

Landing in the Cuckoo's Nest

Clay Nelson © 1 August 2021

I'm always surprised by where my musings begin and where they take me. This week they began with gymnast Simone Biles' withdrawal from team and individual Olympic events to protect her physical and mental health. While many have applauded her decision despite global expectations she would win gold in all of them, many others have criticised and condemned her for lacking courage and the appropriate Olympic spirit. What codswallop! I can barely imagine the kind of pressure she was under to hide her mental distress and continue competing through the physical pain. I'm in awe of this young woman's courage to publicly acknowledge her struggle and refuse to comply. She could've withdrawn saying she was not 100% physically able to compete, but she went on to acknowledge that more importantly she was struggling mentally. I can imagine the world's high expectations could weigh you down when you are supposed to be flying through the air.

My admiration for Ms Biles led me to reflect on my own experience with mentally ill people and sometimes my own struggles with mental distress. I thought of the young homeless woman on campus walking around clearly out of it. My flatmates and I took her in for a few nights while we tried to find help for her. We eventually got her into hospital for a psych evaluation. Seventy-two hours later they released her without any further support. A week later we learned she was found murdered on the beach not far from campus. This was a time when mental hospitals were being shut and the patients sent on their way without any care of any kind. It is not coincidental that that is when rough sleeping rose significantly. Society dealt with homelessness by trying to make it illegal, to force them to be out of sight. This was a tried and true response to mental illness. It had been going on for centuries.

You will be familiar with the word bedlam, meaning a scene of uproar and confusion. You may not know it originally was a reference to a particular hospital for the mentally ill in London. In the 13th century a religious order established a hospital dedicated to St Mary of Bethlehem. By the 1400s it began to specialise in caring for those who weren't simply poor, but also incapable of caring for themselves — particularly those considered "mad". Its name was reduced in the common vernacular to simply Bedlam. By the 17th century, the asylum was well known enough to appear in numerous Jacobean dramas and ballads. Often — as in Shakespeare's plays — it was used as a way to explore the popular question of who was mad, who was sane, and who had the power to decide.

While I find that interesting, I am more intrigued that after the Great Fire of London in 1666, Robert Hooke, a colleague of architect Christopher Wren, designed a very different structure for the new Bedlam. It looked like the palace at Versailles. The new hospital was, quite literally, putting a pretty face on what many Londoners saw as a messy, distasteful problem. It actually became a requisite site for tourists to visit until it was demolished in 1815. Its colonnades and gardens successfully concealed the insanity within.

After the first year at seminary, students were required to spend twelve weeks of their summer in a clinical pastoral experience, or CPE. Some were assigned to prisons and others to hospitals. I was assigned to St Elizabeth's Mental Hospital for the insane, which was both. It was well-concealed in the predominantly black district of Southeast Washington DC far from the District's political hub or the wealthier quarters of the city. Tour buses certainly did not visit its medieval fortress-like structure.

I'd like to say I was nervous about the assignment. In truth, I was scared, having no idea what to expect. I wasted nearly two weeks of my experience finding things to do in my office avoiding the wards. The average day began with classes and then we were expected to make rounds of our assigned wards. I had four. One was simply for the elderly poor people who had no one to care for them. They were simply lonely and welcomed a visit. Then I had two wards of mostly schizophrenic and bipolar patients, often confused but not scary. My fourth was those deemed chronically ill, many of whom were catatonic due to horrifying experiences, or highly delusional. It could have been worse. This ward was just one step below that for the psychopathic and criminally insane, where John Hinckley Jr, who had attempted to assassinate Ronald Reagan, was held.

For background this week, I watched the movie that made Jack Nicholson famous, *One Flew Over the Cuckoo's Nest*, based on Ken Kesey's acclaimed novel. I hadn't watched it since its release in 1975. It brought back to mind how much my hospital had been like a prison. My ward keys had to have weighed at least 500 grams. All the windows had bars. The doors were all steel reinforced. Regimen and control were a priority, not the patients. The underlying message is that the patients were not fully human. Label them, medicate them, forget them. Supposedly it was for their benefit, but that was not my experience of their care. In retrospect, poor institutional care would later give cover to neoliberalism's desire to privatise their care in institutions the poor could never afford to utilise.

As I look back on several experiences that were life changing, I remember the elderly gent who seemed as sane as anyone outside the walls, except he found it interesting, not troubling, that he had a bee flying around in his big toe. Schizophrenic means broken boundaries. If you suffer from it, I guess it is not surprising to have a bee in your toe.

Then there was Judy, a young black woman on the chronic ward. I remember once entering the ward and turning around to lock the door when a naked person jumped on my back, hugging my neck to hold on to express her affection, albeit in an unorthodox manner. By this time I was enjoying being on the wards and knew my patients, I was not nonplussed knowing who it had to be, "Good morning Judy, you must be cold. Let's find your clothes." The event was significant because I realised I had overcome my initial fear of the mentally ill. They were people, not a diagnosis.

One day my supervisor watched a therapeutic conversation I had with someone from my wards. He was so impressed he wanted me to repeat it for the rest of the CPE class. I was overwhelmed by the expectations and blew it. Instead of focusing on the client as I had in the original conversation, I focused on my own performance. One of many humbling moments those 12 weeks provided.

One last memory from that time. We were expected to lead worship services for our clients, most of whom were black Baptists. My colleague, a Unitarian seminarian, and I would plan services we hoped would meet their spiritual needs. They rewarded us with an "Amen corner" we found quite encouraging. When we gave a sermon we knew where we wanted to begin and where we hoped to end, but we had no idea how we would get there as the congregation would interrupt with questions or comments. It turns out if you are mentally ill, you do not lose your intellect. And if your congregation is made up of schizophrenics, beware. They can smell inauthenticity from a mile off. I still smile remembering a time when my colleague had to preach on the Trinity. The patients knew he did not believe in it. They seemed to enjoy disembowelling him with awkward questions he could not possibly answer with integrity. He never got close to the ending he intended. Since then, I've considered all my congregations to be from that ward and carefully sought to preach nothing but my truth.

The time came when the twelve weeks came to a close. I grieved deeply for months afterwards, wondering if those inside the walls were actually the sane ones. I was grateful to them for how much they taught me about being human. Perhaps it is their capacity to do so that frightens us most.

Considering one in five Kiwis will be diagnosed with a mentally illness or treated for mental distress this year alone, we are surrounded by those who can teach us to be more fully human if we don't hide from them or hide them away. Let us embrace them for the treasure, the taonga, they are. It is entirely possible that at some time we will be one of those teachers.

Meditation / Conversation starter:

- What about mental illness scares you or makes you uncomfortable?
- What has your discomfort teach you about yourself?