

OLIVER SACKS'S "VIOLENT ENTHUSIASMS": "IMMODERATION" AS MEDICAL/LITERARY ETHICS

CATHERINE LANONE

Université Paris 3

1. In *Gratitude*, Oliver Sacks draws inspiration from one of his favourite philosophers, David Hume, who “upon learning that he was mortally ill at age sixty-five, wrote a short autobiography in a single day¹”. In 2015, Sacks used the title of Hume’s essay, “My Own Life”, to speak about his cancer, in a *New York Times* article that was posthumously reprinted as one of the chapters composing *Gratitude*. In “My Own Life”, Sacks explains that, much like Hume, he feels cheerful, sociable, eager to keep on writing and, though very much aware that his time is up, he still relishes life. But whereas Hume was pleased with his “mild disposition” (*G* 17) and moderation, Sacks defines himself in terms of rash enthusiasm: “on the contrary I am a man of vehement disposition, with violent enthusiasms, and extreme immoderation in all my passions”(G 17). Hume disliked the very idea of enthusiasm, which he construed as religious flights of fancy that one deceptively ascribes to divine inspiration². Oliver Sacks might not have disagreed as far as religion was concerned, but he certainly opposed Hume’s philosophical mistrust of exaltation *per se*. Sacks’s philosophy, his own belief in “violent enthusiasms” (*G* 17), came as a challenge in a data-driven age, where medical practice is supposed to be pragmatic and to rely only on the latest technology—a world where enthusiasm is almost as out of place as it would have been in Hume’s age of Enlightenment. Should we therefore consider the Protean Sacks as a maverick media figure, a belated odd man out, or as a compelling embodiment of enthusiasm? We shall first consider how enthusiasm became his trademark feature, both as a physician and as a writer. Such enthusiasm, however, may also raise questions of presumption and excess, of potentially “great but confused conceptions” (to quote, *mutatis mutandis*, Hume), perhaps making him an imaginative but “fallacious [guide]”, as we shall then see³. Yet Sacks’s way of crossing boundaries may also be considered as a fruitful model, channelling the energy of enthusiasm into new, creative paths.

1 O. Sacks, *Gratitude*, 16. *Gratitude* is composed of four essays edited posthumously by K. Edgar and B. Hayes, in 2015.

2 “Hope, pride, presumption, a warm imagination, together with ignorance, are, therefore, the true sources of ENTHUSIASM.” David Hume, “Of Superstition and Enthusiasm”, *Essays Moral, Political, and Literary*, n.p. <http://www.english.upenn.edu/~mgamer/Etexts/hume.superstition.html>. Accessed August 3, 2018.

3 *Ibid.*

A Protean enthusiast

2. Like the proverbial Renaissance man, Sacks was a polymath, and this earned him an iconic status. After interviewing him for a decade, Dempsey Rice decided not to make a traditional documentary devoted to Sacks, but an animated version entitled “The Animated Mind of Oliver Sacks⁴”, with excerpts from interviews providing a running commentary in Sacks’s own voice. This is a fitting tribute for a man who sought to blur the boundaries between popular culture and the jargon of medical science, and it shows how iconic his enthusiasm has become. In the online excerpt designed to raise funds for the project, the animated Sacks swims freely at night, staring at the cosmic background of stars and shooting stars, then gliding in bright daylight in a lake, with words ebbing away from him in radiating green waves. This moment transposes his singular 1982 autobiographical text, *A Leg to Stand On*, an account of Sacks’s fateful encounter with a bull on a lonely mountain top, followed by his attempt to run away and his sudden fall, his slow painful descent (singing to himself the “Song of the Volga Boatmen” as he dragged his body on), and the subsequent bout of paralysis that followed as he was treated in hospital. The cartoon scene begins with Sacks standing in a red bathing suit on the edge of the lake, while his dressed reflection has one leg in a plaster cast and leans against a shadowy bull. The episode epitomises Sacks’s enthusiasm as a writer, a patient and a doctor all rolled into one: not only was his ordeal transmuted into an epic tale of self-discovery in *A Leg to Stand On*, but the process of writing itself was turned into a story, as Sacks swam indeed to activate the free flow of words, then rushed out to jot down notes; his publisher was dismayed to receive a handwritten manuscript, a manuscript that (so the story goes) appeared to have been soaked in a bath, something which, in turn, the cartoon makes the most of with the sheets of paper drying around the editor’s office. The scene ends with Sacks and the editor’s typist (who managed to come up with a freshly organized, neatly typed copy), swimming round and round in the green lake, manuscript pages floating around them. The cartoon captures both Sacks’s singular enthusiasm and the enthusiasm that he aroused in his friends and in the public’s mind. Dempsey Rice’s cartoon character looks familiar enough, only one step away from the way in which Sacks composed his own public image, from the iconic face with bushy beard, thick eyebrows and benevolent twinkling eyes, to his enthusing on his trademark passions, as a scientist fascinated by Nature and an antiquated worshipper of literature—in other words a humanist and a great believer in words. The dripping pages of the endearing swimmer/doctor/autobiographer are more than an

4 “The Animated Mind of Oliver Sacks” is a forthcoming documentary directed by Dempsey Rice, a Brooklyn filmmaker. Jonathan Corbiere is the director of animation. <http://theanimatedmindofoliversacks.com/theteam/>. Accessed August 3, 2018.

anecdote, they turn writing and storytelling into a sensory, vibrating experience.

3. For Gilles Deleuze, enthusiasm is a force of deterritorialization, an energy that allows to break freely from one's social and historical context. Rex Butler connects this revaluation of enthusiasm to Deleuze and Guattari's reading of Kant in *What Is Philosophy?*:

Enthusiasm is not only a philosophical concept—at least in Kant—but is able to be grasped only from a philosophical perspective, insofar as it is a 'self-referential' and 'self-positing' doubling of the world, in which 'thinking and being are said at the same time' (*WP?*, 38). Enthusiasm is not some expression of an immortal world-spirit that is waiting to be awakened, but a singular event that is each time different, existing only in its narration, its transmission to another (*WP?*, 16-19)⁵.

Similarly, for Sacks, enthusiasm cannot fit within the frame of expected behaviour, it creates lines of flight—it renews energy through the experience of intensity, an energy that in turn feeds writing.

4. For instance, in *On the Move*, Sacks recalls that when he was an Oxford student, he proved unable to perform according to standards, yet discovered at the same time his ability to reach unexpected achievement given a chance to escape the rules—he could not keep pace with convention, but he could swim or fly. There is, of course, a degree of what Bourdieu calls *habitus*, this ingrained knowledge linked to family background and education. Both of his parents were well-known physicians and anatomy was an ordinary topic of conversation at home; his mother had taught him dissection and made him practice as a teenager. But when he was expected at Oxford to follow in his parents' footsteps, he found that he could not perform without a flash of enthusiasm. He botched his Finals, and came just about last in his anatomy exam. Shamefacedly imagining his parents' dismay, he thought he'd better go to a pub and get drunk. After a few bracing pints, he decided to have a go at a prestigious scholarship contest instead, and did so straightaway, even though it was already under way when he entered the examination room. Out of the seven questions given to the candidates, he chose the one that he liked best and wrote to his heart's content for two hours, then left an hour before the exam was due to end. He got the scholarship with flying colours, much to everyone's surprise, including his own⁶. Thus the recipe for disaster becomes a recipe for success, provided the expected frame is shattered. The spirit may take off via inebriation, imagination, choice and free will—so that the exam situation is deterritorialized and enthusiasm becomes a way of thinking and of acting outside the box.

5 R. Butler, *Deleuze and Guattari's 'What is Philosophy?'*, 167.

6 He found out in *The Times* that he had passed. He spent forty-four pounds out of his fifty-pound prize, on a complete edition of the Oxford English Dictionary, a most spellbinding treasure of words for him.

5. One might argue that such a tale of agency is in part the result of autobiographical reconstruction. For Marilyn Chandler McEntyre, in all autobiographies, writing brings healing through necessary distance: “the authorial stance places one ‘outside’ an experience, and at a vantage point from which one can give it syntax, shape and structure⁷”. For Marilyn Chandler McEntyre, life stories are crisis narratives, and this is very true of Sacks’s works⁸. Repeatedly, in *On the Move*, he sketches himself humorously as a clumsy under-achiever and a singular over-achiever. For instance, as a would-be researcher, Sacks spends months dissecting worms, only to realize that, to the rest of the lab’s alarm, he has thrown everything into the bin, out of distraction or drug-induced error. A poor theoretician, he is advised to return to medical practice. This failure becomes in turn a life-changing event: he finds his true calling as a practitioner; each encounter with a patient is an event, each singular neurological problem a wondrous journey into a land of distortion and adaptation. Medical practice becomes an area of sympathy, allowing the free scope of enthusiasm.
6. Whereas for Hume, enthusiasm was a contagious excess of emotion, entailing bodily disorder, Sacks reclaims the epistemic value of emotion, the eudaimonistic and ethical force of enthusiasm. His lifelong intellectual quest is therefore always rooted in the body. Not only does he wish to reclaim from invisibility the affected bodies of his patients, but his own work as a physician must be constantly balanced by intense bouts of physical activity. Though he only opened up about sexual relationships in *On the Move*, throughout his texts Sacks enthuses on other ways of triggering embodied rushes of enthusiasm, of deterritorializing the body, of keeping lines of flight open.
7. Thus *On the Move*, for instance, depicts how a young Sacks decided to free himself from the British beaten tracks, by moving to the United States and embracing Californian culture and counter-culture. The title comes from a poem by Thom Gunn, a friend of his at the time. The expression itself, “On the move” suggests an adamant refusal to abide by fixed positions, a desire to enter a purely nomadic space, to achieve deterritorialization processes in order to escape the static classifications, the either/or of hospital practice. The young Sacks rode his motorbike, relishing speed and never minding the occasional fall, sometimes venturing as far as the Grand Canyon for the week-end, a wild, swift thousand-mile trip. He modified his body, not by looking for Deleuze’s dismantled body without organs, but by reinventing

7 Marilyn Chandler McEntyre, *A Healing Art: Regeneration through Autobiography*, 10.

8 Sacks wrote autobiographical books like *Uncle Tungsten* and *On the Move*; besides, certain chapters of his other books are entirely devoted to his own experience as well. Even when he is writing about patients, there is always a degree of autobiographical input as Sacks stages his part as physician (as well as a degree of literary plotting, that brings them close to fiction as well).

himself as a weightlifter, breaking a state record when proudly performing a squat with a six-hundred-pound bar on his shoulders. Above all, he sought the thresholds of sensation, in the footsteps of Baudelaire and De Quincey. Each week-end, whenever he did not use his motorbike, he travelled far and wide in his own mind, carried away, passing into areas of intensity, exploding boundaries with cannabis and LSD. He felt elated by sensory dilation, such as the sudden awareness of an acute, heightened sense of smell that remained for weeks. It was still a heuristic quest, as when he composed an amphetamine cocktail to reach a mysterious deep blue colour he had always heard of but never seen, Indigo. But drugs only offer a temporary access to a smooth nomadic space, and may turn into a matter of destruction, not creation, threatening the very regime of thought and the plane of immanence. When Sacks hallucinated a visit from friends (complete with dialogues) without having taken anything, he stopped enthusing on drugs, or rather he found another, different kind of drug.

8. There were other lifelong passions, such as swimming, smoked salmon, ferns, squids, octopuses, and the sky. They did arouse a certain kind of enthusiasm. Shy and withdrawn at parties, hampered by prosopagnosia (the inability to recognize faces), Sacks would open up should anyone mention volcanoes or jellyfish; though reluctant to address people, he once stopped strangers on the street to press his little telescope in their hands and prompt them to witness a lunar eclipse, with his “manifestly innocent enthusiasm”, because “they seemed oblivious to the extraordinary celestial happening above them⁹”. But for Sacks only three things seem to offer lines of flight that may compare with drugs: music, medical practice and writing, three passions which for him were entwined.

Relational Enthusiasm

9. For Sacks, music, medicine and writing are deeply connected activities. Love of music ran in his family, he practiced the piano throughout his life, and loved listening to music, especially Bach. Music was also part of his medical investigation; he encouraged musical treatment to soothe and trigger memory; he had his own brain scanned when listening to Bach and Beethoven, and was delighted to find out that his brain lit up for Bach rather than Beethoven. And of course he wrote about music in *Musicophilia*, a book which explores the way in which music may help patients to regain memory and identity for a brief, vibrant lapse of time¹⁰. Music was also a stimulant; once, when attending a performance of Mozart's

9 Sacks, *On the Move*, 237.

10 From the start, Sacks was fascinated by the conscious or unconscious ways that patients (especially musical patients)

Requiem, he felt compelled to write in his notebook on his lap throughout the concert, though he still listened to the music, as he explained to a friend who was with him: “I said I felt that Mozart made me a better neurologist and that I had been writing about a patient I had been seeing—the colorblind artist¹¹”.

10. Sacks shows equal fervour in his practice both as a doctor and as a writer. As a doctor, he wished to rely upon intuition rather than mere modern technology, a claim he repeatedly makes, as in this characteristic rhythmical list: “It is this Newtonian-Lockean-Cartesian view—variously paraphrased in medicine, biology, politics, industry, etc. which reduces men to machines, automata, puppets, dolls, blank tablets, formulae, ciphers, systems, and reflexes” (*A* 228). While considering that figures and statistics make “current medical literature unfruitful, unreadable, inhuman, and unreal” (*A* 228), he advocates a shift from the prevailing mechanistic model of the body (in which biological and chemical reactions may be quantified), to return to a more holistic vision of body and mind. Sacks quotes Leibniz to justify the need to switch from “mechanical” to “metaphysical considerations” (*A* 227). He seeks to reconcile neurology with other readings of inscape (he was interested in the power of words and saw a psychoanalyst on a regular basis throughout his life). For him, diagnosis and drugs are not enough to apprehend the constantly evolving landscapes of being where his patients dwell. The humanities complement medical knowledge, literature and philosophy are crucial in order to listen to and understand patients.

11. To bridge the gap between chemical, medical and biological science and the humanities, Sacks challenged the boundaries of the hospital¹². It is significant that he should have tied a hemiplegic patient behind him for an outing on his motorbike, to offer a brief holiday from illness. This shows Sacks’s belief in contact, in touch, as well as in lines of flight. The outing is a gift and a trespass, defying rules in order to catalyse a new emotional transaction. In *Rhetorical Touch: Disability, Identification, Haptics*, Shannon Walters analyses haptics in terms of *ethos*, *logos* and *pathos*: “I define rhetorical touch in this inquiry as a potential for identification among bodies of diverse abilities that takes place in physical, proximal, and/or emotional contact¹³”. Touch or physical contact *kairotically* bring bodies together in time and space, allowing in turn to *touch*, *i.e.* to prompt emotion and identification, *pathos*, reinforcing

devise to fight the sense impairment and bewilderment. The famous, eponymous “man who mistook his wife for a hat” sings his way through the routines and rituals of daily life; Lilian, a musician in *The Mind’s Eye*, has arranged her whole apartment according to colour schemes, to compensate for her inability to identify shapes.

11 Sacks, *On the Move*, 341.

12 Sacks challenged the hospital as a self-enclosed space and time, revolving around crisis yet meticulously organized, in other words a kind of heterotopia in Foucault’s terms.

13 S. Walters, *Thetorical Touch*, 3.

ethos, stepping beyond the rhetoric of invisibility, the judgments that tend to be associated with illness and disability.

12. Shannon Walters begins her book with a thought experiment devised by an “eighteenth-century philosopher, Etienne Bonnot, abbé de Condillac”, in his *Treatise of the Sensations*, bringing to life a marble statue sense by sense, beginning with smell and ending with touch, the “teacher of the other senses¹⁴”. Touch is relational, “as it forms a separate but joined third space for meaning, communication, and experience¹⁵”. The “third space” here recalls Homi Bhabha and suggests that the disabled body may be decolonized and reclaimed. Sacks’s radiating energy, his enthusiasm, may be read as a wish to *touch*, not to scratch the surface with a diagnosis but to delve deeper, to reach out for the person. The most famous instance of this kairotic touch reviving the insentient statue came with his sleeping-sickness patients.
13. Like the Spanish Flu, sleeping-sickness was a devastating pandemic that followed World War One in the 1920’s. It left behind patients that were alive but remained in a catatonic state; Constantin Von Economo, who first diagnosed *encephalitis lethargica* in 1917, used the metaphor of “extinct volcanoes” (*A xxv*) to describe them. By 1969, when Sacks came across such patients when working at Beth Abraham’s Hospital in New York, they had become all but invisible, immured in their bodies, left alone for decades. Whereas the institution had written them off, Sacks thought that he could reach out to them—in other words, to find that third space defined by Walters, where their frozen minds and bodies might be released. His intuition, his bioethical enthusiasm, led him to identify the strange patients as victims of the by-then forgotten sleeping-sickness, and to decide that they might be “recalled to life¹⁶”. A new drug, L-Dopa, did wonders for Parkinson’s patients. Sensing the neurological kinship between the two kinds of disease, Sacks laid his bets on L-Dopa. In *Awakenings*, Sacks describes the results as spectacular, reversing Von Economo’s dead volcano metaphor: “occurring before us was a cataclysm of almost geological proportion, the explosive ‘awakening’, the ‘quickenings,’ of eighty or more patients who had long been regarded, and regarded themselves, as effectively dead” (*A xxv*).
14. The episode is emblematic of Sacks’s version of the narrative turn. Sacks thought that a condition should be diagnosed and treated, but believed that attention should also be paid to

14 S. Walters, *Rhetorical Touch*, 1.

15 S. Walters, *Rhetorical Touch*, 4.

16 Sacks also uses the expression “recalled to life” for the title of a chapter in *The Mind’s Eye*, devoted to a woman who becomes aphasic after a stroke. It comes from Charles Dickens’s *A Tale of Two Cities*, where Dr Manette is “recalled to life” in two ways—he is freed from his eighteen-year secret imprisonment in the Bastille; and his daughter’s presence frees him from the madness and amnesia caused by his unfair imprisonment.

the patient's account of his own life both before and during illness, to his perception and to the coping strategies s/he devised. This corresponds to Carson's view of the relationship between doctor and patient as a liminal zone: "The hyphen is a key to understanding the relationship between patients and doctors. The hyphen simultaneously signifies separation and synergy, disjunction and conjunction. It calls attention to the distance between parties to the clinical encounter. And then, in the blink of an eye, it is a bridge across the divide¹⁷". Sacks carries the liminal relationship one step further, by releasing those stories in books like *Awakenings* or *The Man Who Mistook His Wife for a Hat*, in order to bear witness, to share the stories, to make them (and the patients) visible. The account is the product of the joint collaboration between physician and patient, a hyphenated tale as it were, or as Sacks puts it: "Together they must create languages which bridge the gulf between physician and patient, the gulf which separates one man from another" (A 226). In the seventies, such case studies were deemed obsolete; charts and data had long replaced descriptions. Yet for Oliver Sacks, a patient must have a story. Sacks deliberately drew upon the tradition of nineteenth-century case studies, Freudian case studies, and Alexander Luria's writing (Sacks followed in the footsteps of the Russian neurologist, fascinated by his case studies and Romantic science). For Sacks, the physician must "become a fellow traveller, a fellow explorer, constantly moving *with* his patients, discovering with them a vivid, exact, and figurative language which will reach out towards the incommunicable" (A 225-6).

15. This figurative language, for Sacks, is not clinical but flows with enthusiasm. His first book on migraines came to him unplanned, and most of it was written in a couple of weeks, to his great surprise, during a holiday in England: The cartoon, as we saw, materializes the great rush of writing and swimming that helped to put on paper the enforced experience of paralysis of *A Leg to Stand On*. Like the Deleuzian rhizome¹⁸, Sacks's texts remain "in the middle", ready to open up along lines of flight, often branching out into comments, arguments, new examples, other stories or multiple footnotes (which editors often had to curb). The cases become tales in a lifelong saga. Motifs appear and reappear, mutate through allusions, variations and echoes; for instance, one of the *Awakenings* patients becomes a case study in *The Man Who Mistook His Wife for a Hat*; the case of the detective-story writer (who can no longer read newspapers in *In the Mind's Eye*) refers to other cases (including the eponymous one in *The Man Who Mistook His Wife for a Hat*); similarly, in another chapter of *The Mind's*

17 Ronald A. Carson, "The Hyphenated Space: Liminality in the Doctor-Patient Relationship", 171-182.

18 "A rhizome has no beginning or end; it is always in the middle, between things, interbeing, intermezzo. The tree is filiation, but the rhizome is alliance, uniquely alliance." Deleuze and Guattari, *A Thousand Plateaus*, 25.

Eye, the musician who can no longer read music, and suffers from both “musical alexia” (*ME*, 6) and “environmental agnosia” (16) puns on this famous title: “I am the woman who mistook the doctor’s bag for her handbag” (Lilian 10). The work grows through spontaneous accretion or alliance, mapping cases that take the reader through the realms of various conditions, and resonate with one another.

Case studies and voice appropriation

16. Sacks’s rhizomatic method is seductive, but may raise concerns. Because he lived as an enthusiast and followed the lines of flight of his passions, Sacks has carved an ambivalent place for himself in the medical world. He was bemused that books like *Awakenings* or *The Man Who Mistook His Wife For a Hat* should meet public success, yet remain unacknowledged as far as the medical profession was concerned. A widely popular public figure, Sacks bemoaned this relative lack of professional recognition. As a popular storyteller, Sacks was peerless, but it may be argued that for all his textual productivity, dedication to his work and sundry interests, his achievements are more limited than might have been expected. Arthur K. Shapiro considered his approach as anecdotal, making him a better writer than a clinician. His great breakthrough, depicted in *Awakenings*, remains somewhat inconclusive. *Awakenings* is a fascinating journey into the unknown, but for Sacks it was also a journey that bred anxiety, doubt and dilemma. The book is composed of a series of case studies, bearing witness (or “testimony” (*A* xxxix)) to the devastating sleeping-sickness. But though Sacks’s Pygmalion touch brought the statues to life, the result was fraught with problems. The detailed case studies follow the same pattern: they sketch each personality in the bloom of youth before the nightmarish transformation in the Twenties or Thirties; they sum up the ensuing lonely years of imprisonment. In each case, the sudden awakening granted by L-Dopa is greeted by awe and reckless enthusiasm at being revived, vindicating the young doctor’s intuition. Sacks made it his “duty” and his “joy” to record their progress (*A* xxix) and filmed them: “My enthusiasm at that time was scarcely qualified, and I tended to simplify the most complex situations” (*A* 145). In each case, however, the drug soon brought unexpected side effects and uncontrollable ticcing. Though a few patients managed to handle the tics and struggle through, reconnecting with their children for instance, others collapsed, to the doctor’s dismay. Like some of the patients and the guilt-ridden Sacks himself, the reader may wonder whether it was worth propelling the victims fifty years later, awakening them to an aged body—a hopelessly wrecked one, a body that kept bursting into weird compulsive

gestures. Leonard L. (whose story was further transposed in the 1990 film that starred Robin Williams as a fictionalized Sacks and Robert de Niro as the patient) was wrecked by sexual urges and tics. In Sacks's text, though he is at first swept by delight and enthusiasm, as he rushes to read Dante or kiss flowers, Leonard, like others, bitterly rejects the drug in the end:

[at first] I thought L-DOPA was the most wonderful thing in the world, and I blessed you for giving me the Elixir of Life. Then, when everything went bad, I thought it was the worst thing in the world [...] And now, I'll stay myself, and you can keep your L-DOPA (A 218-9).

In *Awakenings*, Sacks repeatedly says that the sleeping-sickness patients told him to tell their stories, to show the film footage. Sacks's tales are thereby meant to fight the structures of feeling and of power, that make disabilities invisible, as Guillaume Le Blanc or Martha Nussbaum point out. Sacks's books, especially the bestseller *The Man Who Mistook His Wife For a Hat*, have indeed drawn attention to little known neurological conditions. But the hyper-visibility of such famous cases comes at a cost, prompting the reader to perform medical tourism, to remember images and stories, like the stranded mariner lost in his sea of oblivion, the man mistaking his wife for a hat, the sentient statues and cursed sleeping beauties, the autistic anthropologist from Mars, literary tales that may breed curiosity rather than concern. To recall Walters' terms, the stories spur pathos, but do they craft ethos?

17. This raises the problem of which testimony we are actually reading. Sacks's enthusiasm might prove double-edged, raising the bioethical question of the hermeneutics of consent. In "Nothing About Us Without Us", James Charlton indicts disability oppression and calls for the patient's empowerment, own self-expression and self-determination. In Sacks's case, what control do patients have over the narrative? Changing the names of the patients may not be enough to guarantee privacy, and paradoxically also denies identity and contradicts the notion of being a witness, by denying identity. Tom Shakespeare, a sociologist studying the politics of disability, parodied Sacks's famous title in his scathing critique denouncing voyeurism:

Oliver Sacks, the man who mistook his patients for a literary career, violates every existing principle of disability equality. Lionised by the literary establishment, eulogised on BBC TV's Late Show, he resembles nothing so much as a Victorian ethnographer, charting the bizarre world of mentally and physically impaired people for the voyeuristic cognoscenti¹⁹.

Shakespeare questions Sacks's rhetoric of the spectacular and celebrity status²⁰. For Shakespeare and Charlton, the words of patients should not be mediated.

19 Tom Shakespeare, "Book Review: *An Anthropologist on Mars*", *Disability & Society*, 11:1, 1996 137, <https://doi.org/10.1080/09687599650023416>

20 Sacks himself became sensitive to the question of voice appropriation, and to the accusations levelled against him.

While the question of appropriation remains, there is no denying that Sacks did help to break the logic of invisibility. As Ava Easton puts it, there is value in the popular appeal of his texts: “[w]hatever the criticisms of them, Sacks and writers like him developed a new literary genre without which it is possible that patients would not have begun to publish their own biographies and illness-stories²¹”. Perhaps it is Sacks’s enthusiasm that distinguishes him from the proverbial Victorian ethnographer, ultimately giving his storytelling a value of its own: “the outcome is not a salacious ridiculing of another person but one of understanding and empathy²²”. It may be argued that his consistent, stubborn, enduring enthusiasm also proves inspirational.

“Persistence of Vision²³”

18. Siri Hustvedt is a novelist who suffers from neurological symptoms, controls her trembling with medication, and has explored neuropsychology in *The Shaking Woman; Or, A History of My Nerves*. She praises Sacks’s version of the interplay between science and storytelling:

In a culture that devalues fiction, continues to graduate doctors with scant knowledge of medical history and produces one crude, reductive, philosophically naïve book on the “brain” after another, Oliver Sacks represents a different mode of thinking. Learned, quietly passionate and always curious, Sacks is a physician who has long understood that medicine is an art as well as a science.

Just as Hustvedt links medicine and art, David B. Morris considers that the neglected process of “thinking *with* stories²⁴” (rather than the institutionalized Western practice of thinking *about* stories”) helps to complement reductive biomedical dogma. For Morris, stories help to recognize that diseases are also related to culture. Though Sacks’s dramatization of his cases implies that we hear his own voice at least as much as his patients²⁵, the patients and

21 A. Easton, *Life After Encephalitis : A Narrative Approach*.

22 *Ibid.*

23 “Persistence of Vision: A Journal” is the title which Sacks chooses for his account of his own melanoma and loss of vision in *The Mind’s Eye* (ME, 144).

24 Morris is not speaking of Sacks but of the perception of pain. D. B. Morris, “Narrative, Ethics, And Pain: Thinking With Stories”, 55.

25 His tone may often seem patronizing today, but when Sacks started to write there was no attention paid to the individual, only to the condition. Following Leibniz, Sacks refuses such reduction: “There is nothing alive which is not individual: our health is *ours*; our diseases are *ours*; our reactions are *ours*—” (A, 228). Sacks was also unusual in his admiration for Freud’s “matchless case-histories” (229), seeking to in part reconcile neurology and psychoanalysis: “Freud once spoke of neurosis as akin to a prehistoric, Jurassic landscape, and this image is still truer of post-encephalitic disease, which seems to conduct one to the dark heart of being” (A, 231).

artists that acknowledge the impact of Sacks's work stress the way in which he brought acute neurological conditions in the open, and made people *see* what society wished to overlook. By engaging with illness figuratively, he prompted an awareness that has in turn led back to musical and artistic transposition.

19. Conceptualizing or configuring vulnerability, Sacks not only bears witness but offers modes of identification. Composer Tobias Picker, for instance, pays tribute to Sacks's work for helping him to come to terms with his own Tourette's syndrome. Lilian (the musician suffering from alexia, the inability to read), also finds that having read years before *The Man Who Mistook His Wife For a Hat* helped her devise her own coping mechanism, colour-coding²⁶. In later works, Sacks tends to write less about his patients in hospital, and more about people he came across because they responded to his books and wrote to him. In *The Mind's Eye*, for instance, Sacks receives a letter from Howard Engel, a Canadian, an author of detective novels who was suddenly struck by alexia. Engel's letter described how he got up one day and found that all the newspapers were written in a strange language, perhaps Serbo-Croatian. Remembering one of Sacks's cases dealing with a colour-blind painter who found himself unable to read after a head injury, he rushed to hospital. Sacks describes how Engel later managed to cope with alexia, and how he made his detective, Benny Cooperman, suffer from alexia (and amnesia) too.
20. Another striking letter came from a woman whom Sacks had briefly encountered years before, a fellow neurologist whom he calls "Stereo Sue" (*ME* 111), Susan R. Barry²⁷. Sue recalls how she used to lack three-dimensional vision but thought that she could imagine it, because she "was a professor of neurobiology, and had Hubel's and Wiesel's papers on visual processing, binocular vision, and stereopsis" (*ME*, 124). One day, after doing exercises with an eye therapist to combat visual fatigue, she sat down in her car and saw the steering-wheel jump out at her²⁸, and stereoscopic vision returned, in a startling epiphany. Sue was confused by the spaces between things, but amazed, as if she could now see the world in dazzling colours, after being confined to black and white. There is an emotional, as well as epistolary, correspondence between Sacks and Sue: he had had a passion for 3-D vision since childhood, shared her astonishment and admired her resilience. The chapter²⁹ ends with Sacks and Sue
- 26 "She had chuckled when she had first read it, but now she started to wonder whether her own difficulties might be eerily similar in nature" (*ME*, 6). When she goes to visit Sacks, she has already found means of steering herself and her professional life. The number of letters received by Sacks testifies to his impact among patients.
- 27 Sacks and Barry had briefly met at a party years before and discussed her lack of 3-D vision. Later on, Susan Barry later wrote her own autobiography, *Fixing My Gaze*.
- 28 Sensory resurrection, here, implies that in her early childhood Sue must have experienced 3-D vision and lost it, otherwise the recovery would not have been possible.
- 29 Sacks wrote about this in the *New Yorker* on June 19, 2006, and in *The Mind's Eye*. Sue Barry's own published account

swimming at Woods Hole. They dive in the midst of tiny luminous organisms, “*Noctiluca Scintillans*”: “as if fireflies were in it, and when we immersed ourselves and moved our arms and legs in the water, clouds of miniature fireworks lit up around our limbs” (*ME*, 139). The body glides effortlessly in the water, while the mind conjures up images of galaxies³⁰. Implicitly, the underwater blending of up and down also mirrors Sue’s sudden sense of binocular vision; it also stands, perhaps, as a metaphor for Sacks’s own immersive practice in a narrative meant to embrace the patient’s condition. The immersive water and the fireflies offer a fitting metaphor for friendship, scientific exploration and enthusiasm.

21. Another element might nuance the question of exploitation. Sacks did not only advocate sympathy with the patients, he was also his own patient, in a way, broadening the hyphenated liminal zone between doctor and patient. As we have seen, Sacks experienced altered states through drugs (in *The Man Who mistook His Wife for a Hat*, the medical student who experiences heightened smell for a few weeks after taking drugs was actually Sacks himself). More to the point, he was also acquainted with the symptoms of migraines, to which he devoted his first book (as he liked to say, he knew whereof he spoke); he also suffered from prosopagnosia, an inability to recognize faces, making him also incapable of identifying his own house at times. Thus his compassion was, up to a point, rooted in his personal experience of disorientation, which made him a better listener³¹. Ironically, his account of Sue’s fresh stereoscopic vision (which includes an account of his own passion for Kodachrome transparencies and all stereoscopic things from childhood onward)³², is followed by a chapter depicting Sacks’s own loss of in-depth vision as he was treated for melanoma. He carefully traces his symptoms, depicts his acute anguish, faced with his own increasing areas of blindness and his trouble when coping with loss of 3-D vision. Thus, from his early sensory disarray to his serious illness in to the end, he proves to be a fellow traveller exploring strange lands, rather than firmly rooted on the shores of so-called normality.

22. Besides, Sacks tends to quote Blake, Coleridge, Dickens or Dante; he paid tribute to artists with neurological conditions, such as the colour-blind painter or the painter with Tourette’s syndrome. His mind fed on music, literature and art as well as science. It is no wonder, then, that his enthusiasm, his narrative lines of flight and mistrust of fixed medical frames should lead back to art. Sacks’s works have been transposed many times. Not only was *Awakenings* turned into a film, but it has also inspired novels, like the 2012 novel *Umbrella*

was entitled *Fixing My Gaze: a Scientist’s Journey Into Seeing in Three Dimensions*.

30 Again, the image connects them: Sue’s husband was an astronaut, while Sacks was fascinated by stars and galaxies too.

31 He did lose hearing in one ear, but this did not preclude his ability for empathy.

32 He was “an active member of the New York Stereoscopic Society” (*ME*, 116).

by Will Self, where neo-modernist streams of consciousness and periods overlap, to convey the affect of being lost in time and walled in by the strange disease (Self also uses sleeping-sickness as a metaphor for the politics of medicine and neo-liberal ruthlessness). In Pinter's 1982 one-act play, *A Kind of Alaska*, "Alaska" is a metaphor for the comatose state induced by *encephalitis lethargica*, the frozen twenty-nine years that have elapsed, when the sixteen-year-old Deborah awakens as a mature woman, and cannot bear to look at her face in a mirror. As in Beckett's plays, there is a sense of bare absurdity, of defamiliarization as the character is almost confined to her bed throughout the performance; ticcing is conveyed by compulsive repetition, in a gripping monologue where she seems to feel the world closing upon her. As Sacks puts it, mentioning one of his patients whom he renamed Rose, in "awe" before Pinter's "creative response", "this is Pinter's world, the landscape of his unique gifts and sensibility, but it is also Rose R.'s world" (*A*, xxxviii).

23. *Awakenings* has also inspired other kinds of performances, linked to music and the body. Composer Tobias Picker chose *Awakenings* for his first ballet in 2010; he had first envisaged it as an opera, but could not find a producer: "and then it occurred to me that well, maybe it really is more, more suited to dance. Because I have Tourette's syndromes, my music has Tourettic characteristics, and this piece gave me an opportunity to actually address that head-on, and to use the Tourette's consciously, as almost a compositional tool³³". Picker plays on convulsive rhythms and more lyrical graceful moments to convey the eerie condition, while Aletta Collins's choreography stresses the drastic shifts of tempo, the contrast and tension between free flow, frantic ticcing and sudden arrest.

24. Similarly, *The Man Who Mistook His Wife For a Hat* has been a source of multiple transpositions. It has inspired plays like Peter Brook's *The Man Who* and *The Valley of Astonishment*, and a 1986 opera by Michael Nyman, with a libretto by Christopher Rawlence. Nyman recycles songs by Robert Schuman (who is mentioned in Sacks's eponymous tale) but remained postmodern rather than Romantic, wanting a more abstract kind of music: "The structure is a set of variations with diminishing returns. The music becomes emptier as the head of the patient empties³⁴". Nyman quickens the moment of the actual mistake; touching the wife's hair rather than picking up his hat is a brief lapse, so that the moment is not lost to unethical mockery. Instead, Nyman dwells on the misidentification of images, as when the patient sees a river rather than a desert, a moment which blends comedy (Dr P. seems

33 "Awakenings Unmasked", <https://www.youtube.com/watch?v=0yrOSHtpfKI>, accessed January 16, 2019.

34 In this interview with Peter Conrad, Michael Nyman explains that he wanted his opera to be as emotionless as science; yet when it was performed, he realized that it was actually moving. Peter Conrad, "He's Got that Thinking Feeling", <https://www.theguardian.com/theobserver/2002/may/12/features.review7>. Accessed January 15, 2019.

convinced everything is quite right) and pathos, with the slow, lyrical, mournful tune. Similarly, the cheery little rhythm—when Dr P hums as he manages to get dressed despite his growing confusion—offers a neat *mise en abyme*, and recalls Sacks's description of music as clues and a lifeline for Dr P. The smiling Dr P. may be in denial, he is also still alive through music, through his zest for life, his own version of enthusiasm.

25. Thus to conclude, Oliver Sacks brought medical conditions, that had hitherto been largely ignored by society, into the open in more ways than one, as his books were widely read and transposed to the stage and the screen. Though his appropriation of the patients' cases may be read as problematic, his enthusiasm has helped to break barriers and contribute to a narrative turn. The countless letters from patients that he received, the recycling of his work by musicians and playwrights show that his enthusiasm has proved inspirational. His fervent belief in storytelling is part of his conception of what Jean-Michel Ganteau calls “the ethics of care”. He remained an enthusiast to the end; one of his last messages concerned a flashmob in Spain, a performance of Beethoven's “Ode to Joy”, a brief, free, ephemeral moment of sharing. And when undergoing treatment, looking at the landscape of his life with gratitude, he kept writing about books, people, minerals, and animals like the lemur, which might as well be the portrait of an enthusiastic writer: “I love their leaping vitality, their inquisitive nature” (G, 29).

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