A DARKER JAMES THURBER: SLEEP THAT KILLS IN "THE WHIP-POOR-WILL" AND DREAMS THAT KILL IN "A FRIEND TO ALEXANDER

UM JAMES THURBER MAIS SOMBRIO: O SONO QUE MATA EM "THE WHIP-POOR-WILL" E OS SONHOS QUE MATAM EM "A FRIEND TO ALEXANDER"

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Abstract: Stories written by the American James Thurber (1894-1961) are traditionally light, funny, and entertaining. Two of them, "The Whip-poor-will" (1941) and "A Friend to Alexander" (1942) deviate from this tradition by tackling darker themes, *i. e.* death as a cause of sleep disturbance and as a cause of dreams. Scientific literature regarding both sleep and dream disorders is reviewed in order to shed light on the behavior of the protagonists of the two short stories and on the events that eventually lead to the tragic outcomes in each. The objective is to better understand the motivations and the catalysts of the dire occurrences by focusing (though not exclusively) on the character's plights. Conclusions involve a deeper understanding of the dangers of sleep fragmentation and the importance of sleep continuity with quality; of the brain's capacity to incorporate external auditory stimuli into the dream content as a way to preserve sleep continuation; and of physiological functioning and malfunction of the body during dreaming.
Keywords: James Thurber; "The Whip-poor-will"; "A Friend to Alexander"; Sleep; Dreams.

Resumo: As histórias escritas pelo americano James Thurber (1894-1961) são tradicionalmente leves, engraçadas e divertidas. Duas delas, "The Whip-poor-will" (1941) e "A Friend to Alexander" (1942) desviam-se dessa tradição ao abordar temas mais sombrios, *i. e.* a morte por causa de distúrbios do sono e por causa de sonhos. A literatura científica sobre distúrbios do sono e dos sonhos é revisada para lançar luz sobre o comportamento dos protagonistas dos dois contos e sobre os eventos que eventualmente levam aos resultados trágicos em cada um. O objetivo é entender melhor as motivações e os catalisadores das ocorrências terríveis, concentrando-se (embora não exclusivamente) nas dificuldades do personagem. As conclusões envolvem uma compreensão mais profunda dos perigos da fragmentação do sono e da importância da continuidade do sono com qualidade; da capacidade do cérebro de incorporar estímulos auditivos externos ao conteúdo do sonho como uma forma de preservar a continuação do sono; e do funcionamento fisiológico e do mau funcionamento do corpo durante os sonhos.
Palavras-chave: James Thurber; "The Whip-poor-will"; "A Friend to Alexander"; Sono; Sonhos.

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Introduction

Stories written by the American James Thurber (1894-1961) are traditionally light, funny, and entertaining. They bring whimsical and lively characters in often amusing and enticing settings. In this spirit they comprise the bulk of his short fiction, written mainly between the 1920s and the 1960s. Two of his stories, however, deviate from the tradition, and take more somber tones. They are "The Whip-poor-will" (1941) and "A Friend to Alexander" (1942).

"The Whip-poor-will" tells the story of a man whose sleep is constantly interrupted by the persistent singing of a whip-poor-will. The text mentions no less than four times, not incidentally, that, in myth, hearing a whip-poor-will sing near a house is an omen of impending death in that household. Sleep deprivation drives the protagonist to ultimately fulfill the prophecy. "The Whip-poor-will" was originally published in the print edition of the August 9, 1941, issue of the New Yorker.

"A Friend to Alexander" is Thurber's embellished rereading of the famous (or infamous) duel between Aaron Burr and Alexander Hamilton taken to another level. The protagonist, Mr. Andrews, tells his wife his sleep is continuously troubled by dreams about the two historical figures, and, in his dream, he identifies in the features of Hamilton those of his brother, who was killed by a drunk man in a cemetery (in the real life of the story). His wife does her best to help. She takes him to a doctor, who says Mr. Andrews is fine physically. Mr. Andrews' mental health begins to degenerate. In the subsequent dreams, Burr kills Hamilton, and warns that he will be next, which emotionally disturbs Mr. Andrews even more. In the final dream the expected inevitably happens. "A Friend to Alexander" is featured originally in the collection of short stories entitled My World - and Welcome to It, published in 1942 by Harcourt, Brace and Co. Later, it was collected once again in another anthology called Vintage Thurber: a collection, in two volumes, of the best writings and drawings of James Thurber. It was published by Penguin Books, in 1963.

Scientific literature regarding both sleep and dream disorders is reviewed in order to shed light on the behavior of the protagonists of the two short stories and on the events that eventually lead to the tragic outcomes in each. The objective is to better understand the motivations and the catalysts of the dire occurrences by focusing (though not exclusively) on the character's plights.

1. Sleep that kills: "The Whip-poor-will"

In the short story "The Whip-poor-will", it is not so much the sleep that causes deaths, but rather the lack thereof; its lousy quality to be more precise. The main culprit is a crimeless bird going about its business. The effects of its song, however, on Mr. Kinstrey, the protagonist of the story, are dreadfully distressing. The bird call achieves torturous qualities when it invades Mr. Kinstrey's dreams, turning them into veritable night terrors. Waking up became far too frequent. The annoying interruption in sleep continuity eventually gave way to sleep deprivation. Its effects can be even harsher on a person's psyche:

> He opened his eyes, but lay without moving for several minutes, separating the fantastic morning from the sounds and symbols of his dream. […] Kinstrey scowled through tousled hair at his wristwatch and saw that it was ten minutes past four. 'Whip-poor-will, whip-poor-will, whip-poor-will.' The bird sounded very near […]. The sound was all around you, incredibly loud and compelling and penetrating Kinstrey had never heard a whip-poor-will so near at hand before. […] Kinstrey climbed back into bed and began to count, the bird did twenty-seven whips without pausing. […] It was bright daylight when Kinstrey fell asleep again. (THURBER, 1963, p. 6)

The effects of sleep deprivation go much further than the expected consequences with cognitive performance and decision making. Yet, these effects are not to be dismissed without a proper glance. A cursory review of the literature on sleep deprivation reveals that the classic effects on performance are: decreased reaction times, less vigilance, an increase in perceptual and cognitive distortions and changes in affect (PILCHER; HUFFCUTT, 1996). Pilcher and Huffcutt (1996) explain that there are three types of measures commonly used to assess the effects of sleep deprivation: cognitive performance, motor performance and mood. This does not mean that there are no additional variables operating within each of these measures which may further change the effects of deprivation on functioning. It is not surprising to subsume individual differences in the extent to which personality and cognitive styles differ in coping with extended periods of wakefulness.

A factor that has the potential of affecting all three measures is the length of sleep deprivation. Naitoh (1976) established that sleep deprivation of less than 46 hours is usually too short to have a substantial effect on either cognitive or motor tasks. Which casually seems optimistic – not to mention rather impressive; whereas "other researchers,

however, reported performance decrements at sleep loss durations of less than 45 hours." (COCO et al., 2019, p. 2) – which seems more likely.

While mood is most probably decremented by sleep deprivation, different types of deprivation impact mood differentially. Impacts include not only irritability or impatience, but real negative changes in executive function, for example, the diminishing ability to weigh up relative risks and consequences. To Acheson et al.: "Some of these impairments in cognitive functioning may affect decision-making, and may increase the likelihood of making impulsive or risky decisions." (2007, p. 579) At this level, decisions can be more influenced by emotions (unduly) rather than by rational thought.

To Mr. Kinstrey, his mood became so irritable, he began to consider the bird's singing actually torturous:

> Kinstrey opened his eyes and stared at the ceiling and began to count the Whips. At one point the bird did fifty-three straight, without pausing I suppose, like the drops of water or the bright light in the third degree, this could drive you nuts, Kinstrey thought. Or make you confess. (THURBER, 1963, p. 7)

Mr. Kinstrey started smoking cigarettes in the morning, before breakfast (something he supposedly had off-text agreed with his wife not to do). He asked his wife if she had heard, and she said no. He asked the servants, who said yes, but that they simply had gone back to sleep afterwards, as if nothing of importance had happened. Mr. Kinstrey's mood was becoming fouler with each passing day. His behavior was becoming more explosive and belligerent:

> He realized, as he walked along in the warm sunlight, that he had made something of a spectacle of himself [during breakfast] - Just because he hadn't had enough sleep - or enough coffee. It wasn't his fault, though. It was that infernal bird. (THURBER, 1963, p. 8)

Acheson et al. (2007) posit that sleep loss is associated with deficits in cognition, attention and increases in some forms of impulsive behavior. They also claim that sleep disturbances are common among psychiatric patients, especially those with disorders characterized by impulsive behavior, such as Attention Deficit Hyperactivity Disorder (AD/HD), Borderline Personality Disorder, and Antisocial Personality Disorder with a history of violent aggression. Thurber does not provide the reader with much of a backstory for the characters (even less their medical records). It is only possible for the

reader to conjecture and speculate using the few hints regarding psychological traits offered by the narrator:

> The next dawn the dream induced by the calling of the whip-poor-will was longer and more tortured - a nightmare filled with dark perils and heavy hopelessness. Kinstrey woke up trying to cry out. He lay there breathing hard and listening to the bird. He began to count one, two, three, four, five. Then, suddenly, he leaped out of bed and ran to the window and began yelling and pounding on the windowpane and running the blind up and down. He shouted and cursed until his voice got hoarse. The bird kept right on going. (THURBER, 1963, p. 9)

Disorders of sleep could lead to: "disorders of alertness during wakefulness, including psychiatric problems" (GOLBIN et al., 2005, p. 19); depression being one of them. It has been known for more than forty years that individuals with depression have increased risk if sleep deprived (BORBÉLY; WIRZ-JUSTICE, 1982). The characteristics of sleep for individuals with depression is often characterized by: "(1) the intrusion of wake periods into the sleep process; (2) the altered proportion and pattern of sleep stages; and (3) the enhancement of phasic phenomena within REM sleep." (p. 205)

Borbély and Wirz-Justice (1982) explain that the excessive occurrence of waking episodes during the habitual time of sleep may be manifested by the difficulty of falling asleep (prolonged sleep latency), the precocious termination of sleep (increase in early morning awake time), and a fragmentation of sleep by the frequent occurrence of wake periods at night (reduced sleep efficiency). When various quantitative aspects of the depressive sleep pattern are investigated, they show that depressed individuals can reliably be discriminated from insomniacs and from and healthy subjects, nonetheless, only a few basic aspects of the sleep process are altered.

Gobin et al. explain that: "variation of physiological functions in normal sleep may be exaggerated in cases of sleep disorders to a degree that sets a condition for development of emotional, behavior and cognitive pathology, such as depression, confusion, or impulsive behavior." (2005, p. 19) They add that psychiatric problems further desychronize circadian rhythms. Besides, anxiety, mood disorders, impulse control problems and other psychiatric pathology share enough neurophysiological processes with sleep to negatively impact it (carrying the potential to become disorders).

Mr. Kinstrey's changes in behavior were beginning to show signs of aggressiveness (verbal initially):

> He slammed the window down and turned away from it, and there was Arthur [the servant] in the doorway. 'What is it, Mr. Kinstrey?' said Arthur. He was fumbling with the end of a faded old bathrobe and trying to blink the sleep out of his eyes 'Is anything the matter?' Kinstrey glared at him 'Get out of here' he shouted 'And put some coffee on. Or get me a brandy or something.' (THURBER, 1963, p. 9)

Sleep-related violence represents a challenging medical-legal issue when such behavior is suspected or purported to have caused a criminal offense (as it has happened in cases of assault, attempted murder, and murder). Sleep-related violence is responsible for a wide variety of behaviors ranging from very simple or semi-purposeful behavioral manifestations to more complex, even inappropriate acts that could be either directed to the very individual who presents sleep problems, or directed to a bed partner, and even to objects.

These violent or injurious behaviors can occur during sleep (as it often does) and involve punching, kicking, leaping, or running away from the bed (while acting out dreams). They can also occur during parasomnia (periods of confusional arousals, sleepwalking, sleep terrors, REM behavior disorder, or parasomnia overlap disorder) (INGRAVALLO et al., 2014).

Mr. Kinstrey's final violent behavior supervened a disquieting dream. The ensuing morning, Mr. Kinstrey showed signs of being somewhat disconnected of the reality around him, or at least uncommonly forgetful:

> The dream still clung to Kinstrey's mind like a cobweb as he stood in the kitchen in his pyjamas and bare feet, wondering what he wanted, what he was looking for. He turned on the cold water in the sink and filled a glass, but only took a sip, and put it down. He left the water running. He opened the breadbox and took out half a loaf wrapped in oiled paper, and pulled open a drawer. He took out the bread knife and then put it back and took out the long, sharp carving knife. He was standing there holding the knife in one hand and the bread in the other when the door to the dining room opened. It was Arthur. 'Who do you do first?' Kinstrey said to him, hoarsely. (THURBER, 1963, p. 11)

The next thing the reader learns is that the neighbors notice that it is already a quarter to eleven in the morning and the milk bottles were still outside the door (haven't being collected by the servants). The local police and the state troopers were in and out of the house all day: "It wasn't every morning in the year that you got called out on a triple murder and suicide." (THURBER, 1963, p. 12)

2. Dreams influenced by sensory stimulation

Today it is understood that external stimulus can arbitrarily or systematically influence the features of dream experiences. When controlled, this influence is described by an approach called ‘dream engineering’. According to this approach, it is possible to directly manipulate oneiric features.[1]

While asleep, humans disconnect most, but not all, sensory systems. Dream modifications caused by sensory perceptions have been documented and even sought after by philosophers, artists, and scientists alike for centuries. Understanding how external stimuli affect dreams can provide insights into the mechanisms that ensure sleep continuity, especially in the presence of external disturbances.

Salvesen et al. (2024) reviewed studies focused on dream engineering and classified them into two main categories. The first is ‘incorporation’, which encompasses all instances in which the stimulus permeates the dream content as an identifiable element (for example, the presence of a novel dream element that presents overlapping characteristics with the stimulus). Incorporation was further distinguished as either being direct (whenever the stimulus is incorporated as is; for example, a flashing light is incorporated as light in the dream) or indirect (whenever the stimulus is incorporated in a transformed way, namely through semantic or mnemonic associations; for example, white noise may be incorporated as the sound of waves or as a visual representation of the ocean).

The second category is ‘modulation’, which includes all engineered dreams that appear to be contingent on the stimulus's presence but cannot be explained by its intrinsic qualities (for example, variations in general dream features, such as emotional valence or number of dream characters).

Auditory stimulation is the most interesting for the present purpose. Salvesen et al. (2024) explain that the physical properties of a stimulus, such as its intensity or duration, have been suggested to affect its probability of inducing changes in the oneiric event. According to them, stimulus incorporation often occurs seamlessly within the ongoing dream narrative.

In Thurber’s story, Mr. Kinstrey incorporates the auditory stimulus provided undesirably by the bird into distorted and/or transformed linguistic/semantic experience:

[1] “Yet, while several dream engineering approaches have been scientifically tested, ranging from pre-sleep experience manipulation to sensory or brain stimulation procedures, their precise physiological and phenomenological effects remain largely unknown.” (SALVESEN et al., 2024, p. 1)

> The night had just begun to get pale around the edges when the whip-poor-will began. Kinstrey, who slept in a back room on the first floor facing the meadow and the strip of woods beyond, heard a blind man tapping and a bugle calling and a woman screaming 'Help! Police.' The sergeant in grey was cutting open envelopes with a sword 'Sit down there, sit down there, sit down there' he chanted at Kinstrey 'Sit down there, cut your throat, cut your throat, whip-poor-will, whip-poor-will, whip-poor-will.' And Kinstrey woke up. (THURBER, 1963, p. 6)

Sleep continuity is briefly preserved. The quality of his sleep is so poor he is not able to filter out nor to attenuate the disturbing external auditory stimulus (sensory disconnection fails). Mr. Kinstrey soon wakes up. The external noise propagates efficiently into his brain. The brain does not prevent him from processing the incoming sensory stimulus.

One of the explanations as to why this works the way it does is akin to that long standing notion proposed originally by Freud, that dreams act as guardians of sleep. In other words, "when an external stimulus succeeds in reaching the dreamer's awareness, the brain might attempt to integrate it into the ongoing conscious stream, directly or through associations, to minimize potential effects on sleep continuity." (SALVESEN et al., 2024, p. 10)

3. Dreams that kill: "A Friend to Alexander"

The short story "A Friend to Alexander" tackles yet another interesting sleep disturbance. This time it is a recurring dream: "I have taken to dreaming about Aaron Burr every night,' Andrews said. 'What for?' said Mrs. Andrews. 'How do I know what for' Andrews snarled." (THURBER, 1963, p. 35) A recurrent distressing trauma-related dream that messes with the character's emotions from the start.

Before discussing abnormalities in dreaming, it is important to understand what knowledge is consolidated regarding normal dreams. The study of regular dreaming has been historically supported by many theories. Two of them are generally emphasized due to their perceived influential powers; they are the "psychoanalytic model", originally developed by Freud in the 1900s, in which the unconscious mental processes play a major role. According to this model dreams are seen as attempts at fulfillment of wishes; and the "contemporary theory of dreaming" developed by Hartmann in the 1990s (more specifically in 1996). This theory views dreams in the framework of a neural nets model of the mind. According to it, dreams act to make connections in a much broader way than waking mental activity. For both, dreams are highly meaningful mental products.

According to Hartmann (1996) dreaming contextualizes a dominant emotion or emotional concern. One of the functions (or perhaps consequences) of the dream is to explain metaphorically the emotional state of the dreamer. To Eiser: “dreams function to deal with the dreamer's dominant emotional concerns at the time in the same (though less dramatically evident) fashion. (2011, p. 545)

Nobody knows yet how and where to draw a line of demarcation between normal and abnormal dreams. What is known is that it is not a simple matter. According to Eiser “dreams are by their nature more illogical, obscure, and bizarre than waking thought, and the most frequently occurring affect in dreams is anxiety or fear.” (2011, p. 545) On the one hand there are those who feel dreams are not essentially meaningful (such as HOBSON et al., 2000). On the other, there are those who see dreams as richly, deeply, personally meaningful (such as EISER, 2011). One's overall perspective on dreaming will have a fundamental effect on considerations about what constitutes and how to think about what are considered “abnormal” dreams.

Dreams are representations of psychological phenomena. Understanding normal and abnormal dreams helps in the understanding of emotional and behavioral functioning (and lack thereof):

> Psychological phenomena, represented by dreams, as well as the relationship of sleep to different psychiatric conditions, became the focus of direct physiological research, in ways not previously considered. Sleep became recognized by psychiatrists and psychologists as the neurobiological substrate for many emotional and behavioral disorders. (GOLBIN et al., 2005, p. 16)

This is necessary knowledge to understand what the Thurber characters went through in their respective stories. Dreams can be considered abnormal on the basis of the degree of distress or dysfunction they have the potential to cause.

Abnormal dreams are sometimes referred to as bad dreams; which in turn are treated as nightmares. Siclari et al. elucidate some distinctions. The difference between nightmares and bad dreams is that the former refer to “vivid and well-remembered dysphoric dreams that usually include themes involving threats to survival, security, physical integrity or self-esteem and cause awakening” whereas the latter: “also contain intense negative emotions but do not cause an awakening” (2020, p. 850)

Factors that influence dream content are a particularly important topic hither. One of these factors is capacity for recall. Recall frequency is affected by age, sex, personality, waking life experiences, and, more importantly, sleep quality and attitude towards dreams

(these last two factors especially relevant in Mr. Andrew's cases).

There are also factors that increase dream recall. They include: "interest in the dream, […] as well as increased number of nocturnal awakenings and poor sleep quality" (SICLARI, 2020, p. 851). Mr. Andrews definitely shows interest in various thematic aspects of his recurring dream. A particularly relevant dream content is the oneiric experience of his brother's murder – not to mention the threat of his own). Interestingly, stress and negative pre-sleep mood also correlate with increased dream recall frequency (which seems a bit counterintuitive). Siclari et al. explain that other factors that affect dream recall and are related to dream content are "trait and state" (2020, p. 851). They claim men typically report more physical aggression related to dream content, and that the emotional intensity of an event is one of the best predictors of its incorporation in a dream. Furthermore, traumatic experiences typically manifest as posttraumatic nightmares and may persist for decades. The death of Mr. Andrew's brother is a strong candidate for a traumatic experience in the character's life:

> When I looked at Hamilton, who do you suppose he was? 'I don't know' said Mrs. Andrews 'Who was he?' 'He was my brother, the one I've told you about, the one who was killed by that drunkard in the cemetery' Mrs. Andrew's had never got that story straight and she didn't want to go into it again now, the facts in the tragic case and her way of getting them mixed up always drove Andrew's into a white-faced fury" (THURBER, 1963, p. 36)

The passage hints unabashedly and candidly at a traumatic experience; one the character had quite some time before and is still quite sensitive about. Duval and Zadra explain that "traumatic events can occur when an individual experiences or witnesses an event that involves a threat to the integrity of self or others, accompanied by intense fear, helplessness, or horror." (2010, p. 249) The researchers even use the sudden unexpected death of a loved one as one of the disasters that constitute examples of traumatic experiences. Mr. Andrews confides that the face on top of Hamilton's face, in the dream, was not only his brother's, but that of every person he ever liked. This confession makes the recounting of the following dream even more poignant:

> It was two nights later at five o'clock in the morning that Andrews bumbled into his wife's bedroom in pyjamas and bare feet, his hair in his eyes, his eyes wild 'He got him!' he croaked 'He got him! The bastard got him. Alexander fired into the air, he fired in the air and smiled at him, just like Walter, and that fiend from hell took deliberate aim - I saw him - I saw him take deliberate aim - he killed him in cold blood, the foul scum!' (THURBER, 1963, p. 36)

Although there is a relation between sleep disturbances and dream-related disorders in trauma victims (here highlighted in witnesses of sudden deaths), the reader of Thurber's story never learns if Mr. Andrews was present in the event of his brother's murder. If he was, this would make him firsthand eyewitness of the traumatic event (not that hearing about it later from a third party would attenuate his feelings of loss and his grief in any quality). Direct exposure to a traumatic event, however, is known to "give rise to a range of dream-related disturbances, including a higher prevalence of posttraumatic dreams, nightmares, bad dreams, and recurrent dreams." (DUVAL; ZADRA, 2010, p. 252)

Mrs. Andrews suggests that her husband take a Nembutal. According to Lautieri et al. (2024) Nembutal is a barbiturate drug used, among other things, for short-term treatment for insomnia. In the 1970s drugs of this variety were restricted by the federal government in the United States (although not explicitly stated, the story, however, takes place in the 1930s or the beginning of the 1940s).

Duval and Zadra reveal that trauma victims can experience a reduction in nightmares (and other forms of distressing dreams) after the acute phase of trauma exposure is subsided; nevertheless, "dream disturbances can persist for years or even decades, sometimes with little to no change in their content." (2010, p. 252) Even though the reader is not informed as to how long before the onset of the dreams the death of the brother took place, the information regarding the persistence of dream disturbances after the event make perfect sense in Mr. Andrew's case:

> The doctor looked at Mrs. Andrews 'He has nightmares' she said […] 'You see, I think he's worried about something,' she said, 'because he always has this same dream. It's about his brother Walter, who was killed in a cemetery by a drunken man, only it isn't really about him.' The doctor did the best he could with this information. He cleared his throat, tapped on the glass top of his desk with the fingers of his right hand, and said, 'Very few' people are actually killed in cemeteries.' Andrews stared at the doctor coldly and said nothing. (THURBER, 1963, p. 37)

This is the same doctor Fox who diagnosis Mr. Andrews with a perfectly functioning heart. At any rate, individuals who suffer from chronic nightmares "experience higher levels of depression, anxiety, and posttraumatic stress" (DUVAL; ZADRA, 2010, p. 253). It is interesting to point out, at this moment, that Dr. Fox somewhat doubts Mr. Andrews, and sometimes, so does his wife; but it is important to point out that Mr. Andrews suffers, in his dreams, direct threats to his life – specifically

coming from Aaron Burr (who also mocks him):

> ‘That’s what he calls me’ shouted Andrews ‘One Henry Andrews, an architect,’ he keeps saying in his nasty little sneering voice ‘One Henry Andrews, an architect’ ‘Please don’t yell!’’ said Mrs. Andrews ‘You’ll wake the whole house. It’s early. People want to sleep.’ Andrews lowered his voice a little ‘I’m beneath him,’ he snarled ‘I’m just anybody. I’m a man in a grey suit ‘Be on your good behaviour, my good man,’ he says to me, ‘or I shall have one of my lackeys give you a taste of the riding.’ (THURBER, 1963, p. 38-39)

Mrs. Andrews is well intentioned. She tries to help in her own way. She also tries to make sense of what her husband tells her. She is the one that arranges for the trip to a friends’ home in the country, where they are when the above passage takes place. Mrs. Andrews thought that with the change in scenery, her husband would forget about Burr and not dream anymore. She was wrong, of course. Her husband insists: “‘It’s him or me,’ said Andrews grimly. ‘I can’t stand this forever.’” (p. 39)

Fortunately for Mr. Andrews, the pastime chosen by the friend, Bob Crowley, owner of the property they were in, was target practice. Mr. Andrews, at one point, stands with his back to a tree trunk and starts walking, counting his steps, holding the gun in his hand. When he reaches the thirtieth step he turns around quickly and fires three times against the tree. He misses two shots and hits one. His friend, scared, noticing that something was not right with Mr. Andrews, takes the gun away from him:

> ‘Good God Almighty, man!’ said Crowley from the grass, where he lay flat on his stomach. ‘Hey, give me that gun, will you’ he demanded, getting to his feet. Andrews let him take it. ‘I need a lot more practice, I guess,’ he said. ‘Not with me standing around,’ said Crowley ‘Come on, let’s go back to the house and shake up a drink. I’ve got the jumps’ ‘I need a lot more practice,’ said Andrews again. (THURBER, 1963, p. 39)

As far as the reader is concerned, Mr. Andrews is beginning to show signs of failing mental health. The character demonstrates difficulty discerning the fantasy of the dream with the reality as it is. So much so to the point of enacting practice for a duel with a real gun with live ammo, showing little concern for the safety of those around him.

To Duval and Zadra (2010), trauma-related dreams may be depictions or a replication of the traumatic event, its modified versions, or even metaphorical representations that may evolve over time.

Later that same night. As soon as his wife goes to sleep Mr. Andrews sneaks out of bed and takes the target pistol and the cartridges and proceeds to practice some more.

He was outdoor wearing only his bedwear in the cold of night shooting at the target, which was on the tree at the same height of where a human heart would be. His wife, as well as the whole house, wake up with the shots:

> 'Is Harry all right?' asked Mrs. Andrews. 'Where is he? What is he doing?' 'He's out shooting behind the studio, Bob says,' Alice told her 'Bob'll go out and get him. Maybe he had a nightmare, or walked in his sleep' 'No,' said Mrs. Andrews, 'he never walks in his sleep. He's awake.' (THURBER, 1963, p. 40)

Gobin et al. (2005) posit that neurophysiological changes that occur during sleep are under the control of the same mechanisms that are responsible for control of wakefulness, levels of alertness, cognitive and motor activity and mood. Control of motor activity explains the hand-holding-gun gesture by Mr. Andrews at the time of his death:

> Mrs. Andrews, through her tears, was looking at her dead husband's right hand. The three fingers next to the index finger were closed in stiffly on the palm, as if gripping the handle of a pistol. The taut thumb was doing its part to hold that invisible handle tightly and unwaveringly. But it was the index finger that Mrs. Andrews' eyes stayed on longest. It was only slightly curved inward, as if it were just about to press the trigger of the pistol. (THURBER, 1963, p. 41)

The Andrews go home. Mrs. Andrews is still worried about her husband. She invites him to sleep in her bed, which he refuses, telling her that she would be shaking him and waking him up every chance she had. According to him, his wife did not trust he could take Burr in the duel. She was very upset: "when she kissed him good night later on she knew it was really good-bye. Women have a way of telling when you aren't coming back." (p. 41)

Mr. Andrew's exact time of death is not explicit in the narrative. What the reader can assume is that his death took place during his usual period of sleep. According to Gami et al.: "The risk of sudden death from cardiac causes in the general population peaks from 6 a.m. to noon and has a nadir from midnight to 6 a.m." (GAMI et al., 2005, p. 1206) The reader also has access to the information that Mr. Andrew's heart was in normal condition (with no known preexisting condition) a few days prior the incident:

> 'Well, I hope you're satisfied,' Andrews snapped at his wife as they left the doctor's office a half-hour later 'You heard what he said. There's nothing the matter with me at all' 'I'm glad your heart is so fine,' she told him 'He said it was fine, you know' 'Sure,' said Andrews 'It's fine. Everything's fine.' (THURBER, 1963, p. 37)

Not incidentally, “everything is fine” rings like famous last words. The same doctor Fox who examined Mr. Andrews answered Mrs. Andrews call to tend to her husband’s demise. The doctor was actually surprised:

> ‘Extraordinary,’ said Dr. Fox the next morning, letting Andrew’s dead left hand fall back upon the bed ‘His heart was as sound as a dollar when I examined him the other day. It has just stopped as if he had been shot’ (THURBER, 1963, p. 41)

There was nothing Mrs. Andrew’s could have done to help in that situation. According to Gami et al. “instances of sudden death from cardiac causes occurring during sleep may preclude awakening and the development of symptoms, or the witnessing of these events by others.” (2005, p. 1208)

Association between dreams and death are not unheard of. Verrier et al. claim that there is: “evidence that REM sleep and dreams play an even greater role in precipitating myocardial infarction and sudden death in patients already afflicted with coronary disease, myocardial infarction, or heart failure, in patients with respiratory disorders.” (1996, p. 181). This was most probably not the case with Mr. Andrews, since there is no narrative evidence he suffered from any of these ailments.

There are, of course, other physiologic and pathophysiologic mechanisms responsible for sleep-related sudden cardiac death. Especially when it comes to dreams. In a way, dreams can kill. It has been attested (somewhat provocatively) that people who suffer from progressive heart failures have experienced dreams of death. These experiences may contribute to the onset of depression and of other negative emotional states (VERRIER et al., 1996). But the bulk of what is commonly believed is, naturally, in the domain of folklore (although it is present in the history of medicine). The roots of the beliefs may be linked to the common experiences of being awakened by vivid, frightening dreams, often accompanied by racing pulse, cold sweat, and other physiologic responses associated with intense distress. It may even have been surprising to the doctor that examined Mr. Andrew’s dead body. But to Mrs. Andrews there was no mystery:

> But it was the index finger that Mrs. Andrews’ eyes stayed on longest. It was only slightly curved inward, as if it were just about to press the trigger of the pistol. ‘Harry never even fired a shot,’ wailed Mrs. Andrews ‘Aaron Burr killed him the way he killed Hamilton. Aaron Burr shot him through the heart. I knew he would. I knew he would.” (THURBER, 1963, p. 41)

Normally, during dreams, some motor systems are also activated, but the

accompanying commands are generally not enacted (VERRIER et al., 1996). The motor system responsible for flexing the forefinger of the hand was active in the case of Mr. Andrews while he was having his final dream. Unfortunately for him, it was not as fast as the forefinger of his dueling opponent, Aaron Burr, in his own dream.

Final Considerations

Studying Mr. Kinstrey's and Mr. Andrew's cases allowed for a look at the current state of research on sleep, sleep fragmentation/disorders and other sleep phenomena. It also allowed for a glance at dreams, be they normal or abnormal. Possibly some light can be shed on the behaviors, the catalysts, and the resulting dispositions of both characters. it was never the intention to devise a character study per se, but perhaps along the course of understanding these two protagonists enough knowledge can be garnered so as to illuminate more elements of the narratives of both "The Whip-poor-will" and "A Friend to Alexander."

Not in a poetical sense, but in a very scientific one, research on sleep demonstrates that sleep is not a passive state, but a complex, active cyclical process controlled by elegant mechanisms. Thankfully, there is an ever-emerging specialty of sleep medicine that utilizes the expertise of respiratory physicians, neurologists, psychiatrists and psychologists to help students (what is a researcher if not a student?) of all areas to shed light on their respective objects of inquiry.

In this area, nightmares are sometimes referred to as abnormal dreams, or at least their concepts are rashly conflated, and the terms are treated interchangeably. Their researchers gracefully say that abnormal dreams may disrupt the sleep architecture, which can leave the individual in a confusional state and can cause affective, anxiety and neurodevelopmental disorders (BAGARY, 2006). Abnormal dreams are but one of the reasons for nocturnal sleep fragmentation.

For better or for worse, results of sleep research have traditionally been summarized through narrative reviews. Conclusions are, therefore, arrived at via subjective methods – in this particular aspect, not so different from the work of the literary critic. Their conclusions must also be arrived at by experienced scholars utilizing qualitative (as well as other) methodologies in their respective fields of investigation. Literary critics and theoreticians do sometimes cut a text open and expose its entrails in an effort to understand its narrative's anatomy and physiology.

Various aspects of sleep deprivation were brought forth and explored – at an introductory level. One of the hypotheses (which have been raised by several authors) is that sleep disturbance in depression has been attributed to "over-arousal" or "sleep satiety", although there was no explicit explanation as to the possible mechanisms involved. Scarpa and Raine explain that "arousal or reactivity are nonspecific terms that can refer to any psychophysiologic response system (e.g., electrodermal, cardiovascular, cortical, and so on)." (1997, p. 375) McQuade et al. (2019) describe overarousal as simply as emotional dysregulation and high emotional sensitivity. Something that Mrs. Kinstrey described as likened to a child's tantrum:

> 'Well,' said Madge Kinstrey over her coffee cup at breakfast, 'I hope you got your tantrum over and done with this morning. I never heard such a spectacle-squalling like a spoiled brat.' 'You can't hear spectacles,' said Kinstrey, coldly 'You see them' 'I'm sure I don't know what you 're talking about,' she said. No, you don't, thought Kinstrey, you never have; never have, never have, never have. Would he ever get that damned rhythm out of his head? (THURBER, 1963, p. 9)

Mr. Kinstrey displays moments of high emotional sensitivity, especially during the morning, following a boisterous and restless night. The early morning when the sleep phase should not, but is disrupted, is sometimes considered a depressogenic phase of the circadian rhythm; thus, the relation between sleep disorder and depression.

Pharmacological aspects were, hitherto, discarded for they bear no great relevance to the whole of the literary analysis; there is one mention, in passing, in each story. In "The Whip-poor-will" Mrs. Kinstrey suggests her husband take a Luminal (Phenobarbital). In "A Friend to Alexander", Mrs. Andrews suggests her husband take a Nembutal (Pentobarbital). Both wives were legitimately worried about their husbands, and tried what was at their reach to help. They should be counted as two examples of Thurber's depictions of women in his literature. Thurber carries an unmerited image of being a misogynist. Mrs. Kinstrey and Mrs. Andrews certainly have their failings, but all humans do regardless of gender. Women are, in fact, not always painted in the most commendable colors in Thurber's fiction. But nor are the men. He has been very wisely described as a failed misanthropist; which is very fitting. Perhaps not superficially, but when one delves into Thurber's literature and passes the more external tiers, one is certain to find not only his affection for people, but also the tenderness and admiration he feels for his fellow human beings. The Thurber character is intentionally construed as flawed and vulnerable to the stresses so easily found in social environments. The richness of the

characters can be effortlessly found in their ability to cope with these adversities.

Scarpa and Raine (1997) suggest that some of the risk factors behind emotional aggression include an inability to regulate that affect/arousal. Their findings also suggest that this effect will be most pronounced in individuals experiencing stressors or adverse social environments, where negative affect and arousal would be increased. That is certainly the case with Mr. Kinstrey. The bird call is most certainly a stressor, and its nightly presence transforms an otherwise placid place, Mr. Kinstrey's bedroom, into an adverse environment; even if temporarily. Something similar goes for Mr. Andrews. His dreams with Burr are stressors and everywhere he goes he is doubted or misunderstood, which is a constitutional part of an adverse social environment – again, only if temporary).

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