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The Absent Leg: Bodily Alienation and Identity Crisis in Oliver Sacks' *A Leg to Stand On*

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Abstract: Oliver Sacks was a British neurologist who faced complete paralysis of his left leg as a result of an accident while hiking. Sacks experienced tremendous pain, bodily alienation and an identity crisis because of his leg that failed to feel as a part of his body. This paper examines his memoir *A Leg to Stand On* (1984), in which he chronicled his journey of navigating the injury and recovery through the lens of Phenomenology. It studies how Sacks felt his body estranged from his mind and the consequential internal conflict he felt because he could not identify his injured leg as his own. By employing Maurice Merleau-Ponty's concept of Embodiment and Lived Body and Drew Leder's *The Absent Body*, this paper portrays how bodily alienation can cause identity crisis and emotional estrangement. The memoir ultimately portrays how Sacks used his willpower not just to reclaim his bodily ownership but also his sense of selfhood.

Keywords: *Oliver Sacks, A Leg to Stand On, Phenomenology, Bodily Alienation, Embodiment, Lived Body, Absent Body*

Introduction

The body is pivotal to human existence and yet its presence is never felt consciously in everyday life. It is only through movement and perception that the human body engages with the outer world and any disruption in this interaction makes the body strangely felt. When an illness or injury affects the body, it is not only the physical ability that gets affected, but also one's self-identity and relationship with the world.

Illness narratives often explore this alienation by showing how bodily impairment reshapes subjective experience. One such narrative is Dr. Oliver Sacks's memoir *A Leg to Stand On* (1984), in which he narrates his experience of a severe bodily injury and its profound physical and psychological repercussions. This paper analyses Sacks' memoir from a Phenomenological lens and aims to portray how bodily alienation can create immense identity crisis. It draws upon the works of Maurice Merleau-Ponty and Drew Leder to show how absence in terms of body is felt rather than seen.

Role of Phenomenology in Medical Humanities

Scientific medicine traditionally emphasises on the objective aspect of illness, focusing on symptoms, diagnosis and treatment, thus overlooking the lived experience of the patient. Phenomenology resists such a perspective. According to Dr. Havi Carel,

> Phenomenology can be used to describe the experience of illness by focusing on first-person accounts of what it is like to suffer from a particular illness. On Merleau-Ponty's view, our experience is first and foremost an embodied experience, an experience of fleshly physical existence. Thus, embodied phenomenology seems doubly suited for describing the experience of illness, which often includes a radical shift in one's embodiment (7).

As observed above, Phenomenology opens the avenue for a more patient-centred approach to medicine. It helps in recognising the subjectivity of illness experience and prevents any kind of indifference towards individual perception. It recognises that illness not only causes physical difficulties but also affects the relationship one has with their own body, mind and the society. It validates the sufferings and emotions of ill persons and gives them the voice to express how they feel in their bodies. Thus, using this approach to analyse an illness narrative encourages empathy and compassion in healthcare.

Discussion

Dr. Oliver Sacks was a British physician and professor of Neurology at the NYU School of Medicine. He was referred to as "the poet-laureate of medicine" by *The New York Times*. His works include *The Man Who Mistook His Wife for a Hat* (1985), *An Anthropologist on Mars* (1995), and *Musicophilia: Tales of Music and the Brain* (2007). Sacks was well-known for his approach towards patients in which instead of traditionally fitting them into labels of disorders, he identified the individual strengths and coping mechanisms based on their experiences ("Oliver Sacks").

Sacks faced complete paralysis of his left leg as a result of an accident while hiking in the Norwegian mountains. During his ascent, Sacks encountered a ferocious bull, and in order to escape it, he fled down, during which he mis-stepped and seriously injured his leg, resulting in a complete tear of his quadriceps tendon. His left leg became entirely "limp and flail, and gave way beneath (me) like a piece of spaghetti" (Sacks 5).

Following this accident, Sacks had an excruciating knee pain and a flail leg that gave away without any rigidity. Nevertheless, Sacks continued his descent from the mountain by sliding down with tremendous difficulty. His leg was later operated upon, after which he could not feel or use his leg. Sacks' experience with this paralysed leg was filled with the agony of bodily alienation, estrangement and distortion of body-image.

The Dynamics of the Human Body

In his book *The Absent Body*, Drew Leder discusses how the human body is absent from the conscious mind in a normal state. He points out that people do not think about their bodies unless there is pain or an abnormality. On the other hand, illness or abnormality immediately draws one's attention towards the affected body part. He says, "Insofar as the body tends to disappear when functioning unproblematically, it often seizes our attention most strongly at times of dysfunction; we then experience the body as the very *absence* of a desired or ordinary state, and as a force that stands opposed to the self" (Leder 5). On the contrary, in Sacks's case, the absence is different. His feeling of the absence of the leg stemmed from a grave injury, and though physically present, his paralysed leg was functionally and emotionally absent for him. This caused the alienation that Sacks felt throughout his journey.

Bodily Alienation

Sacks experienced different types of alienation in his journey of recovery. The first and most evident alienation is the bodily alienation he suffered from due to the denervation in his leg. Maurice Merleau-Ponty in *Phenomenology of Perception* argues that the body is not merely an object, but it is the medium through which humans perceive reality. Hence, the way humans experience the world is not just intellectual but through embodiment. Merleau-Ponty distinguishes two types of the body–the objective body called *körper* and the lived body called *leib*. The *körper* is biological, the way medicine treats the human body. Conversely, the *leib* is the body experienced from within. This distinction is palpably experienced by Sacks after his surgery. While medically and anatomically, the operation performed on Sacks was successful, it failed to return to him the leg as his own limb. Sacks felt that it was not at all his leg and felt completely alienated from it to such an extent that he constantly refers to his paralysed leg as a "cylinder of chalk" (47) throughout the memoir.

The bodily alienation Sacks experienced resulted in a feeling of powerlessness. He lost all control over his leg, and this caused a lot of distress both to his body and mind. Sacks narrates how he tried to contract his quadriceps, but not even a simple movement was possible, even with great effort. This made him wonder if this injured leg belonged to him. A body part once moved at will under the commands of his brain now lay motionless, and he began to call it stupid and useless. The detachment from his own body turned into anger and frustration arising out of his helplessness and inability. This frustration is evident in the language that Sacks employs to describe his leg. He uses analogies of objects to show the motionless state of his limb. For example, when he was under physiotherapy, he was absolutely unable to contract his muscle: "I pulled till I was grunting and panting with exertion. Nothing happened, nothing whatever, not the least shiver or quiver of movement. The muscle lay motionless as a deflated balloon" (Sacks 41). Throughout the memoir, Sacks uses phrases like "spaghetti" (5), "jelly or pudding" (43), "dead-weight" (97), "deaf" (45), and "inconceivable thing" (53) to refer to his injured leg.

The bodily estrangement of Sacks also resulted in an identity crisis. Having lost the ability to move, especially as an active person who loved adventures, Sacks started losing his individual identity. He narrates that this injury was not just a lesion in the muscle but a lesion in himself that rendered him powerless to even call to his own body part (Sacks 46). This shows how a person's identity is deeply intertwined with their body and an aberration in the body can harm the self-identity of a person. This can be elaborated using Merleau-Ponty's concept of the body-schema. Ponty argues that the body-schema is dynamic and that it is not merely determined by the anatomical position of body parts in space. He argues that a lived body experiences body schema as situational and with respect to actions

performed by that part. In the case of Sacks, his leg was anatomically in the same body position as before. In fact, it had been returned to its structural normalcy with a surgery. The rupture in his body schema arose not from the spatial position of his injured limb but from its inability to move and perform actions with which he feels that limb. His intellectual identity was intact, but his embodied identity (the "I can") had vanished, leaving him feeling vulnerable and helpless.

The phenomenological problem in Sacks' bodily alienation is not because of pain but of the absence of any sensation including pain. Before the surgery, Sacks had tremendous pain in his knee and the journey down the mountains was terribly difficult due to the inability and pain. On the other hand, post-surgery, Sacks lost all sensations of his leg. He could not even feel pain. This is seen when the nurse removed the sutures from Sacks' operated leg. Sacks could not feel the procedure of this and the nurse who did not comprehend Sacks' situation warned him that he might experience some pain. To their astonishment, Sacks did not even know when the sutures were removed. This further alienated his leg from his body.

Pain usually makes the body impossible to ignore. It creates a situation of hyper-presence and the affected part becomes an obstacle to normal functioning. Contrarily, Sacks experienced a situation of absence because of the lack of pain sensation. The leg still acted as an obstacle to his daily life, not by its painful hyper-presence but by a painless absence.

Emotional Estrangement

The second type of alienation that Sacks experienced is emotional. Sacks felt disillusioned with his own body. Having had his leg paralysed, he was not even aware when it had moved and almost lay on the edge of his bed. He came to know this only through his nurse who was appalled at the sight. This lack of proprioception caused an emotional turmoil in Sacks because apart from not being able to control his body, he was also not able to even know his own movements since his perception of the leg was completely absent.

Sacks' emotional estrangement was further worsened by the medical invalidation by his surgeon. When Sacks attempted to tell Dr. Swan that he could not move or even feel his leg, the doctor dismissively said that there was nothing wrong with his leg. Sacks was unable to make anyone understand his plight because most of them believed that such an occurrence was not possible when the leg was anatomically normal after surgery. This points to the way medicine views the body as objective — a biological machine that can be fixed, whereas Sacks' experience of his lived body was totally in contrast to what medicine views, and doctors ignored his phenomenological reality.

Sacks' alienation also took a toll on his mind. His anguish at this lack of recognition of his own body part is obvious when he writes "The more I gazed at that cylinder of chalk, the more alien and incomprehensible it appeared to me. I could no longer feel it as mine, as part of me. It seemed to bear no relation whatever to me. It was absolutely *not-me* — and yet, impossibly, it was attached to me— and even more impossibly, continuous with me" (Sacks 51). Unfortunately, nobody else other than him could truly understand his predicament and this lack of validation made Sacks even more frustrated especially when he saw healthy people.

Social Alienation

The third type of alienation Sacks experienced was social alienation. Being an invalid, and completely dependent on others for his daily life, Sacks became an object controlled by others. This alienated him from the rest of the world. He realised his estrangement in being a patient and the role reversal from being a doctor to becoming a bed-ridden patient. Sacks developed jealousy and hatred towards healthy people and at one point when he saw some football players outside, he confesses that he hated to see their ability to move around and play while he was confined to a wheelchair. Sacks started feeling deserted from the rest of the world. He describes that being a patient felt more desolate than being alone in the mountains with an injured leg (Sacks 65).

Being affected with such a condition, Sacks felt he did not fit into the world around him. The gaze he received made him stand apart from the others and he did not want to be unique in such a way. He yearned to be like the others, to walk and run just like everyone else. Though he received care and help from his surroundings, he was not understood. The first human contact after his injury saved him from the worst. He was rescued by a man who took him to the hospital. In spite of receiving such humanity, Sacks felt so isolated from the world that he terms that phase of his life a limbo. This isolation was caused by the lack of understanding from others. Nobody around him could truly believe and grasp how difficult his position was.

The alienation Sacks experienced did not stop with his inability to move, it evolved into a new form of estrangement during his rehabilitation. Sacks was instructed by his physiotherapist to try and consciously contract his quadriceps, but no amount of effort could give results. This model of treatment he received depended on Cartesian Dualism, the notion that the conscious mind can simply dictate commands to the mechanical body. As Merleau-Ponty argues, bodily movement is not driven by an intellectual 'I think,' but by a pre-reflective 'I can' (Merleau-Ponty 139). This means that the body does not work in a manner that the action is first conceived in thought by the mind and then performed by the body. Rather, according to Merleau-Ponty, the body's ability and the action come first even before the thought.

Psychological Repercussions of Alienation

In the editors' "Introduction" to *The Phenomenology of Embodied Subjectivity,* it is stated that "the body can also be experienced as something over and against the ego (as Husserl writes in Ideas II). In other words, the body can be a site of resistance to my (one's) will" (Jensen and Moran xi). Similarly, since Sacks' body schema was shattered, he was unable to perform any abstract movement with his leg. Staring at his lifeless leg, Sacks experienced what Leder calls the 'I no longer can', a state where the body actively dys-appears as a disabled, recalcitrant object (Leder 81). This further estranged Sacks because every time the physiotherapist demanded him to keep trying, he was seen as a failure when he was unable to do it. Sacks' condition proves that mere intellectual effort is not enough to command one's body or undo the alienation that comes with paralysis.

Apart from feeling detached from his paralysed leg, Sacks also felt an aversion towards his leg. He started believing that the leg was completely useless to such an extent that he wanted to get it amputated. He termed himself an "internal amputee" (Sacks 53) and that it would be relieving if the leg was also removed externally so that he did not have to face the burden of dragging the dead leg around (Sacks 61). This is pointed out by Katherine Morris who discusses how illness and the fatigue associated with it can make patients feel burdened by their own body parts (42).

Sacks' injury also affected his embodied habituality. Before the accident, Sacks could easily climb the Norwegian mountains. Never did he have to think or doubt if he can hike, climb or descend steep slopes. Movement felt natural to him and the mountain was a landscape of exploration. During the hike, his attention was never directed towards his body. This is called embodied habituality. In contrast, after the injury, Sacks' habitual body is destroyed. During his descent, he had to constantly think if he could climb down without worsening his condition. The actions that were once spontaneous now required so much planning and effort. The same mountain became a landscape of barriers and obstacles. His body no longer thought 'I can'. Instead, he had to think 'Can I?' Not just during the descent, but throughout the recovery period, Sacks grappled with a conflict in his normal body-image. This disruption of the body's habitual functioning is one of the central phenomenological consequences of illness.

Sacks' injury not just changed his spatial awareness of the leg. It also affected the temporality of his movements. After the injury, time no longer seemed easy for Sacks. Every moment of attempting to move his leg felt like eternity to him. Waiting became an indispensable part of his life. At the mountain, Sacks had to wait to be rescued. Then he had to wait to be moved and operated upon. Later he had to wait for even an inch of leg movement. This made his temporal awareness more sensitive as time stretched before him while he navigated his illness.

Sacks compares his bodily alienation with a scotoma. A scotoma is a blind spot in one's visual field and in this situation, the 'absence' of his leg is a blind spot in his body-image. Sacks calls this as "a scotoma for the leg" (75) to refer to the erasure of his leg from his body map. Sacks also suffered from migraines with aura which resulted in a temporary loss of half his visual field. To Sacks, this injury felt exactly like losing the internal field for his leg. The brain had simply drawn a blank space over the limb. Sacks theorised this based on the concept of body-ego. He writes,

> Every patient with a severe disturbance of body-image had an equally severe disturbance of body-ego. Every such patient, it became increasingly clear, goes through a profound ontological experience, with dissolutions or annihilations of being, in the affected parts, associated with an elemental derealization and alienation, and an equally elemental anxiety and horror. (Sacks 172)

This, he theorised, proves that the parietal cortex of the brain needs active feedback to maintain the body-ego and when this does not happen, the limb is detached from the self, feeling like an inanimate, alien object belonging to someone else. According to him, this was a physical, neurological breakdown of identity, not just a psychological defence mechanism.

Sacks' Loss of Agency

Sacks faced a role reversal when he became a patient. Once a neurologist, Sacks had autonomy in the healthcare setup. He dictated terms, diagnosed, cured diseases and rehabilitated patients. After the accident, Sacks was pushed to the periphery of the medical hierarchy as he became confined to the bed under the care and control of his doctor and caretaking nurses. Sacks' alienation also stemmed from this loss of agency. He was constantly made aware of his powerlessness and his place as a patient every time he expressed concern over the inability to feel his leg. The only response he received for his statements and queries was a curt and indifferent answer that the leg was perfectly operated upon and nothing was wrong with it. This alienated him from his position as a doctor and put him under the label of a difficult patient.

De-alienation through Memory

Memory played an important role throughout Sack's journey. It enabled him to recover a sense of unity with his estranged body. During the arduous journey of descending with the severe pain and injury, Sacks recollected nostalgic moments from his childhood. He also recalled past activities and reflected on Biblical verses to form a coherence in his fractured self. Such memories reconnected his painful present with his healthy past, thus resisting the fragmentation of identity caused by bodily alienation. This illustrates how memory becomes an active mode of lived experience rather than a detached

cognitive process. From a phenomenological perspective, memory forms an embodied continuity since it bridges the gap between inability and possibility. Thus, memory here becomes a therapeutic tool that Sacks employed to undo the estrangement and reclaim his identity.

De-alienation through Music

Sacks' recovery of the ability to walk happened through music. The reconstitution of his body schema can be explained through an anecdote from Leder's chapter in *Phenomenology of the Broken Body*. He gives a musical metaphor that perfectly connects with Sacks's own journey. Just as Sacks suddenly regained the ability to walk when the spontaneous kinetic melody of a Mendelssohn concerto bypassed his conscious anxiety, Leder describes recovery as the act of "re-habituating the body: 'modulating, changing, recomposing the piece'" ("Re-possibilizing the World" 179). Leder uses the story of violinist Itzhak Perlman who flawlessly finished a performance even after a string snaps, to portray how patients shift from a debilitating state of bodily "impossibility" to a creative stance of "I'm-possibility" (178). Healing requires an adaptive, spontaneous leap, allowing the injured individual to discover "how much music you can still make with what you have left" (173), thereby restoring the vital flow of action that the trauma had destroyed.

Sacks consulted a new orthopaedist after regaining his ability to walk. The new doctor was more understanding and acknowledged Sacks' condition as something he had seen often in his patients. He also identified that Sacks continued walking as if he still had a cast on. This is embodied habituality where the body behaves based on previous habitual patterns. In order to fix this, the new orthopaedist asked Sacks to go swimming where he was suddenly pushed into the pool. When Sacks came back, his walk became normal. This is in accordance with Merleau-Ponty's concept that habit lies embedded in the body rather than in reflective thinking. The embodied memory of swimming activated this habitual path and made it possible for Sacks to regain his normal gait.

Sacks' recovery was not linear. He hated his recovery to be called uneventful because his rehabilitation was filled with many difficulties. His mind constantly shifted between reasoning out his condition and convincing himself that it was nothing serious. This inner conflict appeared because Sacks was a neurologist himself. He analysed his condition from the point of view of a doctor and kept thinking of many possibilities such as a stroke, to find out what truly was wrong with his leg. This process further alienated him because his medical knowledge became a burden as well as a solace. When he failed to get assurance from his doctor, he turned to his own knowledge and expertise to console himself. This estranged feeling arose from the systemic indifference he received as a patient.

Conclusion

Sacks' journey from paralysis to recovery thus involved three types of alienation viz. bodily, emotional and social alienation and all of them culminated in an identity crisis. This proves that any bodily disability and detachment is deeply intertwined with one's sense of self and individuality. Injuries and diseases do not only affect the physical functioning of the body but also cause psychological, emotional and social difficulties which can add to the sufferings of the patient. Sacks de-alienated himself through resilience. Though his memoir openly exposes his vulnerabilities and psychological turmoil, Sacks' journey was one of immense courage and hope. He overcame his identity crisis and reclaimed his power through the act of writing. This paper shows that the recovery of Sacks was a multidimensional process which involved physical recovery, regaining of bodily autonomy, perception and trust. Thus, such a Phenomenological approach shows how the human body should not just be seen as a biological object, but as a lived experience and medium for perception, feelings and life itself. It appeals for the recognition that behind every anatomical body lies a human being whose perception and feelings are as important as the doctors' perspective in the process of healing.

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