Dean Brooks, Superintendent and Actor, Talks About Cuckoo's Nest

In December 1968 a psychologist, a nurse, and a psychiatric aide—all dressed in ill-fitting, state-issued garb—walked into the office of Superintendent Dean K. Brooks, M.D., to protest one of the most glaring examples of dehumanization at Oregon State Hospital: the clothes the patients wore.

Struck by the incident, Dr. Brooks enlisted his staff in an intensive campaign to seek out and eliminate the dehumanizing elements present throughout the hospital. No longer would patients draw their clothing from a common state supply. They would wear their own clothes when possible; when not, they would be given properly fitting items. Toilet paper would no longer be in short supply. Food would be served hot. Garbage disposal units would replace the uncovered cans in dining rooms.

The confrontation over clothing and the humanizing efforts that ensued were described by Dr. Brooks in an article entitled "A Bushel of Shoes," in the December 1969 issue of Hospital & Community Psychiatry. In it, he said, "I have not found a project as stimulating in my nearly 25 years of mental hospital work... Staff reactions to our attack of dehumanization are varied: enthusiastic, ambivalent, fearful, resistant. Some talk it up, some talk it down, some joke about it, but the important thing is that we are talking."

Seven years later he was again talking about the dehumanization that takes place when people are caught up in an institutional environment. But this time he was wearing two hats—the familiar one of hospital superintendent and the newer one of movie actor. The setting was the 28th Institute on Hospital & Community Psychiatry in Atlanta last September. Several hundred participants had gotten up for the 7:45 a.m. showing of the movie version of Ken Kesey’s controversial One Flew Over the Cuckoo’s Nest, a fiction written in the 1960s about the dark side of mental hospital life. It is the story of a nurse who rules a ward with an uncompromising hand and dispenses mandatory medication with cold precision. It is the story of one rebellious patient, R. P. McMurphy (Jack Nicholson), who creates chaos in the carefully ordered environment because he refuses to follow the rules of the game.

After the showing, Dr. Brooks, the man who had appeared on screen as the compliant, ineffectual ward psychiatrist, Dr. Spivey, defended his decision to allow Cuckoo’s Nest to be filmed in a vacant ward at Oregon State Hospital in 1975. In the same slow, deliberate tones Dr. Spivey used with McMurphy in the film ("It says here you've been belligerent, talked when unauthorized, been resentful in your attitude toward work in general, that you're lazy"), Dr. Brooks told his interdisciplinary audience, "Psychiatric friends have told me the film is venal, that it is antipsychiatric, that it has set psychiatry back 25 years. But to say Cuckoo has set psychiatry back 25 years is like saying Uncle Tom's Cabin set back the institution of slavery 25 years. What Harriet Beecher Stowe’s book accomplished was that it made people identify and contemplate something that pamphlets, preaching, organizations, movements, etc., had failed to do in over a hundred years—and that's the function of good fiction. It's also why totalitarian states correctly identify their novelists as real threats.

"I submit that Cuckoo is not controversial because of the material or because it is set in a mental hospital, but because it has exploded into consciousness the things we have all refused to look at." True, he acknowledged, some of the scenes are not technically correct. "Jack Nicholson's portrayal of the violent convulsive reaction is very much as I remember the response to ECT in 1947. At that time we did not use anesthetics or muscle relaxants. Although the ECT scene is not correct for the 1960s, it is in my opinion dramatically correct. At that point, Nicholson, caught up in the system, was showing with everything in him the struggle against the so-called established institutional rules."

Dr. Brooks sees Cuckoo's Nest as an allegory of what happens in any institutional bureaucratic system that is created anywhere, any time. In an interview later, he compared R. P. McMurphy—the mischievous rebel who was eventually killed by his ally, Chief Bromden, because a lobotomy had broken his spirit—to Christ, the ultimate rebel. Didn't McMurphy, after all, turn his fellow mental patients into fishermen when he hijacked the hospital bus and drove them to a boat-rental dock?

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And didn't he give up his opportunity to escape his scouring and ultimate murder when instead of leaving by an open window he stayed behind to help a patient-friend?

"It would be a mistake of utter simplicity," Dr. Brooks argued, "to think of Cuckoo as a documentary of a mental hospital, although we could focus on several issues of denied rights in the film—the right to wear one's own clothing, the right to an individualized treatment plan, the right to be free from undue chemical or physical restraint, the right to informed consent, the right to refuse treatment."

Some of his colleagues, however, do not see Cuckoo in the same light that Dr. Brooks does. In a wrap-up speech at the institute, Jonas Robitscher, J.D., M.D., recalled that it was Ken Kesey's book that helped feed the attacks on institutional care that began in the 1960s. "I was not persuaded," he said, "by Dean Brooks' statement that the film was made primarily for entertainment value and that it was a universal allegory of man versus institutions rather than a specific attack on the psychiatric hospital. Nor was I convinced that audiences would recognize the film as typical of the 1940s and not of the 1970s."

The latter is a common criticism by mental health professionals who fear that the general public cannot distinguish the outdated parts of the movie from the contemporary ones, nor accept the film as a fiction. The film may, they argue, make the public afraid to use the more progressive, humanized hospitals of the 1970s.

Nevertheless, Dr. Robitscher said, "I did not have to be convinced that the film—even with some dubious aspects included—was still worth making and worth seeing. In one discussion group, 19 out of 20 present related they were glad the movie had been made, although members of the group did not to the same degree find it typical of the forties rather than the present. There was some feeling that it was similar to what goes on in some institutions today."

Although Dr. Brooks repeatedly emphasized that the film was fictional, he too found some aspects of truth in it. Discussing Dr. Spivey, the character he played, he said, "The only time the doctor is on the ward is when there are crises. . . . What happens in hospitals today is that doctors and professional people get tied up in endless amounts of administrative detail and they have less and less time to work with their patients and to spend in direct patient contact. And perhaps that is one of the things that the director was showing."

Dr. Brooks said he believes Cuckoo will help the current patients' rights movement, and that it will also act as a stimulant for the mental health professionals who today are attempting to redefine their roles in an era that is more conscious of the civil rights of the mentally ill. "And the reason I think it will is that it actually causes us to talk about our mental hospital. Nobody's been talking mental health for a long time. The public mental hospital is here to stay, and I firmly believe that the public psychiatric hospital is the backbone of American psychiatry. I don't know what we would do without it. But we have changing roles that we must play."'

Dr. Brooks said he allowed Cuckoo to be produced at Oregon State for three main reasons. "We have space at the hospital. Our population has dropped from 3600 in 1955 to 513 when I left on Friday last." Oregon State would be identified as the setting for Cuckoo regardless of whether it was filmed there or in Hollywood, since Mr. Kesy is an Oregonian. And finally, "I reasoned that since we were going to have the name, we might as well play the game and get the financial and emotional benefits that might derive from the making of such a film." In other words, it would be fun.

The fun began in January 1975. After visiting a num-
R. P. McMurphy (Jack Nicholson) grimaces in pain as shock treatment is administered in one of the most controversial scenes of the film. Psychiatrists claim that it is more reminiscent of the 1940s, before muscle relaxants and anesthetics were used, than of the 1960s.

Doer of hospitals, Fantasy Films co-producers Michael Douglas and Saul Zaentz and director Milos Forman decided Oregon State and Dean Brooks were just what they were looking for. They wanted to film the movie in an actual hospital so that the actors and crew would get a realistic feeling of what it means to be a mental patient. With Dr. Brooks’ endorsement and the patients’ consent, patients and hospital staff members were used as extras; others were hired to help build sets and props. Dr. Brooks was hired as technical adviser and actor. Mr. Forman told the New York Times, "I saw he would be wonderful playing himself."

Dr. Brooks does, after all, have a bit of grease paint in his blood. His stock answer to the by-now stock question "Have you ever acted before?" is "I've been an actor all my life." He enjoys being on a first-name basis with the stars and telling anecdotes about them and what happened behind the scenes. And when discussing Cuckoo, he drifts easily from his role of superintendent to that of actor and technical adviser: "Cuckoo is a work of art; it's a creation. People say, 'You didn't explain what had happened to McMurphy, the lobotomy thing.' That's right, we didn't. That was in it. As I say, we shot 400,000 feet of film. But the director chose to keep it out, and the reason he kept it out was because it threw off the cadence of the work of art."

How did the patients feel about participating in the production of Cuckoo's Nest and about having part of their hospital turned into a movie studio for 14 weeks? They'll tell the general public themselves later this winter in another film. This time Dr. Brooks has opened the hospital to a public-television crew from Station KQED in San Francisco, which, with funding from the National Institute of Mental Health, is making a documentary about the filming of Cuckoo's Nest and the differences between the fictional hospital and the real one. It is scheduled to be shown twice nationally over 180 public TV stations.

Work on the documentary actually began during the filming of Cuckoo's Nest. Zelda Schiller, an assistant in the film production, videotaped interviews with patients and others involved in the movie. She then contacted Station KQED, which decided to expand the material into a 60- to 90-minute documentary.

Dr. Brooks said he wants the documentary to show what really happens in a mental hospital and to show it from the patients' point of view, "not from what we as the administration think ought to be shown." Patients will be interviewed and will talk about what having been part of Cuckoo's Nest has meant to them and what Cuckoo means to them. The scene in which Jack Nicholson receives shock treatment will be juxtaposed with one in which a consenting patient is given shock treatment by the same doctor.

Dr. Brooks said he hopes that the documentary can portray patients and staff as real people who have feelings and who love, respond, and care for one another. As an example, he told of a boy—blind, deaf, and dumb from birth—who became so unmanageable that no one could control him. Yet a very sick schizophrenic man was able to communicate with the boy and even was able to persuade him to allow staff to give him injections. Another schizophrenic woman taught him to weave at a loom.

Dr. Brooks said he is more concerned about the shooting of the documentary than he was about the making of Cuckoo's Nest because Cuckoo is fiction. "But the making of a documentary is a different thing. What will we show? Do we try to show that all is good and wonderful in our public hospitals? Or do we show what actually exists? Do we show those persons who are so heavily medicated they pay little attention to their habit or dress? Do we show in a documentary how we've abandoned our patients and their treatment through the mountains of paper work that are required by certifying bodies, licensing agencies, and budget examiners? Do we show how we have abandoned our patients by seemingly endless committee meetings?"

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