

The study guide to 'Awakenings' is intended for teachers of Drama, English and Communications Studies. It seeks to open up, for older secondary school students, the subject of disability. It is envisaged that the work set out in the study guide may work as a 6-week module.

The guide is arranged as follows:

Part 1: Suggestions for work preceding the film.

Part 2: Suggestions for work following.

In Part 1, through four sessions of work, including role play, written work and discussions, students are provided with opportunities for exploring situations which parallel those presented in the film.

In Part 2, a similar variety of work is offered, which draws out (and on) students' reading of the film.

## INTRODUCTION

In the winter of 1916-1917, an epidemic of a rare disease occurred, springing up, as virus diseases sometimes do, seemingly out of nowhere. It spread over Europe and then to other parts of the world and affected some five million people. The onset of the disease was sudden and took different forms. Some people developed acute restlessness or insomnia or dementia. Others fell into a trance-like sleep or coma. These different forms were recognised and identified by the physician Constantin von Economo as one disease, which he called *encephalitis lethargica*, or sleepy sickness.

Many people died of the disease. Of those who survived, some recovered completely. The majority remained partly disabled, prone to symptoms reminiscent of Parkinson's disease. The worst affected sank into a kind of 'sleep', unable to move or speak, without any will of their own, or hope, but conscious and with their memories intact. They were placed in hospitals or asylums. Ten years after the epidemic had begun, it just as remarkably disappeared. Fifty years later, the epidemic had been forgotten.

In 1966, when Dr. Oliver Sacks, a neurologist trained in London, took up his post at Mount Carmel, a hospital in New York, he found there a group of eighty people who were the forgotten survivors of the forgotten epidemic. It was clear that hundreds of thousands had died in institutions. Dr. Sacks called them 'the lepers of the present century'. In his book, 'Awakenings', he tells of his attempts to understand the nature of their affliction, but also of his growing appreciation of them as individuals, with their own unique histories and experience.

In 1969, Dr. Sacks tried out a remarkable new drug, L-DOPA. For some of his patients, there then followed a rapid and brief return to something like normality. They were suddenly restored to the world of the late nineteen sixties. His book documents this remarkable awakening, as experienced by twenty of his patients. L-DOPA was not, however, the magic cure that it first seemed. The normality that it promoted soon broke down, with patients subject to all kinds of bizarre behaviours.

In the film of 'Awakenings', Robert de Niro plays Leonard Lowe, someone affected by sleepy sickness as a young man. He is in a state of near sleep, unable to move or speak. Every day, his mother comes into hospital to care for him, as she has for many years. Robin Williams plays Dr. Malcolm Sayer, the neurologist who, like Dr. Sacks himself in 1966, takes up a post at a New York hospital, discovering there the forgotten survivors of the sleepy sickness epidemic. He finds himself drawn to this group of chronically disabled people, and especially to Leonard.

Robert de Niro's Leonard is based on the Leonard L. who Sacks describes in his book - an intelligent and courageous man with a wry sense of humour, who is able only to communicate in a very limited way, using a letter board. Sacks says how thoroughly De Niro prepared himself for his role, spending a great deal of time with post-encephalitic patients in an effort to understand something of how it feels to be so chronically disabled, and to represent as accurately as possible the quality of if disablement.

In the film, we are shown Leonard's awakening under L-DOPA. Leonard sees the world to which he has awoken truly wonderful. He has lost many years of his life. Now he wants to live. He wants his independence. Briefly, see him determined to achieve this before his damaged nervous system pulls him back into psychosis.

In the book 'Awakenings', Dr. Sacks writes that Leonard says to him after the last futile trial of another drug:

*"Now I accept the whole situation. It was wonderful, terrible, dramatic and comic. It is finally - sad, and that's all there is to it. I've learned a great deal in the last three years. I've broken through barriers which I had all life. And now, I'll stay myself and you can keep your L-DOPA."*

### **A note about sleepy sickness:**

*Encephalitis lethargica* (sleepy sickness, or sleeping sickness, as it is called in the U.S.A.) is caused by a virus attacks the brain. In particular, it attacks a part of the mid-brain - the *substantia nigra* - damaging the nerve cells this area and severely reducing their ability to produce the chemical nerve impulse transmitter, dopamine. In respect, the disease is similar to Parkinson's disease. The cerebral cortex (the part of the brain concerned with conscious awareness, thought and memory) is unaffected. When in the early 1960's a substance (L-DOPA) closely related to dopamine was found to alleviate the symptoms of Parkinson's disease, there was the hope that it would do the same for post-encephalitic patients, that is, people suffering from the after-effects of sleepy sickness. In event, the effect of L-DOPA on such people was variable and unpredictable. For some, except for a brief return something close to normality, it was a failure. For others, its effects were beneficial over a longer period, and for a few, there was a return to a long lasting near normality. The drug raised enormous expectations in those who been worst affected by sleepy sickness, who for thirty or forty years had been in a kind of catatonic sleep. Tragically, for some of them, their awakening was all too brief.

## PART 1

### SESSION ONE

Rilke's poem 'The Panther' is suggested as an indirect approach to the subject matter of 'Awakenings'. The poem below may be photocopied so that students can follow the teacher's reading, or read the poem themselves.

***THE PANTHER***

*In the Jardin des Plantes, Paris*

*His vision, from the constantly passing bars,  
has grown so weary that it cannot hold  
anything else. It seems to him there are  
a thousand bars; and behind the bars, no world.*

*As he paces in cramped circles, over and over,  
the movement of his powerful soft strides  
is like a ritual dance around a centre  
in which a mighty will stands paralysed.*

*Only at times, the curtain of the pupils  
lifts, quietly -. An image enters in,  
rushes down through the tensed, arrested muscles,  
plunges into the heart and is gone.*

*Rainer Maria Rilke (1875-2926)*

### DISCUSSION POINTS

- 1 What kind of animal is a panther?
- 2 How does the poet suggest that the panther has come to see its world?
- 3 What might be the sort of images that might plunge into the panther's heart?
- 4 What does the poet suggest the panther feels? Anger? Resignation? Nothing?
- 5 Could you imagine a situation in which you might feel as the panther does? What kind of situation would you have to be in?

Teacher:

I would like you to think about the situation of someone who is paralysed, unable to move or speak, but able to see, hear and smell, and fully conscious of what is happening around them. What kind of images might 'rush down into the heart' of such a person, as into the heart of the panther?

One way of helping students to explore their suggested 'images' is by asking them to make them more concrete by enacting them in a limited drama form. As follows:

### *DRAMA TASK 1*

Work in small groups. Choose one of the images you have suggested and discuss how you might present it. What you present must be very brief. No longer than 1 minute. No more than 10 words - fewer if possible. Students will need some time to work on their images. Each image should then be presented to the rest of the class.

Evaluating the images:

This could be quite an open evaluation, with students' comments and observations invited. It might lead to students trying out different images or to experimenting with ways of making the ones they presented more telling.

### *OPTIONAL TASK*

As someone paralysed and unable to speak, record on cassette or in writing, your internal voice, expressing your thoughts and feelings about one of the images you have enacted, that 'plunges into the heart and is gone

## **SESSION TWO**

This session could start with any recordings or writing from Session One, or directly, with the following:

Introducing the extract:

In the 1920s there was an epidemic of a disease called sleepy sickness. It occurred in many parts of the world. Many people died. Of those who recovered, the worst affected lost the ability to move or to speak. I am going to read you an extract from a book about these people. In the 1920s, the hospital in New York which took in many of these patients was called Mount Carmel Hospital for the Crippled and Dying.

Excerpt from 'Awakenings':

*'In 1966, when I first went to Mount Carmel, there were still some... eighty post-encephalitic patients there... Almost half of these patients were immersed in states of pathological sleep, virtually speechless and motionless... Some... had achieved a state of icy hopelessness ... they knew they were doomed, and they accepted this with ... courage... Other patients (and perhaps, to some extent, all . . . whatever their surface serenity) had a fierce and impotent sense of outrage: they had been swindled out of the best years of life ... But . . . what confronted one... was not just disease ... but people, struggling to adopt and survive..., the human subject, striving to preserve its identity in adverse circumstances'*

(Oliver Sacks, 'Awakenings', p. 25/26/27 and xxviii)

## *DISCUSSION POINTS*

- 1 Did you get a sense of how this doctor felt when he met these patients in 1966?
- 2 How do you picture the patients that he speaks of?
- 3 How do you think they would have felt when they first entered this hospital which was then called a hospital for the 'crippled and dying'?

One way of exploring something of the situation of these survivors of sleepy sickness, and of the people who may be helping to care for them, is as follows.

## *DRAMA TASK 2*

Work in groups of three:

- A: A survivor of sleepy sickness. Suppose you were a teenager when you were affected. You are now unable to move or speak.
- B: A relative or friend who has been coming into hospital almost every day for many years to help care for A.
- C: A good friend of B, who sometimes accompanies him/her to the hospital.

Discuss briefly what relationship B should have with A. Is B a former sweetheart or lover? A wife or husband? mother or father? or what? B is feeding A his/her morning porridge. (Empty bowls and spoons might be useful here!) At the same time B is relating something to A, something possibly quite trivial that he/she has done. C, the friend, might just watch or help.

Students will need a little time to decide how to enact this brief scenario. Some or all groups should then show if improvisations to the rest of the class.

## *DISCUSSION POINTS*

- 1 How did those playing A feel? What did you feel most strongly?
- 2 How did those playing the friend or relative feel?
- 3 And C? What did you feel?
- 4 If B comes into hospital every (or almost every) day, what kind of caring might this involve, besides helping to feed A?

## *DRAMA TASK 3*

Same groups of three as before. A slightly different scenario. One that gives students an opportunity to explore carer's point of view. The business of feeding A is over. For the moment, A has no needs which require attention so this is a moment of rest.

- A: Silent and motionless.
- B: Decide what you are feeling at this point, and where you are directing your gaze.
- C: Allow yourself time to take in what seems to be going on, then find a way of exploring what you have just realised about B, and their relationship with A.

After working on this scenario for a while, groups should show their improvisations to the rest of the class.

### *DISCUSSION POINTS*

- 1 What was it that those playing C thought they were picking up?
- 2 Was this, for those playing B, something that rang true?
- 3 If the As could say something directly to this person who comes in each day to care for you, what would it be?
- 4 Can we agree on what these chronically disabled people most want?

This last discussion point is an important one. The obvious answer is 'to lead a normal life', but students may be helped to take the discussion further than this into questions such as what independence and dignity may mean someone so chronically disabled.

## **SESSION THREE**

Introducing the extract:

I would like to read you another extract from the book 'Awakenings'. It relates to a man called Leonard, who contracted sleepy sickness as a young man and who in 1966 is completely speechless and unable to move his body, except for minute movements of his right hand. By 1966 he had been in this state for almost thirty years. He could watch what was going on around him, he could read and watch films, and very painfully and slowly he could spell out words on a letter board, but little else.

Excerpt from the book:

*'Being particularly fond of Western scenes and films, Leonard L. had, indeed, ordered the old painting of the shanty-town as long ago as 1955 for the sole and express purpose of hallucinating with it - and it was his custom to animate it for a hallucinatory matinee after lunch every day'.*

('Awakenings' p. 214, note 101)

### *DISCUSSION POINTS*

- 1 What do you think would have been in this painting that Leonard liked so much?
- 2 In what ways can you guess Leonard might have brought his painting to life?

### *DRAMA TASK 4*

Work in groups of three or four. Decide what you think would be Leonard's favourite way of bringing his painting to life. Then decide how you could present this (his favourite fantasy) as a still picture. One of you can act as Leonard if you think he would be in the picture.

Allow students some time to work on this before they show their still pictures to each other.

## *DISCUSSION POINTS*

- 1 Taking your representations of Leonard's favourite fantasies together, what do they suggest to you?
- 2 Is this business of 'animating a picture' one that feels strange to you, or is it quite familiar?

Teacher's introduction:

To finish this session, I would like to read you another extract from the book 'Awakenings'.

Excerpt from 'Awakenings':

*'In its earlier days - indeed, before 1960 - the hospital was both easy-going and secure; there were devoted nurses and others who had been there for years, and most of the medical positions were honorary and voluntary, calling forth the best side, the kindness, of visiting doctors; and though its patients had grown older and frailer, they could look forward to excursions, day-trips and summer camps. In the past ten years, and especially the last three years, almost all this has changed. The hospital has assumed somewhat the aspect of a fortress or prison, in its physical appearance and the way it is run. A strict administration has come into being, rigidly committed to efficiency and rules; familiarity with patients is strongly discouraged. Law and order have been ousting fellow-feeling and kinship; hierarchy separates the inmates from staff; and patients tend to feel they are inside, unreachably distant from the real world outside.'*

('Awakenings' p.25)

## *DISCUSSION POINTS*

- 1 What changes is it clear occurred at Mount Carmel after 1960 and especially in the three years up to 1973 when Sacks wrote his book?
- 2 How do you think these changes are likely to have affected Leonard?

## PART 2

### SESSION ONE

After seeing the film, there should be some opportunity for students to talk about it in quite an open way. Some discussion should however centre on the question of Leonard's awakening, and what this meant to him. The following extract may then be used to provide an additional focus for what follows.

Teacher introduces excerpt:

I want you to listen to something from the book 'Awakenings' on which the film is based. It relates to Lucy (Miss K. patient of Dr. Sacks, like Leonard, at Mount Carmel Hospital in the sixties.

*'Early in 1969, then, I suggested L-DOPA. I suggested it once and many times subsequently.... 'Lucy is helpless,' I said. 'She needs to be cured. L-DOPA, nothing else, can come to the rescue.' Her mother, however, implacably opposed, and expressed her opinion in front of Miss K.: 'Lucy is best as she is,' she asserted. 'She'll get stirred up, she'll blow up if you give her L-DCPA.' And she added, piously: 'If it is God's will that Lucy should die, then she must die.' Miss K., of course, heard this without speaking, but expressed in her eyes a tortured ambivalence - wish-fear, 'yes-no' - of unlimited degree. ('Awakenings', p.145)*

#### DISCUSSION POINTS

- 1 How would you say this mother differed from Leonard's?
- 2 What does Lucy appear to be trying to say with her eyes?
- 3 Do you think Lucy's mother has a valid point of view?

Teacher introduces letter:

Can we suppose now that there was another epidemic of sleepy sickness (say in 1980) and that you are relative friends of people who are badly disabled as a result of it, like Leonard or like Lucy. This is the letter I want you to suppose that you have just received. (Reads, or gives students copies of the letter on page 9 overleaf).

#### DISCUSSION POINTS

- 1 How do you think seeing the film 'Awakenings' might have affected you?
- 2 What would worry you about the letter?

If, at this point, students feel strongly that, as relatives concerned they would want more information, it is teacher's choice to act as Dr. McIntosh, who can give it! Ref: The short biographies of post-encephalitic patients in the book 'Awakenings'.



*St. Peter's Hospital  
Chessington  
Surrey*

*1991*

*Dear Mr Read,*

*I hope that you found the film 'Awakenings' interesting, and I hope, not too disturbing. So many people (perhaps you are one) have asked me about L-DOPA that I thought it essential for you to see the film, so that you could appreciate how unpredictable the drug is.*

*Leonard's 'awakening' from his thirty years of 'sleep' was, as you saw, truly wonderful. Unfortunately, it was all too short. His nervous system had been too damaged all those years ago by the epidemic of sleepy sickness, and the drug in the end was unable to compensate for that. I must warn you that this often happens. A period of 'awakening' on L-DOPA is all too often followed by complications. For the patient's own safety and well-being, the drug then has to be withdrawn.*

*Leonard reacted to L-DOPA in one way. As you saw in the film, other people may react differently. The drug might have no effect at all. It might lead to a worsening in a patient's condition. It might bring about an 'awakening' like Leonard's, but longer-lasting. And in a very few cases, it might be possible for a patient to return to an almost normal life.,*

*As a relative or close friend of one of our post-encephalitic patients, it is you who can give or refuse your consent to the new drug. I know that you come into hospital most days, and I will be glad to give you more information if I can. If you do give your consent, I should hope to try out the drug very soon.*

*Please let me know what you decide when your self-help group has met to talk about the question.*

*Yours sincerely,*

*Dr. T. J. McIntosh*

## *DRAMA TASK 5*

Work in groups of 5 or 6. Suppose that this is the day (shortly after seeing the film) of the self-help group's meeting. You have come, willingly or unwillingly, to your group's meeting, to discuss the letter from Dr McIntosh, and the decisions you have been asked to make.

Think about how you will begin. You might, for instance, want to tell each other first something about your relative or friend in the hospital; their name, their relationship to you, their condition.

Allow ample time for students to work on this scenario. There is no point in the group's attempting to 'show' their improvisations, since the drama form is too loose and will be impossible to repeat without grossly simplifying it. Leave time for the following discussion.

### *DISCUSSION POINTS*

- 1 What did you find particularly difficult about your self-help group's meeting?
- 2 Did talking and listening to other people help you make up your mind?
- 3 Have you been left with the decision still to make? If so, how are you going to make up your mind?

## **SESSION TWO**

In this session, it is a matter of students communicating to those acting as their disabled relatives, the decision (or lack of one) that they came to in the previous session. But before they attempt to do so, it is important for them to consider how they will do this.

### *DISCUSSION POINTS*

- 1 What is going to be most difficult about communicating your decision to your friend or relative disabled by sleepy sickness?
- 2 How will you attempt to overcome these difficulties?
- 3 If patients have heard already about L-DOPA will this make your job easier or more difficult?

## *DRAMA TASK 6*

Work in pairs. One of you act as the person suffering from the after-effects of sleepy sickness, unable to move or speak. Let's assume you can move your hand very slowly and painfully, so that you are able to write one or two words if you really have to. Have a piece of chalk handy so that you can do this if necessary. One of you act as the close relative or friend. This is the morning you have chosen to explain your decision. One short scene only.

Allow students time to work at this scenario. Some groups should present their improvisations to the class.

## *DISCUSSION POINTS*

- 1 What thoughts were perhaps in the minds of people as they were explaining their decisions?
- 2 What do you think was in the minds of the disabled people as they listened to these explanations?

## *OPTIONAL TASK*

Those acting as the disabled patients might record their 'internal voices' i.e. their thoughts and feelings - after their relatives or friends had left.

Those acting as the friends and relatives might describe their thoughts and feelings in a letter to a friend , as if they were writing the evening of the same day, and reflecting on the events.

## **SESSION THREE**

In this session, the focus is on the situation of someone like Leonard in the film, as his awakening begins to turn sour.

## *DISCUSSION POINTS*

- 1 In the film of 'Awakenings', what seems to mean most to Leonard after his awakening on L-DOPA?
- 2 What kind of things mean most to the other people in the hospital after their awakening?
- 3 If you had been stuck in hospital for years in a semi-paralysed condition, what kind of things do you imagine you would most want to do if you were awoken?

## *DRAMA TASK 7*

Work in groups of 2, 3 or 4. One of you should act as the awakened person. Decide what you would think would mean most to this person, if they had been asleep for a number of years in a semi-paralysed condition, like Leonard. Construct a still picture that attempts to make clear how important, perhaps how wonderful, this thing they can now do is to them.

When students are ready, if the teacher asks everyone to hold their still pictures for a couple of minutes, this gives the teacher a chance to make some comments, appreciating them.

## *DRAMA TASK 8*

Work in the same groups. Start with your still picture. You can use words. Something is going to happen to the awakened person that suggests that their awakening might be beginning to go wrong. You have to decide what form this will take. It could be something that is perhaps barely noticeable to anybody but the awakened person. Freeze the scene at the moment which you think will be most telling.

After allowing students some time to work at this scenario, all groups should ideally present their improvisations to the rest of the class.

### *DISCUSSION POINTS*

- 1 What have you shown these people feeling, as they begin to suspect something is going wrong?
- 2 What do you think is their greatest fear?

One way of finishing this session would be to read again Rilke's poem 'The Panther' and to review the images that students first suggested would 'plunge into the heart and be gone.' Another way would be to consider Leonard's statement, quoted in the introduction: "Now I accept . . . you can keep your L-DOPA."

## **SESSION FOUR**

This could be quite a short session, mainly to look back over the whole of the previous session's work and to bring any written work together. It might also include inviting a disabled person to talk to students about their experience of disability. Students should, however, at least consider the following:

- 1 Looking back over the previous sessions, what do they think they have learned?
- 2 In what ways (if at all) has their thinking about chronic disablement been changed?

## **RELATED READING**

'A Kind of Alaska', by Harold Pinter. Methuen, 1982.

'Flowers for Algernon' by Daniel Keyes. In 'Science Fictions', University Tutorial Press, 1971/1976.

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