

# Neurologist Oliver Sacks On The Hallucination That Saved His Life

Terry Gross September 21, 2020 2:11 PM ET

A new documentary, *Oliver Sacks: His Own Life*, chronicles the late neurologist's efforts to understand perception, memory and consciousness. Sacks spoke to *Fresh Air* in 2012.

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DAVE DAVIES, HOST:

This is *FRESH AIR*. I'm Dave Davies in for Terry Gross. A new documentary about Oliver Sacks, the neurologist and best-selling author, will begin streaming on Wednesday. Sacks was a physician and a professor of neurology at the New York University School of Medicine. His beautifully written books, such as *"The Man Who Mistook His Wife For A Hat"* examined the mysteries of perception and consciousness by drawing on his observations of his patients. His 1973 book *"Awakenings,"* which established him as a writer was adapted into a 1990 film starring Robin Williams and Robert DeNiro. *"Awakenings"* was about Dr. Sacks' work treating patients who had survived an epidemic of encephalitis lethargica, commonly called sleeping sickness. Oliver Sacks died in 2015 at the age of 82.

A new documentary, *"Oliver Sacks: His Own Life,"* will be available online beginning Wednesday through the Film Forum and Kino Marquee websites. Terry interviewed Oliver Sacks many times. We're going to listen to their conversation recorded in 2012 after the publication of his book *"Hallucinations,"* which described patients who experienced hallucinations brought on by neurological disorders, brain injuries, medications, fevers, blindness and more - hallucinations that ranged from the terrifying to the transcendent. One chapter, called *"Altered States,"* described his own experiments with mind-altering drugs in the '60s when he was a neurology resident. He said these drugs connected with the reason he wanted to be a neurologist, which was to study how the brain embodies consciousness and the self to understand its amazing powers of perception and distortion.

DAVIES: Dr. Oliver Sacks, welcome back to *FRESH AIR*.

OLIVER SACKS: It's good to be with you again.

TERRY GROSS, BYLINE: So at the beginning of your chapter about your own experimentation with altered states, you write, every culture has found chemical means of transcendence. At some point, the use of such intoxicants becomes institutionalized at a magical or sacramental level. What are you thinking of there?

SACKS: Well, I was thinking of peyote ceremonies with Native Americans, but similar ceremonies in Mexico with morning glory seeds - ololiuqui, similar ceremonies in Central America with magic mushrooms, similar ones in South American with both - I can't pronounce it, ayahuasca. And so there's - this seems to happen in every culture at some point.

GROSS: And you write that some drugs, like hallucinogenic drugs, promise transcendence on demand. Is that why you wanted to experiment with them?

SACKS: Well, I think it's one of the reasons. It's probably a little too high-sounding for all of my reasons. I mean, I think I sometimes just wanted pleasure. I wanted to see a visually and perhaps musically enhanced world. I wanted to know what it was like. And I think there's always an observer part, as well as the participant. I would often keep notes when I got stoned.

GROSS: What was the first time you tried a drug that induced perceptual distortions?

SACKS: I think it was in 1963. And I was in Los Angeles, at UCLA, doing a residency in neurology, but I was also much on the beach, on Venice Beach and Muscle Beach. And there, there was quite a drug culture, as there was also in Topanga Canyon, where I lived. And one day, someone offered me some pot. And I took two puffs from it, and I'd been looking at my hand for some reason, and the hand seemed to retreat from me but at the same time getting larger and larger until it became a sort of cosmic hand across the universe. And I found that astounding. I'm strongly atheist by disposition, but nonetheless when this happened, I couldn't help thinking that must be what the hand of God is like or how it is experienced.

GROSS: So you started taking LSD in 1964, and you write that you took mind-altering drugs every weekend for a while. Give us a sense of one of the better experiences that you had that made you want to keep using it.

SACKS: Well, a particular experience was with a color. I had been reading about the color indigo, how it had been introduced into the spectrum by Newton rather late, and it seemed no two people quite agreed as to what indigo was, and I thought I would like to have an experience of indigo. And I built up a sort of pharmacological launch pad with amphetamines and LSD and a little cannabis on top of that, and when I was really stoned I said: I want to see indigo now. And as if thrown by a paintbrush, a huge pear-shaped blob of the purest indigo appeared on the wall. It again had this luminous, numinous quality. I went toward it in a sort of ecstasy. I thought, this is the color of heaven, or this is the color which Giotto tried to get all his life but never could. I thought maybe this is not a color which actually exists on the Earth. Or maybe it used to exist and no longer exists.

And all this went through my mind in four or five seconds, and then the blob disappeared, giving me a strong sense of loss and heartbrokenness. And I was haunted a little bit when I came down, wondering whether indigo did exist in the real world. And I would turn over little stones. I once went to a museum to look at azurite, a copper mineral which is maybe the nearest to indigo, but that was disappointing. I did in fact have that experience again, but when I had it the second time, it was not with a drug, it was with music. And I think music can take one to the heights in a way comparable with drugs. But I think the indigo was my favorite hallucination.

GROSS: So give us an example of a really bad time that you had on a hallucinogenic drug

SACKS: Well, I think the worst time was also a rather puzzling time. It was in '65. I was new to New York. I was sleeping very badly. I was taking ever-increasing doses of a sleeping medication called chloral hydrate. And then one day, I ran out of it. But I didn't think much of this. Though when I went to work, I noticed I was rather tremulous. And that time, I was doing neuropathology. And it was my turn to slice a brain and describe all the structures, which I usually enjoy doing and did easily. But this time, it was difficult, and I hesitated. And I felt my tremor was becoming more obvious.

When the session was over, I went to have a coffee across the road. And suddenly, my coffee turned green and then purple. And I looked up. There was a man paying at the register. And he seemed to have some huge proboscidean head like a sea elephant. I was panicked. I didn't know what was happening. I ran across the street to a bus, got on it, but the people on the bus terrified me. They all seemed to have huge egg-shaped heads with eyes like the eyes of insects. I somehow managed to get off the bus and onto a train and get off at the right stop. When I got back to my apartment, I phoned up a friend of mine. We'd interned together. And I said, Carol, I want to say goodbye. I've gone mad. And she said, Oliver, what have you just taken? And I said, I haven't just taken anything. And she thought for a moment and said, what have you just stopped taking?

And I said, that's it - the chloral. And so this was the beginning of an attack of the DTs, the delirium tremens, not induced by alcohol withdrawal but by chloral withdraw. It's a dangerous state. I should really have checked myself into hospital, but I didn't. I thought I wanted to go through it with some kindly medical supervision, and I did. But there were many, many terrifying things there.

GROSS: Was it helpful while you were having these nightmarish hallucinations, because of withdrawal from the medicine that you were taking, to know that they were medically induced hallucinations, that you weren't losing your mind and that this was going to end?

SACKS: Yeah, absolutely. When I realized it was medication and not madness, that was a relief so huge that I felt I could sit through the rest of it.

GROSS: As a neurologist, what did you learn from that experience?

SACKS: I - well, I think I learned that one shouldn't be silly. But in particular from that experience, I - there were all sorts of particular, odd visual perceptions. Sometimes, I could not see continuous motion. I would only see a series of stills, and that fascinated me very much. And it made me, in fact, wonder whether the sense of visual motion is an illusion, whether, in fact, we see a series of stills.

I don't think I'd had that thought until I was seeing stills. And with hallucinations, one remembers them, unlike dreams. And on the whole, they're not like dreams because in dreaming, you're asleep. You're only a dreaming consciousness, whereas here you're awake and observing yourself.

DAVIES: We're listening to Terry's interview with neurologist Oliver Sacks recorded in 2012. Sacks died in 2015 at the age of 82. More after a break. This is FRESH AIR.

DAVIES: This is FRESH AIR. Let's get back to the interview Terry recorded in 2012 with the late neurologist Oliver Sacks after the publication of his book "Hallucinations." A new documentary about Sacks starts streaming Wednesday through the Film Forum and Kino Marquee websites.

GROSS: So you know how some people say the human brain is wired for God, you know, wired to...

SACKS: Uh-huh.

GROSS: ...To have religion. What's your take on that?

SACKS: I'm very intrigued by the relationship between drugs and religion and hallucination and religion. There's a long chapter on epilepsy, which at one time was called the sacred disease, although Hippocrates said there was nothing sacred about it. Although, he allowed that, sometimes, the symptoms of epilepsy may be visionary.

And in particular, there is a sort of seizure which some people get called an ecstatic seizure, when there will be a feeling of bliss or rapture, a feeling of being transported to heaven, sometimes of hearing angelic voices or seeing angels or communing with God. Experiences like this can happen with seemingly quite irreligious people who have - who don't seem to have an iota of religious disposition. But the experience may be rather overwhelming and may lead to conversion.

GROSS: But it's interesting how often those visions - if we want to call it that - come from something that nowadays would be diagnosed as a disorder and, in fact, are disorders like epilepsy or schizophrenia.

SACKS: Yes. Well, certainly, I think there have probably always been visions and voices. And these were variously ascribed to the divine or the demonic or the Muses. **The medicalization of hallucinations really only occurred in the 19th century. And following that, people became, I think, very much more anxious about hallucinations and secretive and ashamed.** And the subject was much less discussed. I think hallucinations need to be discussed. There are all sorts of hallucinations, and there are many sorts which are OK, like the ones I think which most of us have when we're in bed at night before we fall asleep, when we can see all sorts of patterns or faces or scenes.

GROSS: If you're just joining us, my guest is neurologist Dr. Oliver Sacks. His new book is called "Hallucinations," and it's about medically induced hallucinations, naturally occurring

hallucinations, like between waking and sleeping, and hallucinations that are side effects of drugs, hallucinations that are caused by various medical conditions.

SACKS: Can I add to your list? Hallucinations which are caused by real-life experiences, such as bereavement.

GROSS: Yes. I'm glad you mentioned bereavement. And that is such a common form of hallucination, where, you know, you've lost somebody who you love and you think you've seen them or heard them say something. And when that happens, I think it's fair to say it feels like a visitation. How would you describe that?

SACKS: Yeah. Well, someone dies. There's a hole in your life. And that hole can be briefly filled, I think, by a hallucination. Typically, the bereavement hallucinations - which are common; something like 40 or 50% of bereaved people get them occasionally - are often felt as very comfortable, comforting. And they may help them through the mourning process. And when one has mourned fully, they disappear.

GROSS: How, as a neurologist, would you interpret those hallucinations?

SACKS: Well, with any hallucinations, if you can, say, do functional brain imagery while they're going on, you will find that the parts of the brain usually involved in seeing or hearing - in perception - are, in fact, being active, have become super-active by themselves. And this is an autonomous activity. This does not happen with imagination. But hallucination, in a way, simulates perception, and the perceptual parts of the brain become active. And - but, you know, what else is going on - there's obviously a very, very strong, passionate feeling of love and loss with bereavement hallucinations. And I think intense emotion of any sort can produce a hallucination.

GROSS: I'm just curious. Like how - how do you do functional brain imagery of somebody who has had a hallucination? I mean, they're probably not hooked up to the fMRI when they're feeling like they had this visitation from a lost loved one.

SACKS: Well, there, it will be difficult, because hallucinations like this are rare and sporadic and unpredictable. But there are other people - and I am especially interested in this, because I've worked in old age homes for the last 40 years or so, and I've seen many, many elderly people who are intellectually intact but have impaired vision or hearing have visual or auditory hallucinations on this basis.

The visual one they call Charles Bonnet Syndrome, and people may see faces. They may see landscapes, patterns, musical notation for hours a day. And in this situation, you can have someone inside a functional MRI, and they can, say, raise a finger when they are hallucinating. You may then say to them, you were hallucinating faces. They may say, how the hell do you know? And you will say, because the face recognizing part of your brain suddenly became very active.

GROSS: Wow.

SACKS: And it is this sort of thing, especially with patients with Charles Bonnet Syndrome, that you can plot, you can map the brain by the sort of hallucinations people get.

DAVIES: We're listening back to an interview with neurologist Oliver Sacks recorded in 2012 after the publication of his book "Hallucinations." Sacks died in 2015. We'll hear more after a break.

**GROSS: You write in your book "Hallucinations" about an auditory hallucination you had that really might have saved your life. You were mountain climbing, and you had injured your foot or your leg. And part of you just wanted to just, like, slow down, sleep. But then you heard a voice, which said what?**

**SACKS: Well, the impulse to sleep - I'd torn off most of the thigh muscles and the knee was dislocating backwards. And at one point I got quite shocked and thought it'd be nice to have a little sleep. And the voice said, no, that would be death. Go on. You've got to keep**

**going. Find a pace you can keep up and keep it up. And this was a very clear, commanding voice. It was a sort of life voice and it was not to be disobeyed.**

GROSS: And so you kept going in spite of the horrible shape that your leg and knee was in.

SACKS: Yeah. I was sort of lowering myself down with my arms. I had splinted the leg as best I could with an umbrella stick and my anorak, which I tore in two. Incidentally, I thought that was going to be the last day of my life. And it had every prospect of being, but I was found at twilight by two hunters. This was in north Norway. But that voice was crucial for me.

And I've heard many other stories like this. One of them was from a young woman who was brokenhearted after a love affair and determined to commit suicide. And she had a bottle of sleeping tablets and a tumbler of whisky to wash them down. And she had raised the tablets to her mouth when she heard a voice saying, don't do that. I wouldn't do that if I were you, you won't always be feeling the way you're feeling now. It was a man's voice. She didn't recognize it. She was fairly startled. She said, who was that? Who was that? And she said a figure materialized in a chair opposite her for a few seconds, a figure in 18th century dress that vanished. But she feels that hallucination saved her life. And I think her story is not that uncommon. Nor mine, for that matter.

GROSS: Whose voice did you hear? Was it your voice, a stranger's voice?

SACKS: Not my voice. I often hear my voice. I am always sort of cursing or muttering to myself. But this was a very clear, assured voice, not a voice I recognized but a voice I trusted, which I suppose I realized came from some part of me because there's no other place it could've come from.

GROSS: It seems to me you've had a very neurologically eventful life.  
(LAUGHTER)

GROSS: Honestly, like you've had migraines from like the age of four and, you know, you heard the voice when you were mountain climbing and would've died had you not kept walking in spite of a severe leg injury. You've had spinal pain and, you know, wanted to understand the, you know, nerve causes of that. You've had visual disorders. And it just seems like you have experienced so much, which I know has been useful to you as a doctor, but it seems like a lot for one person to go through.

SACKS: Yeah, I...

GROSS: You've lost your sight in one eye because of cancer, and that started out with all kinds of distortions.

SACKS: Yes. Well, it has been a lot in a way, but I feel I'm lucky. I'm close to 80, and I'm still in fairly good shape, especially if I can go swimming. I limp a bit on land, but I'm powerful in the water. And it's true I've only got one eye now, and the other one needs some surgery. But I manage. I suspect that most people may have quite a lot of neurological things to which they don't pay much attention. I think I probably differ from others only in having paid attention to things.

GROSS: Well, Dr. Sacks, it's just such a pleasure to talk with you. You're always so interesting. I thank you so much for coming back to our show.

SACKS: Well, thank you so much. And I always love talking with you. And I love the way you you keep me focused, or you try to keep me focused.  
(LAUGHTER)

SACKS: Although I'm incorrigible.

GROSS: You're great.

DAVIES: Terry Gross recorded that interview with neurologist Oliver Sacks in 2012. He died in 2015 at the age of 82. A new documentary, *Oliver Sacks: His Own Life*, will be available online starting Wednesday. You can find it at [filmforum.com](http://filmforum.com) as part of their Virtual Cinema series and at [kinomarquee.com](http://kinomarquee.com).

On tomorrow's show, I'll speak with *Forbes* magazine journalist Dan Alexander, who's been reporting extensively on President Trump's finances. His new book is *"White House, Inc.: How Donald Trump Turned The Presidency Into A Business."* I hope you'll join us.

FRESH AIR's executive producer is Danny Miller. Our technical director and engineer is Audrey Bentham, with additional engineering support by Charlie Kaier and Adam Staniszewski. Our interviews and reviews are produced and edited by Amy Salit, Phyllis Myers, Sam Briger, Lauren Krenzel, Heidi Saman, Therese Madden, Thea Chaloner, Seth Kelly and Kayla Lattimore. Our associate producer of digital media is Molly Seavy-Nesper. Roberta Shorrock directs the show. For Terry Gross, I'm Dave Davies.

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