

Group Therapy with Nurse Ratched: A Case Study of Dialogic Communication Ethics

Craig D. Ramey

Queens University of Charlotte

Summary

Nurse Ratched is a villain in the film *One Flew Over the Cuckoo's Nest* (Douglas, 1975) who facilitates daily group therapy sessions in a mental hospital as a means to continually reinforce her authoritative power under the guise of helpful and therapeutic dialogue. Her inability to listen to patients with openness and attentiveness eventually results in the suicide of one patient and an assault on her by another patient named Randle McMurphy, who she ultimately has lobotomized. The following discussion will examine dialogic exchanges that took place between Nurse Ratched and her patients to determine opportunities for improved outcomes and future applications for communication ethics in the field of mental health.

Findings

Based on Ken Kesey's (1962) novel of the same name, *One Flew Over the Cuckoo's Nest* uses the backdrop of a mental hospital in 1960s Oregon to test society's understanding of the Good. The story's protagonist is Randle McMurphy, a boisterous, convicted felon who is admitted to the hospital for a mental evaluation that primarily occurs during group therapy sessions led by Nurse Ratched. The patients begin the story as obedient followers of Nurse Ratched's routine, but as McMurphy's love for life and disregard for the mundane continually frustrate her, the patients follow suit and become less sheepish during their interactions with Nurse Ratched. The patient most influenced by McMurphy is a towering Native American named Chief Bromden. Throughout the film, Chief optimizes the concept of attentive listening by pretending to be a mute (it should be noted that Chief is the narrator in Kesey's novel,) in front of the patients and doctors, but eventually reveals the truth to McMurphy. As the two

develop a private one-on-one dialogue, Chief gains the courage to break out of the hospital and leave Nurse Ratched's life of routine.

Group therapy provides the most consistent example of Nurse Ratched's abuses of power and her inability to engage in ethical communication, which is defined by Arnett, Harden Fritz, and Bell (2009) as being rooted in learning and attentive to new ideas without a demand for cooperation or agreement. Nurse Ratched continually pretends to want to hear from her patients, but rarely do her questions invite genuine opportunities for knowledge. Instead, the group therapy sessions are used to reinforce her power through embarrassment of the patients and the discussion of topics that she chooses.

The audience, patients, and doctors eventually reach the conclusion that McMurphy is faking his mental illness and should be sent back to the prison, but Nurse Ratched convinces the doctors to keep McMurphy at the hospital for further evaluation. McMurphy's extended stay eventually results in a physical altercation that ends with him nearly choking Nurse Ratched to death. In the end, McMurphy is lobotomized for the attack, which solidifies Nurse Ratched's power, and silences McMurphy from ever communicating again.

Theoretical Framework

Rather than focus on dialogue as a tool that facilitates the exchange of ideas and information as the means to an agreed-upon conclusion, the theory of dialogic communication ethics promotes an openness, attentiveness, and listening without demand to define the Good that exists within a specific historical moment (Arnett, Harden Fritz, & Bell, 2009). By mining the numerous perspectives that exist among individuals who are diverse and different from the self

(i.e., the Other), dialogic communication “privileges learning over telling and respect for content/communicative ground over process” (Arnett, Bell, & Fritz, 2010, p. 118).

Dialogic communication ethics promotes discussion that is not meant to reinforce existing opinions, but to use active listening and attentiveness as “communicative options for action, belief, and understanding” (Arnett, Harden Fritz, & Bell, 2009, p. 94) of the Other. Through examinations of difference, power, and identity, dialogic communication ethics asks those in power (e.g., Nurse Ratched) to look inward at how power influences one’s ability to listen. For example, a person in power may not be required to listen attentively during a dialogic exchange, resulting in a self-identity that uses dialogue to promote an existing definition of the Good he or she already supports. Conversely, dialogic communication ethics promotes a fluid, postmodern interpretation of the Good that invites change and evolutions of viewpoints that exist within a particular historical moment.

Discussion

To understand how dialogic communication ethics could have improved Nurse Ratched’s dialogue with patients, it is important to pinpoint hurdles that may have stood in the way. These hurdles, which impede ethical communication’s basic tenants of listening, attentiveness, and dialogic negotiation (Arnett, Bell, & Fritz, 2010) are categorized as struggles of power and a fear of difference (i.e., the Other) that plagued Nurse Ratched throughout the time she shared with Randle McMurphy. Additionally, it is equally important to explore how the *process* of dialogic interaction could have reshaped Nurse Ratched’s self-identity into one that recognizes the

limitations of power and the evolving nature of ones beliefs as they relate to new information presented by the Other.

Power Management

Having an enormous amount of power diminishes the need to listen to other opinions. When one is at the top, he or she has an opportunity to define the greater good in a dictatorial manner that requires little or no exchanges of information. This negative form of power uses influence for the sole purpose of our “own interests and against the interests of our interlocutor” (Weigand, 2011, p. 237). Dialogic research and ethics seeks to untangle these power structures by recovering the “voice and value of the discourses that have been suppressed and devalued in the dominant system” (Xu, 2013, p. 388) through active learning and a desire to seek out new information that may be in opposition to our own. Arnett, Harden Fritz, and Bell (2009) argue that dialogue is reserved for “those wanting to learn [and] those with similar commitments” (Arnett, Harden Fritz, & Bell, 2009, p. 87). This type of openness is not a universal virtue and, in fact, faces opposition that is often unseen. Bebbington, Brown, Frame, and Thomson (2007) argue that dialogue cannot help us gain new understandings of existing situations until we allow a “perception of perception” (p. 364) that recognizes silent, invisible forces that have the potential to oppress specific groups.

The person in power does not always have a dismissive view. While Freire (as cited in Arnett, Harden Fritz, & Bell, 2009) contends that the “invitation to dialogue is impossible between persons of unequal power” (p. 87), there is an additional element of power that can promote listening among all those involved. McMurphy possesses such power over the patients

by only participating as a listener during his first group session, and by using information he learns from the men to push them out of their comfort zones with fishing trips, alcohol, women, and arguments for why voluntarily committed patients should leave the hospital.

One example occurs when McMurphy asks to watch the World Series on the ward's only TV. Ratched stresses the importance of routine, while McMurphy exclaims, "a little change never hurt." To promote the illusion of fairness, Ratched takes a vote of men in the ward who want to watch the World Series, but as the possibility arises that McMurphy may lose the vote, she wields power and closes off an openness to the group's needs. Instead, she changes the rules by saying voting has ended, and then later counts the votes of men who are mentally deficient and unaware of their surroundings. After defending her actions by saying "these men are members of the ward, same as you," McMurphy grows visibly frustrated and verbalizes the unfairness that other patients are willing to accept. He asks her directly, "You're going to pull that henhouse shit now?" and addresses it once again with fellow patients by arguing, "She plays a rigged game."

Although McMurphy lost the power struggle, he created a separate set of rules and power structures by pretending the game was on TV anyway. After a few minutes of yelling an imaginary play-by-play at the TV screen and cheering his team a long, several other patients join his illusion and cheer as well, bringing them a small step closer to welcoming the possibility of a world that is not ruled by Ratched's routine. In this case, power would be viewed as a positive that influences and motivates the interests of all those participating in the discussion, particularly interlocutors with differing opinions (Weigand, 2011).

Difference

Even if two separate groups are allowed to interact with fairly equal levels of power, those engaged in the dialogic negotiation must also recognize and acknowledge the differences that exist between the two as an opportunity, instead of a challenge that must be overcome. Arnett, Bell, and Fritz (2010) take a pragmatic approach toward understanding the Good that is best achieved when we “listen, attend, and negotiate in a world of difference” (p. 124). Xu argues that the best practice for reaching an understanding of appropriate concepts and practices (i.e., the Good) is not based on “finding sameness and the common ground between individuals from different cultures, but in assuring requisite variety that can help explore creative options and sustain difference simultaneously” (p. 386).

Some differences may be inherently present within any given dialogic exchange, resulting in misunderstandings that do not allow concepts or people to evolve. For two opposing parties to have a better dialogic outcome, Bebbington, Brown, Frame, and Thompson (2007) suggest they should both “expect to learn something of the worldview of the other, both address structural issues that constrain them, and collectively strive to create some better outcome” (p. 364). Just as nature grows stronger through the diversity of evolution, the use of dialogue and recognition of difference provide diverse perspectives that are needed “to transform social relationships (Norander & Galanes, 2014, p. 347).

Nurse Ratched agrees that “time spent in the company of others is therapeutic” (Douglas, 1975) and a greater alternative to quietly brooding alone in one’s room, but when it comes to facilitating a discussion about difference, she is once again corrupted by power. During one

group session she enforces her role as a facilitator and leader by reopening a conversation directed at Harding, one of the patients in the group. Nurse Ratched suggests that Harding's wife was unfaithful because she was "unable to meet his unique mental needs." Ratched attempts to make Harding see the Other and difference that exists for people without mental health diseases, but her abrasive approach appears demeaning and pointed. Instead of sparking an open-ended conversation, she ignited an argument that escalated to yelling and embarrassment.

Biases such as the ones between Nurse Ratched and her patients may close communicative walls before dialogue even begins. Both parties must be engaged in the other's perspective with an "openness to meeting difference" (Arnett, Bell, & Fritz, 2010, p. 119) if they are to transition through bias and toward a genuine dialogue without demand or expectation. The first example of Ratched's bias against McMurphy appears during their first conversation. Although she has never spoken to him, Ratched's unwillingness to understand how her actions affect McMurphy become clear when he crosses into the nurse's station to make a complaint about how the music affects him. She refuses to communicate until he leaves the room and goes back into the ward. This separation of rooms not only enforces her power over the ward's entire environment (e.g., medication, TV, music, schedules, cigarettes, etc.), it recognizes a difference between physicians and patients in which the former is superior and should be followed.

Lollar (2013) describes the Other's here and now as a "strange otherness" (p. 26) that can only be welcomed through an immediacy of presence that promotes dialogue that is "flexible and open to emergent unanticipated consequences." This type of openness may not be inherent, but Downs (1985) does suggest "that an individual's versatility in interpersonal interactions may be a direct result of his/her perceptions of the other individual's needs" (p. 66). To put it another way,

the more open we are to the ideas of others, the stronger we become as communicators in a global community that continues to grow more and more diverse. Instead of viewing the worldviews of others as an invasion, openness allows us to identify the “support and commonality each worldview offers to the other” (Bebbington, Brown, Frame, & Thomson, 2007, p. 364).

Dialogic Negotiation and Identity

While power and difference may be categorized as fixed realities that exist within a historical moment, dialogic negotiation lives in a world of perpetual process and “temporal flow” (Lollar, 2013, p. 26). Identities are no longer rooted in history because dialogue is subject to evaluations and changes in history that support flow and negotiation, rather than intransigent realities (Weigand, 2015). This process promotes “personal perspective and identity” (Echard, 2003, p. 33) that is driven by the search for more information from the Other through dialogic processes.

One of One Flew Over the Cuckoo’s Nest best examples of the the process of evolving personal perspectives can be seen with the evolution of Chief’s character after his multiple interactions with McMurphy. Believing Chief is deaf and mute, McMurphy continues to converse with him until he gets the verbal response of “Thank you” for a piece of Juicy fruit chewing gum. Incredulous with his discovery, McMurphy exclaims, “You fooled them all!” The two continue to converse in private throughout the film, giving Chief the confidence to break his routine and leave the hospital, eventually saying, “I feel big as a damn mountain.” Although Chief is physically the largest patient on the ward, his personality and identity is eclipsed by the

outgoing McMurphy. Only through the process of communication was Chief able to evolve as an individual with reimagined views of the Other, the Good, and himself.

Xu (2013) takes the relationship between the Other and personal identity a step further by suggesting our capacity to have consciousness and self-understanding is dependent upon an “understanding of otherness” (p. 384) and the relationship between the self and other. Arnett, Bell, and Fritz (2010) agree with the importance of process, but categorize it as secondary to the importance of “learning about content/communicative ground ... the ground one stands upon and the ground of the Other” (p. 117). Described by Barge and Little (2002) as an “unfolding chain of utterances” (p. 383), communication is built upon previous information and events that must be understood if they are to contribute to our understanding of difference, power, and common understandings of the Good. Theoretically, the same can be said for the process of group therapy sessions. Each session has a specific process (e.g., organized in a circle, facilitated by a leader) so the group may learn information that can be used for personal growth or as background on a particular person or subject when the process for another therapy session begins

Conclusions

Although group therapy typically mirrors this idea of viewing the Other (i.e., group of fellow sufferers) as the best source for understanding deeply-held personal beliefs, the beliefs of others, and our own identity, Nurse Ratched took an approach that enforced her authority, as well as illusions about her own perfection and infallible interpretation of the Good. This approach to ethical communication highlights her indifference toward the viewpoints of others, and the lack of self-awareness needed to evolve one’s self-identity.

In an environment where the men feel as though the world is too complex and unpredictable to bear, Nurse Ratched is a starched white and wrinkle-free woman who embraces the therapeutic nature of routine. Lollar (2013) argues that relationships require respect for others that “does not work to reduce their otherness to the sameness that is familiar to me” (p. 16), but Ratched is in opposition to this idea by demanding all men follow a routine she has deemed to be the best approach to their well-being.

Furthermore, Nurse Ratched does not genuinely engage in group therapy with the idea of healing patients or by giving them the freewill to participate when they see fit. Her demands for the patients to discuss unwanted topics abandons the assumption that dialogue is protected and “misses emergent ideas central to the communicative exchange taking place” (Arnett, Bell, & Fritz, 2010 p. 120). Rather than engaging in dialogic communication ethics that promotes genuine listening, learning and authenticity (Lollar, 2013), Nurse Ratched, uses power and a confident self-image to further advance her personal agenda and definition of the Good. Had Nurse Ratched managed group therapy sessions in concert with the theory of dialogic communication ethics, which promotes listening and learning over the advancement of personal beliefs, she would have most likely created an environment that prevented the death of two patients, and improved mental health for others.

Recommendations

Group therapy provides a seemingly safe and open place to voice personal opinions that are sometimes in conflict with societal norms, expectations, and definitions of the Good. To make these sessions more welcoming to those willing to give up personal information, the person

in power during these group discussions is typically a physician or trained professional who is taught how to be genuine and nonbiased during the dialogic exchange. This role also has the potential to provide the group facilitator with a sense of power that fosters a self-image of perfection that demands to be right, rather than learn.

The connection between Nurse Ratched's power and her inability to respect the diverse nature of her patients is a juxtaposition that exists between a woman in the role of a traditional caregiver (i.e. a nurse), and how infallible her self-image becomes as she fulfills the stereotype of caregiver. Perhaps the first step in recognizing the corruptible nature of power could be accomplished by asking Nurse Ratched to give away power during the group therapy meetings. She could allow other patients to facilitate the meetings, which would equalize power across the group for a specific moment in time. This empowerment of the group has the potential of working for Nurse Ratched as well by allowing the patients to experience her stress of balancing sensitivity and productivity during group therapy sessions. Bebbington, Brown, Frame, and Thomson (2007) echo the merit of this approach, claiming "dialogic change is initiated by an incremental process of working with groups with an initial shared experience, empowering them to embark on authentic engagement that exposes the contradictions in their lives, and allow them to begin to organize, cooperate and unite with other groups to uncover common goals and shared truths" (p. 364).

Xu (2013) argues that intercultural dialogue requires participants to "form a unity while sustaining the uniqueness of their differentiated perspectives (p. 387). This invites a second possible solution in which Nurse Ratched maintains her role as facilitator, but also participates in the group therapy session with the patients by offering personal information about herself during

the meetings. The benefits of this approach not only allows her to give up a small amount of power in the form of privacy, while also revealing willingness to evolve, the medium of group therapy leverages the process of dialogic communication to reveal differences between her and the patients. This process of dialogic exchange also promotes an understanding of difference, which is “a central component in our theoretical perspective on communication ethics” (Arnett, Bell, & Fritz, 2010, p. 111). With each new meeting of the group, Nurse Ratched would be asked to reveal more information about herself, continuing a chain of dialogic exchanges that asks her to reflect internally, and more importantly, be cognizant of how her opinions affect the other group participants.

Implications and Future Research

Dialogic communication ethics clearly have theoretical applications that could be used in the fictional world of Nurse Ratched and Randle McMurphy, but how would this approach function in a practical mental health setting? Physicians often maintain a separation between their personal lives and the lives of their patients, but mental illness requires a more intimate relationship that relies on science, as well as dialogic communication. If physicians strive to be ethical and effective, would it not be logical to implement communication practices that reflect those same values?

Xu (2013) argues that dialogue is “simultaneously unity and difference” (p. 287), so there is likely a middle ground that allows physicians to leverage group therapy as a means toward maintaining authority and camaraderie. Perhaps the next logical step would be one in which mental health physicians are taught the basic dialogic communication ethics of listening, respect

for the Other, and the process of communication, and then allowed to teach those traits to their group therapy participants. Not only would this equalize power among the group, it may create a more effective group overall by teaching everyone to learn from others by listening. For a more effective comparison of this approach, additional research is needed to examine patient satisfaction with group therapy sessions by comparing results among sessions led by traditional facilitators (i.e., physicians), physicians willing to apply dialogic communication ethics, and patient-led sessions in which physicians have properly informed patients of ethical communication.

It is probably clear at this point that further research will also require a practical application of dialogic communication ethics in which professionals from two different backgrounds (i.e., physicians and communications scholars) join together in an equal endeavor to understand the unique communicative and medical challenges associated with meshing two fields of study. Perhaps this is the first step in unraveling an approach that requires therapists to pass along the knowledge of communication, rather than continuing to implement the myopic approach of a facilitator who may not be corrupted to the extent of Nurse Ratched, but still works in an environment where the danger of power and corruption still exists.

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