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"Shaking a dead geranium" – Creating an experiential context for the study of a literary text: A descriptive and critical-reflective account (1)

A B S T R A C T Engendered by the question – Does the study of literature need to be related to life, and, if so, how? – this article and the module it describes constitute the outcomes of reflections on that question. It also considers briefly the shortcomings of the converse position – that literature does *not necessarily* need to be related to life.

The article's *raison d'être* is to provide a descriptive and critical-reflective account of one attempt to create an experiential context within which a literary text could be studied. It offers a case study of the practicalities and processes involved in creating a teaching module for a one-semester course for third-year students in which life experience is integrated with literature study. Comments and suggestions are made *en passant* about ways in which the course could be expanded to 32 credits (from its present 16) by the inclusion of other appropriate texts.

Key words: literature teaching; module development; critical-reflective method; American novel; the politics of mental illness; curriculum design; Ken Kesey

¹ The relevance of the title, adapted from the concluding lines of the opening section of Eliot's "Rhapsody on a Windy Night" –

And through the spaces of the dark
Midnight shakes the memory
As a madman shakes a dead geranium

– should become more evident as we proceed – or when we conclude.

1. Background

This article grew out of reflections on a conference theme – articulated as the question: Does the study of literature need to be related to life, and, if so, how? The converse position – that literature does *not necessarily* need to be related to life – suggested or, at least implied, the almost total separation of university teaching from the real world into which the university system injects its students – successful and unsuccessful alike – and so seemed to require some consideration, if not practical rebuttal. This article – and the module it describes – constitutes the outcomes of reflection on these issues.

Clearly, the integrative approach is not, in itself, new. There are numerous ways in which literary texts have been integrated in other contexts with other disciplines in departments with a wide range of names. Indeed, this article does not claim newness for itself. Consequently, its *raison d'être* is not to argue ways and means of labelling courses, naming departments, or outlining curricula in which literature should feature. Its purpose is to fulfil the aims, delineated by the sub-title, of providing a descriptive and critical-reflective account of one approach to creating an experiential context within which to study a literary text. In essence, it is a case study of the processes involved in attempting to integrate life experience with literature study, no matter what name the course bears or in which department it is presented.

To find ways of ameliorating the enervating symptoms that sometimes present themselves as a consequence of teaching the same range of texts for a number of consecutive years constituted a second reason for creating the module. Previous years of teaching this text in the predominant "chalk-and-talk" approach characteristic of the traditional lecturing mode had, despite its shortcomings, provided a sound basis for understanding the text's potential for development into the sort of module described here. At the same time, lecturing on the text had indicated some of the specific facets that one would need to integrate into a module designed to facilitate a more enriching and comprehensive "reading" of the text by bridging literature classes and the real world.

If the first part of the question required some sort of answer, the second part – How? – raised issues that have beset the teaching of literature from the outset. In general terms, the problem is: how does one teach issues of the human condition (as embodied in literary works) if, through no fault of their own, learners lack experience of such issues? How, for example, does one deal with John Gillespie Magee's poem, "High Flight", to those who have never been in a plane? How can learners assess and appreciate the writing without first-hand experience, to say nothing of the writing skill itself? Given such situations, it seemed worthwhile to facilitate a fuller appreciation of the text by creating a teaching module that offered learners some direct, personal experiences of those aspects of the world relevant to the major themes and subject matter of the text.

In attempting to design this module, it was assumed, correctly or incorrectly, that the answer to the first part of the original question should be an affirmative one. Indeed, part of the introduction to the material discussed here states this assumption: "The purpose of the module is to bring together the worlds of literature and reality so that each may inform and enrich our understanding of the other".

Adopting a descriptive and critical-reflective approach to its subject, the purpose of this article – in attempting to answer the second part of the theme: How? – is quite simple. It presents a

practical example of a third-year literature module in which a literary text is inter-related with so-called "real" world experience. Through this example, which has already been taught for a number of years, readers may get some sense not only of the scope of the work involved in creating such a module but also of its value as a learning experience. The approach in the module itself strives to integrate a diversity of materials and learner skills into the learning experience. Another extract from the introduction reads: "This module involves several different activities and consequently demands several different skills from learners".

In the course of what follows, we shall try to give an idea of what we do with our third-year students in the course of one semester. At the same time, we shall make some comments and suggestions en passant about ways in which the course could be expanded to 32 credits (from its present 16) by the inclusion of other materials.

Of course, one might reasonably question the soundness of prescribing only one novel for an entire 14-week semester with the class meeting for one hour per week. The rationale is based on feedback from senior students. In previous years, they had placed on record their concerns about the speed with which lecturers were having to deal with a substantial number of novels; contingencies of time frequently required teaching staff to follow a one-novel-per-week, one-lecture-per novel format. So students asked if it would be possible to opt for depth in the tutorial classes rather than the breadth – "superficiality" is a possible synonym here – of the lectures. This module was also an attempt to satisfy those learners' needs.

2. The prescribed text

Written in 1960-61, and published in 1962, Ken Kesey's novel, *One Flew Over the Cuckoo's Nest*⁽²⁾, was eventually filmed by Milos Foreman in 1970 with Jack Nicholson giving one of his best performances as Randall Patrick McMurphy. In writing the novel, Kesey drew on the personal experiences he had gained while working as an orderly in a mental institution.

In essence, for those who are unfamiliar with the novel, the story centres on McMurphy, a smart-talking, quick-thinking recidivist, who is transferred from jail to a mental institution to undergo psychiatric evaluation. He hopes that, by demonstrating to a team of psychiatrists that he is mad, he will be moved from jail to the mental hospital where, he believes, he will enjoy a much pleasanter life while serving out the last sixty-eight days of his most recent sentence.

Parenthetically, one notes with interest that, as recently as March 2003 (*Sky News*, 9 March 2003), a newly-published book suggests that Peter Sutcliffe, the Yorkshire Ripper, was able to deceive a team of psychiatrists about the auditory hallucinations which he claimed compelled him to murder at least 13 females, and, possibly, a number of males too.

At first, McMurphy treats his fellow patients as if they are all crazy – which provides an opportunity for learners to consider stereotypes and stereotyping – but slowly comes to realise that much of their mindless obedience to the hospital system can be traced to the rigid routines devised and imposed by the Big Nurse, Sister Ratched. (Homophonically, her name is singularly similar to the word, "ratchet", and, by implication, a mechanical functionary.) McMurphy's failure to take note of two factors – the power of the institution, epitomised by Nurse Ratched and the psychiatrists, and the fact that almost all the other patients are "voluntaries", who have chosen to commit themselves for treatment – precipitates his catastrophic demise. In addition, McMurphy

fails to ascertain that he can be incarcerated in the mental hospital for as long as is necessary for him to be evaluated as "normal" again. Had he remained in jail, he would simply have had to serve out the final two months and a bit of his sentence. This lack of knowledge, his *hamartia* rooted in his *hubris*, brings about his downfall in the form of an eventual lobotomy ordered by the Big Nurse and his eventual death by smothering at the hands of Chief Bromden, the Native American narrator of the story.

3. The teaching module

The module consists of six sections, most with a number of subsections. It is to these components that we now turn our attention.

(1) **Normality, sanity, and madness in history: a very brief overview**

The purpose of this overview is to introduce students to the varying ways in which madness and its counterparts have been viewed and treated from biblical times to the present.

Were there sufficient time to elaborate on the history of madness in some detail, useful adjuncts to this part of the module would be Roy Porter's Faber *Book of Madness* (an anthology of quotations on the subject, many by sufferers themselves) or his *Madness: A Short History*. A more ambitious course leader might wish his/her students to tackle Foucault's *Madness and Civilisation*, or at least some portions of it, as well as his *Discipline and Punish* and/or Ervin Goffman's *Asylums*.

(2) **"What shall we call that noise in your head?": some reflections on normality, sanity, madness, and how they have been made to mean**

This section presents a more detailed discussion of madness, sanity, and normality in modern and contemporary society. It tackles the issue of normality and conformity as well as the numerous ways that society has developed for dealing with non-conformity as well as the penalties society has devised with which to punish those unwilling to conform. Most of this material is rooted in, and drawn from, the so-called "anti-psychiatry" movement of the 1960s, the era during which Kesey wrote his novel. To extend the course, one might want to include texts or extracts from "anti-psychiatry" writers, such as R D Laing, David Cooper, and Thomas Szasz, amongst others.

(3) **Watching the film version of the novel**

The purpose of this section was to provide learners with some basic skills about watching films while appreciating the interweave of its various components as well as with some rudimentary vocabulary with which to discuss them. These are the four subsections of Part 3:

(3.1) Kinds of films:

(3.1.1) Theatre movies: usually but not exclusively fictional (3.1.2) Documentaries: almost exclusively factual/non-fiction (3.1.3) Animated features or cartoons.

(3.2) Two basic perspectives on discussing films – the maker's and the viewer's – and their implications.

(3.3) The components of film:

(3.3.1) the visual dimension

(3.3.2) the aural dimension

(3.3.3) the difference between showing and telling

(3.4) The role of music: four typologies

The four film music typologies are those postulated by Manville and Huntley⁽³⁾, Copland⁽⁴⁾, Bobker⁽⁵⁾ and Gianetti⁽⁶⁾. It would be valuable to be able to spend more time analysing these typologies and their relevance in a range of films (including, perhaps, *The Red Pony*, one of Steinbeck's novellas for which Copland wrote the music or Virgil Thomson's *The Plow That Broke The Plains* score). Further, it would be insightful to present and discuss a broad range of typical and atypical film music, while noting the recent trend in movies that requires them to have a 'hit' song sung by a major music star, no matter how relevant or irrelevant the song is to the subject of the movie. This would also allow students active participation through small individual or group projects on this topic.

(3.5) Some questions on the film version of the novel.

The purpose of the questions is to draw students' attention to both the detail and the major aspects of film, such as characterisation, plot, event, and so forth. These questions do not introduce technical aspects of filmmaking and its associated vocabulary into the course, primarily because of time constraints, although some use of this terminology is inevitable. A longer course could well include these materials. [The questions are available as Appendix 1 at the end of this article.]

To extend the course further, one could well include Frederick Wiseman's famous – or perhaps notorious – documentary about a Massachusetts institution for the criminally insane called *Titicut Follies*. The South African film, *Zarbor the Second*, makes a useful, if somewhat tedious, comparison to *Cuckoo's Nest*, almost to the point of plagiarism. One could also opt for more recent films such as *K-Pax* and *Vanilla Sky* or numerous alternatives.

(4) Readings on psychosurgery and electro-convulsive therapy

As these areas of the real world are usually well beyond the learners' experience, it was felt that they should read three pieces of writing by psychiatrists – two in the clinical language of textbooks and one by Laing in the less formal register of a lecture – to acquire some adequate information about these medical processes as well as the style in which they are written.

The first of the three pieces the students read is taken from Robinson and Freeman's textbook, *Psychosurgery and the Self*. Freeman was famous - but is now considered infamous – for having conducted over 4000 lobotomies, often entertaining his students by using two ice picks at the same time to get in under the eyebrows of his patients and inflict the necessary damage to their brains.

The second piece is an extract from the sixth edition of Noyes and Kolb's textbook, *Modern Clinical Psychiatry*. This edition is almost contemporaneous with the publication date of the novel, hence its value as a document reflecting medical thinking of the time. The piece deals specifically with electro-convulsive therapy, its techniques, indications, contra-indications, complications, and results. The dispassionate, clinical style of these pieces can be used to initiate discussion about the languages of other professions.

The final piece is entitled "A Lecture", and is taken from R.D. Laing's book, *The Facts of Life*⁽⁷⁾, in which he describes the brutal nature of the training medical students received in 1950s

Britain. Here, first, is a brief sample of Laing's experiences:

People who have never been through medical school themselves can't quite imagine what separates doctors from the rest of humanity. [...] In our physiology course, our first practical experiment was with frogs in a laboratory in which there were about fifty to sixty students arranged along benches. Half that number of live frogs had been set out, and when our instructor gave us the word, we had to take up these live frogs by their feet, and holding them like that, smash their heads simultaneously on the edge of the lab benches. First we observed what that did to a frog.

Then Laing and his fellow students pursued a bizarre experiment that William James, the psychologist-brother of Henry, carried out. Here is a brief extract, to provide you with the flavour of James's writing, to say nothing of his mind (Laing, 1977, p.102); please bear in mind that the procedures James describes here are conducted on *live* frogs:

If, then, we reduce the frog's nervous system to the spinal cord alone, by making a section behind the base of the skull, between the spinal cord and the medulla oblongata, thereby cutting off the brain from all connection with the rest of the body, the frog will continue to live, but with a very peculiarly modified activity. It ceases to breathe or swallow; it lies flat on its belly, and does not, like a normal frog, sit up on its forepaws, though its hind legs are kept, as usual, folded against its body and immediately resume this position if drawn out. If thrown on its back, it lies there quietly, without turning over like a normal frog. Locomotion and voice seem entirely abolished. If we suspend it by the nose, and irritate different portions of its skin by acid, it performs a set of remarkable 'defensive' movement calculated to wipe away the irritant. Thus, if the breast be touched, both forepaws will rub it vigorously; if we touch the outer side of the elbow, the hind foot of the same side will rise directly to the spot and wipe it. The back foot will rub the knee if that be attacked, whilst if the foot be cut away, the stump will make ineffectual movements, and then, in many frogs, a pause will come, as if for deliberation, succeeded by a rapid passage of the opposite unamputated foot to the acidulated spot....

Outside of the laboratory environment, William James would certainly be perceived, and labelled, as seriously disturbed.

This section of the module is intended (a) to initiate debate about ways in which we should deal with, and/or treat, individuals who are defined as mentally "non-normal" by various agents and agencies of society, ostensibly in pursuit of the common good, although it may be at the expense of the individual, and (b) to raise questions about science and the use of non-human creatures for experimental purposes and the ethical issues involved.

A longer course could pursue discussions on the relationship between psychiatry and politics, considering the argument that the institutionalisation of "mad people" – however they are to be defined – is necessary for "the good of society" or a counter-proposition that such political actions are contrary to the human rights of patients. Here again, a substantial body of writing was generated during the 1960s and 1970s (as well as after) as a result of the anti-psychiatry movement. Further, one might want to add discussion of the merits and shortcomings of ECT and psychopharmacology. A valuable text, although long unavailable, would be Morton Hunt's

Mental Hospital, published in 1962. The author details ways in which the "widespread use of electro-shock therapy and the new psycho-active drugs has brought new hope for recovery". Another value of this text resides in its presentation of views about mental illness and its treatment that are virtually contemporaneous with Kesey's novel. Ervin Goffman's *Asylums* would serve as a complementary consideration of the confinement process while Peter Breggin's *Toxic Psychiatry* offers documented research on the dangers of psychopharmacology.

(5) Visiting the local Psychiatric Complex

- (5.1) Some notes on mental patients;
- (5.2) Understanding levels of mental retardation;
- (5.3) At the local Psychiatric Complex.

A visit to the local psychiatric complex was regarded as a vital and an integral part of the module. However, such visits require organisation. In this particular instance, the author had already been working as a volunteer at the Complex for more than a year and had established good working relationships with various staff members. Yet it was still necessary to go through all the bureaucratic procedures – correspondence dealing with reasons, justifications, patient anonymity guarantees, and the like – before official permission could be obtained. Once permission was obtained, subsequent visits were much more readily arranged with a single phone call to establish a suitable date.

When it comes to psychiatric hospitals, one assumes – somewhat rashly – that one's students are likely to have little or no experience of such places. In the majority of cases, it is an accurate assumption, but there are some exceptions with either personal or family experience of institutionalisation. This situation requires the facilitator to make any visits to such institutions entirely voluntary. Ironically, amongst my students, one, who had not been previously hospitalised and who had no relatives who had been, opted not to go while one, who had been hospitalised and had family members who had been institutionalised, chose to go.

In the module itself, learners were assured:

This visit is entirely voluntary, and no one is under any obligation to make it if they are uncomfortable with the idea. The purpose of the visit is to experience the mental hospital as an institution, to come into contact with patients, and to record one's personal experiences of the visit. This record will form part of class discussions.

For those who would prefer not to make the visit, you should try to record why you would prefer not to take part in the visit. Your experiences and insights are equally important to the purpose of the module, and will form a part of class discussions.

This proviso was intended to ensure that no learners would feel compelled to go if or when they had reservations of any sort; at the same time, they were being offered the opportunity to explore, and reflect on their feelings and responses towards the mentally damaged.

Before undertaking the visit, learners were provided with two sets of information. First, they were given some brief notes on mental patients and the two major reasons for their being in the institution: (a) those suffering from mental illnesses that are primarily attributable to some form of physiological damage of the brain, and (b) those suffering from mental illnesses that are not attributable to physiological damage of the brain but to other sources of dysfunction

or disorder.

Secondly, they were provided with the following information to facilitate an understanding of levels of mental retardation⁽⁸⁾.

Mild = an IQ of 50-69 (about 80% of mentally retarded fall into this category)

Moderate = an IQ of 35-49 (roughly 12% of mentally retarded fall into this category)

Severe = an IQ of 20-34 (about 7% of mentally retarded are in this category)

Profound = an IQ below 20 (about 1% of mentally retarded are in this category)

These figures were presented to learners so that they could not only grasp the degree and extent of mental retardation within institutional patients but also see evidence of these distinctions when visiting the wards housing such patients.

At the Psychiatric Complex itself, the congenial occupational therapist who facilitated the visit introduced learners to the basic problems of schizophrenic and criminally insane patients. Then they were taken to various wards, learners interacting quite freely, if somewhat nervously, with the patients. It took little time for learners to overcome their initial apprehension and interact easily with individuals. The final section of the Complex houses severe and profoundly damaged children and adults. In most instances, this was the most traumatic part of the entire visit. Although many students were more perturbed by the adults than by the children, this section of the hospital proved generally far more stressful than the wards for the schizophrenics and the criminally insane.

(6) Reading the novel

At this juncture, learners are asked to consider what they regard as the generic components of a novel. This matter is not entirely unexpected. In the introduction to the prose writing course, learners receive a brief module dealing (a) with how the epic poem evolved into the novel, and (b) are offered a discussion of each of the terms that make up a dictionary definition of the novel – "Fictitious prose narrative of sufficient length to fill one or more volumes" – and the implications of these terms.

(6.1) Some questions on the novel.

It is only at this point, quite late in the semester, that students focus specifically on the written text. The reasoning behind this is to allow students to discover, as they usually do, the richness that the written format of the story provides, despite the actual time needed to read the novel. They are also able to compare their own experiences of a mental hospital with the events and processes depicted in both the film and the novel versions of McMurphy's story, and can do so with more critical acumen and insight than would have been possible if they had not visited the Psychiatric Complex or seen the film.

After reading the novel, students tackle a worksheet focusing on specific issues and facets of the novel. This worksheet does not attempt to deal comprehensively with the novel although it does try to range widely in the book while seeking to address some of the philosophical issues it raises. (This worksheet is attached to this article as Appendix 2.)

A variety of other texts dealing, factually or fictionally, with differing types of mental illness

could be incorporated into the course, if one wanted to extend it (9).

(7) Some brief notes on Myth

The notes provided offer an extremely brief and necessarily superficial overview of the basic components of myth. This information serves as the basis for a consideration of the mythic dimensions of the novel, and the extent to which it does or does not deviate from myth's generic norms. This section builds logically, it is hoped, on the work just completed on genre and the novel.

The discussions arising out of this section of the module draw attention to the pervasive presence of mythic elements in modern and contemporary prose works, and the ways in which such elements can be integrated with contemporary issues. This component of the module also offers students the opportunity to debate vexed questions about the definition of terms such as "hero", "anti-hero", "catharsis", "harmartia", "hubris", and "tragedy", using material drawn from Abrams(10).

4. Module length

For those who are interested in such things, the module itself runs to approximately 7400 words, to which the three readings mentioned in Section 4 must be added.

5. Evaluation

The course, like all others in the department, is subject to anonymous student evaluation. Students also have the opportunity to make comments of whatever sort on the evaluation form. This feedback is taken seriously, and, in previous years, we have altered course structures and course content in the light of feedback from students. It is a process that also applies to the novels prescribed for the lecture part of the course.

6. Conclusion

Some concluding remarks seem apposite. First, we hope this discussion has provided a useful indication of (a) how much diverse reading and preparation the lecturer is required to do to create such a module; (b) the range of materials provided to learners to establish a comprehensive context within which they can work; (c) the extent of the differences between this approach to a text and the traditional lecturing mode; and (d) the diversity of learning and experiential skills demanded of learners as well as their active participation in the various facets of the course.

Secondly, one might propose the use of a similar experiential approach to the study of language. When we study texts "relevant" to the learning objectives of a course in lecture-room environments, we are making, explicitly or implicitly, cultural assumptions about facets of real-world environments that we expect learners to have experienced, although, by the very fact that they are learners, we know – although we may not acknowledge it – they have not necessarily had such experience. Thus what appear to be "relevant" texts dealing with "contemporary" and "immediate" issues – newspaper articles, extracts from specific discipline-focused journals, contemporary magazines, and the like – may also prove beyond the learners' experience. How are they to understand the ways in which political agendas impact on the manner in which mental patients are perceived and treated? How can learners be expected to evaluate the accuracy

of a newspaper article on HIV/AIDS figures if they are unfamiliar with the manipulative possibilities of statistics and the uses to which governments put such information? This is not to say that learners lack opinions, ideas or knowledge, although there is, usually, a paucity of individual first-hand *experience*. It is almost self-evident that personal experience of given situations offers learners better opportunities for insightful thinking, argument-building, and effective language acquisition, to say nothing of self-enrichment.

Thirdly, the module in its entirety makes explicit or implicit use of several semiotic systems, and through them, raises numerous issues of meaning. For example, we might ask: What is the meaning of a mental institution? What does it mean to be incarcerated within such an institution? Once an individual has been labelled as "mad", "insane", or the like, how is he/she to prove to those in control of the mental institutional process that they are now "better", "recovered", "normal", or whatever other synonym the system deems appropriate to their situation? In the local psychiatric complex, many inmates, residents, patients – one is always under pressure to select the most politically correct term – are obliged to wear bright orange boiler suits; their American counterparts wear off-white outfits in the film. Do these colours have any meaning, especially an unconscious one (political or otherwise), in a province previously known as the *Orange Free State*? What does the wearing of a uniform reveal about the institution's approach to individuality? Does the uniform itself signify conformity consistent with the demands of a "normal" society? The questions are innumerable because of the variety and range of codes at work in the various contexts of the novel, the film, and society itself.

Finally, we must return to the opening question. For whatever reasons, we have never been able to understand how one might propose, except hypothetically, that the study of literature could be anything else other than an integral part of life, or, conversely, how it could be detached from reality, from the real world that it so extensively explores, records, criticises and celebrates. If we fail to allow literature to bring life into the university while taking the university into life, then literature will remain, very literally, institutionalised; and those who teach it will be of little more value to our society than the madman shaking a dead geranium. If this vision of academic work seems somewhat crass and brutal, then let us offer, as corroboration, Max Beerbohm's dictum: "You will think me lamentably crude; my experience of life has been drawn from life itself." (11)

NOTES AND REFERENCES

- (1) I should like to thank Professor Willfred Greying for his constructive criticisms. What errors remain are mine.
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- (3) Manvell, R. & Huntley, J. 1975. *The technique of film music*, Revised edition. London/New York: Focal Press.
- (4) Copland, A. in Prendergast, R. M. 1977. *Film music: a neglected art*. New York/London: W. W. Norton.
- (5) Bobker, L. R. 1969. *Elements of film*. New York: Harcourt, Brace & World.
- (6) Giannetti, L. 1982. *Understanding movies*, 3rd. ed. Englewood Cliffs, New Jersey: Prentice-Hall.
- (7) Laing, R. D. 1977. *The Facts of Life*. Harmondsworth, Middlesex: Penguin.
- (8) Reber, A. S. & Reber, E. 2001. *The Penguin Dictionary of Psychology*, Revised edition. London: Penguin.
- (9) The following titles constitute a miniscule sample of the fictional and non-fictional materials available, though not always readily: Truddi Chase's *When Rabbit Howls* (Multiple Personality Disorder now referred to as Dissociative Identity Disorder), Mark Danielewski's *The Whalestoe Letters* (An institutionalised mother's letters

to her son), Hannah Green's *I Never Promised You a Rose Garden* (Schizophrenia), Winston Groom's *Forrest Gump* (Mental retardation), Kay Redfield Jameson's *An Unquiet Mind* (Depression), Julia Kristeva's *Black Sun: Depression and Melancholia*, Sylvia Nasar's *A Beautiful Mind* (Schizophrenia, with the added advantage of a somewhat different film version), Theodore Isaac Rubin's two novellas, *Jordi and Lisa & David* (Disturbed children with a variety of disorders), Flora Rheta Schreiber's *Sybil* (Dissociative Identity Disorder), Andrew Solomon's *The Noonday Demon* (Depression), Carl Solomon's "Report from the Asylum" (A brief account of a patient's experience of mental hospitals and insulin-induced comas), Robert Tanenbaum & Peter Greenberg's *The Piano Teacher* (A psychotic homicidal killer; this title should not be confused with a recent film of the same name based on the novel in German by Elfreda Jelinek), and Cameron West's *First Person Plural* (Dissociative Identity Disorder).

To this list, one could add texts already mentioned in the article: Roy Porter's *Madness: A Short History* and *The Faber Book of Madness* which he edited, as well as Michel Foucault's *Discipline and Punish* and selections from the writings of Laing and his fellow researchers and contemporaries. Kesey's novel also raises issues regarding the medication – compulsory and otherwise – of mental institution inmates and its legal implications. Several other works, including Peter Breggin's *Toxic Psychiatry* take the psychiatric profession to task for its all-too-eager readiness to prescribe a vast arsenal of medications as quick-fix solutions – some of which have radical side-effects – to problems that scarcely constitute "mental illness" at all.

(10) Abrams, M. H. *A Glossary of Literary Terms*, 5th. edition. Orlando, Florida: Holt, Rinehart & Winston.

(11) Beerbohm, M. (1981/1911). *Zuleika Dobson*. London: Penguin Books.

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APPENDIX 1

SOME QUESTIONS ON THE FILM OF *ONE FLEW OVER THE CUCKOO'S NEST*

NB: You should make notes on the settings, the characters, the music, changes of mood and how these are achieved, while watching the movie.

1. What atmosphere/mood does the opening scene create?
2. Describe the music used during the title sequence, and explain its effect on the mood of the opening scene.
3. What is the audience's first view and first impression of McMurphy?
4. Explain how one's understanding of McMurphy's character change in the course of the movie.
5. Explain what do you think causes McMurphy's change of attitude. What is his attitude at the opening of the film, and what does he become in the course of the film?
6. Who is the "narrator" of the film?
7. Why is the Chief feigning deaf-and-dumbness?
8. What purposes do the fishing trip and the party serve with "the girls"?
9. In an interview, Kesey said: "The Big Nurse murdered President Kennedy". What do you think he meant by this?

10. In what ways can we see The Big Nurse herself as another victim of the Combine?
11. What does the film show us about the mad, the sane, and the normal?
12. What purpose does the scene in which McMurphy is evaluated by the panel of psychiatrists serve?
13. How are we to understand the Chief's successful tearing-up of the control panel in the light of McMurphy's failure to do so.
14. Why are the inmates so apparently overjoyed at the end of the film? What does this tell us of their relationship with McMurphy?

APPENDIX 2

SOME QUESTIONS ON THE NOVEL OF *ONE FLEW OVER THE CUCKOO'S NEST*

1. Describe the habits of the cuckoo, and explain how they may be relevant to an understanding of the novel.
2. Explain whether Kesey suggests that the psychiatric ward may be seen as a microcosm in some ways, and, if so, how the analogy works.
3. What is Kesey saying about the individual in modern society?
4. What is Kesey saying about sanity, madness and normality?
5. What is Kesey's attitude towards the mental health system?
6. Does the novel reveal a bias against women? If so, in what ways?
7. How do the wives and mothers of patients reportedly react?
8. Some critics have suggested that the novel is really a version of the Western, with good guys, bad guys, and golden-hearted prostitutes. To what extent is there validity in this argument?
9. What do you understand by the term "tragedy"? What are its major characteristics? Explain to what extent it may be applicable to the novel.
10. What does the term "harmartia" mean? Explain what you think constitutes McMurphy's "harmartia"?
11. What do you understand by the term "anti-hero"? Explain in what ways this term may serve to define McMurphy's character.
12. What are the differences between a "hero" and a "protagonist"?
13. Who narrates the novel?
14. Who is the central character of the novel?
15. After the party (towards the end of the novel), what strategies does Sister Ratched use to bring the patients under control?
16. What is a lobotomy?
17. What event precipitates McMurphy's lobotomy? Explain why Sister Ratched responds in this way.
18. What advantages are there in having the Chief serve as the narrator?
19. Discuss the moral issues raised by Chief Broom's killing of McMurphy.
20. Is there any sense of redemption in the novel? If so, which characters achieve it, and what is the nature of that redemption?
21. Describe the basic shifts in mood in the novel, and explain why these occur.