Abstract

This paper deals with six narrative and dramatic texts about mental illness in order to analyse in how far readers can feel cognitive empathy with characters whose impaired reasoning and emotional responses are radically at odds with their own experience. The works of Gilman, Kesey, Bennett and Penhall, though diverse in style and content, tend to solicit sympathy for their disabled characters by casting them as victims of an oppressive environment, deflecting the focus from the portrayal of a deranged mind to social criticism. Society and the way it treats mental illness is made to seem much madder than the patients themselves. Authors like McCabe and Kane, who mirror the thought processes and emotional confusions of their psychotic characters in detail, elicit pity for their protagonists and produce intense emotional disturbance in the reader, but audiences may find it difficult to put themselves empathetically into the shoes of figures about whose unpredictable responses they can form no theory of mind.

It is a truism that we cannot describe the other, the unknown, without recourse to familiar world or text schemata. But what can be more radically alien and other than insanity—of which
most of us have blissfully little knowledge beyond stereotyped scripts and folk myths. In spite of the cognitive difficulties of understanding the mentally disabled, the topic has long held a fascination for writers of literature. This paper will analyse the depiction of madness in several literary texts, both fiction and drama, and the various ways in which understanding and empathy are solicited for the disabled characters.

If we define ourselves as human through our rationality, then madmen, as Foucault points out, are subhuman. It is characteristic that we talk about madness in terms of negations. (cf. Foucault 105): insane, abnormal, demented, etc., indicating our inability to form adequate cognitive concepts. Madness is also linked to blindness (Foucault 105) and hence to impenetrability and obscurity. Freud may have restored the possibility of a dialogue with unreason” (Foucault 198), but he also established the psychiatrist as the privileged interpreter of a language incomprehensible to laymen. If bodily suffering, a universal human predicament, still is an “unsharable, incommunicable mystery, the very epitome of secrecy and particularity.” (Schweizer 1) – what might be said about madness? Implicit in the communication of illness symptoms are accepted forms of knowledge about the body, the self, and their relationship to each other....” (Kleinman 11). But will communication break down when we are faced with impaired cognition and emotional responses at odds with our own embodied experience? To be sure, we may feel empathetic concern and compassion, but in how far is cognitive empathy possible, that is, how far can we form any theory of mind of a literary character, if we fail to understand his or her cognitive and affective schemata and are hence unable to imagine reacting in a similar way?

In the following, I will examine three narrative texts, Charlotte Perkins Gilman’s famous story The Yellow Wallpaper (1892), Ken Kesey’s One Flew Over the Cuckoo’s Nest (1962), and Patrick McCabe’s The Butcher Boy (1992), and three modern plays, Alan Bennett’s The Madness of King George (1991), Joe Penhal’s Blue/Orange (2000) and Sarah Kane’s 4:48 Psychosis (2000), which all feature mentally impaired central characters, but employ different techniques to make the audience relate to them.

In fiction, mental illness is frequently presented in first person narratives or by a stream of consciousness technique giving unmediated access to the narrators’ warped sense of reality and allowing the reader – if not to understand, at least to follow their mazy thought processes.
Such focalization often makes impossible insight into the minds of other characters and provides no explicit corrective to the protagonist’s cognitive confusion. But we form an opinion about the unreliability of a narrator by the discord between what is accepted as ‘normal’ and ‘acceptable’ in our culture and a character’s deviant, irrational behaviour which will, depending on the circumstances, be labelled as childish, criminal or insane.

_The Yellow Wallpaper_ describes a woman’s descent into madness and tricks readers into siding with the protagonist before making them aware of her mental instability. At first, she seems a perfectly normal though frustrated housewife, who is increasingly maddened by her patronizing physician husband’s lack of understanding and the ostensibly useless therapy he prescribes: he forbids her company and mental activity, which readers are likely to interpret as a “proscription of female self-expression ...within a patriarchal culture”(Thraikill 526). Critics have argued that her “intensely subjective self-absorption is not just morbid, but actively pathological”(Thraikill 544), but her behaviour is hardly surprising given her confinement, the infantilisation her husband subjects her to and his “obtuse and gender-based medical assumptions” (Hume 14). Her alternating feelings of “depression and empowerment” may be “consistent with our contemporary ideas about mental illness” (Hume 11), but since the text (in the form of her diary) gives the impression that her condition is the direct result of oppressive gender roles, she comes to represent for the reader all women disempowered and driven mad by the patriarchal system and hence arouses strong feelings of identification. In the end, when she believes to have freed the woman imprisoned behind the yellow wallpaper, she is, to all purposes, stark raving mad, crawling around and around on the floor, right over the husband who has fainted in her path. “‘I got out at last, said I, ‘in spite of you and Jane. And I’ve pulled off most of the paper, so you can’t put me back!’” (Gilman 36). Yet in this final scene “madness is seen as a kind of transcendent sanity” (Treichler 67): “her triumph is to have sharpened and articulated the nature of woman’s condition” (Treichler 74).

A similar invitation to side with the disabled victims of an oppressive system is extended in Ken Kesey’s _One Flew Over the Cuckoo’s Nest_. Before we even know that the action is set in a mental institution, Broom Bromden’s assertion that the head nurse carries in her bags “wheels and gears, cogs polished to a hard glitter... forceps, watchmakers’ pliers, rolls of copper wire ...” (4) seems odd and absurd. Her behaviour – “she’s so furious. She’s swelling
up, swells till her back’s splitting out the white uniform and she’s let her arms section out long enough to wrap around the three [men]... five, six times”(4f.) is reminiscent of cartoons in comic books and counterfactual in a realistic context. Nor is it believable that the nurse jams her “wicker bag ... into [his] mouth and shoves it down with a mop handle” (7) Given the contrast to what readers would regard as normal hospital routine (and some kind of hospital it must be, if there is a nurse), they are likely to put down such comments to the impaired reason of a narrator confined in a mental asylum. However, despite Bromden’s cognitive confusion (which may be partly caused by the drugs he is injected with) the novel creates sympathy with the hospital inmates, who are maltreated by the staff and subjected to excessive shock treatment or brain surgery.

In its challenge of authority, Kesey’s novel is a product of the 1960s counterculture, yet its depiction of the misuse of electroshock therapy and lobotomy to punish misbehaving patients is as shocking today as it was at the time of publication and will invariably prompt abhorrence of those responsible for this regimen. The novel pits a rebel and trickster – McMurphy - against a repressive system which tries to silence non-conformists. McMurphy’s therapy of lifting the patients’ spirits by administering humour as “an antidote to apprehension and panic” (Stripling 6) and a means to “maintain self-respect” (Stripling 66) naturally seems attractive and makes the reader forget that the man was committed for raping a fifteen- year-old and only feigns madness to escape prison work.

The novel has been praised for its non-stereotyped and individualized depiction of patients with mental disabilities, which makes the reader reassess “potentially unexamined perceptions of mental institutions, their inhabitants, and ... the origins of concepts such as disability and normalcy” (Leach). True, the novel sympathetically portrays “schizophrenics, psychopaths, obsessive-compulsives, depressives and passive aggressives” (Stripling 65), but their symptoms are not described in any detail – so readers are not radically alienated or appalled. The patient Harding, for instance, lacks overt symptoms, apart from his intimidation by his wife. The only symptom Billy Bibbit displays is a stammer, which is temporarily cured by his contact with a prostitute. As Leach has pointed out, the novel, problematically, connects disability with emasculation, reducing “mental disabilities to problems of masculinity” and enforcing conservative concepts of gender roles. The line between sanity and insanity is
further blurred by showing that the doctor in the ward is as intimidated by the head nurse as the patients and is equally glad to temporarily escape from her control. In fact, it is Nurse Ratched who “represents what the novel sees as ‘abnormal,’ an aggressive matriarch, a female with masculine traits....” (Leach), and it is against her that the reader’s dislike is directed. The novel thus achieves cognitive empathy by downplaying the mental problems of the patients and redefining its agenda of madness: as in The Yellow Wallpaper, the social environment—in Kesey’s case, the hospital represented by Ratched—is much more inhuman, absurd and dangerous than the disabled patients.

As in One Flew Over the Cuckoo’s Nest the psychotic first person narrator’s behaviour and perceptions in McCabe’s The Butcher Boy run counter to established world schemata: he suffers from what readers, relying on their ‘normal’ world knowledge, will classify as hallucinations, persecution mania and all kinds of obsessions. The narrative, consisting of “fractured perceptions, memories and schizophrenic voices” creates “a sense of displacement” (Wallace 157) and bewilderment in the reader. However, although we see the world through Francie’s eyes only, the reaction of the other characters and the laws of probability help us to identify the protagonist’s view of the world as deviant. His going down on all fours, snorting like a pig, laughing insanely and defecating into people’s houses is plainly over the top for a boy of his age. He claims he sees people partying in his friend’s house, but when he rings, the door is opened by a man in his pyjamas who is plainly confused by Francie’s wish to join the party.

On the other hand, the inhabitants of the Irish town where he was born occasionally exhibit signs of folly as well, for instance, when they believe the visions of a young woman that the world is coming to an end. Besides, the novel interweaves Francie’s insanity with references to fantasy literature and comics, all of which work with counterfactual worlds resembling the boy’s demented visions. Thus the sentence “The creatures were coming to take over the planet earth because their own was finished” (37) sounds mad, especially in the context of Francie’s ruminations, but in fact refers to a science fiction film. Francie, however, applies the logic of such movies to his life (cf. Eldred 59) and thereby creates a “comic-strip parallel universe” (Wallace 160) which has little to do with the reality the reader is likely to construct from the gaps and contradictions in his narrative. Laura Eldred has compared the novel to
Gothic literature and horror films and has located the true monster of the narrative in “the unfeeling and illiberal society that creates Francie and offers him no support...” (64). But the sociopathic protagonist, born of a deranged and suicidal mother and an alcoholic father, seems to suffer from a hereditary mental illness, and his pathological behaviour cannot be blamed on society, bigoted and partly abusive as it may be. To be sure, as a child from a dysfunctional family he elicits “some sympathy” (Jeffers 157), but, from the ‘sane’ perspective of the reader, his violent excesses are largely unprovoked and unpredictable – born, as Wallace (160) suggests, from his envy for the harmonious life of other boys, as compared to his own unhappy one. Ultimately, the readers must feel alienated from him, especially after the brutal murder of an innocent woman, whom he blames “for all the traumatic changes which occur in his life” (160 Wallace). In contrast to Kesey’s and Gilman’s texts, Butcher Boy does not contrast the mad person with an even madder, oppressive social environment to ensure an empathetic identification with the protagonist, and it remains difficult for the reader to imagine himself or herself in Francie’s place.

It is essential to remember that any judgment the reader forms of a character’s state of mind is of course context-dependent: in science fiction or fantasy literature readers will not presume a character to be mad if he talks about party guests suddenly disappearing or nurses with octopus arms. The difficulty only arises when the reader presumes the genre to be realistic. In parenthesis, it is therefore interesting that the Aboriginal Australian novelist Kim Scott should, in That Deadman Dance, inserts into a basically realistic narrative fantastic sections referring to Aboriginal myths. Bobby describes how he steps on a whale’s back and into the spout; he slides down into the cave ... And in that echoing cavern of flesh he sings and hurts its heart, he dances around, driving it to that place further along the coast he heard in story and song ... The whale comes up to breathe and the man looks out through its eye and sees only the ocean. ... But he trusts the song his father gave him, and he makes the whale dive again, and again, and makes the whale take him deep and far. (260)

Since the reader knows that Bobby is an Aboriginal brought up in the lore of his tribe, this poetic passage will be read as myth rather than hallucination, and the parallels to the biblical story of Jonas alert us to the fact that such religious myths cannot be approached within a
realistic frame. On the other hand, Scott creates precisely the kind of cognitive dissonance which we experience in madness narratives and which first settlers ignorant of Aboriginal culture would have felt vis-à-vis the fantastic stories of the supposed savages.

When we now turn to drama, immediate insight into the thought processes of the characters is, of course, denied to us, and mental disability must be conveyed by enactment on stage. As we shall see, however, the basic strategies chosen by dramatists to channel the sympathy of the audience are not dissimilar to those of writers of fiction.

In his play *The Madness of King George* Alan Bennett takes up the history of the 18th century British king and the political conflict about nominating a regent during the time of his lunacy. Although the title of the play refers to the ‘madness’ of the king, George III in fact suffered from an illness of the metabolism. It may seem to make little difference whether the monarch was really insane or whether he “just had all the symptoms of it” (Bennett, *Madness* 92). The psychiatrist Freeman even criticized the “misunderstanding” among “non-medical historians” who fail to see that “the fact that an abnormal mental state has an understandable cause … doesn’t in fact make it any less abnormal”. But he failed to take into account the emotional reaction of an audience. “From a dramatist’s point of view”, Bennett explains, “it is obviously useful if the King’s malady was a toxic condition … rather than due to schizophrenia or manic depression” because thus he could be made a “victim of his doctors and a tragic hero” (Introduction ix). It is also important that the audience first see him in full health, a little stiff and inflexible about the court protocol, but basically kind – for instance, when he pardons a deranged woman trying to assassinate him.

To be sure, in the course of the play George develops delusions (that the queen sleeps with her own son or that London is flooded) and talks incessantly with varying degrees of sense. However, many of his symptoms, such as incontinence, falling over, a hypersensitive skin, for a modern audience fall into the schema of physical illness rather than mental disease. Besides, “behaviour which in an ordinary person would be considered unbalanced (talking of oneself in the third person, for instance) is perfectly proper in the monarch” Bennett (Introduction xviii) reminds us. “The state of monarchy and the state of lunacy share a frontier” one of the doctors claims, “Some of my lunatics fancy themselves king. He is king, so where shall his fancy take refuge? […] Who is to say what is normal in a king? deferred to, agreed with,
acquiesced in. Who could flourish on such a daily diet of complaisance?” (Madness 47) Yet his surroundings expect exactly such royal behaviour and take as a sign of insanity especially his offenses against decorum: propositioning the Queen’s lady in waiting, uttering obscenities and abusing his incompetent doctors. Yet this liberation from the restraints of social etiquette and a rigid court protocol is almost enviable.

Like many writers on the subject, Bennett is interested in the madness of social behaviour rather than in mental illness. He consciously blurs the borderline between sanity and madness, closely following the theories of R.D. Laing, one of the most prominent spokesmen of the anti-psychiatry movement, who argued that the social regime “is oppressive and requires the distortion and repression of human potentialities for its effective functioning” (Crossley 878). In fact, the squabbling of the doctors and their incompetent treatment of the royal patient seems much madder than the conduct of the King. Madness and acceptable social behaviour are at times almost indistinguishable: One salient example is the juxtaposition of the torture of putting George III into a straitjacket with the scene in which his son is forced into a corset in preparation for sitting for a heroic painting.

Much of the sympathy the audience evinces for George III results from outrage at the eighteenth century treatment of mental illness, which resembles torture and takes away the patient’s dignity. The horror of Hogarth’s pictures is one of the few frames of reference available to a modern audience. George is forcibly restrained and submitted to painful blistering and purging against his will – an offense against modern ethics of medicine which reduces the monarch to an object on which the doctor’s experiment. Again, Bennett works within a Langian frame, who complained: “After being subjected to a degradation ceremonial known as a psychiatric examination [the patient] is bereft of his civic liberties in being imprisoned in a total institution known as a “mental” hospital. More completely, more radically than anywhere else in our society he is invalidated as a human being.” (Laing 64)

In the end the monarch does recover and the petition in lunacy is rejected, at least for the present, though we are informed that he eventually died in mental derangement. He is diagnosed as cured of madness when he has “remembered how to seem” (Madness 82) and to play the expected royal role again, following the very court protocol that must seem absurd and oppressive to a modern audience.
For twenty years, a reviewer wrote, there has not been “a better and more enthralling drama about the world of mental health” (Morley) than Joe Penhall’s *Blue/Orange*. “The slash... between the colours ...represents the fracture in personality that stereotypically defines schizophrenia.” (Klein). Like *The Madness of King George*, the play dramatizes a conflict between doctors about the appropriate therapy for a black patient who is variously diagnosed with schizophrenia or ‘only’ borderline personality disorder. Should Christopher be released into care in the community – which would conveniently free hospital beds – or should he be forcibly hospitalized for his own protection, together with “disfunctional mental patients twice his age” (94)? Since both solutions are equally unattractive, the spectator is placed in a moral conundrum. In recent years, the intellectual climate condemns involuntary institutionalization” (Oatley 125), but Penhall refuses to give simple answers to difficult questions.

There can be no doubt that Christopher has mental problems, but since the two doctors who might act as potential guidelines fail to agree, it remains unclear just how mad he really is. His central delusion that oranges are blue gives the play its title. Bruce, one of his psychiatrists, calls this “classic hallucinatory behaviour” (*Blue/Orange* 45), but his consultant Robert gloatingly points out that Eluard wrote a surrealist poem entitled “Le Monde est Bleu comme une Orange”¹ and that there is a children’s book called *Tintin and the Blue Orange* (*Blue/Orange* 45, 46) – references which destabilize our conviction that abnormality can be defined by simple scripts of unconventional conduct. Christopher supposedly exhibits disorganized behaviour and a decline in social skills (20) – but Robert, a follower of Laing, claims that this has become perfectly normal in modern society (21). Christopher seems paranoid, believing that his neighbours and the police harass him, but perhaps he is really the victim of racist slurs. The play addresses a host of contentious issues: Christopher’s case raises, for instance, the question why African males are much more likely to receive a schizophrenia diagnosis than white males. Might behaviour acceptable in the minority culture seem lunatic only by the standards of Anglo-Saxon psychiatrists and might supposed madness thus be simply a matter of cultural difference? Robert’s research into institutionalised cultural prejudice is cutting-edge and relevant, but it is compromised by his selfish motives: by

¹ The correct title is, in fact, “La Terre est Bleu comme une Orange”.

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following government guidelines of freeing hospital beds he hopes to further his career. All in all, both psychiatrists are so belligerent and abusive that they seem just as mad as the patient. The problem is the unavailability of sheltered accommodation for cases like Christopher. Thus Penhall, like Bennett, finally branches out into social criticism of an uncaring society rather than focussing on the symptoms of a psychotic patient.

Unlike Bennett and Penhall, Sarah Kane in 4:48 Psychosis all but excludes the social context, concentrating on the subjective feelings and obsessions of a suicidal psychotic. The play does not allot lines to characters and therefore gives the impression of a tortuous monologue in which the spectator is cast as the speaker’s confidante. Watson has called 4:48 Psychosis a “series of meditations by an unnamed, genderless character (or possibly characters) on suicidal depression, the therapeutic relationship, psychoactive medications both destructive and useless, and the moment of clarity that comes at 4:48 in the morning, when psychosis seems, from an observer’s point of view, to be the strongest” (191). The character’s behavioural and emotional symptoms of major depressive disorder, which Kane had personal experience of, closely follow the descriptions in medical handbooks. The audience will expect a depressive patient to be dissatisfied, hopeless, self-destructive, but they must add to their schema that psychotics are often unable to eat, think, love, are alienated from their bodies, and harbour absurd feelings of guilt: “I gassed the Jews, I killed the Kurds, I bombed the Arabs, I fucked small children while they begged for mercy....” (Kane 25) and so on. What makes the play so upsetting is that it transforms bald medical descriptions into concrete and lived experience through physical enactment on stage.

Unlike the other two plays, 4:48 Psychosis dramatizes madness in its structure and style by non-sequiturs, broken syntax, and obsessive repetitions. The speaker’s delusions and anxieties resemble dark and obscure poetry, but with a swing of mood, suddenly switch to obscenity, or from anger to despair. Thus a nihilistic, self-destructive attitude is conveyed by a litany of words with negative prefixes:

- unpleasant
- unacceptable
- uninspiring
- impenetrable
irrelevant
dislike

irreverent
dislocate

irreligious
disembody

unrepentant
decompress...

Words of violence are strung together repetitively and in endless variations:

dab flicker punch slash wring slash punch slash
float flicker flash punch wring press flash press ...

While the audience will feel intense pity, I wonder whether they can really adopt the patient’s perspective of pathological grief and empathize, in the sense of “know[ing] emotionally what another is experiencing from within the frame of reference of that other person” and “putt[ing] oneself in another’s shoes” (Berger). Rather, we feel stunned helplessness vis a vis this suffering. This does not mean, however, that the play does not create an intense emotional response. In the theatre “embodied emotions produce corresponding subjective emotional states” (McConachie 66) in the spectator by emotional contagion, so the intense pain and despair conveyed leave the audience profoundly disturbed when the lights come up.

In its depiction of a mental patient, 4:48 Psychosis is highly unusual. Whereas most texts I have described juxtapose the disabled protagonists to a callous and abusive environment, so that their symptoms seem harmless when compared to the institutionalised violence they are faced with, Kane does not solicit empathy by turning her character into a social victim, though her speaker does indict the doctors for their “inability to view patients as individuals, rather than looking past them in their diagnosis.” (Watson 189). Unlike the other authors discussed except for McCabe, Kane also zooms in on the disturbed consciousness of a psychotic, reproducing the patient’s non-sequiturs, mood switches, and the pathological pain for which
there is no logical explanation - even at the risk of radical cognitive dissonance between the character and the spectators. Most other writers, in contrast, focus on the madness of social behaviour and in Laingian fashion tend to present mental illness as an inevitable response to an absurd and inhuman universe. All of the authors, however, despite their different styles, share a concern with what Watson, in his analysis of Kane and Penhall, has called the “failures [of psychotherapy] rather than with its capacity to improve the human condition” (Watson 189). The rest cure prescribed by her physician husband drives the narrator of *The Yellow Wallpaper* into depression and lunacy; the authoritarian nurse terrorises the patients in *One Flew Over The Cuckoo’s Nest* and has Mc Murphy lobotomised and reduced to a vegetable; medical therapy fails to heal the butcher boy; George III temporarily regains his senses in spite, certainly not because of his bungling doctors and in the end is reported to have relapsed and died in mental derangement; the two psychiatrists in *Blue/Orange* disregard the well-being of the patient in their fight for supremacy; and the medicine Kane’s protagonist is given has awful side effects and fails to save her (or him) from suicide. Thus these literary descriptions, bent on arousing sympathy and interest in the subject of madness, paradoxically add one more negative adjective to the list: the disabled characters may not be incomprehensible and insensate, but they are ultimately incurable, at least given the ineffective drugs and mere dregs of altruism and sensitivity the fictional doctors have at their disposal.
References


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