

The Cases of Oliver Sacks: The Ethics of Neuroanthropology

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December 2001

This monograph is adapted from a lecture
presented October 24, 2001, at Indiana
University, Bloomington, Indiana.

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Oliver Sacks has made a second career – beyond his primary one as a physician – writing about people with anomalous neurological conditions; his case studies are twice-told tales, published first as articles in magazines like *The New Yorker* and later in books. Reviews of his work are generally glowing. For example, in a *New York Times* review of his recent memoir, *Uncle Tungsten: Memories of a Chemical Boyhood*, Michiko Kakutani refers to Sacks’s earlier work as “uncommonly attuned to the passion and pathos of his patients and the astonishing resilience of human life.”¹ Several of his works, somewhat improbably, have been dramatized, as feature films, *Awakenings* and *At First Sight*, and as a play, *The Man Who*.² Sacks has become the preeminent interpreter of neurological disorder in Anglophone culture. As such, he has achieved a considerable degree of celebrity and visibility. Indeed, with his six-part BBC/PBS television documentary series, “The Mind Traveller,”³ his visibility became quite literal.

His forte is presenting sometimes rare or obscure neurological conditions to a lay audience in nonclinical language. From early in his career he has aspired to practice what he calls a “romantic neurology,” by which he means a neurology that recovers the “I” or the “who” (the patient’s subjectivity) from the “it” or the “what” (the physiological condition). By his own account, this orientation was in part a matter of making a virtue of necessity. In one of his first jobs, he was banished from the research lab because of habitual clumsiness and disorganization. “I was always dropping things and breaking things . . . and eventually they said, ‘Get out! Go work with patients. They’re less important.’”⁴ In mid-career, he characterized himself as a “neuroanthropologist . . . in the field”⁵ to signal his movement out of the clinic to investigate the role and significance of neurological anomalies in everyday life.

As a neurologist he has created a distinctive ethos and a personal medical ethic. As a writer, Sacks is often credited with transforming a clinical genre, the case history, into a literary one and, in the process, depathologizing his subjects.⁶ In most quarters, Sacks has a reputation for treating his subjects scrupulously and sensitively, adopting generous estimates of their capabilities, and presenting them compassionately.

It may come as a surprise to many of his readers and fans, then, to find that some reviewers have been quite hostile to Sacks. One charge is that his work is, in effect, a high-brow freak show that invites its audience to gawk at human oddities, that Sacks functions as a genteel contemporary Barnum who displays people with often devastating (and generally irremediable) conditions that place them at the border of humanity as cautionary examples of calamities that might beset his audience. This charge has been stated succinctly by the *Nation* columnist, Alexander Cockburn:

Don't you hate Oliver Sacks? It suddenly occurred to me yesterday, reading articles by him . . . that Sacks is in the same business as the supermarket tabloids (I meet monster from outer space with two heads) only he is writing for the genteel classes and dresses it up a bit (I meet man who thinks he's a monster with two heads). The bottom of it is a visit round the bin, looking at the freaks.⁷

The “bin” is of course the “loony bin,” a reference to the pre-freak-show phenomenon of allowing the public to visit Bedlam (the Hospital of St. Mary of Bethlehem, a mental asylum in London), where they marveled at the insane inmates. This reference takes issue with Sacks's display of neurological inpatients in books like *Awakenings* and *The Man Who Mistook His Wife for a Hat*.

Interestingly, Cockburn's critique associates Sacks with scenarios that may be viewed as ethically problematic variants of biomedical and anthropological scenarios respectively: Bedlam, one might say, is to biomedicine as the freak show is to anthropology. Because Sacks's life writing takes place outside the confines of biomedicine and anthropology, it may not, strictly speaking, be subject to their explicit ethical codes. His relationships with his subjects, however, are rooted in medical practice and often have a fiduciary dimension; that is, they are relationships based on trust akin to patients' trust in their physicians. In the absence of clear ethical standards for nondisciplinary life writing, then, perhaps the ethics of biomedicine and anthropology may be legitimately invoked in assessing Sacks's life-writing practice. We can learn something about the ethics of life writing, particularly writing that concerns vulnerable subjects, by exploring the implications of his self-designation as a neuroanthropologist.

To that end, I would like to unpack and evaluate Cockburn's hit-and-run attack on Sacks. Biomedical ethics distinguishes between harming and wronging, where harming involves adversely affecting someone's interests, while wronging involves violating someone's rights.⁸ By today's standards, the public exhibition of mental patients would clearly be considered unethical at least on the latter count. Even if their insanity rendered them insensible to it, and thus in some sense beyond being harmed by it, the practice would be seen as violating their privacy without consent and without therapeutic justification. It would thus violate two cardinal principles of biomedical ethics – respect for autonomy (the obligation to respect patients' choices) and beneficence (the obligation to do good), even if it did not violate a third, nonmaleficence (the

obligation to do no harm). The freak show would be seen as unethical at least on the former count. Today, freak shows are generally regarded as detrimental to the dignity of those exhibited, whether they think so or not, and whether they participate willingly or not. If, as Rosemarie Garland Thomson suggests, “[e]nfreakment emerges from cultural rituals that stylize, silence, differentiate, and distance the persons whose bodies the freak-hunters or showmen colonize and commercialize,”⁹ then the process is harmful by definition. Even if freak shows do not violate the rights of the individuals exhibited, such displays would be seen as injurious to their interests. By analogy, then, Cockburn has accused Sacks of harming *and* wronging his subjects, violating their dignity and their rights – in effect breaching biomedical ethics in his nonprofessional writing.

Cockburn’s analogy, however, oversimplifies a complex phenomenon. Granted, the scenario of some of Sacks’s cases is superficially similar to that of the freak show: Like the impresario of the freak show, Sacks selects human oddities, presents them to us, directs our attention (at least at first) to what makes them strange, interprets them, and then returns us to a world of reassuring “normality.” And his titles sometimes echo the sorts of epithets given to freak-show exhibits, e.g., “The Disembodied Lady.” But the similarity with Bedlam is less obvious. Sacks’s inpatients are not insane, and they are not displayed as sheer spectacle but rather as illustrations of how the human mind works.

Cockburn’s analogy ignores other significant points of difference between Sacks’s work and the earlier venues for the display of difference. To begin with, whenever he uses medical patients for subjects, Sacks is careful to conceal their identities, referring to them anonymously or

pseudonymously. If he conceals their identities, there can be no invasion of privacy or betrayal of confidence. Moreover, unlike those who exhibited the mad for the entertainment of the public, Sacks (in *Awakenings*, at least) claims to have his patients’ permission, and even the encouragement of some of them: “I am encouraged in this by the patients themselves, who have said to me from the first, ‘Tell our story – or it will never be known.’”¹⁰ If his patients have consented to having their stories told, or even requested it, there is no violation of their autonomy and no appropriation of their stories.

With regard to the question of harm, it is also significant that Sacks is not subjecting his patients to the sort of staring that can cause distress, shame and humiliation. In his written work, their exposure is not direct and visual but indirect and verbal. Even in his documentary films, their exposure, though visual, is not direct and live but mediated and delayed. Cockburn’s analogy ignores the distinction between an actual, literal stare, which is experienced immediately and directly by the freak – and which may thus cause emotional injury – and the metaphorical gaze, which is not directed at a particular human subject in real time and space.

There is a meaningful distinction, too, between displaying people whose differences are marked on their bodies, and thus easily and instantaneously detectable with the eyes, as is the case with freaks, or manifest in outlandish involuntary behavior, as might be the case with Bedlamites, on the one hand, and presenting people whose anomalies are neurological, on the other. The oddness of Sacks’s subjects lies not so much in their outward appearance as in their consciousness. By controlling the flow of information and the reader’s angle of vision, so to speak, Sacks is able to counteract the sort of

reactions that his subjects might trigger if encountered in the flesh without his mediation. And because he needs to take the reader into his subjects' psyches in order to demonstrate their oddity, his subject matter and method militate against cruder forms of distancing and objectification. That is of course what makes Sacks's cases "high-brow"; they appeal to intellectuals because they represent dysfunctions of the intellect and thus of identity. But that does not make them "freak shows."

It is difficult to see how Sacks's patients are harmed or wronged *as individuals* by representation that is anonymous or consensual. I should note here that none of his subjects, to my knowledge, has ever claimed harm at his hands (with one exception to be noted later). Indeed, one of them, Temple Grandin, has published a book of her own with a foreword by Sacks,¹¹ evidence that their relationship proved gratifying to her after his presentation of her in *An Anthropologist from Mars*.

I would say, then, that – *pace* Cockburn – Sacks's written work passes muster on minimal ethical criteria. He seems not to have violated the principle of nonmaleficence. He seems to have been scrupulous about getting consent from his subjects or disguising their identities, thus respecting their autonomy and privacy. Even if we regard his relationships with his subjects as fiduciary relationships, the principle of beneficence may not apply beyond his practice as a physician: It is not clear that he is obliged to do them good *in his capacity as a life writer*.

And yet. And yet there are some troubling aspects to Sacks's work. One could argue that Sacks's representation of his subjects is all the more invasive because his commentary establishes difference where the eye cannot easily detect it. In any case, when he turns from a written to a visual

medium, in his televised documentaries, the scenario of display changes significantly – and so must the ethical analysis. Presumably, the subjects in his documentaries have consented to being filmed; the sorts of neurological conditions his subjects have should not compromise their competence to consent. When they are children, as they are in several installments, presumably their parents or guardians have given consent. So here too there seems to be no violation of autonomy.

In a visual medium, however, his subjects are recognizable and thus identifiable, even when they are anonymous. And while they are not subjected to a live stare, they are exposed to visual inspection, so the scenario here has more in common with those of the freak show and Bedlam. Indeed, unlike the transitory, immediate exposure involved in both Bedlam and freak shows, Sacks's display of his subjects is available on videotape long after its initial broadcasting to a mass audience. In a visual medium, too, it is harder for Sacks to counteract viewers' spontaneous reactions to differences in appearance or behavior that may accompany some neurological anomalies.

Most problematic from an ethical perspective is Sacks's practice of asking his subjects – particularly children – to perform certain tasks in order to illustrate their neurological differences. At such moments, the camera metaphorically zooms in on characteristics that distinguish Sacks's subjects from their presumably normal audience; the viewers' gaze is aligned with a diagnostic medical gaze. Similarly, when Sacks presents *groups* of individuals who share physical or behavioral traits, as is the case with Williams syndrome, the medium can stereotype – indeed, enfreak – them in ways that may defeat Sacks's intention to recover the "who" from the "what."

Viewing these episodes is more like accompanying Sacks on house calls, to use his own analogy, than like viewing a freak show or touring an insane asylum, but his work in the visual medium is somewhat troubling because of the way in which it realizes the voyeuristic potential of all of his work. While his subjects may not object, and may not feel they are harmed, the effect can be to reduce them to their neurological differences. It is then that Sacks may be charged with failing to respect his subjects' dignity.

At the same time, his work in the visual medium has compensatory aspects. One is that, more than in his written work – and in a literal sense – Sacks himself enters the frame; he, too, is available for visual inspection, as is his interaction with his subjects. The visual medium allows for a degree of interaction – and even resistance – that is generally absent from his written work. Documentary film is less independent than prose of the process of its own production; with filmed interviews, for example, there's a sense in which the product *is* the process. This characteristic gives film a higher degree of transactional disclosure, an ethically desirable quality in any life writing; that is, it gives consumers greater access to, and insight into, the transactions that allowed it to be produced. This disclosure necessarily falls short of transparency: There is always a scene behind the scene we are seeing, and the scenes we are allowed to see always involve “representation,” not some ur-reality. But by representing Sacks's interaction with his subjects quite directly, the documentary can grant them a degree of agency they lack in the more clinical studies, where they are less interacted with than described and assessed. The more open and reciprocal the interaction, the more ethically sound the representation.

An example of this (relative) openness can be found in a sequence of “Don't Be Shy, Mr. Sacks” that involves Heidi Comfort, an 8-year-old girl with Williams syndrome, a genetic anomaly that renders individuals unusually verbal and sociable while limiting some of their cognitive abilities.¹² (Heidi, one of the children whom he subjects to tests and who claims to be harmed by Sacks, is the exception I mentioned earlier.) After his introduction to her in her home, they move into the kitchen, at her suggestion, to eat some muffins. Heidi is intent on *eating* the muffins, of course, but Sacks covers the plate of muffins with napkins and asks her to tell him how many muffins there are. She names a number, then Sacks uncovers them and asks her again. She counts them, arriving at the same number she had guessed at, which was too low; Sacks then counts them and arrives at a significantly higher number. It may be worth noting that this “test” has no medical justification: Sacks is not her real doctor, although he is playing one on TV. After further interaction in her home, Sacks accompanies Heidi and her mother to a department store where she shops for a calculator. As Heidi picks one out, Sacks comments to the camera on her “difficulty with numbers.” Moments later, at the checkout counter, she looks up at him and tells him in no uncertain terms that she didn't like what he had said, that he had hurt her feelings, and that she hopes he won't do it again.

As Sacks narrates this episode (retrospectively, of course), he disarms her criticism by saying that he had provoked her into revealing further aspects of her condition – acute hearing, emotional sensitivity and “alarming directness.” It may be true that Heidi's syndrome, which tends to minimize social inhibition, emboldened her to speak up. But his ascription of her criticism of him to her condition – rather than to treatment on

his part that another child might be too timid to criticize – denies her the respect she deserves – indeed, demands – as a person. Further, although we cannot be sure that the sequence of the scenes in the documentary corresponds to the order in which they were filmed, Sacks continues to speak of her in the third person in her presence. During another scene, her heart is given a high-tech scanning because Williams syndrome can affect the elasticity of the blood vessels; her cardiologist points out the different valves on a large video screen. She submits without complaint as he, Sacks and we literally look into her heart, but later, as Sacks and a specialist in child development discuss her capabilities and personality traits, she objects, saying “Cut, cut,” and drawing her hand across her throat. The segment immediately ends.

It is to Sacks’s credit that he admits this footage into the final cut; he doesn’t “silence” Heidi, although he does try to *mute* her criticism. And he apparently accedes to her request to discontinue filming: All we can know is that the segment ends, not that filming ended. (Although her parent may consent for her to be filmed, her continuing *assent* is required, and she may withdraw at any time. At least, that would be the case if the scenario were “research involving human subjects.” One of the problems that Sacks’s work presents is that its status isn’t altogether clear. It’s not medical practice, nor is it medical research producing generalizable knowledge, but it does involve vulnerable subjects.) Yet one suspects that he doesn’t see how damaging this sequence may be to our sense of his relation with his subjects. The visual medium may thus allow insights into his interaction with his subjects that are occluded by the written medium. It may also afford more opportunity than verbal representation for his subjects to talk back – to stare back, so to speak. (And not

just to Sacks: The one adult with Williams syndrome whom he interviews recalls being inspected at close hand by a stranger in a grocery; although she had said nothing at the time, she takes the opportunity of the interview to express her anger.)

In any case, while I don’t think that Cockburn’s critique of Sacks as a freak show exhibitor can be dismissed out of hand, I hope I have shown why and how it is an unfair oversimplification. My larger point is that any responsible assessment of the ethics of Sack’s work needs to attend to the particularities of medium and genre and to the characteristics of his subjects.

Detractors of Sacks like Cockburn are a minority voice in the sense that they are vastly outnumbered by his admirers. But another of his critics, Tom Shakespeare, a disabled British academic, represents a minority voice in a different sense as well. For with the movement for disability rights, Sacks has come under attack by people with disabilities. Too often, their criticism is heard only within that community. That is unfortunate, because a more subtle and powerful case than Cockburn’s can be made against Sacks, on the grounds that his work may harm a *class* or community of people that has been historically marginalized.

Just as the movement for patients’ rights challenged the paternalism of biomedical ethics in the 1970s, introducing and elevating the principle of respect for patient autonomy, so the movement for disability rights now poses a fresh challenge to the ethics of biomedicine. The new challenge has two distinct but related thrusts, both of which can be seen as corollaries of the principle of respect for autonomy. The first is that full respect for disabled persons involves acknowledging the role of culture in “constructing disability” and in discriminating against it, rather than seeing them exclusively in terms of the medical

paradigm of disability, which locates disability in defects or impairments of individual bodies. According to the “minority model” of disability, people with particular disabilities are analogous to groups marginalized on the basis of race, gender, ethnicity or sexual orientation. One of its major implications is that the autonomy of disabled people may be limited less by their physiological differences than by their social, cultural and physical environment. That is, even when they possess autonomy as *capacity*, the competence to make their own choices, they may not be granted autonomy as *condition*, the power and freedom to govern themselves.¹³ The second thrust, expressed in the slogan, “Nothing about us without us,”¹⁴ is that respect for their autonomy would entail their control over their representation, not merely their consent to or acquiescence in it.

Many in the disabled community now see themselves as colonized in effect by the various professions that supposedly serve them, including medicine; in response, they have sought self-determination both as individuals and as a community. Increasingly, they resent and resist being *objects* of medical or social-scientific investigation, rather than subjects articulating their own values and concerns. Indeed, one might say that the disability rights movement insists that the principle of “respect for the person” be extended to include respect for the community to which the person belongs. This new emphasis on the cultural and communal dimensions of disability suggests that the ethical principles of bio-medicine that I have been invoking may be inadequate standards for assessing the representation of people with disabilities, that those principles need to be supplemented with the ethical principles of postcolonial anthropology, with its explicit

concern for avoiding harm to the community under study, for establishing a reciprocal relationship with those studied, and for the politics of representation.¹⁵

Tom Shakespeare’s attack on Sacks took the form of a review of *An Anthropologist on Mars* that appeared in *Disability and Society*, a journal little read by the general public. He begins by playing on the title of Sacks’s first book of case studies, *The Man Who Mistook His Wife for a Hat*: “Oliver Sacks, the man who mistook his patients for a literary career, violates every principle of disability equality. . . .”¹⁶ I take Shakespeare’s “mistook” here to mean not only “identified incorrectly” but also “appropriated.” Thus, I take Shakespeare to be charging Sacks with commodifying his patients largely as a means of self-aggrandizement and self-enrichment. (Implicitly, he seems to be suggesting a violation of the Kantian ethical imperative “to treat every person as an end and never as a means only.”)¹⁷

Shakespeare also faults Sacks for speaking monologically as the disciplinary (medical) expert:

The majority of description is his, not his subjects [sic]: where their views are expressed, it is via reported speech, and it is rare for him to offer their own accounts to us directly. . . . His interpretation, which bears all the features of his professional medical background, is the dominant voice within this book, and it is his expertise in diagnosis and exegesis . . . at which we are invited to marvel.¹⁸

Shakespeare lodges a related charge against Sacks: that “he is inclined to individualism, abstracting these people from their social contexts, and giving few clues as to the reactions of others and the consequent societal experience,” and he ends by expressing the wish that “Sacks would spend less time on the extreme and the bizarre, and

pay more attention to the construction of normality, and the taken for granted assumptions which underlie it.”¹⁹

As we have seen, one problem with blanket judgments of Sacks’s work is that they represent it as monolithic, whereas in fact it has evolved significantly over his career. I have already noted the significant differences between his work in print and that in film or video. His written work also displays great variation, from his early studies focused on single conditions, like migraine and post-encephalitic Parkinson’s (*Awakenings*), to his better known collections of cases studies (*The Man Who Mistook His Wife for a Hat* and *An Anthropologist on Mars*), and from his autobiographical volumes, (*A Leg to Stand On* and *Uncle Tungsten*) to his more ethnographic works (*Seeing Voices* and *Island of the Colorblind*).²⁰ With Shakespeare’s text in mind, I would like to turn to some of the ethical implications of that variation.

Despite the vehemence of his attack, Shakespeare makes some interesting concessions. One is to acknowledge at the outset that he is as much concerned with the “reception” of Sacks’s work as with the volume in question. And in fact, one of my reactions to this review is that it more accurately applies to the work on whose title he plays (*The Man Who Mistook His Wife*) than to the work it purports to review (*An Anthropologist on Mars*). I suspect that Shakespeare formed a negative opinion of Sacks on the basis of the earlier volume and was unable or unwilling to qualify it in reviewing a subsequent book that is far more ambitious and accomplished. Evidence for this hypothesis is Shakespeare’s use of the term “patients” in his characterization of Sacks as “the man who mistook his patients for a literary career.” For in the new volume, Sacks’s subjects, with one exception,

actually are *not* his patients. That does not mean that he is not guilty of Shakespeare’s charges, but I think it suggests that Shakespeare has not fully registered the shift in Sacks’s life-writing practice from his first book of cases to his second. The shift has several dimensions. Although his new role is somewhat ambiguous, Sacks still retains, and presumably trades on, his authority as a physician. He remains in a position of higher status and power than most of his subjects, and he retains complete control over the text. However, whereas patients seek out physicians for help, anthropologists generally seek out subjects to study; even when their subjects seem to choose them,²¹ ethnographers are dependent on, and obliged to, subjects for their material.

In any case, Sacks’s later work is less vulnerable to Shakespeare’s critique than his earlier work. Shakespeare does not acknowledge, for example, that, at his best, Sacks deviates from, and occasionally directly challenges, the medical model of disability in two related but distinct ways, the first having to do with content, the second with form. The first is evident even in the earlier volume of cases. I am thinking of the case of “Witty Ticky Ray,” who has Tourette syndrome. We might expect a neurologist to view the syndrome through a medical lens, but in the course of treating Ray, Sacks moved beyond the medical paradigm. Ray sought medical help because his Tourettisms were causing increasing problems with his work and home life, but after several years of controlling his tics with the drug Haldol, he decided he would prefer to retain some of them some of the time. In consultation with Sacks, he decided to medicate himself only during the week; on weekends, he resumed his tics, which were not only functional in certain endeavors – such as playing the drums and playing ping pong – but also, in his view, part of his very identity: “I consist of tics –

[without them] there's nothing left,"²² he said.

Through his work with Ray, then, Sacks came to see that Tourette's could be a valid *modus vivendi* – disability as a matter of sensibility or identity rather than of disorder. He was also put in touch with the society of Touretters and through them came to see Tourette's as a basis for community. The physician who, in *Migraine*, warned against the narcissism of patient support groups, came to recognize the Tourette Society of America as a focus for community life and affirmation of identity; he has thus moved toward the "minority model" of disability. Here, even before he characterized himself as a neuroanthropologist, he began to function as one, acknowledging that disabilities may bind people together in groups that have distinctive values and customs and challenging biomedical norms that would call for the extinguishing of Tourettisms as a therapeutic goal.

This tendency in *Man* is made explicit in the introduction to *Anthropologist*:

I am sometimes moved to wonder whether it may not be necessary to redefine the very concepts of "health" and "disease," to see these in terms of the ability of the organism to create a new organization and order, one that fits its special, altered disposition and needs, rather than in the terms of a rigidly defined "norm."²³

Sacks suggests here that neurological norms are relative and contingent rather than absolute and universal. His cases in *Anthropologist*, he implies, reveal that organisms – in this case, people – defy and transcend simplistic notions of biological norms. Indeed, Sacks's subjects in this new volume demonstrate resourceful and impressive, sometimes improbable, adjustments to their conditions. Thus, "Jonathan I.," a painter who loses his color

vision due to a head injury, not only adjusts to what would seem a devastating loss but moves on to a new phase in his career, producing black and white art of stunning quality; "Greg F.," whose memory is arrested in 1970 by a brain tumor, develops an appealing new personality despite severe impediments to the sort of memory crucial to self-construction and self-development; "Dr. Carl Bennett," a Tourettic physician, takes up an unlikely specialty, surgery; after a medical crisis, Franco Magnani, an Italian immigrant, produces meticulously detailed and accurate paintings of the small hill town in which he grew up, entirely from memory; Stephen Wiltshire, an autistic teenager, creates high-quality architectural drawings and land- and cityscapes (and suddenly develops prodigious musical talent); and Temple Grandin, an autistic professor of veterinary science, becomes the premier American designer of humane facilities for slaughtering livestock.

Fittingly, it is in *An Anthropologist from Mars* that Sacks first truly transforms the medical case report, which is essentially a form of pathography, into biography that often depathologizes his subjects. This deviation in form from the medical model has several notable aspects: the shift in his subjects from low- to high-functioning individuals, the shift in the site of his interaction with his subjects from the clinic to the outside world, and his tendency to write longer, more exploratory pieces based on prolonged or repeated and more intimate interaction with his subjects. This step represents the formal enactment in his life writing of insights attained as a physician in cases like that of Witty Ticky Ray, as his view of neurological anomaly shifted from a medical to a quasi-anthropological perspective.

Yet as ambitious and accomplished as this book is, it sometimes disappoints. Sacks is generally more concerned with the

individual adaptations than with the process by which culture produces “biological” norms. In *Anthropologist*, then, Sacks seems interested in a reconsideration of norms only on a literally case-by-case basis; his focus is local rather than global. And despite their aspiration to the status of neuroanthropology, Sacks’s new cases display unfortunate vestiges of the conventional case history, especially in their closure. Sacks displays a regrettable tendency to achieve narrative closure by stepping back from his informal interaction with his subjects to assess their capabilities and even to predict their future development – a reversion to the medical habits of diagnosis and prognosis. Closure of this sort is less necessary and less appropriate in the biography of living subjects – especially young ones – than it is in case reports. Too often, then, in disengaging himself and his readers from his subjects, Sacks seems to “re-encase” those subjects, subordinating the “who” to the “what,” and reinscribing a reassuring line between the abnormal and the normal.

In *Seeing Voices* and *Island of the Colorblind*, Sacks moves furthest from the case report toward ethnography proper, the study of *communities* of people with anomalous conditions. In my view Sacks comes closest to realizing the ethical ideals of neuroanthropology in *Seeing Voices: A Journey into the Land of the Deaf*. The book becomes ethnography insofar as it involves “fieldwork” done in a community of Others and represents that culture as much as possible in its own terms, bracketing or deconstructing the ethnocentric assumptions the observer might bring to it. To this end, Sacks passes on what amounts to the creation story of the culture in question – the history of deaf education, Deaf culture, and Deaf community; the legitimation of sign language in the sixties; the growth of Deaf

Pride and Deaf Power; and so on. The book culminates with his witnessing the “Deaf President Now” movement at Gallaudet University, a successful flexing of political muscle by Deaf students and professors. The book represents his first extensive acknowledgment that a disability can be viewed as a cultural and political phenomenon.

In *Island of the Colorblind and Cycad Island*, traveling for the first time into the zone of classic European imperialism, Sacks is explicitly critical of the devastating effects of the European presence, and he acknowledges that natives sometimes feel used by the medical researchers who take their blood and tissue samples but return little in the way of information, treatment or compensation in any form:

The Chamorros have given their stories, their time, their blood, and finally their brains – often feeling that they themselves are no more than specimens or subjects, and that the doctors who visit and test them are not concerned with *them*.²⁴

To be sure, Sacks is less single-minded than his predecessors. Lytico-bodig disease is not his specialty, and he is not in Guam to do “medical” research. He makes house calls with dedicated (although not indigenous) doctors who are highly regarded by the natives (and whom he sees as exemplifying personal medicine), and Sacks does his best to register these patients as individuals. But like earlier investigators, he does not stay long; he too takes their stories and returns nothing to them. The patients surveyed, despite their individual characteristics, remain cases in a narrative organized largely as a medical mystery whose heroes are Western scientists. With color blindness, the locals affected are even more anonymous, a population subjected to tests – of no benefit to them – by visiting physicians under the

gaze of a camera crew making the PBS series, “The Mind Traveller.” (In return, the visitors distribute free sunglasses, but there is no follow-up to determine whether these prostheses are adopted by the locals or to what effect.) There is precious little intersubjectivity in this book. Sacks’s explicit criticism of medical imperialism does not exempt him from complicity in its legacy of appropriative practices. Insofar as he functions as an anthropologist, his manner and his “project” seem anachronistic, harking back to the Victorian naturalists and explorers whom he so much admires. In this book, unlike *Seeing Voices*, Sacks fails to transcend a medical perspective.

Ethicists distinguish between ordinary and extraordinary moral standards:

The first level is limited to standards in the common morality that pertain to everyone. These standards form the moral minimum. They include obligations specified in moral principles and rules, as well as the virtues that we expect all moral agents to possess. . . . The second level is a morality of aspiration in which individuals adopt moral ideals that do not hold for everyone. . . . Other persons can praise and admire those who fulfill these ideals, but they cannot blame or criticize those who do not pursue them. Persons who do not accept these ideals are not bound by them and cannot be criticized for not adopting them.²⁵

Perhaps Sacks’s failure fully to embrace an anthropological model of disability – as Shakespeare would like – is a matter of falling short of ethical *ideals* rather than of violating ethical *obligations*. In any case, it may be unfair to criticize him too harshly for failing to reach the very high standards he has developed on his own, in deviation from the standards of his profession.

By examining the two most negative views of Sacks that I have come across, I

have tried to show that a *responsible* critique of Sacks needs to take into account the nature of the medium in which he represents his subjects, for the “ethics” of display are inseparable from the dynamics, the politics and the textuality (verbal or visual) of the scenario of representation. It needs to take into account the great range of Sacks’s work – its variation in form and also, I would say, in its quality. I have tried to observe what I consider important distinctions: between Sacks’s practice as a physician and his practice as a life writer, between writing about patients and writing about nonpatients, between visual and written media, among the various written genres Sacks uses, between the medical and the minority models of disability, between harming and wronging, and between ethical obligations and ethical ideals. In exploring Sacks’s work, I have tried to invoke pertinent ethical principles borrowed from adjacent disciplines, biomedicine and anthropology, while acknowledging that Sacks operates in a kind of neutral ground outside either. Finally, I have tried to show that the ethics of “neuroanthropology” needs to take into account the evolving ethical principles of the community being represented.

Oliver Sacks should be credited with seeing and showing that the representation of neurological anomaly can take the form of ethnography rather than pathography. He has gone a considerable distance toward demonstrating what neuroanthropology might look like in practice. For example, immersion in a community of people with a neurological condition should erase or at least erode the power differential that obtains between neurologist and patient in the clinic. Neuroanthropology should study both how culture constructs neurological norms and how neurological conditions may produce distinctive cultures. A postcolonial neuroanthropology would also embrace the

dialogism and self-awareness of contemporary ethnography. But perhaps Sacks has set a goal he cannot realize himself; perhaps the perspectives of medicine and anthropology are so fundamentally different that the two aspects of his self-designation cannot be reconciled – at least by someone formally trained in only one discipline. In his best work, Sacks has pointed the way, but postcolonial neuroanthropology still awaits its exemplary theorist and practitioner.

Notes

1. Michiko Kakutani, "Better Living, at Least for A While, through Chemistry." <http://nytimes.com/2001/10/12/books/12BOOK.html>, par. 1.
2. *At First Sight*, dir. Irwin Winkler, MGM/United Artists, 1999; *Awakenings*, dir. Penny Marshall, Columbia/Tristar, 1990; Peter Brooks, *The Man Who*, dir. Peter Brooks, Royal National Theatre, June 1994.
3. "The Mind Traveller," Videocassette, BBC, 1998.
4. Wendy Lesser, "Seeing *Awakenings* with Its Real-life Cast," *New York Times*, nytimes.com/2001/01/21/arts/21LESS.html.
5. *An Anthropologist on Mars: Seven Paradoxical Tales* (New York: Knopf, 1995), p. xx.
6. For such a view of Sacks, see Leonard Cassuto, "Oliver Sacks: The P. T. Barnum of the Postmodern World?" *American Quarterly* 52 (2, June 2000): 326-33 and "Oliver Sacks and the Medical Case Narrative" in Brenda Jo Brueggeman, Rosemarie Garland-Thomson and Sharon Snyder, eds., *Enabling the Humanities: A Sourcebook in Disability Studies* (New York: MLA, forthcoming). Cassuto argues that Sacks combines features of the case study and the freak show without reproducing the alienating and objectifying effects of either. My ideas about Sacks have been shaped by lively dialogue with Cassuto, who makes an ingenious argument for Sacks, but we reach substantially different conclusions.
7. Alexander Cockburn, "Wonders in Barmy Land," *Nation* 256 (June 14, 1993): 822.
8. Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 5th ed. (New York: Oxford University Press, 2001), p. 116.
9. Rosemarie Garland Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997), p. 10.
10. Oliver Sacks, *Awakenings*, 1973, rev. ed. (New York: Dutton, 1983), p. 3.
11. Temple Grandin, *Thinking in Pictures: And Other Reports from My Life with Autism* (New York: Doubleday, 1995).
12. "'Don't Be Shy, Mr. Sacks': Williams Syndrome," "The Mind Traveller," Videocassette, BBC, 1998.
13. Joel Feinberg, "Autonomy" in John Christman, ed., *The Inner Citadel: Essays on Individual Autonomy* (New York: Oxford University Press, 1989), pp. 28-30.

14. James I. Charlton, *Nothing About Us Without Us: Disability Oppression and Empowerment* (Berkeley: University of California Press, 1998).

15. See, for example, James Clifford, "Partial Truths" in James Clifford and George E. Marcus, eds., *Writing Culture: The Poetics and Politics of Ethnography* (Berkeley: University of California Press, 1986).

16. Tom Shakespeare, "Review of Oliver Sacks. *An Anthropologist on Mars*," *Disability and Society* 11 (No. 1): 137-39, p. 137.

17. Beauchamp and Childress, *Principles*, p. 351.

18. Shakespeare, "Review," p. 137.

19. *Ibid.*, p. 138.

20. Oliver Sacks, *Migraine: Understanding a Common Disorder*, 1970, rev. ed. (Berkeley: University of California Press, 1985); ____, *The Man Who Mistook His Wife for a Hat, and Other Clinical Tales* (New York: Summit, 1985); ____, *A Leg to Stand On* (New York: Summit Books, 1984); ____, *Uncle Tungsten: Memories of a Chemical Boyhood* (New York: Knopf, 2001); ____, *Seeing Voices: A Journey into the Land of the Deaf* (Berkeley: University of California Press, 1989); ____, *The Island of the Colorblind and Cycad Island* (New York: Knopf, 1997).

21. For an example of a subject seeming to choose an ethnographer, see Ruth Behar, *Translated Woman: Crossing the Border with Esperanza's Story* (Boston: Beacon, 1993).

22. Sacks, "Witty Ticky Ray" in *Man Who Mistook His Wife for a Hat*, p. 98.

23. Sacks, *Anthropologist*, p. xviii.

24. Sacks, *Island of the Colorblind*, p. 135.

25. Beauchamp and Childress, *Principles*, p. 40.