

## Literature and Medicine: Asperger Syndrome in Mark Haddon's Novel "The Curious Incident of the Dog in the Night-Time"



*Janko Andrijasevič*

There are various meanings one can assign to literature. One of them is dealing with truth. But truth is the most difficult thing to deal with, simply because we do not know what ultimate truth and ultimate reality are. We can only see the top of truth's iceberg which is above the water, but its main bulk is hidden underneath. We can only focus on one or just a few of its aspects at a time, although it simultaneously contains all aspects there are. Still, we have our guesses at truth all the time. We analyze and synthesize, use reason and intuition, and come a little bit closer to the truth, or a little bit further away from it. But we actually never get to the heart of it, because then there would be no

mystery of human existence, and without this mystery the world as we know it would not exist. There would only be bliss. Knowing more is thus the essential mission of our lives, and literature is one of the most powerful spurs in this mission, for it treasures an abundance of impulses of coming closer to the truth. The only thing is to be able to recognize them, to find the way to pick them up, and most certainly one of the ways for this is never to stop building bridges between literature and all other sides of human life literature contains within its mighty lore.

Human brain is normally lacking the ability to comprehend the simultaneous multifaceted quality of truth, but it is probably evolving in this direction. One of the ways of approximation to deeper truth is certainly the analysis of single elements and aspects. However, analyses are just compromises with our restricted mental potentials, for it is much easier for us to research one thing a time, unencumbered with all corresponding relations it contains. So, the necessary step to be taken after analysis is to get the achieved results in touch with as many aspects of the phenomenon in question as possible. This paper is a very humble attempt hinting at the relationship between literature and medicine, and although it is simply impossible to be equally well versed in various sides of reality, such bridge-building approach at least points to the direction where literature can help us understand our lives a little bit better, which is, probably, one of its great goals.

Being healthy has always been one of our main preoccupations. Being ill, on the other side, is a very hard experience, although different people experience it in different ways.

However, one of the most difficult things is to understand those who suffer from certain illnesses which we have never had. How to be emphatic and see the world from the perspective of another body with certain dysfunctions alien to us? Can detailed scientific descriptions and medical records make us feel what certain patients feel? Or can literary accounts provide us with all necessary information about an illness? And which of the two is more important? This paper will try to deal with the above question, taking as the example the novel *The Curious Incident of the Dog in the Night-Time*, written by Mark Haddon.

Mark Haddon is a British author who wrote a lot for children, and his first novel *The Curious Incident* was published both for young adults and as a literary novel, although the writer says that it is “definitely for adults” (Weich 2003). The novel won the Whitbread Book of the Year 2004. It is a story of a fifteen-year-old boy Christopher Boone who suffers from a mental disability. The name of his syndrome is never mentioned in the book, although it is most likely that he has a kind of autism called Asperger Syndrome. Christopher finds a dead dog in his neighbour’s garden, and since he is a fan of Sherlock Holmes and mystery novels, he sets off to find out who the murderer is, which he eventually accomplishes. The quest for the criminal gradually starts to involve the story of Christopher’s parents, so the dog is not the main point in the end, when all the pieces of the puzzle fall into their place. It is both an outer and an inner adventure in which we get to know how a disordered mind functions, and in which we follow the minds of those who are officially mentally sane.

Haddon had worked with children with disabilities for a while, which can be perceived in the book, because he vividly and realistically depicts many situations in the life of Christopher Boone. Although he does not associate Christopher’s condition with any particular diagnosis, it can for the large part fit into Asperger Syndrome. It is

*a neurobiological disorder named for a Viennese physician, Hans Asperger, who in 1944 published a paper which described a pattern of behaviours in several young boys who had normal intelligence and language development, but who also exhibited autistic-like behaviours and marked deficiencies in social and communicative skills. In spite of the publication of his paper in the 1940s, it wasn’t until 1994 that Asperger Syndrome was added to the DSM IV and only in the past few years has AS been recognized by professionals and parents. (Kirby)*

That Christopher most likely has this syndrome can best be shown by comparing particular symptoms of this disability with his own behaviour.

As already stated, individuals with AS have normal intelligence and language development. However, although they can know an outstanding number of words, they do not “truly understand the nuances of language and have difficulty with language pragmatics” (Freisleben-Cook). This is why Christopher doesn’t understand idioms, metaphors, allusions, or jokes. He understands only the most literal meaning of words, and, he says, “if I don’t know what someone is saying I ask them what they mean or I walk away” (Haddon 2004:3). It is for the same reason that he cannot understand jokes, because they are frequently based on multiple meanings of words, and for Christopher

“making the word mean three different things at the same time [...] is like hearing three different pieces of music at the same time which is uncomfortable and confusing” (Haddon 2004: 10). And although Christopher knows the definition of metaphor, and its etymology, he fails to comprehend it, but he is OK with similes, he even uses some: the inspector “had a very hairy nose [...] as if there were two very small mice hiding in his nostrils” (Haddon 2004:22). The reason he understands similes is that “it really did look like there were two very small mice hiding in his nostrils” (Haddon 2004:22). It was not like, for example, the metaphor “They had a skeleton in the cupboard” (Haddon 2004:19) because “people do not have skeletons in their cupboards” (Haddon 2004:20). Christopher calls metaphors lies, and there is nothing he hates more than any kind of lies.

Truth is the principal cult in Christopher’s system of values. Once he hit a policeman because the policeman wanted to touch him (Christopher hates being touched). The interrogation with the police officer went like this:

*‘I have spoken to your father and he says that you didn’t mean to hit the policeman.’*

*I didn’t say anything because this wasn’t a question.*

*He said, ‘Did you mean to hit the policeman?’*

*I said, ‘Yes.’*

*He squeezed his face and said, ‘But you didn’t mean to hurt the policeman?’*

*I thought about this and said, ‘No. I didn’t mean to hurt the policeman. I just wanted him to stop touching me.’*

*Then he said, ‘You know that it is wrong to hit a policeman, don’t you?’*

*I said, ‘I do.’*

*He was quiet for a few seconds, then he asked, ‘Did you kill the dog, Christopher?’*

*I said, ‘I didn’t kill the dog.’*

*He said, ‘Do you know that it is wrong to lie to a policeman and that you can get into a very great deal of trouble if you do?’*

*I said, ‘Yes.’*

*He said, ‘So, do you know who killed the dog?’*

*I said, ‘No.’*

*He said, ‘Are you telling the truth?’*

*I said, ‘Yes. I always tell the truth.’ (Haddon 2004: 22-23)*

When Christopher finds out that his father lied to him, he runs away from home, which is a terrifying experience for him, because he has great difficulties to be in new places and among strange people. However, even such a horrible experience is better for him than to live with someone who tells lies. He always knows his priorities. Truth is unquestionably the main prerequisite for Christopher to function. Besides, “if you don’t tell the truth now, then later on ... later on it hurts even more” (Haddon 2004: 150). Still, Christopher sometimes tells white lies, when he has a good reason, and we can hardly blame him for that. This is how he justifies the use of white lies:

*A white lie is not a lie at all. It is where you tell the truth but you do not tell all of the truth. This means that everything you say is a white lie because when someone says, for example, 'What do you want to do today?' you say, 'I want to do painting with Mrs Peters,' but you don't say 'I want to have my lunch and I want to go to the toilet and I want to go home after school and I want to play with Toby and I want my to have supper and I want to play on my computer and I want to go to bed.'* (Haddon 2004:62.)

People with Asperger Syndrome are said to “have difficulties with transitions or changes and prefer sameness” (Kirby). One of the reasons they do not like new places is that they get too many impressions from them. When ordinary people travel through countryside, for example, they see “some cows in the fields” (Haddon 2004:174). When Christopher travels in the countryside he sees “19 cows in the field, 15 of which are black and white and 4 of which are brown and white” (Haddon 2004:175), and he can also draw the particular pattern of every single cow. So, he says: “When I am in a new place, because I see everything, it is like when a computer is doing too many things at the same time and the central processor unit is blocked up and there isn't any space left to think about other things” (Haddon 2004:177). And this is how he felt when he was travelling alone from Swindon to London: “I could feel my heart beating very hard and I could hear a noise like the sea in my ears” (Haddon 2004:210).

One of the basic problems Christopher has is his inability to understand human emotions. Instead of feeling them instinctively, he has to use his reason and make his rational conclusions about how somebody else might feel. For example, he knows his father is angry by the volume of his voice, not by its tone or his facial expression or body gestures. This is why he prefers dogs to people: “You always know what a dog is thinking. It has four moods. Happy, sad, cross and concentrating. Also, dogs are faithful and do not tell lies because they cannot speak” (Haddon 2004:4). On the other hand, he finds people confusing because “people often talk using metaphors” (Haddon 2004:19) and “do a lot of talking without using any words” (Haddon 2004: 19), which he doesn't understand. For Christopher, “loving someone is helping them when they get into trouble, and looking after them, and telling them the truth” (Haddon 2004:109). This is the extent to which he can stretch his emotional intelligence, but still his sense of morality and justice is impeccable, regardless of the fact that he cannot understand emotions. This also does not mean that he is rid of emotions – they are sometimes so strong that he has to fight them hard. “The narrator may not recognize them, but emotions lurk behind virtually every clue he uncovers” (Weich 2003).

Christopher is emotionally upset when people shout at him, when they try to touch him, when he is in a new place, when he is in a crowd, when he talks to strangers. In order to restore his peace, he finds many ways to fence himself off from the sources of unrest. “I put my hands over my ears and closed my eyes and rolled forward till I was hunched up with my forehead pressed onto the grass. The grass was wet and cold. It was nice” (Haddon 2004:4). Sometimes he makes

*the noise that Father calls groaning. I make this noise when there is too much information coming into my head from the outside world. It is like when you are upset and you hold the radio against your ear and you tune it halfway between two stations so that all you get is white noise and then you turn the volume right up so that this is all you can hear and then you know you are safe because you cannot hear anything else (Haddon 2004: 8).*

In other situations he performs mathematical operations in his head: “I doubled 2s in my head because it made me feel calmer. I got to 33,554,432 which is  $2^{25}$ , which was not very much because I’ve got to  $2^{45}$  before, but my brain wasn’t working well” (Haddon 2004:149). Is this something he does instinctively, or does he use his intelligence to protect himself from negative emotions? If the latter is true, is this not something the mentally acceptable masses should learn from Christopher? Besides, he also knows which things make him uneasy and which calm him down. It is always knowledge about things that brings him peace – to know where he is, what time it is, what he is going to do, what is going to happen, briefly – order, routine, certainty. He knows what is good for him, and he always helps himself and tries to find his peace. Another lesson from Christopher?

“The individual [with AS] exhibits an unusually intense circumscribed interest or restricted, repetitive and stereotyped behaviour, interest and activities” (Slater-Walker 2002: 46).<sup>1</sup> Christopher has several strong interests: science fiction, ocean depths, mathematics. He even passes the A level in mathematics with an A grade, because he is a math genius. It is generally believed that all people with AS are exceptionally gifted for certain areas, but the truth is that it applies to only a fraction of them. Still, those who are gifted can really reach enormously high achievements in their fields of interest. Ioan James offers an interesting idea in his book *Asperger’s Syndrome and High Achievement*. He states that some famous personalities (including Michelangelo, Isaac Newton, Jonathan Swift, Van Gogh, Albert Einstein, Andy Warhol) had “strange idiosyncrasies, of the kind associated with the mild form of autism known as Asperger’s Syndrome” (James 2006:7). Is this too daring a statement? Or is AS still so unfamiliar as to be accepted to such a scale?

The perception of people with AS is very different from average people. They are “often overly sensitive to sounds, tastes, smells, and sights [...] may prefer soft clothing, certain foods, and be bothered by sounds or lights no one else seems to hear or see” (Kirby). Different foodstuffs on Christopher’s plate must not touch each other, because if they do – he does not eat them any more. He never eats yellow and brown things, or at the best he puts red food colouring into them if he really likes something which is yellow or brown. He states his own reasons for hating yellow (custard, bananas, double yellow lines, yellow fever, yellow flowers, sweetcorn – “because it comes out in your poo,” Haddon 2004:105) and brown (dirt, gravy, poo, wood, Melissa Brown – “who is a girl at school who is not actually brown like Anil or Mohammed, it’s just her name, but she tore my big astronaut painting into two pieces and I threw it away even after Mrs

Peters sellotaped it together again because it looked broken,” Haddon 2004:106). Such tastes and behaviour are “not the result of intentional rudeness” (Kirby) and people dealing with AS patients have to be aware of that. The reaction of Mr Shears, who is Christopher’s mother’s lover, is thus so out of place:

*You think you’re so fucking clever, don’t you? Don’t you ever, ever think about other people for one second, eh? Well, I bet you’re really pleased with yourself now, aren’t you?” (Haddon 2004:252).*

Is there any need now to repeat how much reconsideration many so-called mentally sane people need?

There are other symptoms of AS, too, such as “failure adequately to use eye-to-eye gaze, facial expression, body posture and gesture to regulate social interaction” (Slater-Walker 2002:43), “a tendency to be clumsy” (Freisleben-Cook 2), “failure to develop [...] peer relationships” (Slater-Walker 2002: 44), “rarely seeking and using other people for comfort and affection at times of stress and distress” (Slater-Walker 2002:44), “apparently compulsive adherence to specific, non-functional routines or rituals” (Slater-Walker 2002: 47), etc., all of which can, in one way or another, be associated with Christopher’s behaviour.

In this novel written in a very simple, “clipped” (Weich 2003) style, Mark Haddon has managed to make the reader “slip inside his [Christopher’s] head, and it seems like the most natural thing in the world” (Weich 2003).<sup>2</sup> While I was reading the book I started worrying a bit, because Christopher’s reasoning and ‘non-functional rituals’ became quite usual to me, and I started to ask myself whether I was completely mentally healthy. Then, to my relief, I read that many readers “found themselves walking around thinking like Christopher” (Weich 2003). Even the author’s father “discovered that three yellow cars were habitually parked in the street in a row [which is a very bad sign for Christopher], so he had to go round the block” (Weich 2003).<sup>3</sup> However, it is probably not that all of us who identified with Christopher tend to have anything similar to AS, it is just that all of us have been in situations of great tension like Christopher, and because, apparently, “there is something more wrong with the people around Christopher than with him” (Weich 2003).<sup>4</sup> And had we met Christopher face to face, or read the detailed medical accounts of AS, we certainly would not have got such an emphatic understanding of a person suffering from this disability as we do reading Haddon’s book. Which is to be thanked to the magic of literature.

In the end, it is probably redundant to repeat the question mentioned previously – whether it is medicine or literature that are more valuable for our understanding of various illnesses. Medicine is a science, precise and objective, literature is art, imprecise and subjective, but both are unavoidable, because they cast light on the truth from different perspectives, both of which are inherent in us. This paper could, as well, have brought in other perspectives, such as philosophical, spiritual, historical ones, etc., but it is a rather formidable task I shall refrain from, but I hope this tiny bridge that I tried to build in this paper at least exposes the direction I am pointing to.

**Notes:**

1. Quoted from WHO ICD-10 (1993) (World Health Organization, International Classification of Diseases)
2. Mark Haddon, quoted in Weich 2003.
3. *Ibid.*
4. *Ibid.*

**References:**

1. Freisleben-Cook, L. *A More Down-to-Earth Description* // O.A.S.I.S. <http://www.udel.edu/bkirby/asperger/aswhatisit.html>, accessed at 3 April 2007.
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6. Weich, D. (2003) *The Curiously Irresistible Literary Debut of Mark Haddon* // Powells.com Interviews – Mark Haddon. <http://www.powells.com/authors/haddon.html>, accessed at 3 April 2007.

**Գրականություն և բժշկագիտություն. Ասպերգերի սինդրոմը Մարք Յադդոնի “Շան գիշերային տարօրինակ միջադեպը” վեպում**

ժամանակակից Բրիտանացի գրող Մարք Յադդոնի “Շան գիշերային տարօրինակ միջադեպը” բանավեճ-վեպի գլխավոր հերոսը՝ 15-ամյա Քրիստոֆերը, ունի հոգեկան շեղում (Ասպերգերի սինդրոմ), որի մասին ինքը տեղյակ չէ: Յադդոնը հրաշալի անգլերենով այնքան հաջող է ներկայացնում հոգեկան շեղում ունեցող մարդու աշխարհընկալումը, որ ընթերցողը ականայից նմանություն է տեսնում իր և այդ տղայի միջև: Չնայած հիվանդության անունը վեպում չի նշվում, և նրանում չկան բժշկական նկատառումներ, այն վեպում ավելի վառ է արտահայտվում և ավելի արդյունավետ է նկարագրվում, քան որևէ բժշկագիտական զեկուցման մեջ:

Յոդվածում քննվում է գրականության և բժշկագիտության հարաբերակցությունը, որոնք ներկայացնում են մարդու միասնության երկու կողմերը և այդ պատճառով պետք է հնարավորինս օգտագործեն միմյանց նվաճումները, որպեսզի լույս սփռեն մարդկության գոյության առեղծվածի վրա: