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Medicalization of Arts and Humanization of Medicine: The Interdisciplinarity in Oliver Sacks' *The Case of the Colour-Blind Painter*

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Abstract: ***Several movements have emerged since the field's inception in the 1970s, challenging the fundamental ideas, assertions, and practices of what became known as the medical humanities. Physicians and humanities scholars founded Health Humanities as an academic discipline in the early 1970s to integrate humanities into medical education. The objective knowledge of medical science was merged with the humanistic and subjective understanding of the arts. This multidisciplinary strength has contributed to the field's diversity and spurred creative epistemological innovation. This interdependence of medicine and arts is explored in Oliver Sacks' The Case of the Colour-Blind Painter, in which the doctor, Sacks, chronicles the journey of Mr Jonathan I., a colour-blind painter. This research aims to demonstrate how humanities and medicine as disciplines interact and help one another. This approach will allow us to examine our beliefs and assumptions about illness and patients and demonstrates how one's identity can be positively reinvented while battling a disease, sickness, or disorder.***

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Generally, we consider medical science as one kind of human research and literature as another, and the two do not have anything in common. Although they are two different entities, it is essential to perceive them as interconnected. Both the areas through their perspectives, methods, and resources shed light on the mutual benefit of both. The reason for this interconnectedness is that various scientific and medical advances, including organ transplantation, in vitro fertilization, therapeutic cloning, etc., have a significant effect on human life. In medical science, the patient's narrative is essential, and hence, a health humanity focuses on reading the function of the doctor as a narrator. This interconnectedness is analyzed in Oliver Sacks' *The Case of the Colour-Blind Painter,* where the doctor, Sacks himself, narrates the journey of the colour-blind painter, Mr Jonathan I.

Humanities have become a necessary platform to tell stories of sick individuals within the objective domain of medicine. "We tell stories not only with our bodies but equally from our bodies and as bodies" (Jones et al. 15). This study aims to show how humanities is vital in medicine and how both humanities and medicine as disciplines overlap, thereby benefitting each other. Health Humanities is an interdisciplinary approach that depends on various domains' creative and intellectual resources like art and literature to pursue medical goals. Postmodernism, feminism, disability studies, media studies, and biological studies influence it. This approach will allow us to inspect our thoughts and preconceptions about illness and patients. It also shows us how one's identity can be redefined positively while fighting against an illness, disease, or disorder.

Anne Hudson Jones, a literature and medicine scholar in the 90s described two effective approaches to teaching literature and medicine, each with a similar objective of improving patient care. The "aesthetic approach focuses on the literary skills of reading, writing, and interpretation, for use in medical practice" (Jones 3). The second approach deals with moral reflection that links students with cultural perspectives on health and illness, social justice, and the moral dimensions of patients they encounter through literary works. Above all, literature has the potential to understand the plights and feelings of others and thereby "suspend his or her own point of view and enter the reality of another character or another world" (Hunter et al. 789). Narrative medicine has always been a part of the medical profession. Summaries of illnesses, treatments, and diagnoses were popular means of deducing illness. Unfortunately, contemporary medicine has become more interested in reports of various kinds that are thought to be methodical and objective. Vera Kalitzkus and Peter F Matthiessen, in their article *Narrative-Based Medicine: Potential, Pitfalls, and Practice,* query, "But what is NBM? Is it a specific therapeutic tool, a special form of physician-patient communication, a qualitative research tool, or does it simply signify a particular attitude towards patients and doctoring? It can be all of the above with different forms or genres of narrative or practical approach called for depending on the field of application" (80).

Furthermore, they also locate that "narrative-based medicine could function in three different ways: predominantly aiming at the patient's and caregiver's perspectives for research and teaching. In addition, it works by acknowledging the narrative pattern of medical knowledge and narrative-oriented physician-patient relationships. Finally, beyond the studies of evidence-based medicine, narratives from social science research and narratives produced from medical practice and patient encounters are a

source of information for evidence". (81)Medical professionals must develop the aptitude to listen to the stories of their patients, not in medical terms but with a narrative competence to absorb, interpret, and respond to those stories. Rita Charon, physician, and literary scholar, defines such medical practice as *narrative medicine.* Through this analysis of Dr. Oliver Sacks' text, we would like to provide the relationship between medical narratives and humanities and establish that the above three functions mentioned by Vera and Peter can be located when one analyses Dr. Oliver Sacks' essay.

The neurologist, Dr. Oliver Sacks, practiced narrative medicine in his profession by studying his patients outside the hospital, often travelling considerable distances to interact with his subjects in their environments. He became widely known for writing best-selling case histories about his patients and his disorders and unusual experiences. *The New York Times* called him a "poet laureate of contemporary medicine" and "one of the great clinical writers of the 20th century". *An Anthropologist on Mars: Seven Paradoxical Tales* consists of seven medical case histories of individuals with neurological conditions. This work follows many themes Sacks explored in his 1985 book, *The Man Who Mistook His Wife for a Hat*, including more opportunities to discuss each subject with more gravity and discover historical case studies of patients with similar symptoms. He concludes that "Defects, disorders, [and] diseases. . . can play a paradoxical role, by bringing out latent powers, developments, evolutions, forms of life that might never be seen, or even be imaginable, in their absence" (Sacks xiv).

In his study, *The Case of the Colorblind Painter*, Oliver Sacks tells the story of Mr I, who tries to reinvent his identity as a person and an artist after a severe accident, which leaves him totally colour-blind. Colour-blindness is a disease one is born with. In the case of Jonathan, who is referred to in the essay as Mr I, a successful artist just past 65 years of age, had seen colours all his life. Sacks obscure the idea of disability by examining how Mr I's opinion of his vision and himself changes in the years after his accident. Because Mr I is an artist, his ability to paint and his sense of color is central to his identity. His loss of colour vision is especially traumatizing because he has to adjust to a new physical reality and a new mental one. He is forced to re-evaluate not only his view of himself as someone who is visually impaired but also his view of what sort of painter he is.

Like so many other patients, Mr I's initial reaction to this inexplicable alteration was that of self-denial. "At this point, the magnitude of his loss overwhelmed him. He had spent his life as a painter; now even his art was without meaning, and he could no longer imagine how to go on" (Sacks 4). During the first few weeks after his accident, it is uncertain whether Mr I's colourblindness is short-term because of his brain's reaction to the trauma of the car accident or if he has permanent cerebral achromatopsia (total colourblindness caused by brain damage). As soon as doctors conclude that Mr I's condition is the latter, Sacks emphasizes how Mr I's disability affects his life more than Mr I. thinks of himself. He is obsessed with the physical changes in his world and the tasks he can no longer complete, such as picking out his clothes.

Mr I's paintings echo how his identity has traumatized him. During the first few years after his accident, Mr I's artwork reflects his struggle to live in a world without colour. The ruptured symbols and images in his canvas expose his broken self. He cannot accept his altered physical reality with his identity. Everything appeared to him as black and white, which was a disturbing factor in every aspect of his life. "He found foods disgusting due to their grayish, dead appearance and had to close his eyes to eat" (5). Even people appeared to him as disgusting, "like animated grey statues" (5). His physical relationship with his wife was also shunned. "He saw people's flesh, his wife's flesh, as an abhorrent grey; 'flesh-coloured' now appeared 'rat-coloured' to him" (5).

After this stage of self-denial, the patient often starts to accept and adapt to the reality around them by making specific alterations and adjustments. He discovers differences and capabilities rather than just damages and losses. Mr I decided to create an entire grey room in his studio so that he could have his little world devoid of colours around him.

> Mr I. pointed out, we accept black-and -white photographs and films because they are *representations* of the world - images that we look at, or away from, when we want. But black and white for him was a reality, all around him, 360 degrees, solid and three-dimensional, twenty-four hours a day. The only way he could express it, he felt, was to make a completely grey room for others to experience - but of course, he pointed out, the observer himself would have to be painted grey, so he would be part of the world, not just observing it. More than this: the observer would have to loose, as he had himself had, the neutral knowledge of colour. (8)

Mr I. started accepting many things, and he believed that if he could not paint in colour, he would express his imagination in black and white. He started spending more time in his studio, which according to Sacks, "was a kind of artistic survival" (11). In most of his paintings, there was a hidden unusual element manifested. "They had, compared with his previous work, a labyrinthine complexity, and an obsessed, haunted quality - they seemed to exhibit, in symbolic form, the predicament he was in" (12). Later he moved to paintings with living themes filled with vigor and sensuousness. It also marked the beginning of a transformed social life, "a lessening of his fears and depression, and a turning back to life" (12).

After Mr I. becomes comfortable with his changed vision, his artwork changes completely. It is more geometric, and there is greater attention to detail. There are no fragmented lines. When he uses colour, it is more economical and carefully considered. The bold and confident effect reflects Mr I's faith in himself. According to art critics, this artwork is better than Mr I's previous work. "If you write, paint, or play music, you change yourself, and you change the world from one where you can't do such a thing to one where you

can" (Jones 208). During this period, Mr I. is most at peace when he does not have to think about how his life has changed. For example, Mr I begins to sculpt an art form where color is less significant than painting. He can feel secure in his identity as an artist. Mr I's sculpting also hints at the eventual reconciliation of his colorblindness with his identity. While Mr I's colorblindness will always affect some parts of his life, colour is now unessential to his ability to create beautiful art.

Mr I's actual conversion occurs when he sees a sunset, and instead of concentrating on its greyness, he sees how it looks like a nuclear explosion. He appreciates that he is the only one to see the sunset this way. His sense of loss at the lack of colour in his world begins to withdraw. He ceases to target what he has lost and begins to reinvent the world around him with impulse. A painter by profession, he is compelled by an inner force to produce perfect art inspired by his limitation. His artistic vision changes during the journey, and he discovers new potentials and possibilities. "He started becoming a 'night person', in his own words, and took to exploring other cities, other places, but only at night…He felt that in the night world (as he called it) he was the equal, or the superior, of 'normal' people" (34). His vision enhanced at night, and he stepped everywhere with confidence. He could read license plates from a great distance, which ordinary people cannot do at night. Though some of his adaptations were deliberate, most of them have occurred by reprogramming and revision, which Sacks knew nothing about. A famous surgeon acquainted with Sacks remarked, "There are general guidelines, restrictions, recommendations. But all particulars you will have to find out yourself" (Sacks xiv). There are certain things a patient like Mr I. desires for which medicine or medical practices cannot restore.

Jones et al. state, "For many patients, illness has the potential to shape our sense of self-our very identity-often negatively. For some, however, sickness can be at least partially a positive force for change" (33). The doctors cannot comprehend the distinctive artistic vision of Mr I. There is a gap or conflict between medicine and illness, which the arts and humanities fulfill. "Although Mr I. does not deny his loss, and at some level still mourns it, he has come to feel that his vision has become 'highly refined', 'privileged', that he sees a world of pure form, uncluttered by colour (35). He no longer thinks about colour. For him, colours are part of his history, and his disease, achromatopsia, is now a blessing to him. With Mr I. if an entire system of colour representation of meanings had been drained inside him, an entirely new system of meanings had been brought into being.

After three years of his injury, his doctors suggested that he regain his colour vision. According to Sacks, Mr I's response was astonishing. "In the first months after his injury, he said, he would have embraced such a suggestion, done everything possible to be 'cured. ' But now that he conceived the world in different terms, and again found it coherent and complete, he thought the suggestion unintelligible, and repugnant" (36). He settled both neurologically and psychologically for the world of achromatopsia. He had now lost his former associations with colours, and reintroducing them would be confusing, and it might disorder "the re-established visual order of his world" (36).

"The task, potential, and capacity of the humanities is therapeutic, insofar as the humanities seek to expand what illness has contracted" (Jones 17). William James, an American philosopher and psychologist called these effects *dynamogenic*. The three principal sources, which locate these effects, are "excitements, ideas, and efforts" (James 267). Excitements are those events that require extending one's energy to meet the crisis of the present illness. How Mr I. paints his studio grey portrays his excitement of releasing his energy. Efforts include certain aesthetic and spiritual practices such as taking up black and white paintings, sculpting, and witnessing the sunset as a nuclear explosion. Ideas are energies attached to political, scientific, philosophical, or religious conversions. For Mr I, his night vision has made him a superior being, and he accepts his disability as his identity.

Disease, as in the case of Mr I., brings alienation from his former self. "But, as Keats suggests, disease also bring understanding of what it means to be human. It can throw open a door on our former lives and transform our identities, often in positive ways" (Jones 34). In the case of this particular colour-blind patient, the doctor himself could not prescribe a solution immediately after his accident. Sacks made an effort to analyze the day-to-day routine of his patient, and only through his patient's artistic survival could he recommend some medical examinations. Art fueled the sixty-five-year-old colour-blind man to restore his life to the new circumstance. Most of the time, the diagnosis is based on what the patient says, and the medical tests and imaging are done to confirm what the doctors learned from their patient. In the case of Mr I., his doctor, Oliver Sacks, was presented with a well-narrated letter by his patient, which constituted to be the initial diagnosis. His doctor was keen enough to create a space and opportunity for the patient to narrate his condition.

Narrative in the contemporary health profession includes patient interviewing, drafting of the medical records, and psychological aspects of patienthood. Thus, as Culler writes, the humanities in any environment, including healthcare, enable learners to "see situations in another light" (37). One of the most challenging choices to make during an illness is allowing the condition to determine one's life or finding the potential to sustain life. Mr I. chose the latter and became an encouraging story for others. All in all, "the humanities have extraordinary resources that can help ill people first to tell good stories and then in telling to become good stories, not only for their physicians but for themselves, their loved ones, and anybody else they happen to run into" (Jones et al. 14). In conclusion, one must also remember that narrative medicine can have shortcomings as it could become subjective and may arouse empathy and sympathy in the doctors and the readers. Hence, it would be judicious that researchers using narrative medicine be objective and view such narratives as a bridge between large-scale scientific knowledge and individual case studies.

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