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Why Doc Martin hates being called Doc Martin: Autism Spectrum Disorder on TV

ABSTRACT

Autism spectrum disorders are becoming increasingly prevalent among university students (Dixon & Tanner, 2013). In order to better understand these students and accommodate their social disabilities in the classroom, academics need first to understand how the disorder presents. In a reversal of a 'Theory of Mind' strategy which uses television programs to teach people on the spectrum social skills, so too can neurotypical teaching staff get an insight into the thought processes of students on the spectrum by observing television characters who demonstrate the symptoms. Despite the show's refusal to 'diagnose' the character officially, Doc Martin's eponymous Dr Martin Ellingham is generally read by audiences as being on the spectrum. The show and the character offer insights into the workings of Martin's mind and humorously point out the social ramifications of his very literal thinking and non-existent bedside manner. This paper seeks to explore the ways in which this character from popular culture may be utilised as a means of addressing stigmas and misconceptions within the university classroom.

KEYWORDS

Autism Spectrum Disorder (ASD)
Doc Martin
Inclusion
Pedagogy
Theory of Mind

AUTISM SPECTRUM DISORDER (ASD)

Autism Spectrum Disorder is, as the name implies, a spectrum or continuum of disorders. These disorders are neurodevelopmental in nature and specifically affect development in the areas of social interaction, communication and behaviour (Adreon and Durocher 2007). People at the higher functioning end of the spectrum are typified by an egocentric interest in a specific topic (Attwood 2007: 13), average or above-average intellect (Dente & Parkinson 2012: 30), and often demonstrate above-average attention to detail (Wolf, et al. 2009: 5). All of these features make people on the spectrum excellent candidates for tertiary study (Bolick, 2007:82); equally, it makes them likely to have problems interpreting complex essay

questions, completing groupwork, adapting workloads according to assessment ‘seasons’ or juggling multiple competing deadlines.

With a number of studies finding that the prevalence of high functioning autism is apparently increasing (Dente and Parkinson 2012: 28; Dixon and Tanner 2013:29; Adreon and Durocher 2007:272), so too are the numbers of students on the spectrum enrolling in post-secondary education (Wenzel and Rowley 2010:49). Described as a ‘burgeoning population,’ the number of people with the diagnosis has led to increased awareness of the disorder. The evidence suggests, however, that there are still significant impediments to the academic success of this cohort: a 2013 study by ASPECT showed that only 13% of surveyed Australians with high functioning autism held Bachelor’s degrees or higher; well below the 25% level for all Australians reported by the Australian Bureau of Statistics in 2011 (Autism Spectrum Australia (ASPECT), 2013:20). While I am not suggesting that the University system should fundamentally change to meet the needs of the cohort, I have come to the view that if more of the teaching staff had an understanding of the quirks and needs of this population and perhaps made slight alterations to some basic communication practices—such as reducing or eliminating the use of metaphor and sarcasm in the classroom, or making assessment task questions shorter and less confusing, for example—then students and lecturers alike may find the learning and teaching process to be significantly less stressful.

In order to better understand these students and accommodate their social disabilities in the classroom, academics need first to understand how the disorder presents. In a reversal of a ‘Theory of Mind’ strategy favoured by psychologists such as Tony Atwood and Simon Baron-Cohen, which uses television programs to teach people on the spectrum social skills, neurotypical teaching staff may get an insight into the thought processes of this cohort by observing television characters who demonstrate the symptoms.

A. S. D. ON THE TELEVISION AND IN THE CLASSROOM

One example of a character who displays these traits is the British medical comedy *Doc Martin*’s lead character, Dr Martin Ellingham. Whether or not the Doc has the form of autism that was, until recently, known as Asperger’s Syndrome, has long been a contentious issue. Indeed, on the docmartinonline site, this is listed as a Frequently Asked Question. Debates rage in the blogosphere with sites Life with Aspergers, Interacting with Autism, Wrong Planet and Doc Martin Lovers all devoting quite lengthy threads to it. Some contributors have offered a checklist of character traits as compared with Diagnostic and Statistical Manual;

others have stuck to very literal thinking in the form of citing a Martin Clunes interview in which he said that the ‘Asperger’s thing’ ‘was quite weird ... I just made the guy up, you know; none of that stiffness and malfunction was ever really on the page’ (LA Times, 2012). Still others cite the blog of Dominic Minghella, the writer who created the character (and for whom Ellingham, an anagram of Minghella, is named) and who seemed to take a rather different view in a blog post published the very same month, April 2012. When asked if he was aware of the character’s autistic tendencies, he replied in the affirmative: ‘It was deliberate. I seem to be surrounded by people with aspergic tendencies’ (Minghella 2012).

Within the program the diagnosis is flatly rejected when Antony Oakwood, a Senior lecturer in Applied Psychology, comes to town and approaches Martin to be a case study in his proposed new research project about people on the spectrum who have successful careers, *You Don’t Have to be Mad to Work Here*. Martin furiously rejects the idea that he has Asperger’s Syndrome, despite his knowledge of the syndrome and its symptoms, which as Antony points out, may include ‘bad communication skills, [and] no sense of humour’—attributes to which Martin readily admits in other episodes. This fraught issue of ‘labelling’ is something that is critically important for academics: we may have students in our classes who exhibit symptoms of an autism spectrum disorder, but who either have a diagnosis and do not wish to disclose it to the university and/or teaching staff; who may reject the label altogether; or, who do not yet have a diagnosis in the first place. It is clearly not our role to diagnose students nor to challenge existing diagnoses—but there are strategies that will better accommodate students with these symptoms, whether or not a condition is diagnosed, disclosed or merely suspected. I had a student who had been referred to me by a Disability Liaison Officer, but neither she nor the student had disclosed the nature of the disability, which is perfectly acceptable under disability discrimination laws, perfectly understandable for many students who do not want to be limited by a label, and perfectly pedagogically sound if the disability is not having a direct causal impact on learning. Within minutes, however, I had pretty clear suspicions as to what the diagnosis might be, based on the student’s odd dress, odd prosody, inability to maintain eye contact, problems interpreting the set question and very literal interpretations of what I said. At that point I made a mental note to not use metaphorical explanations, to keep ideas very ordered rather than opting for more messy, mindmapping strategies. When explaining useful learning techniques, I would

introduce them using phrases like ‘this strategy has been found to work very well for very literal thinkers like yourself,’ rather than invoking diagnostic terms.

Clearly Martin Ellingham shows a number of traits consistent with autism and is often read as a character with autism; therefore the character can reasonably be used to develop a picture of what might otherwise remain largely unpredictable reactions to social situations. The refusal to use the language of ‘autism’ or ‘Aspergers’ is itself an interesting televisual quirk: programs seem to readily diagnose mood and even psychotic disorders, but many become coy around this particular and relatively common behavioural disability—*The Big Bang Theory* is another such program, with co-creator Bill Prady asserting in interview—rather disingenuously—that the main character is ‘just Sheldon-y, not Asperger-y’ (Collins 2009). *Doc Martin* readily acknowledges the character’s haemophobia, but hedges its bets as to whether Martin’s social awkwardness is the result of ‘nature’ in the form of autism spectrum disorder, or a spectacular lack of ‘nurture’ from parents who are depicted as truly awful, selfish human beings. Regardless of the root cause, Martin demonstrates behaviours that we might expect to see in an individual on the spectrum, and the show offer insights into the workings of Martin’s mind that may prove useful when trying to communicate with students with autism. The show consistently depicts situations that can occur in professional and classroom environments when individuals on the spectrum respond in unexpected ways or are unable to effectively read social situations.

Doctor Martin Ellingham distinguishes himself as different from the moment he arrives in the fishing village of Port Wenn, Cornwall. Indeed, he manages to offend interview panel member and future love interest Louisa Glasson while they are both still on a flight to the interview that will ultimately secure him the position. Louisa is prompted by Ellingham’s socially inept behaviour to ask him an unscripted question in the interview: how he would describe his interpersonal skills? She goes on to say that the stereotype of a surgeon is of someone who treats cases, not people. Ellingham inadvertently proves the stereotype to be true with an unfortunately timed Freudian slip: ‘My work is with patients, and that’s nothing but dealing with bodies. People.’ Throughout the first episode, the new doctor is compared with the old one but remains steadfast in his resolution that medicine will be practised in the manner that he sees as correct—without any adaptation to the context of the small town. When told that the ‘local man’ saw patients when they needed to be seen, rather than when it was convenient, and that ‘the local man’ would not have ridiculed patients, Ellingham retorts: ‘Well the local man’s dead, and you turned up without an appointment.’

This inability to adjust to context is one that has ramifications for the university student on the spectrum. Students are required to read and comprehend assessment instructions that are often, frankly, opaque and confusing; they are then required to read, understand and apply feedback that has almost certainly been written by someone who is overtired and is operating from well within the accepted codes and paradigms of the university system. I once had a young man come into my office very upset because he had received his first piece of assessment feedback, and despite the very nice comments, had only received a ‘D’ and what more could the markers possibly want? Eventually I realised that he was of the view that a ‘D’ meant that he was performing below expectations (as per the high school coding system), since no one had explained that, in this instance, it stood for ‘Distinction.’ He then proceeded to tell me that the marker’s comments were unfair because he was told that to get a higher mark, he needed to include more *critical* analysis, but the question clearly only used the word *analysis*. I told him to always read the word ‘analysis’ as though it *said* critical analysis and sent him on his merry way for an undergraduate career peppered with High Distinctions.

One of the other key features of the pilot episode is the issue of nomenclature, used to show Martin’s rigidity. The new doctor is asked three times if he is Doc Martin. The first time he retorts, ‘No, I’m Doctor Ellingham;’ later, he insists, ‘I’m not Doc Anyone!’ only to be corrected by a local: ‘Yes, you are; you’re Doc Martin.’ This becomes a recurring joke throughout the season (Ep 3, 4, 6) the very title of the TV series suggests that in this particular battle, the locals win. Martin is forced to adapt to the environment in terms of his very identity, with a new name being forced upon him. Similarly, within the higher education context, students are expected to be students in a new and different way. Young people with autism matriculating from high school are likely to have had numerous supports in place in their school education—some of which are likely to be unavailable in the university environment. For example, in NSW high schools, two of the most common forms of funded support for special provisions are the use of aides to support students in the classroom, and scribes in examinations. At my university, neither of the options are available as part of a Reasonable Adjustment program, leading to a succession of students telling me in tones of disbelief, ‘I know this works for me—but I’ve been told you don’t do that here?’

It is imperative that students must adjust to the new context if they are to succeed, as no matter how stubborn or resistant to change the person on the spectrum is, the culture of the University is not likely to bend, any more than Martin can alter the culture of Port Wenn. But

perhaps those of us operating within the new context can offer some empathy and make some minor adjustments, as per the characters of Aunty Joan and Louisa, who help Martin adjust and have some success in his new community.

Martin struggles to understand social niceties, and is almost incapable of replicating them. This is often shown to great humorous effect in his relationship with Louisa and later, their son, James Henry. At the end of season 1 after an overnight medical emergency, the couple shares their first kiss, prompting Martin to ask Louisa about her dental hygiene routine. In Season 2, Louisa asks Martin with some exasperation why he cannot ‘just try’ with his patients—‘Smile? Small talk? Have a laugh?’ Martin retorts that people do not want a laugh; ‘they want a doctor who knows what he’s doing’ (2.5). Later, during a discussion with Louisa about his behaviour, he responds with great honesty and no small amount of bafflement: ‘I’m sorry. I have absolutely no idea what it is you want me to say’ (3.4). When he and Louisa call off their wedding and she returns to the village visibly pregnant some months later, he dispassionately tells her that it is probably a bit late for an abortion. When she encourages him to read 6 month old James Henry’s favourite book about a talking fire engine, Martin replies that it is ‘highly unlikely that he can grasp the concept of a fire engine, let alone one that’s sentient’ (5.3). All of these responses, while amusing, seem extremely rude to a neurotypical person. To a person on the spectrum, however, this is merely a sharing of truthful and therefore likely beneficial information.

This pattern of uber-honest oversharing, too, can have ramifications from a learning and teaching perspective. Rigid ideas about truth and fact, for example, are somewhat scarce in the humanities. I once taught a student who was very upset because the lecturer had attempted to explain the postmodern idea that there are multiple realities, and it was information that the young man just could not compute. I tried to use an example to explain the idea of multiple truths, saying that if there were a car accident outside, that the witness statements would probably show slight differences, even though each person was telling the truth about what they saw. I suggested that there was not one, clear, definable ‘truth’ because everybody’s truth, in that case, was true for them. He replied: ‘But there is one truth. It’s whatever the police officer on duty decides.’

My problem here was that the anecdotal explanation I used was arguably too much like a metaphor. Students on the spectrum often find it very difficult to understand metaphorical or comparative language. As a teacher of academic skills, when neurotypical students tell me that they ‘just can’t write essays’ my go-to analogy is that writing an essay is

like baking a cake: that if you follow the structure (the recipe) and include all the right elements (the ingredients) what you end up with will end up looking pretty much like it should and performing its primary function (being an edible treat). But some people are naturally good essay writers in the same way that some bakers have a particularly light touch—others will have cakes that cave in the middle a little, and likewise some essays will be a little messy but nevertheless have the overall shape and argument that they should. Unfortunately this particular analogy has evidently been adopted by one of the tutors in the School of Creative Arts at our institution, who helpfully made and illustrated an information sheet to this effect to go along with the set essay question. The first I knew of this was when one of our students on the spectrum turned up at Learning Development with an essay question, the ‘tip’ sheet and a very confused look on his face and asked in horror, ‘Do I have to make a cake?’

Rigid, literal thinking is very difficult to unravel, and particularly problematic if the student thinks that a topic, activity or assessment is ‘pointless.’ These individuals, however, are typically very rule-bound, which can assist with overcoming these sorts of dilemmas. I had another student who was referred to see me. She came to one appointment to discuss her learning needs, and then at the end I said, ‘So, I’ll see you again—?’ ‘Oh, I don’t think so,’ she replied. She had been referred to see me, and she had seen me. It was only when the referring body told her that she *had* to see me *several* times per semester—which was not, technically speaking, true, but which provided her a ‘rule’ with which she felt obliged to comply—that I was able to put a useful teaching program in place.

If we as lecturers can become more familiar with these behavioural oddities, they potentially become less confronting when they appear in our classrooms. Whether we accept the argument that Martin’s behaviour is based on a sparse and unloving childhood, or that it is as a result of autism is ultimately largely immaterial; either way, his rigid thinking, lack of affect, compromised sense of humour, and inability to read and understand metaphor, body language or subtext are all behaviours we might reasonably expect to find in our students with autism. Finding ways to minimise the potential pedagogical problems that can arise when these students enter mainstream classrooms can only make our teaching roles easier.

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