of his era.

From the moment that the first doctors of the mind started to stake out their own terrain around two hundred years ago, interested writers have been looking over the fence to see what was happening. Were there insights that they, the writers, could use? Indeed there were, and the insights seeped into their stories and novels. In this way writers stood, in a sense, between psychiatry and the general public. Writers "translated" the work of psychiatrists into coherent stories and in this way put meat on the bones of theory. They brought to life people who suffered from irrational fears, manias, or depressions, let them encounter the incomprehension of their surroundings, described their thoughts and feelings, let them get stuck in their life, get cured or commit suicide, let them be admitted to institutions and resist the often brutal treatments. In short, the writers referred implicitly and sometimes explicitly to the scientific ideas that were in circulation about the causes, diagnoses, and treatment of insanity. And they have continued to do so.

If we relied exclusively on the novels and stories of the past two hundred years, we would get a richly varied picture of the developments within psychiatry. But this picture would not be complete: after all, the writer's task is not that of an information agent. In addition it would not be an uncritical picture: writers have their own opinions about people's thoughts and feelings, and they don't push those aside unthinkingly for every passing theory. The picture would also contain considerable distortions.

The most important distortion results from the fact that writers are better able to handle psychological rather than physical factors that unhinge the mind. No one wants to know whether there is something the matter with the nervous system of Shakespeare's mad Ophelia or whether there is an imbalance between bile and

blood in her body. That may be so. What interests us is that Hamlet rejects her and murders her father. That is what we can understand as a cause of insanity, and that is what arouses our compassion.

The appeal of stories lies for a great part in the chance they offer us to get to know lives other than our own from within. People who suffer psychologically are so much more than just their symptoms. Their attempts to come to terms with their fears, delusions, depression, or idiosyncrasies offer points of contact that are recognizable and understandable for everyone and pave the way to understanding and acceptance. We feel more at home with what we recognize.

For the mentally disturbed person, understanding and acceptance are indispensable for getting out of the isolation where he ends up all too often. No one chooses that isolation voluntarily. In *The Solitude of Prime Numbers*, the Italian writer Giordano expresses this beautifully by the peace that the autistic character Mattia derives from prime numbers: "They are suspicious, solitary numbers, which is why Mattia thought they were wonderful. Sometimes he thought that they had ended up in that sequence by mistake, that they'd been trapped, like pearls strung on a necklace. Other times he suspected that they too would have preferred to be like all the others, just ordinary numbers, but for some reason they couldn't do it." [1]

Loneliness is a recurrent theme in practically all stories about insanity, the loneliness of not being understood or even being cast out. Novels and stories that help to expand this concept are not merely good in themselves, but are at the same time an indispensable complement to psychiatry.

Countless writers, ranging from Goethe and Flaubert to Nabokov and Patrick McGrath, have made contributions to this history of compassion for and understanding of insanity. Some writers like Gérard de Nerval, Sylva Plath, and David Sedaris tell about their own experience with insanity. And sometimes psychiatrists themselves, like Frederik van Eeden and Irvin Yalom, choose a literary narrative. From the middle of the twentieth century, screen versions of stories have

[1] Paolo Giordano, *The Solitude of Prime Numbers*, Viking, NY. 2010, p. 111

given an extra impact to the image of psychiatry. For a whole generation, the public image of electroshock is closely connected to Jack Nicholson in *One Flew Over the Cuckoo's Nest* – just as the image of autism is to Dustin Hoffman in *Rain Man*.

In this book we follow the stories and novels that have been written in close proximity to psychiatry over the past two hundred years: stories about people who go crazy, about psychiatrists, about the enthusiasm when new developments are started and the disillusionment when these developments come to nothing. The stories are arranged according to major changes in the direction of psychiatry; each chapter starts with one that is characteristic of the relevant period and then examines the ideas that were central during that period.

Well before psychiatry became an independent science there were, of course, ideas about insanity and there were writers who wrote their stories against that background. These are described briefly in the first chapter.

The second chapter describes the real beginning of psychiatry with, as symbolic starting signal, Dr Philippe Pinel's breaking the chains of locked-up lunatics in 1793. In French hospitals where he was in charge, Pinel introduced moral treatment, which had led to tentative successes in Britain. Treating the lunatic mind sympathetically and in pleasant surroundings would gradually calm it and make it reasonable. It was a lovely thought that led to the building of handsome institutions, an improvement in the lot of locked-up patients and a systematic study of their disorders, but not to the cure of insanity.

The disillusionment with moral treatment led to the theory of degeneration that emerged in the second half of the nineteenth century, the subject of the third chapter. The theory of degeneration was permeated with fate and inevitability: if there was a sickly element in a family, then chances were that such an element would recur in a more serious form in the following generations – and so on, until that family finally declined into insanity, feeble-mindedness, and sterility. The thought was that there was no cure, but prevention was possible by ensuring that sickly people would not reproduce. It was a theory that foundered not only for

lack of factual underpinning but also because of the awful turn that the idea of racial improvement took during the Second World War.

In the fourth chapter we return to 1800 because at that time a development started behind the scenes in psychiatry that wouldn't be recognized as a serious player in the profession until 100 years later: animal magnetism, the precursor of hypnosis. The French neurologist Jean-Martin Charcot can be credited with this belated recognition; he used hypnosis among other things to demonstrate how in hysterical patients the idea of an accident could lead to a serious physical symptom like a paralyzed leg.

Sigmund Freud, who was present at several of Charcot's demonstrations, was quite impressed. Partly as a consequence of his experience with Charcot, he shifted from neurology to psychiatry. Freud's work is discussed in the fifth chapter. This chapter differs from the others in that it starts with a story by Freud himself and gives extensive room for his work. One reason for this is that the core of Freud's theory, the Oedipus complex, is in fact a story. By presenting it as the actual story of every person, he got in the way of those who were traditionally in charge of writing them. Writers had to manage to relate to Freud's work in one way or the other – and they did this by either embracing it or picking from it what they could use, or by ridiculing and rejecting it.

Another reason for giving Freud a special space is the enormous influence that he has had on Western culture. Even now that psychoanalysis no longer plays a significant role in psychiatry and few people still consider the Oedipus complex as a meaningful idea, our language and thinking is still rich in influences from psychoanalysis.

Chapter six shows how in the first half of the twentieth century psychoanalysis influenced writers who themselves came in contact with psychiatry. The old idea of the connection of insanity and creativity appeared in new forms.

The subject of chapter seven is the storm called "anti-psychiatry" that raged in the second half of the twentieth century. Psychiatrists of that era were critical and argued that insanity was an understandable reaction to a sick family and a sick society. This would not be remedied by locking people up and knocking them

out with sedatives. What should be done instead was not clear. In the nineteen-eighties the dust clouds settled, and the period from then until the present could be called the one of DSM psychiatry.[2]

Chapter eight shows that psychiatry is increasingly dominated by the diagnostic handbook, which now has a new version, DSM-5. The underlying assumption of the handbook is that it is just a question of time until physical causes are tracked down for the numerous diagnoses that are in it. But will that happen? Belief in it is fading. DSM psychiatry is starting to falter, in part because of its own success: the number of diagnoses and the number of patients keep increasing, and the moment is approaching when everyone can be given a psychiatric diagnosis. Are we about to medicalize social and educational problems? Is psychiatry on the right track? Or is it time to change course? No one can answer these questions with certainty, and that doesn't make the work of psychiatrists any easier – especially since, in addition to the uncertainties of their profession, they also have to deal with care that is increasingly cut to the bone and constrained. The psychiatrist is supposed to work as part of an efficient machine of diagnoses, medicines, and short-term therapy.

How does the psychiatrist hold his own in novels and stories with all these changes in direction of his profession? Chapter nine highlights the changes in the image of the psychiatrist during the past two hundred years. It is a subject in which the distortion with regard to reality is most obvious. Anyone who reads contemporary fiction notices a preference for psychiatrists who take plenty of time to listen to their patients. These listening psychiatrists are no longer the rivals of the writers that they were for a large part of the last century when they antagonized quite a few writers with their self-declared patent on the one real story of the human psyche. Psychiatrists have become the allies of writers in their resistance to mainstream psychiatry and the decrease in care. By valuing what a patient tells them, they are just like writers - protectors of the individual story.

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[2] DSM – Diagnostic and Statistical Manual of the American Psychiatric Association is the standard classification of mental disorders used by mental health professionals in the United States.

Chapter 7.

Insanity and normality

Alexander März was born with a harelip. As soon as his mother saw this, she burst out in tears. His father immediately looked away at the ceiling, turned around, and left the delivery room. From then on, things never turned out well between Alexander and his parents. The mother realized that the boy would need a lot of love and overwhelmed him with it. The father, a policeman, was afraid that such a display of love would turn his son into a weak little boy and counterbalanced it with toughness.

When Alexander was seven years old, a little sister was born, a girl without physical deformities that his parents could show with pride to the world. Alexander called her Isn't-she-lovely. He recounts how his mother sent him away sweetly during family celebrations: "I think that you'd rather not see all these people; it just agitates you." Under the guise of concern I was ordered to disappear because I was an embarrassment. But Isn't-she-lovely stayed.[i]

His mother gave out such messages by the dozen. When Alexander was pulled out of bed to thank "Mister Chief Superintendent of police" for a chocolate treat, his mother pushed a stuffed hare in his hand so he could cover his mouth with it. After accepting the chocolate, he walked back to his mother who, as Alexander later remembered in the institution, "beamed at the Chief Superintendent. Her hands on my shoulders were icy cold." Alexander would also never forget how she once gave him a present:

> "I brought something for you that you've always wanted to have, a balaclava." She puts the cap on my head in front of the mirror and looks at me wearing the balaclava in the mirror, and I look at her in the mirror. "You can pull the edge down; look, you can pull it down all the way." She pulls the edge down. I see myself in front of her in the mirror. The edge covers both mouth and harelip. "Now you're a handsome boy," and mother presses me against her soft breast.
>
> That clinched things – the world looked different.[ii]

The father later remembered: "He was her prince, but when he left the house, he was that harelip." He wanted the boy, whose mother preferred to keep him at home,

to learn to defend himself. He beat him, sent him into the street in order to punish the children who pestered him with a dog whip, threw him in the deep end of the swimming pool, and at times he would beat the mother when she stuck up for the boy. The father recounted: "Deep in my heart I knew that nothing would become of him. I tried to force it, but that didn't work." Of course Alexander hates his father and consoles himself with the thought that he'll kill him with his service pistol when he turns nine. But what should he feel toward his mother, this devoted ally who "protects" him whether he wants it or not? Later he tells his psychiatrist that he would, for example, have liked to play football. To the question why that didn't work, he answers: "There is a certain skill to playing football while holding your mother's hand."[iii]

The ultimate betrayal came later, when he went to live on his own and started seeing doppelgangers everywhere; when during his military service he was dismissed from the army because he seldom showed up; when he had to change trams constantly because he sensed hostile radiation; when he fell in love with a girl and was sure that "her family had engaged a man to kiss her with the purpose of humiliating him"; and when he finally threw the television into the street from the third floor because he was being spied on and controlled by this machine. His mother realized what had to be done and had him admitted to an institution. Alexander writes: "Soon the loving mother took the son, who trusted her, to Lohberg, and the cock crowed three times."[iv]

The German author Heinar Kipphardt (1922-1982) describes the sad life of Alexander in his novel *März– The career of the schizophrenic poet Alexander März* (1976). Before his full-time writing career, Kipphardt had studied medicine and psychiatry and had worked in psychiatric clinics for several years. He based *März* on the notes of an Austrian psychiatrist about the poet Ernst Herbeck, who suffered from schizophrenia. In his afterword, Kipphardt writes that he was much indebted to the work of the psychiatrists Laing and Basaglia and the sociologist Goffman. These names are inextricably linked to "anti-psychiatry."

Anti-psychiatry was not a coherent movement with an unambiguous programme. It was a multitude of voices and ideas that gradually mingled and that in the 1960s and '70s increased to a militant din. Its stage was the psychiatric institution and a drive to change everything: psychiatrists had to get rid of their white coats and medical jargon; psychologists had to be admitted; electroshock and padded cells were taboo; and medications were to be prescribed only in an emergency but not as a rule. Patients were not to be patronized but to be listened to; stigmatizing diagnoses should be discarded; the goal should be to respect patients' rights and their ability to cope. And of course the large, dreary buildings in the middle of nowhere were not the ideal place to implement this revolutionary set of requirements.

For all of the century it had been clear that things were far from perfect in psychiatric institutions. In the large, overcrowded institutions a highly diverse patient population often lived together: the mentally retarded, demented elderly, alcoholics, epileptics, and people with psychiatric disorders like schizophrenia and manic depression. Nothing could be done to cure most of them. They would never leave the institution and needed care above all. The doctors expected the patients with such disorders to be curable in principle, even though in practice it was considered quite good if they simply calmed down and were approachable. Usually little psychology was used in treatment. And the medical remedies that were used sometimes had such a severe effect on the body that the most remarkable result was that the patient became afraid. Ultimately these medical remedies set off a firestorm of outrage.

[Caption of the illustration on p. 201: Portrait of Ernst Herbeck, the poet who was the model for Alexander März, the schizophrenic poet in the book by Heinar Kipphardt, drawn by fellow patient Oswald Tschirtner.]

Quieting the agitation

At the beginning of the twentieth century, institutions contended with a persistent problem of agitated, ranting and raving patients. These institutions were arranged according to the extent of agitation, with separate wards for quite agitated, less agitated, and calm patients. Little could be done for extreme agitation. The sedatives like potassium bromide or chloral hydrate, which were available to the doctors weren't much use, and since the nineteenth century tying patients up had been seen as an evil to be avoided as much as possible. If restraint was unavoidable, then the padded cell was preferred. In addition, bed rest and hydrotherapy had come into vogue around the turn of the century. The conviction that psychiatric disorders were physical ailments led to the thought that bed rest would be restorative. The sluggish effect of lukewarm water was the basis of hydrotherapy. With this method agitated patients were placed in a bath for hours and even days - everything except their head was covered with wood or canvas - in water that was kept at a relaxing lukewarm temperature all that time. An alternative was wrapping them tightly in wet or dry sheets in a way that allowed no movement at all. Once the patient had calmed down reasonably, he was encouraged to work.

These were only drops on a scorching hot plate. The atmosphere in the institutions continued to be characterized by turmoil and chaos. It is therefore understandable that doctors seized any means to subdue these restless souls. In the first half of the twentieth century a number of therapies emerged that gave doctors hope to manage the turmoil effectively. These were the now notorious treatments like purposely infecting patients with malaria, inducing an epileptic seizure, administering electric shocks without anaesthesia and cutting nerve fibres in the brain.

The malaria treatment was devised in 1917 by the Viennese psychiatrist Julius Wagner-Juregg and was meant especially for patients suffering from syphilis who were entering the last stage, insanity. The high malarial fevers were supposed to destroy the syphilis bacteria and after a few strong attacks of fever the malaria was in turn treated with quinine. The method didn't have much success in real life practice.[v]

Inducing an epileptic seizure in patients with schizophrenia was an idea of the Hungarian psychiatrist Ladislaus von Meduna. He had noticed that epilepsy and schizophrenia seldom occurred in the same patient and reasoned that these two disorders might be mutually exclusive. And if that were so, then schizophrenics might possibly be cured by an induced epileptic seizure. On this shaky theoretical basis Von Meduna developed Cardiazol shock therapy. Schizophrenic patients were injected with the stimulant Cardiazol to induce the seizure. They would slip into a coma, have severe convulsions, and after waking no longer remember anything. It was not pleasant. Before the patients slipped into a coma, they experienced a frightening feeling of annihilation and disintegration, and the violent force of the muscle cramps could cause bones to break and vertebrae to be dislocated.

The surrealist writer Leonora Carrington described the Cardiazol treatment that she underwent in *Down below* as "the most terrible, blackest day of her life" that she could barely write about after all these years. She received the treatment against her will. After she refused an injection, doctor Don Luis talked to her gently. Before she knew what was happening, there were five people around her:

> Each one of them got hold of a portion of my body and I saw the *centre* of all eyes fixed upon me in a ghastly stare. Don Luis' eyes were tearing my brain apart and I was sinking down into a well … very far … The bottom of that well was the stopping of my mind for all eternity in the essence of utter anguish.
>
> With a convulsion of my vital center I came up to the surface so quickly I had vertigo. Once more I saw the staring, ghastly eyes, and I howled: "I don't want … I don't want this unclean force. I would like to set you free but I won't be able to do so because this astronomical force will destroy me if I don't crush you all … all … all. I must destroy you together with the whole world, because it is growing … it is growing, and the universe is not big enough for such a need of destruction. *I am growing. I am growing* … and I am afraid, because nothing will be left to destroy."
>
> And I would again sink into panic, as if my prayer had been heard.
>
> Have you any idea now what the Great Epileptic Ailment is like? It's what Cardiazol induces. I learned later that my condition had lasted for ten minutes; I was convulsed, pitiably hideous, I grimaced and my grimaces were repeated all over my body.
>
> When I came to I was lying naked on the floor.[vi]

The use of Cardiazol treatment was discontinued in 1938 when the Italian psychiatrist Ugo Cerletti devised electroshock therapy as an alternative method for

inducing an epileptic seizure. Because electroshock causes the patient to lose consciousness immediately, the feelings of annihilation did not appear. By adding a muscle relaxant like the snake poison curare, bone fractures could be avoided.

That might be less unpleasant for the patient than the Cardiazol treatment, and it might really help in some cases, but it didn't alter the fact that electroshocks were experienced as punishment by many patients. In *Faces in the Water* (1961), Janet Frame describes how every morning the names of women who didn't get breakfast were called out: they were on the list for electroshock.

> Every morning I woke in dread, waiting for the day nurse to go on her rounds and announce from the list of names in her hand whether or not I was for shock treatment, the new and fashionable means of quieting people and of making them realize that orders are to be obeyed and floors are to be polished without anyone protesting and faces are to be fixed into smiles and weeping is a crime. […]
>
> I tried to remember the incidents of the day before. Had I wept? Had I refused to obey an order from one of the nurses? Or, becoming upset at the sight of a very ill patient, had I panicked, and tried to escape? Had a nurse threatened, "If you don't take care you'll be for treatment tomorrow?"[vii]

An even more frightening spectre than electroshock therapy was leucotomy or lobotomy. Leucotomy was devised in 1935 by the Portuguese neurologist Antonio Egas Moniz and consisted of cutting nerve fibres within the frontal lobes of the brain. It was a risky operation – with risk of paralysis, diminished intelligence, personality changes, and death – but it was justified by a few successes and the fact that it was for psychiatric disorders that were unmanageable. Moniz would share in a Nobel Prize for his discovery.

Walter Freeman introduced Moniz's operation in a modified form into the United States and called it lobotomy. Moniz's method, whereby holes were drilled in the skull, was rather laborious and therefore not suitable for large-scale use. Freeman developed a simpler procedure in 1946: with a couple of taps of a hammer, he introduced an ice pick into the brain via the eye socket and then jiggled it into the correct place between the frontal lobes and the rest of the brain. The simple applicability of this method led to tens of thousands of patients, children among

them, being "helped" by this method, with the calculated risk of changing them into a vegetable or killing them.

In *One Flew Over the Cuckoo's Nest* (1961), the American writer Ken Kesey describes how the survivors of both operations wander around. Like the man, operated according Moniz's method, with "button holes" in his skull and with eyes "smoked up and deserted inside like blown fuses," who does nothing all day long but hold up an old photo, "turning it over and over in his cold fingers." And the men who were treated with Freeman's ice pick method:

> No more of the button holes in the forehead, no cutting at all – they go in through the eye sockets. Sometimes a guy […] leaves the ward mean and mad and snapping at the whole world and comes back a few weeks later with black-and-blue eyes like he'd been in a fist fight, and he's the sweetest, nicest, best-behaved thing you ever saw. He'll maybe even go home in a month or two, a hat pulled low over the face of a sleepwalker wandering around in a simple, happy dream. A success, they say …[viii]

Ken Kesey, who played an important role in the rise of the counterculture in the 1950s and '60s, had during his student years worked the nightshift in the psychiatric ward of a hospital. He talked a lot with the patients and came to the conclusion, common at the time, that the patients were not primarily insane or sick, but that they basically did not comply with the reigning social conventions and were therefore locked away. In the considerably exaggerated picture of the psychiatric institution that Kesey offers in *One Flew Over the Cuckoo's Nest*, a patient reports:

> "I indulged in certain practices that our society regards as shameful. And I got sick. It wasn't the practices, I don't think, it was the feeling that the great, deadly, pointing forefinger of society was pointing at me – and the great voice of millions chanting, 'Shame. Shame. Shame.' It's society's way of dealing with someone different."[ix]

Within this interpretation electroshock therapy and lobotomy were not medicines but weapons used to force patients to their knees. In *One Flew Over the Cuckoo's Nest*, these weapons were used by head nurse Ratched against Randle McMurphy, the rebellious free spirit who thought he was clever by simulating insanity to escape a stay at a work farm. The book's narrator is another patient, Chief Bromden, who is mistakenly considered deaf-mute. As a child he experienced how real estate

developers expropriated his Indian village and totally ignored the protests and arguments of the inhabitants. He saw his formerly very strong father ruined by alcohol. Chief Bromden decided to be silent because no one listened to him anyway. For him the institution is a repetition of moves: it's best to eliminate anyone who is in the way by silencing him. In McMurphy, who cheerfully and fearlessly goes against the rules of the system, Bromden recognizes his father and although he supports him through thick and thin, he knows that it is essentially a lost cause. McMurphy endures the series of electroshocks without taking the anaesthetizing medication handed to him. Lobotomy is the ultimate weapon that fells him: '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.'[x] Chief Bromden finishes his struggle for him: "I moved to pick up the pillow, and the eyes fastened on the movement and followed me as I stood up and crossed the few feet between the beds."

The use of lobotomy disappeared into the background with the arrival of effective medications in the early 1950s. These medications - Chlorpromazine (Largactil) Imipramine, Lithium and the like - curbed the most disturbing symptoms of schizophrenia, depression, and manic depression. They brought quiet to the psychiatric hospitals. The screaming stopped, therapeutic conversations started to become possible, and psychiatrists breathed a sigh of relief at the idea that they had now really started to cure insanity. Was psychiatry finally on the right track? Many psychiatrists thought that was the case because thanks to the new medications they could now send quite a few patients back home. Critics disagreed; they saw only a victory of the medical perspective in the patients dulled by medications and the friendlier-looking wards of the institution but little real contact with people in need. The Dutch psychiatrist Jan Foudraine was one of those critics:

> This fundamental organic premise made it gradually clear to me why there was so little mention of real human-engaged meetings with psychotic people. Why all attempts to decorate the wards of institutions made such a superficial impression, and why they spoke with such self-satisfaction about the results of massive doses of tranquilizers that were administered that "had after all given

the institution a new look." It became clear to me that there was basically an expectant attitude, a waiting for the moment when biochemists, neurobiologists, pathologists, and endocrinologists would finally demonstrate the "pathological process." A kind of joyful event after which everyone could, with a sigh of relief, finally start to combat all these psychotic conditions at their root.[xi]

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[i] Heinar Kipphardt, *März – De carrière van de schizofrene dichter Alexander März*, Utrecht: Bruna, p. 23. [März - The career of the schizophrenic poet Alexander März]
[ii] März, p. 20.
[iii] März, p. 35.
[iv] März, p. 65.
[v] Joost Veijselaar describes real life cases of this treatment in *Het gesticht – Enkele reis of retour* [The asylum, one way or round trip] (Boom, 2010, p. 186).
[vi] Leonora Carrington, *The House of Fear – Notes from Down Below*, E.P. Dutton, New York, 1988, p. 191-192.
[vii] Janet Frame, *Faces in the Water*, George Braziller, New York, 1982, p. 15.
[viii] Ken Kesey, *One Flew Over the Cuckoo's Nest*, New York, Penguin Books, 2007, p. 16.
[ix] *One Flew Over the Cuckoo's Nest*, p. 265.
[x] *One Flew Over the Cuckoo's Nest*, p. 278.
[xi] Jean Foudraine, *Wie is van hout –Een gang door de psychiatrie*, Amsterdam (Bilthoven): Ambo, 1971, p. 29.