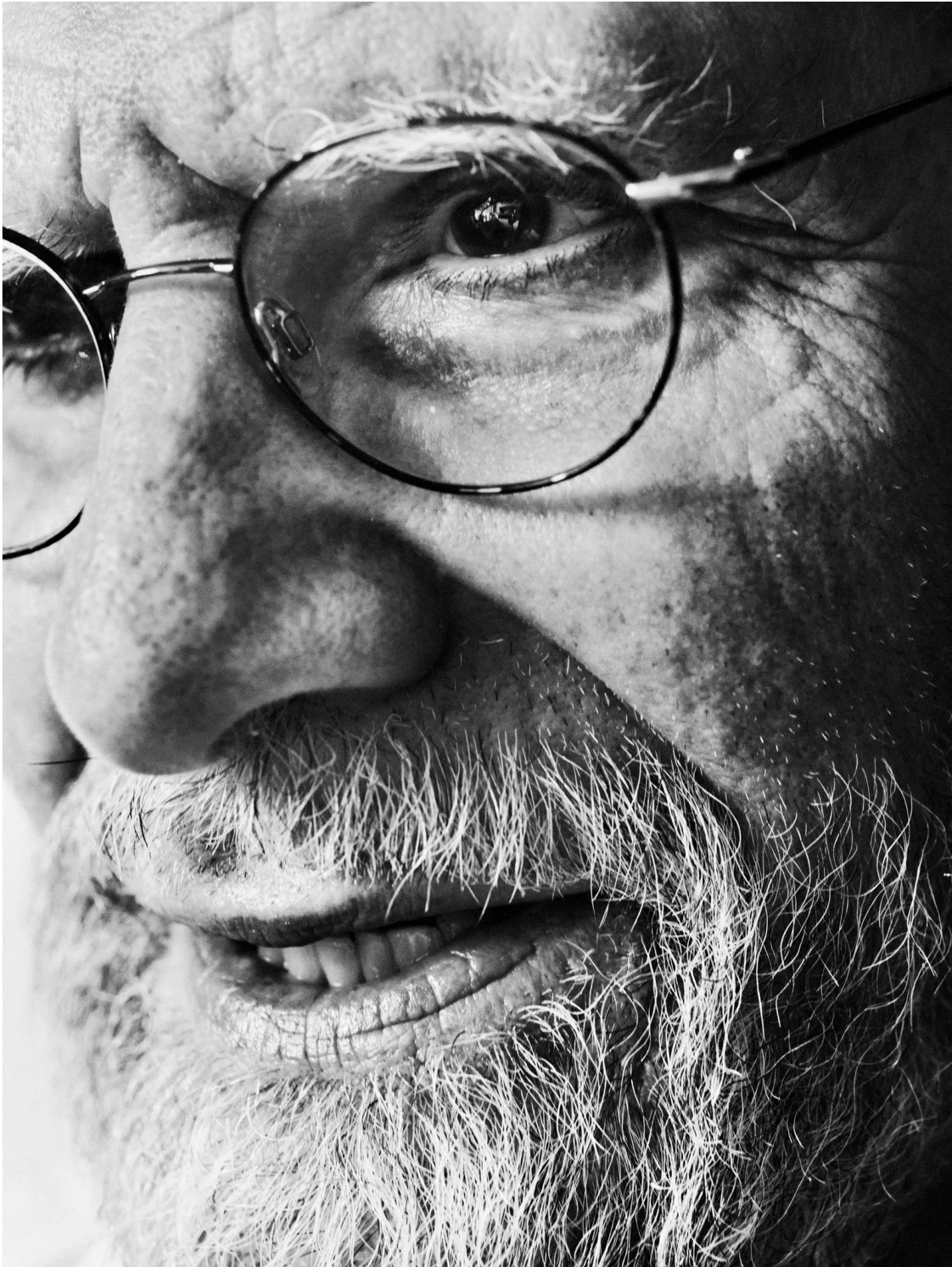


OLIVER SACKS PUT HIMSELF INTO HIS CASE STUDIES. WHAT WAS THE COST?

The scientist was famous for linking healing with storytelling. Sometimes that meant reshaping patients' reality.

By Rachel Aviv

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Sacks, a celebrated neurologist, avoided love for nearly fifty years, displacing his psychic conflicts onto the lives of his patients. Photograph by Christopher Anderson / WeFolk

When Oliver Sacks arrived in New York City, in September, 1965, he wore a butter-colored suit that reminded him of the sun. He had just spent a romantic week in Europe travelling with a man named Jenő Vincze, and he found himself walking too fast, fizzing with happiness. “My blood is champagne,” he wrote. He kept a letter Vincze had written him in his pocket all day, feeling as if its pages were glowing. Sacks had moved to New York to work as a fellow in neuropathology at the Albert Einstein College of Medicine, in the Bronx, and a colleague observed that he was “walking on air.” Every morning, he carefully polished his shoes and shaved. He adored his bosses. “I smile like a lighthouse in all directions,” he wrote Vincze.

Sacks was thirty-two, and he told Vincze that this was his first romantic relationship that was both physical and reciprocal. He felt he was part of a “two man universe,” seeing the world for the first time—“seeing it clear, and seeing it whole.” He wandered along the shipping piers on the Hudson River, where gay men cruised, with a notebook that he treated as a diary and as an endless letter to Vincze. “To watch life with the eyes of a homosexual is the greatest thing in the world,” Vincze had once told Sacks.

Sacks’s mother, a surgeon in London, had suspected that her son was gay when he was a teen-ager. She declared that homosexuality was an “abomination,” using the phrase “filth of the bowel” and telling him that she wished he’d never been born.

They didn't speak of the subject again. Sacks had moved to America—first to California and then, after five years, to New York—because, he wrote in his journal, “I wanted a *sexual and moral freedom* I felt I could never have in England.” That fall, during Yom Kippur, he decided that, rather than going to synagogue to confess “to the total range of human sin,” a ritual he'd grown up with, he'd spend the night at a bar, enjoying a couple of beers. “What I suppose I am saying, Jenö, is that I now feel differently about myself, and therefore about homosexuality as a whole,” he wrote. “I am through with cringing, and apologies, and pious wishes that I might have been ‘normal.’ ” (The Oliver Sacks Foundation shared with me his correspondence and other records, as well as four decades' worth of journals—many of which had not been read since he wrote them.)

In early October, Sacks sent two letters to Vincze, but a week passed without a reply. Sacks asked his colleagues to search their mailboxes, in case the letter had been put in the wrong slot. Within a few days, however, he had given up on innocent explanations. He began dressing sloppily. He stopped coming to work on time. He had sex with a series of men who disgusted him.

After two weeks, Vincze, who was living in Berlin, sent a letter apologizing for his delayed reply and reiterating his love. He explained that he was so preoccupied by thoughts of Sacks that he felt as if he were living in a “Klaudur,” a German word that Vincze defined as a “spiritual cell.” He seems to have misspelled *Klausur*, which refers to an enclosed area in a monastery, but Sacks kept using the misspelled word, becoming obsessed with it. “It ramifies in horrible associations,” he wrote Vincze. “The closing of a door. Klaudur, claustrophobia, the sense of being shut in.” Sacks had long felt as if he were living in a cell, incapable of human contact, and this word appeared to be all he needed to confirm that the condition was terminal. The meaning of the word began morphing from “spiritual cell” to “psychotic cage.”

The intimacy Sacks had rejoiced in now seemed phony, a “folie à deux”—a two-person delusion. His doubts intensified for a month, then he cut off the relationship. “I must tear you out of my system, *because I dare not be involved*,” he told Vincze, explaining that he barely remembered how he looked, or the sound of his voice. “I hope I will not be taken in like this again, and that—conversely—I will have the strength and clarity of mind to perceive any future such relationships as morbid at their inception, and to abort the folly of their further growth.”

Two months later, Sacks felt himself “slipping down the greased path of withdrawal, discontent, inability to make friends, inability to have sex, etc. etc. towards suicide in a New York apartment at the age of 32.” He took enormous amounts of amphetamines, to the point of hallucinating. A family friend, a psychiatrist who worked with Anna Freud, urged him to find a psychoanalyst. She wrote him that his homosexuality was “a very ‘secondary phenomenon’”: he was attracted to men as “a substitute for veering uncertainties of what/whom you could love other than as ‘idealizations’ of yourself.” A few weeks later, he started therapy with Leonard Shengold, a young psychiatrist who was deeply immersed in Manhattan’s psychoanalytic culture. “I think he is very good, and he has at least a very considerable local reputation,” Sacks wrote his parents, who helped to pay for the sessions, three times a week.

Sacks had elevated yet hazy ambitions at the time: he wanted to be a novelist, but he also wanted to become the “Galileo of the inward,” he told a mentor, and to write the neurological equivalent of Sigmund Freud’s “Interpretation of Dreams.” He worked in wards with chronically ill and elderly patients who had been warehoused and neglected, and his prospects within academic medicine looked dim. “Have you published anything lately?” his father wrote him, in 1968. “Or have you found yourself temperamentally incapacitated from doing so?”

When Sacks began therapy, “my initial and ultimate complaint was of *fixity*—a feeling of *not-going*,” he wrote in his journal. He regarded Shengold as “a sort of analytic machine.” But gradually Sacks came to feel that “I love him, and need him; that I need him—and *love* him.” He had planned to stay in New York City only for a few years, but he kept delaying his return to England so that he could reach “a terminable point in my analysis.” Shengold, who would eventually publish ten books about psychoanalysis, wrote that therapy requires a “long period of working through”—a term he defined as the “need to repeat emotional conflicts over and over in life” until the patient has the “freedom to own what is there to be felt.”

Sacks saw Shengold for half a century. In that time, Sacks became one of the world's most prominent neurologists and a kind of founding father of medical humanities—a discipline that coalesced in the seventies, linking healing with storytelling. But the freedom that Shengold's analysis promised was elusive. After Vincze, Sacks did not have another relationship for forty-four years. He seemed to be doing the “working through” at a remove—again and again, his psychic conflicts were displaced onto the lives of his patients. He gave them “some of *my own powers*, and some of *my phantasies too*,” he wrote in his journal. “I write out symbolic versions of myself.”

During Sacks's neurology internship, in San Francisco, his childhood friend Eric Korn warned him that the residents at his hospital could sense he was gay. “For God's sake, exercise what seems to you immoderate caution,” Korn wrote, in 1961. “Compartmentalize your life. Cover your tracks. Don't bring in the wrong sort of guests to the hospital, or sign your name and address to the wrong sort of register.” He encouraged Sacks to read “Homosexuality: Disease or Way of Life?,” a best-selling book by Edmund Bergler, who argued that homosexuality was an “illness as painful, as unpleasant and as disabling as any other serious affliction,” but one that psychoanalysis could cure. “The book is full of interest,” Korn wrote. “He claims a potential 100% ‘cures’ (a term he chooses to employ because he knows it teases) which is worth investigating perhaps.”

Freud characterized homosexuality as a relatively normal variant of human behavior, but when psychoanalysis came to the United States, in the postwar years, homophobia took on new life. The historian Dagmar Herzog has described how, in the U.S., “reinventing psychoanalysis and reinventing homophobia went hand in hand.” Faced with men who persisted in their love for other men, American analysts commonly proposed celibacy as a stopgap solution. In the historian Martin Duberman's memoir “Cures,” he writes that his psychoanalyst instructed him to “take the veil”—live celibately—so that he could be cured of his desire for men. Duberman agreed to these terms. The best he could get, he thought, was

sublimation: instead of enjoying an “affective life,” he would make “some contribution to the general culture from which I was effectively barred.” Sacks, who was closeted until he was eighty, also followed this course.

Shengold had portraits of Charles Dickens, William Shakespeare, and Sigmund Freud in his office, on the Upper East Side. Like Sacks, he came from a literary Jewish family. He seemed deeply attuned to Sacks’s creative life, which took the form of ecstatic surges of literary inspiration followed by months of sterility and depression. “Do your best to enjoy and to work—it is the power of your mind that is *crucial*,” Shengold wrote when Sacks was on a visit with his family in England. Sacks wrote in his journal that he’d dreamed he overheard Shengold telling someone, “Oliver is lacking in proper self-respect; he has never really appreciated himself, or appreciated others’ appreciation of him. And yet, in his way, he is not less gifted than Auden was.” Sacks woke up flushed with embarrassment and pleasure.



Sacks in 1987. He became the modern master of the case study. "I write out symbolic versions of myself," he wrote. Photograph by Lowell Handler

Unlike many of his contemporaries, Shengold was not a doctrinaire thinker, but he was still susceptible to psychoanalytic fashions. Reflecting on how he might have viewed living openly as a gay man at that time, Shengold's daughter, Nina, told me, "I don't know that was a door that Dad necessarily had wide open." In several books and papers, Shengold, a prolific reader of Western literature, tried to understand the process by which troubled people sublimate their conflicts into art. In his 1988 book, "Halo in the Sky: Observations on Anal and Defense," Shengold wrote about the importance of transforming "anal-sadistic drives"—he used the anus as a metaphor for primitive, dangerous impulses—into "adaptive and creative 'making.'" When Sacks read the book, he wrote in his journal that it "made me feel I was 'lost in anal' (whatever this means)."

Before Vincze, Sacks had been in love with a man named Mel Erpelding, who once told him, Sacks wrote, that he "oozed sexuality, that it poured out through every pore, that I was alive and vibrant with sexuality (a positive-admiring way of putting things), but also that I was reeking and toxic with it." (Erpelding, who ended up marrying a woman, never allowed his relationship with Sacks to become sexual.) In his early years of therapy, in the late sixties, Sacks resolved that he would give up both drugs and sex. It's doubtful that Shengold encouraged his celibacy, but he may have accepted that sexual abstinence could be productive, at least for a time. Richard Isay, the first openly gay member of the American Psychoanalytic Association, said that, in the seventies, he'd "rationalized that maturity and mental health demanded the sublimation of sexual excitement in work." Sacks told a friend, "Shengold is fond of quoting Flaubert's words 'the mind has its erections too.'"

For Sacks, writing seemed almost physiological, like sweating—an involuntary response to stimuli. He routinely filled a whole journal in two days. "Should I then *put down my pen*, my interminable Journal (for this is but a fragment of the journal

I have kept all my life),” he asked, “and ‘start living’ instead?” The answer was almost always no. Sometimes Sacks, who would eventually publish sixteen books, wrote continuously in his journal for six hours. Even when he was driving his car, he was still writing—he set up a tape recorder so that he could keep developing his thoughts, which were regularly interrupted by traffic or a wrong turn. Driving through Manhattan one day in 1975, he reflected on the fact that his closets, stuffed with pages of writing, resembled a “grave bursting open.”

By the late sixties, Sacks had become, he wrote, “almost a monk in my asceticism and devotion to work.” He estimated that he produced a million and a half words a year. When he woke up in the middle of the night with an erection, he would cool his penis by putting it in orange jello. He told Erpelding, “I partly accept myself as a celibate and a cripple, but partly—and this is . . . the wonder of sublimation—am able to *transform* my erotic feelings into other sorts of love—love for my patients, my work, art, thought.” He explained, “I keep my distance from people, am always courteous, never close. For me (as perhaps for you) there is almost no room, no moral room.”

“**I** have some hard ‘confessing’ to do—if not in public, at least to Shengold—and myself,” Sacks wrote in his journal, in 1985. By then, he had published four books—“Migraine,” “Awakenings,” “A Leg to Stand On,” and “The Man Who Mistook His Wife for a Hat”—establishing his reputation as “our modern master of the case study,” as the *Times* put it. He rejected what he called “pallid, abstract knowing,” and pushed medicine to engage more deeply with patients’ interiority and how it interacted with their diseases. Medical schools began creating programs in medical humanities and “narrative medicine,” and a new belief took hold: that an ill person has lost narrative coherence, and that doctors, if they attend to their patients’ private struggles, could help them reconstruct a new story of their lives. At Harvard Medical School, for a time, students were assigned

to write a “book” about a patient. Stories of illness written by physicians (and by patients) began proliferating, to the point that the medical sociologist Arthur Frank noted, “ ‘Oliver Sacks’ now designates not only a specific physician author but also a . . . genre—a distinctively recognizable form of storytelling.”

But, in his journal, Sacks wrote that “a sense of hideous criminality remains (psychologically) attached” to his work: he had given his patients “powers (starting with powers of speech) which they do not have.” Some details, he recognized, were “pure fabrications.” He tried to reassure himself that the exaggerations did not come from a shallow place, such as a desire for fame or attention. “The impulse is both ‘purer’—and deeper,” he wrote. “It is not merely or wholly a *projection*—nor (as I have sometimes, ingeniously-disingenuously, maintained) a mere ‘sensitization’ of what I know so well in myself. But (if you will) a *sort of autobiography*.” He called it “*symbolic ‘exo-graphy.*’ ”

Sacks had “misstepped in this regard, many many times, in ‘Awakenings,’ ” he wrote in another journal entry, describing it as a “source of severe, long-lasting, self-recrimination.” In the book, published in 1973, he startled readers with the depth of his compassion for some eighty patients at Beth Abraham Hospital, in the Bronx, who had survived an epidemic of encephalitis lethargica, a mysterious, often fatal virus that appeared around the time of the First World War. The patients had been institutionalized for decades, in nearly catatonic states. At the time, the book was met with silence or skepticism by other neurologists—Sacks had presented his findings in a form that could not be readily replicated, or extrapolated from—but, to nonspecialists, it was a masterpiece of medical witnessing. The *Guardian* would name it the twelfth-best nonfiction book of all time.

Sacks spent up to fifteen hours a day with his patients, one of the largest groups of post-encephalitic survivors in the world. They were “mummified,” like “living statues,” he observed. A medicine called L-dopa, which elevates the brain’s dopamine levels, was just starting to be used for Parkinson’s disease, on an experimental basis, and Sacks reasoned that his patients, whose symptoms resembled those of Parkinson’s, could benefit from the drug. In 1969, within days

of giving his patients the medication, they suddenly “woke up,” their old personalities intact. Other doctors had dismissed these patients as hopeless, but Sacks had sensed that they still had life in them—a recognition that he understood was possible because he, too, felt as if he were “buried alive.”

In “Awakenings,” Sacks writes about his encounters with a man he calls Leonard L. “What’s it like being the way you are?” Sacks asks him the first time they meet. “Caged,” Leonard replies, by pointing to letters of the alphabet on a board. “Deprived. Like Rilke’s ‘Panther’ ”—a reference to a poem by Rainer Maria Rilke about a panther pacing repetitively in cramped circles “around a center / in which a mighty will stands paralyzed.”

When Sacks was struggling to write his first book, “Migraine,” he told a friend that he felt like “Rilke’s image of the caged panther, stupefied, dying, behind bars.” In a letter to Shengold, he repeated this image. When Sacks met Leonard, he jotted down elegant observations in his chart (“Quick and darting eye movements are at odds with his general petrified immobility”), but there is no mention of Leonard invoking the Rilke poem.

In the preface to “Awakenings,” Sacks acknowledges that he changed circumstantial details to protect his patients’ privacy but preserved “what is important and essential—the real and full presence of the patients themselves.” Sacks characterizes Leonard as a solitary figure even before his illness: he was “continually buried in books, and had few or no friends, and indulged in none of the sexual, social, or other activities common to boys of his age.” But, in an autobiography that Leonard wrote after taking L-dopa, he never mentions reading or writing or being alone in those years. In fact, he notes that he spent all his time with his two best friends—“We were inseparable,” he writes. He also recalls raping several people. “We placed our cousin over a chair, pulled down her

pants and inserted our penises into the crack,” he writes on the third page, in the tone of an aging man reminiscing on better days. By page 10, he is describing how, when he babysat two girls, he made one of them strip and then “leaped on her. I tossed her on her belly and pulled out my penis and placed it between her buttocks and started to screw her.”



Leonard Shengold, Sacks's psychoanalyst. Photograph courtesy Nina Shengold

In “Awakenings,” Sacks has cleansed his patient’s history of sexuality. He depicts him as a man of “most unusual intelligence, cultivation, and sophistication”—the “‘ideal’ patient.” L-dopa may have made Leonard remember his childhood in a heightened sexual register—his niece and nephew, who visited him at the hospital until his death, in 1981, told me that the drug had made him very sexual. But they said that he had been a normal child and adolescent, not a recluse who renounced human entanglement for a life of the mind.

Sacks finished writing “Awakenings” rapidly in the weeks after burying his mother, who’d died suddenly, at the age of seventy-seven. He felt “a great open torrent—and *release*,” he wrote in his journal. “It seems to be surely significant that ‘Awakenings’ finally came forth from me like a cry after the death of my own mother.” He referred to the writing of the book as his “Great Awakening,” the moment he “came out.” He doesn’t mention another event of significance: his patients had awakened during the summer of the Stonewall riots, the beginning of the gay-rights movement.

Shengold once told Sacks that he had “never met anyone less affected by gay liberation.” (Shengold supported his own son when he came out as gay, in the eighties.) Sacks agreed with the characterization. “I remain resolutely locked in my cell despite the dancing at the prison gates,” he said, in 1984.

In “Awakenings,” his patients are at first overjoyed by their freedom; then their new vitality becomes unbearable. As they continue taking L-dopa, many of them are consumed by insatiable desires. “L-DOPA is wanton, egotistical power,” Leonard says in the book. He injures his penis twice and tries to suffocate himself

with a pillow. Another patient is so aroused and euphoric that she tells Sacks, “My blood is champagne”—the phrase Sacks used to describe himself when he was in love with Vincze. Sacks begins tapering his patients’ L-dopa, and taking some of them off of it completely. The book becomes a kind of drama about dosage: an examination of how much aliveness is tolerable, and at what cost. Some side effects of L-dopa, like involuntary movements and overactivity, have been well documented, but it’s hard not to wonder if “Awakenings” exaggerates the psychological fallout—Leonard becomes so unmanageable that the hospital moves him into a “punishment cell”—as if Sacks is reassuring himself that free rein of the libido cannot be sustained without grim consequence.

After “Awakenings,” Sacks intended his next book to be about his work with young people in a psychiatric ward at Bronx State Hospital who had been institutionalized since they were children. The environment reminded Sacks of a boarding school where he had been sent, between the ages of six and nine, during the Second World War. He was one of four hundred thousand children evacuated from London without their parents, and he felt abandoned. He was beaten by the headmaster and bullied by the other boys. The ward at Bronx State “exerted a sort of spell on me,” Sacks wrote in his journal, in 1974. “I lost my footing of proper sympathy and got sucked, so to speak, into an improper ‘perilous condition’ of identification to the patients.”

Shengold wrote several papers and books about a concept he called “soul murder”—a category of childhood trauma that induces “a hypnotic living-deadness, a state of existing ‘as if’ one were there.” Sacks planned to turn his work at Bronx State into a book about “‘SOUL MURDER’ and ‘SOUL SURVIVAL,’ ” he wrote. He was especially invested in two young men on the ward whom he thought he was curing. “The miracle-of-recovery started to occur in and through their relation to me (our relation and feelings *to each other*, of course),” he wrote in his journal. “We had to meet in a passionate subjectivity, a sort of collaboration or communication which transcended the Socratic relation of teacher-and-pupil.”

In a spontaneous creative burst lasting three weeks, Sacks wrote twenty-four essays about his work at Bronx State which he believed had the “beauty, the intensity, of Revelation . . . as if I was coming to know, once again, what I knew as a child, that sense of Dearness and Trust I had lost for so long.” But in the ward he sensed a “dreadful silent tension.” His colleagues didn’t understand the attention he was lavishing on his patients—he got a piano and a Ping-Pong table for them and took one patient to the botanical garden. Their suspicion, he wrote in his journal, “centred on the unbearability of my uncategorizability.” As a middle-aged man living alone—he had a huge beard and dressed eccentrically, sometimes wearing a black leather shirt—Sacks was particularly vulnerable to baseless innuendo. In April, 1974, he was fired. There had been rumors that he was molesting some of the boys.

That night, Sacks tore up his essays and then burned them. “Spite! Hate! Hateful spite!” he wrote in his journal shortly after. “And now I am empty—empty handed, empty hearted, desolate.”

The series of events was so distressing that even writing about it in his journal made Sacks feel that he was about to die. He knew that he should shrug off the false accusations as “vile idle gossip thrown by tiddlers and piddlers,” he wrote. But he couldn’t, because of “the *parental* accusation which I have borne—a Kafkaesque cross, guilt without crime, since my earliest days.”

The historian of medicine Henri Ellenberger observed that psychiatry owes its development to two intertwined dynamics: the neuroses of its founders—in trying to master their own conflicts, they came to new insights and forms of therapy—and the prolonged, ambiguous relationships they had with their patients. The case studies of these relationships, Ellenberger wrote, tended to have a

distinct arc: psychiatrists had to unravel their patients' "pathogenic secret," a hidden source of hopelessness, in order to heal them.

Sacks's early case studies also tended to revolve around secrets, but wonderful ones. Through his care, his patients realized that they had hidden gifts—for music, painting, writing—that could restore to them a sense of wholeness. The critic Anatole Broyard, recounting his cancer treatment in the *Times Magazine* in 1990, wrote that he longed for a charismatic, passionate physician, skilled in "empathetic witnessing." In short, he wrote, a doctor who "would resemble Oliver Sacks." He added, "He would see the genius of my illness."

It speaks to the power of the fantasy of the magical healer that readers and publishers accepted Sacks's stories as literal truth. In a letter to one of his three brothers, Marcus, Sacks enclosed a copy of "The Man Who Mistook His Wife for a Hat," which was published in 1985, calling it a book of "fairy tales." He explained that "these odd Narratives—half-report, half-imagined, half-science, half-fable, but with a fidelity of their own—are what *I* do, basically, to keep MY demons of boredom and loneliness and despair away." He added that Marcus would likely call them "confabulations"—a phenomenon Sacks explores in a chapter about a patient who could retain memories for only a few seconds and must "*make* meaning, in a desperate way, continually inventing, throwing bridges of meaning over abysses," but the "bridges, the patches, for all their brilliance . . . cannot do service for reality."

Sacks was startled by the success of the book, which he had dedicated to Shengold, "my own mentor and physician." It became an international best-seller, routinely assigned in medical schools. Sacks wrote in his journal,

Guilt has been *much* greater since 'Hat' because of (among other things)

My lies,

falsification

He pondered the phrase “art is the lie that tells the truth,” often attributed to Picasso, but he seemed unconvinced. “I think I have to thrash this out with Shengold—it is killing me, soul-killing me,” he wrote. “My ‘cast of characters’ (for this is what they become) take on an almost *Dickensian* quality.”

Sacks once told a reporter that he hoped to be remembered as someone who “bore witness”—a term often used within medicine to describe the act of accompanying patients in their most vulnerable moments, rather than turning away. To bear witness is to recognize and respond to suffering that would otherwise go unseen. But perhaps bearing witness is incompatible with writing a story about it. In his journal, after a session with a patient with Tourette’s syndrome, Sacks describes the miracle of being “enabled to ‘feel’—that is, to imagine, with all the powers of my head and heart—how it felt to be another human being.” Empathy tends to be held up as a moral end point, as if it exists as its own little island of good work. And yet it is part of a longer transaction, and it is, fundamentally, a projection. A writer who imagines what it’s like to exist as another person must then translate that into his own idiom—a process that Sacks makes particularly literal.

“I’ll tell you what you are saying,” Sacks told a woman with an I.Q. of around 60 whose grandmother had just died. “You want to go down below and join your dead grandparents down in the Kingdom of Death.” In the conversation, which Sacks recorded, the patient becomes more expressive under the rare glow of her doctor’s sustained attention, and it’s clear that she is fond of him. But he is so excited about her words (“One feels that she is voicing universal symbols,” he says in a recording, “symbols which are infinite in meaning”) that he usurps her experience.

“I know, in a way, you don’t feel like living,” Sacks tells her, in another recorded session. “Part of one feels dead inside, I know, I know that. . . . One feels that one

wants to die, one wants to end it, and what's the use of going on?"

"I don't mean it in that way," she responds.

"I know, but you do, partly," Sacks tells her. "I know you have been lonely all your life."

The woman's story is told, with details altered, in a chapter in "Hat" titled "Rebecca." In the essay, Rebecca is transformed by grief for her grandmother. She reminds Sacks of Chekhov's Nina, in "The Seagull," who longs to be an actress.

Though Nina's life is painful and disappointing, at the end of the play her suffering gives her depth and strength. Rebecca, too, ends the story in full flower. "Rather suddenly, after her grandmother's death," Sacks writes, she becomes decisive, joining a theatre group and appearing to him as "a complete person, poised, fluent," a "natural poet." The case study is presented as an ode to the power of understanding a patient's life as a narrative, not as a collection of symptoms. But in the transcripts of their conversations—at least the ones saved from the year that followed, as well as Sacks's journals from that period—Rebecca never joins a theatre group or emerges from her despair. She complains that it's "better that I shouldn't have been born," that she is "useless," "good for nothing," and Sacks vehemently tries to convince her that she's not. Instead of bearing witness to her reality, he reshapes it so that she, too, awakens.

Some of the most prominent nonfiction writers of Sacks's era (Joseph Mitchell, A. J. Liebling, Ryszard Kapuściński) also took liberties with the truth, believing that they had a higher purpose: to illuminate the human condition. Sacks was writing in that spirit, too, but in a discipline that depends on reproducible findings. The "most flagrant example" of his distortions, Sacks wrote in his journal, was in one of the last chapters of "Hat," titled "The Twins," about twenty-six-year-old twins with autism who had been institutionalized since they were seven. They spend their days reciting numbers, which they "savored, shared" while "closeted in their numerical communion." Sacks lingers near them, jotting down the numbers, and eventually realizes that they are all prime. As a child, Sacks used to spend hours alone, trying to come up with a formula for prime numbers, but, he wrote, "I never found any Law or Pattern for them—and this gave me an intense feeling of Terror, Pleasure, and—Mystery." Delighted by the twins' pastime, Sacks comes to the ward with a book of prime numbers which he'd loved as a child. After offering his own prime number, "they drew apart slightly, making room for me, a new number playmate, a third in their world." Having apparently uncovered the

impossible algorithm that Sacks had once wished for, the twins continue sharing primes until they're exchanging ones with twenty digits. The scene reads like a kind of dream: he has discovered that human intimacy has a decipherable structure, and identified a hidden pattern that will allow him to finally join in.

Before Sacks met them, the twins had been extensively studied because of their capacity to determine the day of the week on which any date in the calendar fell. In the sixties, two papers in the *American Journal of Psychiatry* provided detailed accounts of the extent of their abilities. Neither paper mentioned a gift for prime numbers or math. When Sacks wrote Alexander Luria, a Russian neuropsychologist, about his work with the twins, in 1973, he also did not mention any special mathematical skills. In 2007, a psychologist with a background in learning theory published a short article in the *Journal of Autism and Developmental Disorders*, challenging Sacks's assertion that these twins could spontaneously generate large prime numbers. Because this is not something that humans can reliably do, Sacks's finding had been widely cited, and was theoretically "important for not only psychologists but also for all scientists and mathematicians," the psychologist wrote. (The psychologist had contacted Sacks to ask for the title of his childhood book of prime numbers, because he couldn't find a book of that description, but Sacks said that it had been lost.) Without pointing to new evidence, another scientist wrote in Sacks's defense, describing his case study as "the most compelling account of savant numerosity skills" and arguing, "This is an example of science at the frontier, requiring daring to advance new interpretations of partial data."

After the publication of "Hat," when Sacks was fifty-two years old, he wrote his friend Robert Rodman, a psychoanalyst, that "Shengold suggested, with some hesitancy, some months ago, that I should consider going *deeper* with him." He added, "He also observes that I don't complain, say, of sexual deprivation—though this is absolute." At first, Sacks was worried that Shengold was preparing to dismiss him from treatment: "I've done all I can for you—now manage on your

own!" Then he felt hopeful that he didn't need to assume that "boredom-depression-loneliness-cutoffness" would define the rest of his life. He was also moved that, after twenty years, Shengold still considered him "worth extra work."

But Sacks was shaken by the idea that they'd only been skimming the surface. He looked back through his notebooks and noticed "a perceptible decline in concern and passion," which he felt had also dulled the quality of his thought. "Is the superficiality of my work, then, due to superficiality of relationships—to running away from whatever has deeper feeling and meaning?" he asked Rodman. "Is this perhaps spoken of, in a camouflaged way, when I describe the 'superficialization' of various patients?" As an example, he referenced an essay in "Hat" about a woman with a cerebral tumor. She was intelligent and amusing but seemed not to care about anyone. "Was this the 'cover' of some unbearable emotion?" he writes in the essay.

Sacks felt that Shengold was the reason he was still alive, and that he should go further with him. "What have I to lose?" he asked Rodman. But, he wrote, "what one has to lose, of course, may be just that quasi-stable if fragile 'functioning' . . . so there is reason to hesitate." Going deeper would also mean more fully submitting to someone else's interpretation, experiencing what he asked of his own patients; Rodman proposed that Sacks was "afraid of the enclosure of analysis, of being reduced and fixed with a formulated phrase."



Sacks and his partner, Bill Hayes. Photograph courtesy Oliver Sacks Foundation

In the early eighties, Lawrence Weschler, then a writer for *The New Yorker*, began working on a biography of Sacks. Weschler came to feel that Sacks's homosexuality was integral to his work, but Sacks didn't want his sexuality mentioned at all, and eventually asked him to stop the project. "I have lived a life wrapped in concealment and wracked by inhibition, and I can't see that changing now," he told Weschler. In his journal, Sacks jotted down thoughts to share with Weschler on the subject: "My 'sex life' (or lack of it) is, in a sense *irrelevant* to the . . . sweep of my *mind*." In another entry, he wrote that the Freudian term "sublimation" diminished the process he'd undergone. When he was still having sex, as a young man in California, he used to sheath his body in leather gear, so he was "totally encased, enclosed," his real self sealed in a kind of "black box." He wrote, "I have, *in a sense*, 'outgrown' these extraordinary, almost *convulsive* compulsions—but this detachment has been made possible by *incorporating* them into a vast and comprehending view of the world." (Weschler became close friends

with Sacks, and, after Sacks died, published a “biographical memoir” titled “And How Are *You*, Dr. Sacks?”)

It’s unclear whether Sacks did “go deeper” with Shengold. In the late eighties, Sacks wrote in his journal that he was “scared, horrified (but, in an awful way, accepting or complaisant) about my non-life.” He likened himself to a “pithed and gutted creature.” Rather than living, he was managing a kind of “homeostasis.”

In 1987, Sacks had an intense friendship with a psychiatrist named Jonathan Mueller, with whom he briefly fell in love. Mueller, who was married to a woman, told me that he did not realize Sacks had romantic feelings for him. Sacks eventually moved on. But he felt that the experience had altered him. “I can read ‘love stories’ with empathy and understanding—I can ‘*enter into them*’ in a way which was impossible before,” he wrote in his journal. He perceived, in a new light, what it meant for his patients in “Awakenings” to glimpse the possibility of “liberation”: like him, he wrote, they were seeking “not merely a cure but an indemnification for the loss of their lives.”

By the nineties, Sacks seemed to ask less of himself, emotionally, in relation to his patients. He had started working with Kate Edgar, who’d begun as his assistant but eventually edited his writing, organized his daily life, and became a close friend. (Shengold had encouraged Sacks to find someone to assist with his work. “The secretary is certainly an important ‘ego-auxiliary,’ ” he wrote him in a letter.) Edgar was wary about the way Sacks quoted his patients—they were suspiciously literary, she thought—and she checked to make sure he wasn’t getting carried away. She spent hours with some of his patients, and, she told me, “I never caught him in anything like that, which actually surprises me.”

Weschler told me that Sacks used to express anxiety about whether he’d distorted the truth. Weschler would assure him that good writing is not a strict account of reality; there has to be space for the writer’s imagination. He said he told Sacks, “Come on, you’re extravagantly romanticizing how bad you are—just as much as

you were extravagantly romanticizing what the patient said. Your mother's accusing voice has taken over." Weschler had gone to Beth Abraham Hospital to meet some of the patients from "Awakenings" and had been shaken by their condition. "There's a lot of people shitting in their pants, drooling—the sedimentation of thirty years living in a warehouse," he said. "His genius was to see past that, to the dignity of the person. He would talk to them for an hour, and maybe their eyes would brighten only once—the rest of the time their eyes were cloudy—but he would glom onto that and keep talking."

After "Hat," Sacks's relationship with his subjects became more mediated. Most of them were not his patients; many wrote to him after reading his work, recognizing themselves in his books. There was a different power dynamic, because these people already believed that they had stories to tell. Perhaps the guilt over liberties he had taken in "Hat" caused him to curb the impulse to exaggerate. His expressions of remorse over "making up, 'enhancing,' etc," which had appeared in his journals throughout the seventies and eighties, stopped. In his case studies, he used fewer and shorter quotes. His patients were far more likely to say ordinary, banal things, and they rarely quoted literature. They still had secret gifts, but they weren't redeemed by them; they were just trying to cope.

In "An Anthropologist on Mars," from 1992, a book of case studies about people compensating for, and adapting to, neurological conditions, some of the richest passages are the ones in which Sacks allows his incomprehension to become part of the portrait. In a chapter called "Prodigies," he wants badly to connect with a thirteen-year-old boy named Stephen, who is autistic and has an extraordinary ability to draw, but Stephen resists Sacks's attempts at intimacy. He will not allow himself to be romanticized, a refusal that Sacks ultimately accepts: "Is Stephen, or his autism, changed by his art? Here, I think, the answer is no." In this new mode, Sacks is less inclined to replace Stephen's unknowable experience with his own

fantasy of it. He is open about the discomfort, and even embarrassment, of his multiple failures to reach him: “I had hoped, perhaps sentimentally, for some depth of feeling from him; my heart had leapt at the first ‘Hullo, Oliver!’ but there had been no follow-up.”

Mort Doran, a surgeon with Tourette’s syndrome whom Sacks profiled in “Anthropologist,” told me that he was happy with the way Sacks had rendered his life. He said that only one detail was inaccurate—Sacks had written that the brick wall of Doran’s kitchen was marked from Doran hitting it during Tourette’s episodes. “I thought, Why would he embellish that? And then I thought, Maybe that’s just what writers do.” Doran never mentioned the error to Sacks. He was grateful that Sacks “had the gravitas to put it out there to the rest of the world and say, ‘These people aren’t all nuts or deluded. They’re real people.’”

The wife in the title story of “Hat” had privately disagreed with Sacks about the portrayal of her husband, but for the most part Sacks appeared to have had remarkable relationships with his patients, corresponding with them for years. A patient called Ray, the subject of a 1981 piece about Tourette’s syndrome, told me that Sacks came to his son’s wedding years after his formal treatment had ended. Recalling Sacks’s death, he found himself suddenly crying. “Part of me left,” he said. “Part of my self was gone.”

A year after “Awakenings” was published, Sacks broke his leg in Norway, and Leonard L. and his mother wrote him a get-well letter. Thirty-two patients added their names, their signatures wavering. “Everybody had been counting the days for your return, so you can imagine the turmoil when they heard the news,” Leonard’s mother wrote. She explained that “most of the patients are not doing so well without your help and interest.” She added that Leonard “isn’t doing too well either.” When Leonard learned that Sacks wouldn’t be back, she said, “he shed enough tears to fill a bucket.”

Sacks spoke of “animating” his patients, as if lending them some of his narrative energy. After living in the forgotten wards of hospitals, in a kind of narrative void, perhaps his patients felt that some inaccuracies were part of the exchange. Or maybe they thought, That’s just what writers do. Sacks established empathy as a quality every good doctor should possess, enshrining the ideal through his stories. But his case studies, and the genre they helped inspire, were never clear about what they exposed: the ease with which empathy can slide into something too creative, or invasive, or possessive. Therapists—and writers—inevitably see their subjects through the lens of their own lives, in ways that can be both generative and misleading.

In his journal, reflecting on his work with Tourette’s patients, Sacks described his desire to help their illness “reach fruition,” so that they would become floridly symptomatic. “With my help and almost my collusion, they can extract the maximum possible from their sickness—maximum of knowledge, insight, courage,” he wrote. “Thus I will FIRST help them to get ill, to *experience* their illness with maximum intensity; and then, *only then*, will I help them get well!” On the next line, he wrote, “IS THIS MONSTROUS?” The practice came from a sense of awe, not opportunism, but he recognized that it made him complicit, as if their illness had become a collaboration. “An impulse both neurotic and intellectual (artistic) makes me *get the most out of suffering*,” he wrote. His approach set the template for a branch of writing and thinking that made it seem as if the natural arc of illness involved insight and revelation, and even some poetry, too.

In his journals, Sacks repeatedly complained that his life story was over. He had the “feeling that I have stopped doing, that doing has stopped, that life itself has stopped, that it is petering out in a sort of twilight of half-being,” he wrote, in 1987. His journals convey a sense of tangible boredom. He transcribed long passages from philosophers and theologians (Simone Weil, Søren Kierkegaard, Gottfried Wilhelm Leibniz, Dietrich Bonhoeffer) and embarked on disquisitions on the best definition of reality, the “metabolism of grace,” the “deep mystery of

incubation.” His thoughts cast outward in many directions—notes for a thousand lectures—then tunnelled inward to the point of non-meaning. “Where Life is Free, Immaterial, full of Art,” he wrote, “the laws of life, of Grace, are those of *Fitness*.”

Sacks proposed various theories for why he had undergone what he called “psychic death.” He wondered if he had become too popular, merely a fuzzy symbol of compassionate care. “Good old Sacks—the House Humanist,” he wrote, mocking himself. He also considered the idea that his four decades of analysis were to blame. Was it possible, he wrote, that a “vivisection of inner life, however conceived, however subtle and delicate, may in fact destroy the very thing it examines?” His treatment with Shengold seemed to align with a life of “homeostasis”—intimacy managed through more and more language, in a contained, sterile setting, on Monday and Wednesday mornings, from 6:00 to 6:45 A.M. They still referred to each other as “Dr. Sacks” and “Dr. Shengold.” Once, they ran into each other at a chamber concert. They were a few rows apart, but they didn’t interact. Occasionally, Shengold told his children that he “heard from the couch” about a good movie or play, but he never shared what happened in his sessions. They inferred that Sacks was their father’s patient after reading the dedication to him in “Hat.”

As Sacks aged, he felt as if he were gazing at people from the outside. But he also noticed a new kind of affection for humans—“homo sap.” “They’re quite complex (little) creatures (I say to myself),” he wrote in his journal. “They suffer, authentically, a good deal. Gifted, too. Brave, resourceful, challenging.”

Perhaps because love no longer appeared to be a realistic risk—he had now entered a “geriatric situation”—Sacks could finally confess that he craved it. “I keep being *stabbed* by love,” he wrote in his journal. “A look. A glance. An

expression. A posture.” He guessed that he had at least five, possibly ten, more years to live. “I want to, I want to ••• I dare not say. At least not in writing.”

In 2008, Sacks had lunch with Bill Hayes, a forty-seven-year-old writer from San Francisco who was visiting New York. Hayes had never considered Sacks’s sexuality, but, as soon as they began talking, he thought, “Oh, my God, he’s gay,” he told me. They lingered at the table for much of the afternoon, connecting over their insomnia, among other subjects. After the meal, Sacks wrote Hayes a letter (which he never sent) explaining that relationships had been “a ‘forbidden’ area for me—although I am entirely sympathetic to ~~(indeed wistful and perhaps envious about)~~ other people’s relationships.”

A year later, Hayes, whose partner of seventeen years had died of a heart attack, moved to New York. He and Sacks began spending time together. At Sacks’s recommendation, Hayes started keeping a journal, too. He often wrote down his exchanges with Sacks, some of which he later published in a memoir, “Insomniac City.”

“It’s really a question of mutuality, isn’t it?” Sacks asked him, two weeks after they had declared their feelings for each other.

“Love?” Hayes responded. “Are you talking about love?”

“Yes,” Sacks replied.

Sacks began taking Hayes to dinner parties, although he introduced him as “my friend Billy.” He did not allow physical affection in public. “Sometimes this issue of not being out became very difficult,” Hayes told me. “We’d have arguments, and I’d say things like ‘Do you and Shengold ever talk about why you can’t come out? Or is all you ever talk about your dreams?’ ” Sacks wrote down stray phrases from his dreams on a whiteboard in his kitchen so that he could report on them at his sessions, but he didn’t share what happened in therapy.

Kate Edgar, who worked for Sacks for three decades, had two brothers who were gay, and for years she had advocated for gay civil rights, organizing Pride marches for her son's school. She intentionally found an office for Sacks in the West Village so that he would be surrounded by gay men living openly and could see how normal it had become. She tended to hire gay assistants for him, for the same reason. "So I was sort of plotting on that level for some years," she told me.

In 2013, after being in a relationship with Hayes for four years—they lived in separate apartments in the same building—Sacks began writing a memoir, "On the Move," in which he divulged his sexuality for the first time. He recounts his mother's curses upon learning that he was gay, and his decades of celibacy—a fact he mentions casually, without explanation. Edgar wondered why, after so many years of analysis, coming out took him so long, but, she said, "Oliver did not regard his relationship with Shengold as a failure of therapy." She said that she'd guessed Shengold had thought, "This is something Oliver has to do in his own way, on his own time." Shengold's daughter, Nina, said that, "for my dad to have a patient he loved and respected finally find comfort in identifying who he'd been all his life—that's growth for both of them."

A few weeks after finishing the manuscript, Sacks, who'd had melanoma of the eye in 2005, learned that the cancer had come back, spreading to his liver, and that he had only months to live. He had tended toward hypochondria all his life, and Edgar thought that the diagnosis might induce a state of chronic panic. Since he was a child, Sacks had had a horror of losing things, even irrelevant objects. He would be overcome by the "feeling that *there was a hole in the world*," he wrote in his journal, and the fear that "I might somehow fall through that hole-in-the-world, and be absolutely, inconceivably lost." Edgar had dealt for decades with his distress over lost objects, but she noticed that now, when he misplaced things, he didn't get upset. He had an uncharacteristic ease of being.

In the summer of 2015, before Shengold went on his annual summer break, Sacks said to Edgar, “If I’m alive in September when Shengold returns, I’m not sure I need to go back to my sessions.” They had been seeing each other for forty-nine years. Sacks was eighty-two; Shengold was eighty-nine.

When Sacks was struggling with his third book, “A Leg to Stand On,” which was about breaking his leg and his frustration that his doctors wouldn’t listen to him, he wrote in his journal that Shengold had suggested (while apologizing for the corniness of the phrase) that the book should be “a message of love”—a form of protest against the indifference that so many patients find in their doctors. Shengold may have been giving Sacks permission to see their own relationship—the one place in which Sacks felt an enduring sense of recognition and care—as a hidden subject of the book. Extending Shengold’s idea, Sacks wrote, of his book, “The ‘moral’ center has to do with . . . the irreducible ultimate in doctor-patient relations.”

In August, two weeks before Sacks died, he and Shengold spoke on the phone. Shengold was with his family at a cottage in the Finger Lakes region of central New York, where he spent every summer. Nina told me, “We all gathered in the living room of that little cottage and put my father on speakerphone. Oliver Sacks was clearly on his deathbed—he was not able to articulate very well. Sometimes his diction was just gone. Dad kept shaking his head. He said, ‘I can’t understand you. I’m so sorry, I can’t understand you.’ ” At the end of the call, Shengold told Sacks, “It’s been the honor of my life to work with you,” and said, “Goodbye, Oliver.” Sacks responded, “Goodbye, Leonard.” It was the first time they had ever used each other’s first names. When they hung up, Shengold was crying.

After Sacks died, Shengold started closing down his practice. “It was the beginning of the end for him,” his son David told me. “He had lost most of his colleagues. He was really the last of his generation.” Nina said, “I do think part of why my father lived so long and was able to work so long was because of that relationship. That feeling of affection and kindred spirit was lifesaving.”

In “Awakenings,” when describing how Leonard L.—his “ ‘ideal’ patient”—initially responded to L-dopa, Sacks characterizes him as “a man released from entombment” whose “predominant feelings at this time were feelings of freedom, openness, and exchange with the world.” He quotes Leonard saying, “I have been hungry and yearning all my life . . . and now I am full.” He also says, “I feel saved. . . . I feel like a man in love. I have broken through the barriers which cut me off from love.’ ”

For years, Sacks had tested the possibility of awakenings in others, as if rehearsing, or outsourcing, the cure he had longed to achieve with Shengold. But at the end of his life, like an inside-out case study, he inhabited the story he’d imagined for his patients. “All of us entertain the idea of *another* sort of medicine . . . which will restore us to our lost health and wholeness,” he wrote, in “Awakenings.” “We spend our lives searching for what we have lost; and one day, perhaps, we will suddenly find it.” ♦

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