

RESPONSE TO "THE DECONSTRUCTION OF SELF"

Oliver Sacks

I found Ronald Leifer's critique of my book interesting in parts and I am grateful that he has responded to it, even though he calls it "fundamentally medical soap opera." However, his critique contains a number of unwitting or tendentious errors, which may be swiftly dealt with. First, I do not say that I am "more of a narrator, novelist, and poet than . . . a theorist," but that "I am *equally*, if inadequately, a theorist and dramatist" (Sacks, 1987). I do not speak of "splinter skills" in my defective patients; on the contrary, the entire thrust of the last section of my book is a critique of such usages (for example, see p. 209). I do not deny "the yawning logical discontinuity" between brain and self; rather, I speak explicitly of our "two universes of discourse" and the apparent "gulf of category" between brain and mind. I also wonder about bridging the gulf—the entire book may be seen as an illustration of both my aspiration and my perplexity.

I have often been called both a "materialist" and an "idealist," and now I find myself identified as a "Cartesian dualist." I am at pains to avoid all such terms myself and warn readers against simplistic attempts to categorize me. Descartes (1650) himself wrote: "Nature likewise teaches me by [these] sensations of pain, hunger, thirst, etc. that I am not only lodged in my body, as a pilot in a vessel, but that I am besides so intimately conjoined, and as it were intermixed with it, that my body and mind compose a certain unity." Does *this* sound like Cartesian dualism?

Last week Dr. X (Leon Eisenberg) took me to task for philosophizing; this week Dr. Y (Ronald Leifer) takes me to task

for *not* philosophizing. Both seem to misunderstand my intention, which is to present meditative narratives as they seem to emerge from the clinical encounter. I wrote in the preface to *Awakenings* (1983): "Whatever one's theories, one's interpretations, one's "philosophy," it is, first and last, the *story* that counts, the living reality which is true and unassailable . . . , " and exactly the same applies to *Hat*.

Leifer is right when he observes that I concentrate on the neurology of sensation, perception, cognition, memory, emotion, and will; but *not*, on the whole, on the undermining of self. I think this was an unconscious selection, because I wished to present people who, though damaged, were still vivid people. But there is at least one story or study of undone identity, significantly entitled, "A Matter of Identity." And frontal-lobe syndromes, as Luria above all has shown, invariably cause deep alterations of identity of self.

This is illustrated briefly in *Hat* in the tale entitled "Yes, Father-Sister." I portray a highly intelligent woman, a former research chemist, who has a frontal-lobe tumor. Her sensations, perceptions, cognitions, and memory are perfectly intact, but she is absolutely missing, "not there," as a person. I had intended to write a full case history on this subject, but unfortunately, I did not complete it before the book was in press. It seems to me that discussions of the organic moorings of "identity" use just such histories to be fruitful. As a psychiatrist, Ronald Leifer must have encountered patients who have been submitted to overgenerous leucotomies and lobotomies, and must have wondered about the survival of "the self" in any meaningful form in such patients. And no doubt he has seen patients with advanced dementia, who are felt by all who know them to be no longer themselves. Cohen and Eisdorfer's (1986) recent book on Alzheimer's is entitled *The Loss of Self*. I avoided discussion of such patients in *Hat*, but will devote a future book to the subject. It will not be as pleasant reading as *Hat*, because it will illustrate the loss, not

the affirmation, of self.

I also avoided, consciously or unconsciously, any presentation of organically based "mental illness" in *Hat*—and, therefore, any consideration of biological psychiatry. I felt the issues raised by *Hat* were challenging enough in themselves, and needed to be kept separate from those of mental illness. But if Leifer, and the reader, read my earlier book, *Awakenings*, they will find many descriptions of obsessions and what von Economo called "schizophreniform states," which are associated with damage to dopinergic and other systems and the use of L-DOPA in post-encephalitic patients.

It seems to me that what Leifer is finally saying, and what he feels I am gainsaying—though vainly—has something to do with the dignity and transcendence of the soul. He insists that it is above all neurological considerations. Philosophers and theologians aside, many neurologists and psychiatrists are driven to a crisis in this matter. There is no clearer nor more impressive example than the late Wilder Penfield. In his last book, *The Mystery of Mind*, Penfield (1975) agrees that disease, epilepsy, electrical stimulation, and so on can elicit certain passive experiences—"experiential hallucinations"—which he, himself, did more than anyone to prove. But he insists on the sovereignty of the mind insofar as it is *active*, a willing and moral agent. This, he feels, cannot be subverted by disease, and is, in some sense, *above* physiology.

Charles Symonds, the neurologist, takes issue with this in an appendix to *The Mystery of Mind* (Penfield, 1975). In particular, he speaks of the sleeping sickness—*encephalitis lethargica*—which he feels can make one a different person. And there is no doubt that *torture*—which is worse, for all reasons, than any disease—has as its explicit, and often successful, end, the breaking of human beings.

To end on a happier note: Can we say anything on the positive side about "a neurology of self"? For example, what about the neurology of scientists, artists, and the gifted: to

what extent is a Mozart determined by the circumstances he is born into and lives in—musical, cultural, emotional, ethical, and so on? To what extent by his own, unique cerebral endowments? I say of Dr. P, at one point, that he has “a wonderful musical cortex” (Sacks, 1987, p. 12). The gifted rarely come to neurologists. Why should they? Nor, for that matter, do they visit psychologists. For giftedness is scarcely ground for complaint. But if they did, there might be so much learned; as, for instance, in Revesz’s (1925) study, *The Psychology of a Musical Prodigy*, and Luria’s (1968) masterpiece, *The Mind of a Mnemonist*. Neither of these works are reductive in the least, let alone “dualistic”: both are profound studies of the interactions of “Nature” and “Nurture” in the development of extraordinary human beings. As physicians—neurologists and psychiatrists—we are called on to deal with human affliction—organic and/or psychic disorders which fracture or damage the wholeness of being. Generally, we have insufficient concepts of health, self, and strength—Winnicott and Luria being among the few exceptions.

What we need are case histories of the gifted—studies, at once physiological and historical, of the ways in which rare spirits become and achieve their status. Something of this nature is intimated in Nietzsche’s (1888) notes on “Physiology and Art.” Whether such studies could be performed, without interfering with the infinitely sensitive unconscious and unself-conscious processes of development remains an open question at this time. But until such studies are performed, we can only blather—as Ronald Leifer does and, perhaps, I myself do—about two “separate arenas of discourse” and remain unable to imagine a level that is simultaneously both.

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