

Narrative Medicine in the Literature Classroom: Ethical Pedagogy and Mark Haddon's *The Curious Incident of the Dog in the Night-Time*

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When I had the opportunity to conduct seminars in literature and medicine with second-year medical students, some of my colleagues in the English department jokingly described my work as “teaching doctors to be human beings.” Indeed, it may be easy for humanities professionals to feel a sense of smug, if silent, superiority when reading anecdotal accounts of doctors’ discovering truths like Arthur Kleinman’s “grand lesson . . . that it is possible to talk with patients . . . about the actual experience of illness.”¹ As professional readers of narrative, we “listen” to people, real and fictional, and strive to understand their stories as a matter of course. It’s what we do. We may even see ourselves as representatives of a field that—by offering a variety of our texts and techniques to the study of medical humanities—is responsible for having given medical education some degree of humanity. But interdisciplinary practices like those incorporated into “narrative medicine,” having created a model for ethical engagement between healthcare professionals and their patients, can also be used as a mirror for literary scholars to hold up to ourselves. In our field, teaching and learning how to “be human beings” remains taboo: such work is too soft, too subjective, too spiritual, too politically problematic. It’s irrelevant to a public university, or it’s not our job. Even in English, amidst the most profound accounts of human existence ever penned, the nobler goals of humanistic education yet take a back seat at best to “critical thinking,” to historical and cultural literacy, to

theoretical play with the written word, and to intellectual rigor and systematic thinking about texts. The scientists now regularly talk about their practice in terms paradoxically foreign to the humanists: wisdom, gratitude, empathy, and ironically, the “meaning” people can make by reading and creating narrative together.

Thinkers like Wayne Booth have encouraged us to return “ethical criticism” to the study of literature, a type of reading that takes into consideration “the overall effect on the *ethos*, the *character*, of the listener . . . the very quality of the life lived” by the reader.² Far from limiting our reading pleasure and study to those texts which overtly moralize in ways we readily embrace, Booth explains that every act of reading prompts some ethical reaction, and that in fact our ethical frameworks are built, in large part, through story: “no one who has thought about it for long can deny that we are at least partially constructed, in our most fundamental moral character, by the stories we have heard, or read, or viewed . . . the stories we have really *listened to*.”³ It is foolish, then—even irresponsible—to ignore the ethical nature of texts, the sometimes even polemical intentions of their authors, and the often profound effects they can have on readers. According to Booth, we in literary studies can strive nobly: “when responsible readers of powerful stories engage in genuine inquiry about their ethical value, they can produce results that deserve the tricky label ‘knowledge.’”⁴

As most ethical critics note, current and future approaches to narrative ethics must be rooted in narrative theories: in other words, we must not work backward from what Daniel Schwarz has called the “theoretical revolution” of the late twentieth century.⁵ Should that still small voice that reminds us why we are moved by stories clamor at Booth’s call and desire to share with students the richly ethical components of reading, we must find a way to do so with respect to the intellectual integrity of our field.⁶ It is ironic that in medical education we find a clear, promising, and rigorous method for doing ethical criticism in our English classrooms. As they encourage conscious engagement between the reader’s ethical self and the patients, characters, or texts with which he or she engages, narrative medicine techniques (designed by and for “hard” scientists) also demand a systematic study of narrative. As a result, narrative medicine invites more muscular than pathetic readings of texts, affording those of us in the English Department an opportunity to embark on what Booth calls “ethical inquiry,” while retaining the intellectual tools of literary criticism we have spent half a century developing. In this essay, I give an example of how narrative medicine can enhance an undergraduate

class's reading of a complex text to both enrich students' intellectual, critical engagement with narrative and strengthen their ability to empathically engage with the real world we all occupy.

Mark Haddon's *The Curious Incident of the Dog in the Night-Time*—hailed by critics, autism activists, and in my classes at least, enjoyed by even inexperienced or resistant readers—certainly stands on its own in a literature class. By approaching it with the ethical goals and strategies of narrative medicine and with the templates of medical narratives described by those who work in the field, we can use the novel as an inroad to ethical inquiry. Following Booth's premise, that "it [is] reasonable to claim that 'literature,' with all its ambiguities, can teach us . . . essential ethical truths about the world of health, disease, medicine, and right and wrong ways of facing pain and death,"⁷ I invite my undergraduate readers of Haddon's novel to study the text for how it works, where it seems to stand on its own ethical questions, and what other ethical dilemmas it forces us to consider. Furthermore, viewed as a medical narrative with features common to other accounts of illness and disability, it puts us in a position from which we must practice empathy; we must perform a reading *with* the text and the characters that dwell within it, listening "with" and not just "to" the text.⁸ If we use narrative medicine as a method and disability studies as a guide to some of the tougher dilemmas of medical ethical reading, this novel stretches us amazingly.

A Narrative Medicine Ethics of Reading

Where did ethics in literary studies go? Todd F. Davis and Kenneth Womack explain how "many critics during the poststructuralist era have doggedly and determinedly sought to place distance between themselves and any mention of an ethical or moral perspective in their work"⁹; Booth ties the trend not only to late twentieth-century critical schools of thought—what Schwarz calls "the high tide of rhetorical deconstruction"¹⁰—but to complaints about the notion of moral judgments being entirely subjective, the fear that ethical judgments would lead to censorship, and the notion that art should be held to aesthetic standards that somehow transcend ethical considerations.¹¹ Perhaps our reticence to discuss ethics may be further deepened by recent public conversations about universities as strongholds of liberal politics: the more we value the intellectual pursuit of ideas, the more vehemently we deny the accusation that we are proselytizing from our lecterns

and, in turn, the more ardently we may resist offering what seems like opinion on even obvious moral positions or quandaries in texts. If what we are saying cannot be objectively demonstrated or wanders very far afield from political neutrality, in other words, we may feel that we are earning the criticism we don't believe we deserve.

But as Booth points out, the act of avoiding ethical judgments in a text is itself an ethical (or unethical) act: we have "not only a right but a responsibility to think about whether [a text's presented] choices are ethically good or bad."¹² Inherently acknowledging this assessment—indeed, depending on it—a narrative medicine paradigm may facilitate a conversation about ethical judgments simply by bringing them to light. Though readers of stories and doctors "read" their respective texts in similar ways,¹³ student readers are seldom inclined to hold themselves to the same standards as they read and judge the stories of characters (even nonfiction ones) presented via literary narrative. Since the ethicality of weighing in on various narrative elements is much more obvious in medicine than in literature—that is, if a doctor fails to appreciate a salient part of a patient's story, most people see it as an obvious ethical failing¹⁴—then asking students to imagine themselves reading "like doctors" invites them to confront the ethical judgments they might otherwise make only unconsciously while reading.

Furthermore, as narrative medicine theorists have discussed in far more depth than literary critics of late, a reader/listener's engaging with the complexity of the other, whether patient or text, is a necessarily ethical gesture. As James Phelan has said, "reading is itself an ethical act," since by virtue of performing it, we put ourselves in the mind of the other.¹⁵ While no one would argue that neatly inhabiting and unquestioningly agreeing with every text or every speaker inevitably produces an ethical position—we do not strive, that is, to let every story change readers' beliefs to whatever its characters seem to believe—the basically empathic gesture of reading *with*, the ability to dwell *in* the other, may be the most fundamentally ethical gesture in our sphere of existence.

The Curious Incident in the Literature Classroom

A traditional reading of Haddon's novel is very rich all by itself. *The Curious Incident*, though a deceptively easy read (and, some have noted, as well suited to adolescent readers as to adult ones),¹⁶

is multivalent and smart, meeting many of the components of the National Council of Teachers of English's definition of "complex text" for adolescent lit.¹⁷ Clearly and simultaneously following at least three basic plotlines, it also experiments with an unreliable narrator or, more accurately, one with limited narrative ability; presents a wide array of easily interpretable concrete details; builds suspense; and uses emotionally compelling surprises to keep readers hooked. For a non-major undergraduate class in literature, in which I have had some students confess to never having read a novel-length work, it is a practically perfect first book. Students follow it, finish it, enjoy it, and can successfully mine it for a number of concrete literary elements. In fact, the character-narrator, Christopher, explicitly articulates many of the important literary elements of the first plot, his detective story, as he embarks on writing it. He explains, for instance, the mechanisms of detective fiction, a writer's practice of selecting relevant details and occasional "red herrings," and his own reasons for liking similes but hating metaphors.¹⁸ He telegraphs his basic plot trajectory: following Sherlock Holmes, he has set out to write a detective story about the murder of the neighbor's dog, Wellington, whose body he has found with a garden fork sticking out of its side. Even the most inexperienced reader is thus guided along one of the major plotlines, his or her hand held by a novice storyteller stepping deliberately through the storytelling process.

But the book is far from simplistic. When, halfway through, Christopher learns that his own father has murdered Wellington, he runs away in terror, and the predictable detective plot gives way to one of quest. Along the way, Christopher and readers pick up other important tidbits of information: namely that his mother is alive, having moved to London some months prior with her lover and former neighbor Roger Shields, and that his father has both lied about her death and withheld her letters to their son. Thus, Christopher's quest has a catalyst and a destination, as he decides he can't stay with a dishonest, dog-killing caregiver; he can't go to a stranger; and he can't seriously consider any other possible destinations for various reasons (some family members touch his hair too much, he can't use neighbors' toilets, *et cetera*). As he packs his supplies, charts his path, and navigates the subway alone for the first time, the tale of Christopher's journey becomes compelling as readers wonder whether he'll make it to his mother and what he'll find when he gets there.

And the book is yet more complicated. The quest plot carries the additional weight of Christopher's obvious, clearly demarcated,

but unnamed, special needs. Though Haddon doesn't use the word "autism," most critics and readers agree that Christopher suffers from an autism-spectrum disorder, most likely Asperger's, and correctly anticipate that his journey to London will be handicapped by his social inabilities; his uncontrollable responses to fear, chaos, and noise; and his frequently impaired judgment. This condition—and the radical fact of the book's being told in first person—also renders his telling of events along its two first trajectories incomplete by virtue of his simple inability to understand some of those narratives' elements. While he gives concrete facts and a detailed accounting of his thought processes (minus nuances of language, motivation, context, and the emotions of others), he also unwittingly reveals information about his behavioral challenges and the dysfunction of his family. His beautifully transparent unreliability thus allows Haddon to tell a third story, underneath the veneer of the detective and quest plots, this one a tale of two parents of a special-needs child, their efforts, their failings, their crumbling marriage, and their sometimes desperate decisions. Though both parents do get to speak—the father most completely in dialogue and the mother in letters—much of their story is woven by readers who collect details, unfiltered, from Christopher and must themselves make meaning from them.

Booth offers examples of texts with strong, clear ethical messages and ultimately concludes that the text which confronts multiple facets of a dilemma is the most rewarding:

When stories manage to not only engage us in serious thought about ethical matters, based on the reinforcement of certain ethical positions as admirable and others as questionable or indefensible, but also hook us into plots-of-conflict that are inseparable from that thinking, we meet what I consider the most admirable invitation to ethical criticism. The plot, in such stories, does not just present virtue and vice in conflict; the story itself consists of the conflict of defensible moral or ethical stances. The action takes place both within the characters in the story and inside the mind of the reader, as [he or] she grapples with conflicting choices that irresistibly demand the reader's judgment.¹⁹

By Booth's definition, *The Curious Incident* is a great test case for ethical readings—maybe especially for traditional undergraduate students, most of whom can only imaginatively relate to parenting a special-needs child but many of whom have at least vicariously experienced

such events as divorce, infidelity, and catastrophic dishonesty within a family. In teaching *The Curious Incident*, one can begin an ethical conversation with the common elements of any divorce: under what circumstances might it be justifiable to leave a spouse or a child or to separate a parent from a child? The fact of Christopher's disorder complicates the question: what behaviors are ethical when the demands of a child seem to surpass his parents' emotional, psychological, and matrimonial strength? The text elicits strong emotional reactions and prejudices, both by what it says and through what readers bring to it. If a teacher is inclined to encourage them, students will often offer personal experiences that enrich the whole group's appreciation of the situation. But *The Curious Incident* resists easy conclusions, regardless of where students tend to place their favor and blame—arguably, it resists conclusions even more than the real-life (and usually heavily edited) narratives students have “written” about their own family histories. Though I would argue that the book does in fact favor one character's position over another, no one's behavior is above reproach; moreover, the apparently ethically privileged position also receives the strictest punishment from the book.

Since the mother is given her own language, through a series of letters to Christopher that he discovers in his father's closet, she can ostensibly defend herself, and some readers do in fact respond with sympathy, as it becomes very difficult to imagine taking care of a child in such difficult circumstances as his disability presents. As she recounts taking her son Christmas shopping, for instance, and having to endure his dramatic meltdown while she stands feebly by, students appreciate the helplessness of the situation, the urgency and stress of her run-on descriptions, and the futility and frustration in her ultimate response: “I just cried and cried and cried.”²⁰ But her version of events, appearing in the epistolary first person, invites rhetorical analysis, and a discussion leader can easily demonstrate how the mother incriminates herself by ignoring the basic lessons of freshman composition (beyond her occasional grammatical and spelling errors). Utterly ignoring the qualities of her specific fifteen-year-old audience, chiefly his inability to comprehend nuanced emotional experience, Christopher's mom bases her defense for leaving entirely on her complicated emotional responses to her son and husband, and presents these reasons in figurative and abstract language: “And that was when I started spending lots of time with Roger . . . because I could talk to him. He was the only person I could really talk to. And when I was with him, I didn't feel lonely anymore.”²¹ Though she admits that he “might not understand any of

this," she never attempts to remedy that fact; her letters seem to be written for her own benefit alone, and the overwhelming majority of my students come to see them as mere rationalizing. Students recall the Christmas shopping story in the context of this blatant disregard for audience, by wondering why she took him to a department store in the first place, especially at the holidays, thoughtlessly setting him up to fail by forcing a situation he was obviously ill equipped to handle.²²

Christopher's father, Ed, too has several strikes against him. He has, in fact, killed Wellington the dog. In one of Christopher's particularly violent episodes, the details of which the narrator cannot remember clearly, he may or may not have hit his child in anger.²³ While many students can relate to the frustration Ed must feel and to the ways he struggles to keep that frustration from Christopher—the strongest complaint he makes is, "Shit, buddy, we're not exactly low maintenance, are we?"²⁴—and to use his many good deeds and his generally good parenting to exonerate him for occasional fits of temper, they have a hard time forgiving him for completely cutting the mother, however flawed, out of Christopher's life. Still, he is constant and strong, a force for good in Christopher's life, and when he has the opportunity to talk to Christopher, he presents his words carefully, "trying to keep it simple," in full view of what the boy, his audience, can and cannot comprehend.²⁵

The ground is fertile for a debate over which ethical judgments are most appropriate to the book. Students can fill an hour with a discussion of which parent is more to blame, and no one is far enough away from divorce to be unable to opine on the ethicality of various behaviors. But this debate, while valuable as an exercise in thinking and, perhaps, in empathically understanding others, merely scratches the surface of what this novel can do for students. In fact, *The Curious Incident* offers readers an imaginative awareness of a very different kind of mind to which they can listen and with which they can dwell or "consubstantiate"²⁶; when read with an eye to medical narratives, it can illuminate our expectations, misconceptions, and roles in perpetuating cultural narratives of illness and disability.

The Curious Incident as Medical Narrative

General education students in a literature class may find illness and disability hard to discuss, may find them political minefields like race, sexuality, and numerous other identity-political discussion topics

for which they are unprepared or by which they are intimidated. It is too easy to say the wrong thing, so students (and professors) often choose instead to avoid the conversation entirely or to oversimplify it in an effort to “celebrate diversity.”²⁷ But whether we are naturally comfortable talking about disability or not, *The Curious Incident* in some senses—at least in terms of character development, and arguably, in terms of its narrative structure—asks to be read as a medical narrative, pushing open a door students might otherwise choose to tiptoe past. Confronting the book in this manner, we can understand our ethical responsibility to it both more concretely and more complexly. Embracing some of the techniques and empathic goals of narrative medicine, we can better navigate the sensitive issues that lie within and undergird our immediate—and perhaps inappropriate—responses to the text.

With its central plots focusing on the Wellington murder and the underlying mystery of Christopher’s mother, the novel is not overtly an illness narrative or, really, any kind of medical story. Though Christopher identifies his own strengths and weaknesses, his aims at the outset and his presentation of his own condition are of a different nature entirely; Haddon’s explicit aims seem also of a different sort as he deftly examines the family’s complex relationships. But there is a “chief complaint” in this book, whether or not the narrator is complaining of it. While Vivienne Muller’s point about Christopher’s story being “a positive spin on [Asperger’s]”²⁸ may have some validity, the novel does not shy away from the struggles of his daily life. Even his own account of things represents him, at times, as sick, soiled, frightened, confused, angry, exhausted, and in imminent physical danger. He may attempt (via footnote, chapter break, or nonparallel listing) to downplay the most severe of his “Behavioral Problems,” but they do variously include violence, destructiveness, and utter incapacity. Introducing the notion of narrative medicine, I authorize students to acknowledge this: despite the politically correct coaching they have sometimes received and their kind inclinations to turn away from, to unquestioningly embrace, or to politely ignore difference, I insist that they aren’t doing anything wrong by identifying the suffering in this book.

And when we do read *The Curious Incident* as medical narrative, in full view of the difficulties and pain that characterize it, we find an incredibly productive way into the text. Though fraught with problems as a dominant cultural paradigm, Michael Bérubé says, “most of our culture is socially constructed along the medical model to begin with,”²⁹ and indeed, a teacher does not have to work very

hard to lead students into a medicalized conversation of the novel. In medical listening, of course, the first and most fundamental goal is accurate diagnosis. When students are encouraged to talk frankly about the book's identified symptoms, many immediately articulate the diagnostic work they've already been doing with the text, puzzling through the symptoms to get to some identifiable medical conclusion. This is often the first question asked when discussion of *The Curious Incident* opens in class. The answer is not the end of the book, of course—it isn't a 200+ page riddle—but we can productively use the diagnostic tendency to encourage very close reading. In diagnostic medical listening, obviously, glossing however sympathetically over the less pleasant or more unusual details in a patient's story would constitute a shocking failure on the part of the doctor. Likewise, if our initial readings of *The Curious Incident* take the shape of a patient history, a narrative with a clear diagnostic goal, we become attuned to the text's many salient concrete details—even the unpleasant or deliberately minimized ones.

Haddon's omitting the word "autism" puts readers in the doctor's chair from the first page of the story. Very early, we discover something is "wrong" with Christopher (on page three, he confesses his inability to read expressions beyond "happy" and "sad") and however else we read from that moment forward, we are also reading his story with an eye to diagnosing him from this "initial complaint," so to speak, and the other symptoms we can observe. Between the lines of the novel's other plots are numerous symptomatic details that invite diagnostic reading even without the DSM-IV-TR handy: in line with cultural stereotypes of autism, he is exceptionally good at math, for instance, yet so thoroughly unable to read facial expression that for a while he carries a crib sheet with diagrams.³⁰ He describes his "special needs" class but insists that he is "not a spazzer" or "stupid" like the other students.³¹ Students and critics alike conclude autism, specifically Asperger's, because he obviously has (at least) age-appropriate linguistic ability—besides reading Arthur Conan Doyle and attempting to write a book, he beats Eileen Shields at Scrabble™, scoring 247 points to her 134.³² Though some autistic people responding to the book disagree that Haddon's fictional presentation of the experience of autism perfectly aligns with theirs,³³ in keeping with the diagnostic criteria for Autistic Disorder in the DSM-IV-TR, he suffers greatly from social impairment, the inability to reciprocate emotion, "lack of varied make-believe," and "inflexible adherence to specific, nonfunctional routines or rituals."³⁴

But such diagnostic reading takes discipline: while approaching the novel as medical narrative may make students read more comprehensively in some respects, it may also lead them into traps that hide other significant elements of the narrative. Jerome Groopman explains how the “preset algorithms” that define evidence-based medicine become “cognitive traps” by eliding elements of the teller’s tale, “putting [the patient] into a narrative frame and ignoring information that contradict[s] a fixed notion.”³⁵ Student readers of *The Curious Incident*, like doctors, having successfully diagnosed Christopher, may then decide to evaluate his tale in terms of that diagnosis rather than continuing to listen to him, reflecting on his thinking, feeling, or capability, or watching him work through his own narrative. Unwittingly, we begin to chart, editing the text presented down to the most basic plot moments and consistent symptomatic descriptions in ways quite similar to the representational strategies Rita Charon Describes in Chapter 7 of *Narrative Medicine: Honoring the Stories of Sickness*.³⁶ Details either advance the plot, support the diagnosis, or are dismissed as irrelevant or as authorial errors in technique. Even without an educated layman’s understanding of autism, students may begin to dismiss the book’s playful, lucid moments, the narrator’s self-awareness, or the technical manipulations ostensibly authored by Christopher that seem inconsistent with their understanding of the disorder. In other words, many of them actually begin to fall into “cognitive traps,” ignoring or arguing against moments in the patient history that don’t match their preconceptions of autism, rather than broadening or otherwise reconsidering their notions of the condition.

In my experience, the first-person narrative works in terrific tension with the medical. As with any first-person narration, readers are drawn, despite their differences, toward a relationship of identification with the narrator; in Christopher’s case, this relationship engenders with surprising ease students’ kind observations of our basic similarities as human beings. Christopher is bizarre, charming, and thoroughly rendered through his own words; having Asperger’s makes him process and present his world in unconventional ways, but his condition does not render him perfectly, robotically predictable. Rather—like anyone’s—his narrative consciousness presents nuance through inconsistencies, examples of clearer and less clear thinking, emotional limitations, and workarounds. Moreover, he experiences pleasure, comfort, ambition, preference, and other features of “normal” existence to which students can easily relate. Led a few steps down this path, students can even share in some of Christopher’s idiosyncratic fondnesses and aversions. I regularly start

one discussion, for instance, by confessing that I, like Christopher, can't stand for different kinds of food to touch each other on my plate.³⁷ Students may laugh, but they always follow suit with similar stories from experiences with their own minds or relationships, and thus we begin a sort of against-diagnosis discussion by identifying sameness rather than emphasizing difference. We not only see how we are like Christopher but how much he is like us as he reports very "normal" thinking that seems to resist diagnostic algorithms and unsophisticated understandings of his condition. We can notice, for instance, the way that Christopher claims to have "[done] some reasoning" in order to keep investigating, despite his father's prohibition, in what is actually a (very funny) self-serving, rationalizing workaround more typical of a "normal" teen than a debilitatingly logical one, as Christopher claims and appears to be.³⁸ We can observe curiosity, ambition, and pride in accomplishments as integral parts of Christopher's personality.

In the early discussions of the novel, I encourage identifying "the spectrum" as large enough to encompass all of us. This pedagogical moment models a significant gesture in disability studies, whereby preferred terminology for the non-disabled includes "temporarily able-bodied" and even the language of the World Health Organization's international classification, formerly of "Impairments, Disabilities, and Handicaps," is changing to signify "that terms like *disabled* and *nondisabled* are not binary opposites but, instead, describe variable positions on a multidimensional gradient."³⁹ But seeing sameness, while important, is as limited a first step as simple diagnosis.⁴⁰ A "kind" reading is not necessarily an ethical one. Reading charitably, that is, is not necessarily reading empathically. With Booth, we strive to occupy an ethical position as "responsible" readers seeking the knowledge resulting from genuine inquiry, and in our differences, he argues, lies the potential for the most productive ethical criticism. To be responsible readers means that we assume, in Charon's terms, a particular relationship to the text: "the receiver of another's narrative owes something to the teller by virtue, now, of knowing it The compact of reading or listening is that the receiver will try to live up to the reception."⁴¹ Rather than just feeling a nice, temporary kinship toward Christopher, we must listen completely, dwell in his story, and try to figure out what "act" we have been "summoned by the text" to perform.⁴²

The novel may not be a perfect representation of any autistic experience—and certainly could not be universally definitive even if it tried—but still, we can use the book to practice *seeing* individual people as they live their own medical experiences. In other words,

we may imagine our understanding of the novel as shifting from patient history toward what Kleinman defines as “illness narrative,” a story that specifically includes the “lived experience” of a condition. “[W]hen we speak of illness,” says Kleinman, “we must include the patient’s judgments about how best to cope with the distress and the practical problems in daily living it creates.”⁴³ If we read *The Curious Incident* as “illness narrative”—more comprehensively, more “thickly,” and more openly than we read for diagnostic purposes—we see its inconsistencies and gaps and inaccuracies as part of the story; we see, in short, more of the richness of both the text and the character. And ultimately, we see Christopher’s condition as at least partly socially constructed, certainly socially lived, and paradoxically misunderstood through a medical model which negatively affects his lived experience in demonstrable ways. G. Thomas Couser in fact argues that “medical discourse, ostensibly and ideally the language of healing, may at times be counterproductive . . . contribut[ing] to patients’ suffering even as it purports to ease it.”⁴⁴ Even without a clear and recognizable emotional reaction from Christopher to the various kinds of “treatment” he receives at the hands of his parents and teachers, our “seeing” through his eyes makes very clear the inappropriateness of certain kinds of responses to his condition. Like Margaret Edson’s *W;t* and Jean-Dominique Bauby’s *The Diving Bell and the Butterfly*, *The Curious Incident* puts readers into the position of vicariously receiving treatment, so we can react immediately to that treatment, assessing its appropriateness, even without the filter of the narrative consciousness. We see his mother, for instance, failing Christopher *as a caretaker* when she tries to force him to eat foods to which he has aversions, as if such a practice could make him healthier or more “normal.”⁴⁵ As a mother, she may fail him by leaving her family for a romantic life with another man, but *as a caregiver*, she fails to empathically listen and treat her “patient” with consideration of his daily lived experience. Rather than attempting to join with Christopher’s suffering, judgments, and self-concept, she tries to force him into the only pattern she understands, a simple one of illness and wellness behaviors. Though we sympathize with her desire, even with her desperation, to help him, and with her sense that “cure” is the only desirable outcome of “disease,” readers can see her as an example of expectations leading people to inappropriate reactions and poor, prejudiced decision-making.

At the same time, ironically, most readers unwittingly advance down the same path, seeking satisfaction in, and only in, wellness or clear progress toward it. Arthur Frank has described the three most

common illness narrative trajectories: restitution, chaos, and quest. The first of these, he says, is the “culturally preferred narrative,” “dominat[ing] the stories of most [ill] people.”⁴⁶ Put simply, it details the journey from illness to wellness, and this journey plot accounts for its own popularity in two ways: “Anyone who is sick wants to be healthy again. Moreover, contemporary culture treats health as the normal condition that people ought to have restored. Thus the ill person’s own desire for restitution is compounded by the expectation that other people want to hear restitution stories.”⁴⁷ Unfortunately for some, our cultural comfort with the restitution plot and the driving force of medicine behind it, render “getting well” the only acceptable outcome of any kind of dis/ease.⁴⁸

I posit that readers’ discomfort at the end of *The Curious Incident* comes from the pervasiveness—and limitations—of the restitution plot as the dominant template for Western illness narratives and of readers’ tacit assumption that it will or ought to inform Christopher’s tale. Clearly, it doesn’t. Frank acknowledges the most obvious limitation of the restitution narrative: “when it doesn’t work any longer, there is no other story to fall back on.”⁴⁹ Christopher may be outgrowing some of his “Behavioral Problems,”⁵⁰ but the 226 pages of his story do not illustrate, for most readers, clear and timely progress toward wellness, toward an “acceptable” ending. Christopher’s moments of lucidity can be perceived as stages in advancing wellness, but if we read progressively (and not recursively, in an unpredictable cycle of Super Good Days and Black Days), our sadness at the end may come from the feeling that we’ve been tricked into expecting a recognizably happy ending.

To some degree, Christopher’s narrative supports such a progressive expectation. As hard as it may be for students to admit, he demands that we see his story as triumphant. Cataloguing the things he plans to do—getting an A on his “A-level further maths”⁵¹ and, ultimately, physics; going to university and living on his own; becoming a scientist—he concludes his story with unbridled optimism: “And I know I can do this because I went to London on my own, and because I solved the mystery of **Who Killed Wellington?** and I found my mother and I was brave and I wrote a book and that means I can do anything.”⁵² But the fuller ending, including the realities beyond Christopher’s emotional attention, documents characters’ silent acquiescence to a state of suspended animation: the father will continue chipping away at the maybe-impossible project of reestablishing the relationship with his beloved son; the mother will continue struggling to be

the sort of person her son needs her to be, only with arguably even more of the loneliness and frustration that caused her to leave in the first place. And, though Christopher will succeed on his math exams, he will probably never be an astronaut. Readers may remain skeptical of his college plans, too, or of any notion of his being independent, self-sufficient, or happy. Most of my student readers—and myself, too, upon numerous re-reads—report feeling something like despair at the end of the novel, a far cry from the hopefulness Christopher claims for himself. The book feels sad and frustrating, despite all the narrative loose ends being technically tied up (the murder is solved, the quest is completed, the family drama is outed and discussed, and the absent mother is returned). But what happens next? A perpetual holding pattern, in which Mother keeps taking the anti-depressants that make her dizzy, Father keeps sitting silently outside Christopher's barred bedroom door, and "there [are] more bad things than good things" happening.⁵³ As the restitution story and, as Muller argues, other flawed cultural paradigms for viewing disabled children have "fail[ed] to find the kind of symbolic/aesthetic register that might denote something of the fuller complexities of their subjects' lives," their inability to reach "normal" developmental stages produces reactions of "pity" and pathos, confusion and disappointment,⁵⁴ precisely what many readers feel at the end of the book.

Frank's other two categories of illness narrative also afford imperfect patterns by which to read this novel. The "quest" plot shapes most published illness narratives,⁵⁵ and like the restitution plot, it features a clear climactic moment. Rather than hinging on a moment of medical success, however, it rests on self-awareness, culminating in personal changes, calls to advocacy, new displays of strengthened character: "Realizing who they always have been, truly been, each [storyteller of illness] becomes or prepares to become the re-created, moral version of that self."⁵⁶ Though it may seem like this is exactly what happens at the end of *The Curious Incident*, as Christopher triumphantly charts his educational and professional future, we cannot take Christopher wholly at face value for at least two reasons. First, our experiences have undermined any progressive model: we have learned that on a Super Good Day he is capable of things that other times he simply cannot do, so the optimism that we may want to read as revelatory may as easily be read as naiveté. Secondly, the rhetorical nature of Christopher's ostensible newfound self-knowledge renders it suspect: "logically" deducing from one event (his "maths" score) to an exaggerated conclusion (that he can succeed in college)

is a familiar pattern—the very one by which he completely detached from his father—that has produced pain more often than pleasure in the novel’s recent past. Christopher’s hopes and dreams, at the novel’s end, must be taken with the grain of salt that forces us to acknowledge that any progress he makes will be slow and difficult at best, destined, perhaps, to be eventually undermined by his condition.

In Frank’s third category, “chaos,” we find a structural model that seems to fit the novel, but one that in Frank’s analysis explains (rather than corrects) our failure to find the ending satisfying. “The opposite of restitution, . . . [the chaos] plot imagines life never getting better,” and as such, “the teller of the chaos story is not heard to be living a ‘proper’ life Chaos stories are as anxiety producing as restitution stories are preferred.”⁵⁷ Surely this fatalistic conclusion is even more ethically unsatisfying than an oversimplified one based on similarity, a “mealy mouthed” notion of everyone being “disabled” in some way or another.⁵⁸ I don’t claim that we can create a functional new model within such a comprehensive vision by reading a single novel in an introduction to literature class, but if we strive to read and teach *The Curious Incident* ethically, I argue, our conversation has to get us at least to the notion of needing a new paradigm and to a discussion of what it might entail. Disability is itself hardly reducible to a handful of narrative patterns, but narrative medicine’s insistence on medical listening as joining with patients in their experiences may help us imagine a more ethical response to Christopher—both as readers and as ethical beings.

The medicalized model of the self I mentioned previously, so dominant in Western culture as to provide a nearly effortless point of entry into the novel, makes it difficult to imagine disability as a thing distinct from illness. *The Curious Incident*, even when viewed as a medical narrative, doesn’t fulfill the expectations of any of Frank’s “illness” narratives exactly because Asperger’s is not an illness *per se*.⁵⁹ In the classroom, this can be difficult for able-bodied and unwittingly “ableist” readers: Christopher’s “lived experience” involves not only the particular features of his intellectual and emotional selves but the social and environmental contexts that surround him—what Jim Swan calls the “social construction that turns impairment into disability.”⁶⁰ In this view, Christopher’s mother’s failure, finally, is neither poor practice nor just a failure to be part of the solution, but is in fact part of the condition, forcing her son into (and judging him by) an ableist model that defines him, challenges their relationship, and even pervades her own sense of personal well-being. Our usual reading

strategies, because they are conditioned by equally potent “ableist” narrative expectations, enforce a similar kind of “failure.” The deeper, more complex sense of wellness and disability that arises from the reading strategies of narrative medicine we have been exploring here can force us to confront the biases even at the heart of our practiced sensitivity and to acknowledge the limitations (and cultural prescriptors) of our predictable emotional and intellectual responses to the text.

Ironically, our medicalized readings help us do this work. While finding sameness and reading compassionately may be intentional kindnesses in a classroom, effacing the bodily self is tantamount to denying “the embodied perspective of disabled persons” and resisting the most elemental ethical dimension of the text.⁶¹ Interrogating the positions from which we viewed the bodily self, from diagnostic patient histories to various familiar illness templates, reveals that our responses presume a notion of what Robert McRuer calls “compulsory able-bodiedness,” a pervasiveness of so-called “normalcy” that inevitably alienates people because of differences of ability.⁶² In the illumination of this ideology of “ability” are the tools for moving beyond it: Bérubé says, “disability is at once a question of the body and a question of the built environment.”⁶³ To find our ethical responsibility in the text, to “live up to the ethical duties incurred by having heard” it,⁶⁴ we need to see disability “in terms of individual human bodies . . . understanding disability as a means by which societies have categorized and de-individualized human bodies.”⁶⁵ In other words, as we find ourselves needing to locate Christopher’s story in the categories of disability that we have created, we need also and at the same time to use his story to interrogate those categories.

Obviously, this is a messy process—frustratingly messier, for many students, than reading according to a tidy illness narrative (or detective plot or diagnostic patient history or quest). How, after all, should we feel about the end of *The Curious Incident*? Students may be disappointed to learn that I don’t have a perfect answer: as a reader, I am genuinely sad for Christopher, for his parents, for the difficulty he faces in his future. But as a listener who has assumed some responsibility toward the character, I must acknowledge all parts of the story and hold them in tension, to the best of my ability, appreciating the power of that liminal space which reveals itself in the absence of neat narrative conclusion.

Even better, maybe, is to consciously try to read the story as it is told: as an *ability* story. Acknowledging Christopher’s difficulties and eventual successes might point us to a new sensitivity about the

difficulties and a new appreciation for the challenges he faces in a world not predisposed to accommodate him. The book affords us an opportunity to walk two hundred or so pages in Christopher's shoes, but a narrative medicine analysis of it encourages us to ask what action we are called on to perform by having received the story. In this imaginative practice, we have accomplished some of the transformative ethical work that Booth encourages, reading responsibly and thoroughly with an eye to the quality of the lives we all lead. Opening the door to disability studies may also inspire yet more responsive action. Disability, even more than illness, affords us some concrete suggestions. Along one axis, as Bérubé says, "you can't think about disability without thinking of environments (natural and built), laws, institutions, public policies, biomedical discourses, and a whole host of phenomena not reducible or specific to individual persons."⁶⁶ Along another axis, with a chorus of disability studies thinkers including Muller, come calls for change and recognition that the traditional medical and social models of disability fail "to successfully cognate the culturally discursive, the socially regulated and the multiple realities of disabled people's lives."⁶⁷ In a sense, the new model that Muller and others seek—one cognizant of a variety of "multiple realities"—is not a model at all. In its multiplicity and in the virtually limitless number of unique disability experiences it may encompass, it is more a skill set, an elasticity of mind that enables comprehensive empathic understanding. I believe we may make significant contributions to an ethical world and to such an understanding through narrative medicine readings like the one I have presented in this essay.

Regardless of the concrete ways my students' and my own new and more richly empathic thinking may manifest, as Charon says, being "summoned by our patients' suffering, their needs, their plight, their authentic selves . . . [and] at the same time, bestowing the gift of attention, or presence, incurs in us . . . transformations within the self."⁶⁸ Ultimately, it is impossible to precisely measure the ethical impact of our teaching, but one can imagine a future in which "normal" students engage differently in the world because of something emanating from a narrative medicine-guided encounter with a story such as Haddon has created. Jerome Bruner explains, "Everywhere you look, you run into recognition of the fact that a human plight is never an island unto itself . . ."⁶⁹ We connect experiences of illness, wellness, disability, and (so-called) normalcy by striving to understand them, to "join with" those who live them. So, too, do responsible readers engage with literature. At an elemental level, learning to take

the other/patient/text/teller *as is*, and not necessarily as we think it/he/she should be, is at the heart of all disciplined literary study. We can read *better*, and not just more politically correctly, when we read *with* texts, both comprehensively and empathically. Furthermore, though it has become unfashionable to see our work in English as “ethical,” such an endeavor may produce not just better readings but better readers, better people who read. Doctors are increasingly persuaded by the power of narrative to “bridge divides.”⁷⁰ As humanists—and humans—what more important work could we be doing?

NOTES

1. Kleinman, *The Illness Narratives*, xii.
2. Booth, “Why Ethical Criticism Can Never Be Simple,” 18.
3. *Ibid.*, 18–19.
4. *Ibid.*, 16.
5. Schwarz, “A Humanistic Ethics of Reading,” 4.
6. James Phelan, for instance, traces the lineage of literary criticism’s “ethical turn” from deconstruction, through feminist, racial, multicultural, and queer theory in his own work, ultimately demonstrating the ways in which careful and theoretically sound reading of narrative technique can illuminate a text’s ethical lessons. “*Sethe’s Choice*,” 96, 107.
7. Booth, “The Ethics of Medicine,” 11.
8. Charon, *Narrative Medicine*.
9. Davis and Womack, “Preface,” ix.
10. Schwarz, 3.
11. Booth, “Why Ethical Criticism Can Never Be Simple,” 17.
12. *Ibid.*, 22. Booth says more in “The Ethics of Medicine”: Not only do we never read without ethical judgment—and indeed, some texts demand it—there is a frequently a defensible relationship between artistic and ethical judgments. A text that presents an unethical judgment or an overtly moralizing text is not necessarily weaker than one with a more nuanced and ultimately challenging ethical position, but artistic merit often emerges from the very depth and complexity of the presented ethical dilemma (16).
13. Hunter, *Doctors’ Stories*, 5–6.
14. See, for instance, Booth’s discussion of Margaret Edson’s *W;t* in “The Ethics of Medicine.” Detailing the doctors’ many ethical violations in the play, he concludes that “the power of the ending requires us to share, without question, the author’s implied judgment that human, honest, compassionate treatment of patients is ethically far more important than the pursuit of research results” (10).
15. The ethical principle of communication—telling and listening—has been discussed widely, and is encapsulated in Charon’s notion of “joining with” the patient through listening, Craig Irvine’s claims of “transcendence” as one reaches out to the Other through conversation, and elsewhere. Arguing from classical rhetoric, Anderson and Montello, in “The Reader’s Response,” identify this as “narrative consubstantiality,” or “the recognition that, despite significant differences, I am of the same substance as you” (92, 88).
16. Though markedly more adult than most of Haddon’s other work, *The Curious Incident* has gotten critical attention in Muller’s “Consistuting Christopher”

and in Richards' *Forever Young*, a book on "young adult fictions." According to Weich at Powell's, the book was originally promoted in both adult and young adult markets ("The Curiously Irresistible Literary Debut of Mark Haddon").

17. The National Council of Teachers of English (NCTE), citing the ACT's definition, explains that complex texts convey "subtle, involved, or deeply embedded ideas, highly sophisticated information, elaborate or unconventional structure, intricate style, context-dependent vocabulary, and implicit purposes" ("NCTE Principles of Adolescent Literacy Reform"). Though the language of *The Curious Incident* is neither elaborate nor intricate, it is indisputably—extremely—unconventional and contains a number of context-dependent British idioms; further, as I demonstrate, its often subtly presented "embedded" content is very involved and purposeful beyond entertainment value (ACT, "Reading Between the Lines").

18. Haddon, *The Curious Incident*, 5, 31, 15.

19. Booth, "Why Ethical Criticism," 33.

20. Haddon, 107.

21. *Ibid.*

22. Some students even condemn her behavior at the onset of Christopher's crisis in the department store—"I was talking to Mr. Land who works on the kitchen floor and went to school with me"—as flirting (106). I would argue that the students' gender biases come into play as well; they are much more likely to vilify a mother than a father for leaving, particularly as she leaves for a man who's not interested in letting her raise her son. Some students even confess outright that they judge her more harshly than they would her husband were the tables turned, as according to these students, a mother choosing anything over her maternal duties seems unnatural.

23. What we know for sure is that after the altercation, Christopher's head is bruised and his father has a deep scratch and torn shirt. Some students conclude that his father hits him and are disinclined to forgive this event as isolated. His teacher, Siobhan, asks him several questions about his bruise and the fight, ultimately allowing him to drop the subject, "because grabbing is OK if it is on your arm or your shoulder when you are angry, but you can't grab someone's hair or their face. But hitting is not allowed, except if you are already in a fight with someone, and then it is not so bad" (90–91).

24. Haddon, 121.

25. *Ibid.*

26. Anderson and Montello, 92.

27. Kleege, "Disabled Students Come Out," 310.

28. Muller, 119.

29. Bérubé, "Afterword," 341.

30. For more on representations of autism, see Murray, *Representing Autism*. Murray identifies the popular 1988 film *Rain Man* as a cultural moment intertwining autism with savantism, "a pairing that has had considerable consequences for the majority of representations of the condition in the years since the film was made (85)."

31. Haddon, 26, 43.

32. *Ibid.*, 28.

33. At his website, www.iautistic.com, Eric Chen shouts: "WARNING: THIS NOVEL WILL NOT HELP YOU UNDERSTAND REAL AUTISTICS," and gives examples from his own experiences to explain Haddon's apparent inaccuracies in presenting autistic thought processes; Muller also cites a few critiques of the novel, generally for inaccuracies or the tendency, with other cultural texts like *Rain Man*, to "romanticize" Asperger's (122).

34. American Psychiatric Association, "DSM IV-TR Diagnostic Criteria for the Autism Spectrum Disorders."

35. Groopman, *How Doctors Think*, 5, 24.
36. Charon 140–46.
37. Haddon, 46.
38. *Ibid.*, 56.
39. Swan, “Disabilities, Bodies, Voices,” 293. Swan reports that the change proposed replaced “disability” and “handicap” with neutral terms like “activities” and “participation,” as in the title: *International Classification of Impairments, Activities, and Participation*. In 2001, the change that actually occurred replaced the older terminology with *International Classification of Functioning, Disability, and Health* (American Psychiatric Association, n.p.)
40. Muller reports that Haddon imagined Christopher as a composite of “normal” idiosyncrasies (122) and argues that Christopher’s point of view, mathematical genius, and lack of emotional encumbrance makes the “normal” characters, and even the reader, seem “disabled” (121). I appreciate the gesture and respect the point, but my students seldom report any compromise of their ego while reading, least of all feeling less fortunate than Christopher.
41. Charon, 55, 57.
42. *Ibid.*, 56.
43. Kleinman, 4.
44. Couser, *Recovering Bodies*, 19.
45. Haddon, 108.
46. Frank, *The Wounded Storyteller*, 83, 77.
47. *Ibid.*, 77.
48. *Ibid.*, 82–83.
49. *Ibid.*, 94.
50. Haddon, 46.
51. *Ibid.*, 45.
52. *Ibid.*, 221, emphasis in original.
53. *Ibid.*, 217.
54. Muller, 118.
55. Frank, 115.
56. *Ibid.*, 131.
57. *Ibid.*, 97.
58. Swan, 293.
59. I am sensitive to the ways in which this claim might be taken out of context: Lenny Schafer has criticized neurodiversity activists for making similar statements and, he says, thus “trivializ[ing]” autism. In *New York Magazine*, he says, “It’s like stealing money from the tin cup of a blind man when you say that it’s not an illness.” See Solomon, “The Autism Rights Movement.” I hope it is clear from context that I mean to distinguish “illness” from “disability” on productive theoretical grounds.
60. Swan, 288.
61. *Ibid.*
62. McRuer, “Compulsory Able-Bodiedness,” 89, 91.
63. Bérubé, 340.
64. Charon, 236.
65. Bérubé, 342.
66. *Ibid.*, 339.
66. Charon, 135.
67. Bruner and Charon, “Narratives of Human Plight,” 9.
68. Charon, 17.

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