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Introduction

At the same time and place that Ken Kesey became introduced to hallucinogenic drugs, I did a postdoctoral in clinical psychology. It seemed a good institution, as large mental hospitals go, and there is no doubt that most of the staff were very good; and some were—were—outstanding psychologists. For the first few months, I was assigned to work on an "open ward" where, for the most part, the patients were considered to be in fairly good remission—not acting crazy. My training consisted mainly of acting as co-therapist with an experienced psychologist in small groups which were designed to prepare patients for the move from the hospital to an acceptable arrangement in the outside world.

These "therapy" sessions with the small group of patients, most of whom had a long history of moving in and out of various hospitals, were often successful, if not emotionally devastating. The therapist in charge of the group would question, and often cross-examine, the patients about their efforts to find jobs in the community. In particular, he would focus on how they had used their "powers"—what they did in town, whom they spoke with, what happened. Of course, we all knew that the patients were frightened by the prospect of leaving the hospital and having to live in that marginal community of country rooming houses—working as dishwashers or parking for amiables—with no sources of emotional support, and virtually no skills in finding ways to break through their loneliness and isolation. To counter that fear, the therapist—inquisitor or interrogator, probed, and badgered them. In what appeared to be ruthless and relentless cross-examination, he would trap them into confessing finally that "yes," they had not actually gone for the interview—"yes," they had fled—"yes," they would not do it again. What a hell of a way to live, in or out of the hospital—how degrading and seemingly hopeless their lives appeared to be. But there were no signs of pity or compassion from the therapist. At weekly staff meetings, we spent considerable time in planning how to get these "manipulators" out of the hospital.

Later assignments on other wards provided essentially similar experiences.