THE PSYCHOLOGICAL CONSEQUENCES
OF READING FLAWED TEXTS

By John Rouse & Gordon Pradl

The saddest case we know is one of advanced dementia. The victim, when presented with a student text, begins to weep uncontrollably and then in a few moments to laugh hysterically. He alternates between these two states until the text is forcibly removed from his hands, at which point he falls silent and stares off into distant space. Only when his name has been called loudly several times does he return to himself. He has no recollection whatever of immediately preceding events, and if presented again with the same text he will accept it as a new thing entirely and repeat the behavior.

Another case, less advanced but no less interesting, concerns an individual who when taking up an issue of The New York Review of Books feels impelled to mentally revise the punctuation and sentence structure in whatever essay she is reading. Consequently, she requires an inordinate amount of time to read through a single issue and presently has before her a copy from late 1996. Subsequent issues are stacked around her recliner in several large and growing piles. Her ambition, she announced recently, is to enter the 21st century sometime within the next two years. As you would expect, her conversation concerns events from the not-so-recent past, and in the last few days she has been urging her friends to vote for Bill Clinton. She has become something of a curiosity at her university, where the elective course she offered until recently, "The Nineties: Where are we going?" was always oversubscribed. She is currently undergoing treatment, although we must report that the prognosis is still uncertain.

Cases like these—and the disorder finds expression in many other compulsive or even delusional behaviors, as our forthcoming Taxonomy of Mental Anguish in Academia
will show—require a long course of therapy. Patients are typically reluctant to relinquish the responses to flawed texts which have over a period of time culminated in their present illness. Before considering the therapeutic amelioration of such disorders, however, we should review the stages by which victims become gradually unhinged.

This process begins innocently enough with a conscientious effort to remedy simple errors. Reading a student text the teacher will encounter a sentence beginning, "When he went into thier house ..." Or perhaps, "When he went into there house ..." The teacher will pause to write SP, and go on to the next error. Students are of course pleased to have this copy editing done for them, and will continue to produce errors so as to keep their teacher happily employed. The noting of errors becomes a never ending process. Here we have the beginning of that obsessive behavior which afflicts many of our patients, who have spent so much time with heads bowed over student papers, red pencil in hand. They are alternately amused or saddened by the mistakes they find, and amidst the flood of error solace themselves with the fact that they themselves know better. This sense of superiority may later result in serious psychic consequences.

Reading in this way, from error to error rather than from one idea to another, fragments the reading experience. And these teachers become experts on fragments—which brings us to the syntactical level and the next stage in the insidious development of these disorders. Here sentence fragments and comma splices become matters of obsessive concern. Nor may sentences begin with a conjunction or end with a preposition. The fact that we encounter these usages in the pages of say The New York Review of Books is beside the point. In the minds of our patients this only indicates that the corruption of the language is proceeding apace. And moreover, they are well aware that espousing this view opens the way to career possibilities, for it is very often the view of editors in academic publishing houses, who are equally dedicated to the rooting out of supposed errors. (Here we speak from personal experience as writers whose work has been "corrected" and purified by various editors.) These editors and teachers alike wish to create a rule-governed world in
which writers are disciplined by those who have a superior understanding of language—by those who know what's right! Therapy will depend in part, then, on helping these people regain contact with the real world—with language as it is actually used outside the academic cocoon.

Here the therapist must proceed very cautiously because patients typically resist such contact, dismissing common usage as, well, common—that is to say, corrupt. They may become quite indignant or even angry. In a world of casual, careless, spontaneous and guilt-free language expression, they have labored to build up a rule-governed enclave protected by piles of grammar books, workbooks and stylish handbooks, where only disciplined expression is allowed. Young writers need discipline, they we will tell you emphatically. We are now approaching the third stage in the etiology of these disorders.

The writing instructor who has been decorating student papers with symbols such as S/V (subject/verb agreement), and INF (split infinitive), or with numbers referring to rules given in a grammar or stylistic handbook, pleading with the student for reform, finds that despite all this effort the rules have not been learned. Rather than abandon a rule-governed instructional method, however, the teacher now redoubles the effort and reviews those rules with the students yet again. This necessitates the teaching or reteaching of a whole vocabulary of grammatical terminology. For example, we were once informed by an instructor in this stage of the disorder that a student who had written "He watches the car moves" is "unaware that the second verb is non-finite and therefore has no tense so that the rule governing the choice of a finite verb does not apply." Is that clear, everyone? At this stage the teacher has become the knowing and even smug expositor of an esoteric knowledge and will respond to any demurral from the therapist by citing fellow authorities.

For example, the patient may cite The Cambridge Grammar of the English Language, which in more than 1,800 pages demonstrates the great complexity of our language and therefore the necessity of learning the rules and terminology which describe it. Otherwise, would-be writers will simply not know what they're doing. Unfortunately,
schools and colleges have given up the teaching of grammar in favor of "self-expression,"
the authors tell us (in the Chronicle Review of Jan. 3, '03), whereas "Even a modest amount
of exposure to the enterprise of discovering, justifying, and describing principles of
grammar might help students' writing and analysis of arguments." Or it might not. The fact
the English has no more than 5 cases for the verb whereas Latin has 120 makes one suspect
that perhaps the English language is not nearly as complex as the descriptions of it. One
yearns to be self-expressive and argue the case, but a therapist must resist this urge and
encourage, rather, the self-expression of the patient.

For there is no reasoning with those caught up in this syndrome. Individuals in
whom the disorder is far advanced will sometimes assume the superior mien common to
those who like mystics have mastered an esoteric discipline and come into the possession of
ultimate truth. They are above argument. An appeal to evidence is beside the point. That
research has demonstrated time and again that the inculcation of grammatical concepts leads
to no improvement in writing skill is irrelevant. Their reasons for being grammarians are
not, after all, primarily evidential, although they will refer you to 1,800 pages of what they
think of as evidence. Rather, they have become grammarians in order to preserve and enjoy
the security of a rule-governed world where certainty about what is right and what is wrong
has been established, and they will not give it up. They are fighters against slovenliness,
sloppiness and moral decay, upholding standards in a corrupt world by providing for the
careless and unruly young a much needed discipline—because those ignorant souls who live
without knowing the rules lack respect for authority. The therapist must not call into
question this mission or the world view of patients and so arouse a defensive resistance to
the treatment. Their reasons for becoming prescriptive grammarians, after all, have their
origin in psychic need. In other words, they are to be accounted for on psychological rather
than evidential or logical ground as rather more psycho than logical, one might say. There
is no reasoning with those upright, uptight people who worry about losing control. We
must, therefore, avoid a confrontational therapeutic style and work indirectly to relieve their apprehensions and their suffering.

The course of treatment begins by offering the patient new experience and encouraging a personal, self-expressive response to it. This new experience is in fact a form of shock therapy, for it contrasts radically with the matter-of-fact, cut-and-dried, rule-bound pedagogical experience that has so far characterized the patient. We are referring to a regimen of poetry therapy.

Poets very often violate the rules of written expression—of word order, punctuation, and sentence structure. They have been known to produce sentence fragments, comma splices, and indefinite references. They are self-expressive, their ideas are often unconventional, and they encourage their readers to become emotionally involved with the persons or events they describe—to have new thoughts and new feelings. Poetry is the Devil’s wine, Augustine said—it has a risky power of arousal, like a careless kiss.

The patient's induction into the world of poetic experience, then, should be gradual and the initial shock a mild one. We usually begin with very regular, even mechanical forms such as the limerick, perhaps as written by Edward Lear. In this way we begin to familiarize the patient with elements of whimsy and humor without posing a threat to conventional ideas of propriety. We then move on to verses that are somewhat more challenging or suggestive, perhaps those which report the adventures of Little Willy. A critical moment in the therapy comes when the patient is given the following quatrains:

Little Willie loved his teacher,
Even tho she was a screecher.
All his comps she marked in red,
"She must like me," Willie said.

If the patient responds by pointing out that "tho" is a misspelling, or that Willy is not being logical, the prognosis is not good and the therapist will proceed cautiously. If, however, the patient smiles or even laughs, we go on to more challenging material.
It will be some time, however, before the patient is ready for free verse and the *Howling* of Allen Ginsberg. We cannot in this space outline an entire course of treatment and so will refer interested readers to the appendix in our *Taxonomy of Mental Anguish in Academia*. We should emphasize, however, that in every stage of treatment our patients are encouraged to express themselves both in speech and writing without fear of correction, and the therapist will often write along with them. We want them to be actively involved in the treatment as a joint enterprise, and we invite a personal, self-expressive response to the material at hand—with the expectation that they will learn to encourage their students to respond to experience as they have, with ideas expressed in language that is free-flowing.

This mention of personal response reminds us of a usage becoming widespread among speakers of English, one that tends to diminish the personal. We are referring to the increasingly common use of "that" when the pronoun "who" is called for. For example, we often read sentences like this: "The woman that is my love will be here soon." If she is truly his love, then why refer to her so impersonally as "that"? But this way of referring to persons is becoming very common, even in academic journals. We find this practice to be demeaning, inconsiderate and thoughtless. It is a language habit up with which even we will not put.