“You Are Older, although You Do Not Know That”: Time, Consciousness, and Memory in “A Kind of Alaska” by Harold Pinter (1930–2008)

Francesco Brigo^a Mariano Martini^b Lorenzo Lorusso^c on behalf of the Study Group on the History of Neurology of the Italian Neurological Society

^aDepartment of Neurology, Hospital of Merano (SABES-ASDAA), Merano-Meran, Italy; ^bDepartment of Health Sciences, University of Genoa, Genoa, Italy; ^cUOC Neurology and Stroke Unit, ASST Lecco, Merate, Italy

Keywords

Consciousness · Encephalitis lethargica · Memory · Time

Abstract

“A Kind of Alaska” is a one-act play by the British playwright and Nobel Prize winner Harold Pinter (1930–2008), based on the book *Awakenings* by the neurologist Oliver Sacks (1933–2015). This play, first performed in 1982, is centered around the character of Deborah, a middle-aged woman, struck by *encephalitis lethargica* (“sleeping sickness”) at the age of 16, who wakes up after 29 years of apparent sleep following the injection of an unnamed drug. This article analyzes how Pinter’s drama investigated the mysterious and fascinating relationship between time, memory, and consciousness. The term “awakenings,” chosen by Sacks himself, clearly refers to the restoration of voluntary motor function in patients with postencephalitic parkinsonism who responded to levodopa. However, it also suggests that these patients had an impairment of awareness. Actually, beyond the acute phase, subjects with postencephalitic parkinsonism were not sleeping but severely akinetic and therefore probably aware of the passage of time. Oliver Sacks probably did not entirely recognize the intrinsic contradiction between prolonged sleep

(with consequent impairment of awareness and subjective “time gap”) of the acute lethargic phase and the severe akinesia with preserved awareness of the time-passing characteristic of postencephalitic parkinsonism. This confusion was further compounded by Harold Pinter in his play.

© 2021 S. Karger AG, Basel

Introduction

More than 100 years ago, from the winter of 1916/17 until 1927, *encephalitis lethargica* spread like a pandemic around the world, possibly resulting from a viral infection, and affected hundreds of thousands of people [1]. In its acute phase, this disease was characterized by extremely diverse clinical manifestations and was very frequently associated with impaired alertness and somnolence. In almost a third of the patients, the acute phase could be followed by a chronic phase, characterized in 85% of cases by a severe parkinsonian syndrome, the postencephalitic parkinsonism [1].

The Study Group on the History of Neurology of the Italian Neurological Society contributors is listed in the Acknowledgments section.

The heterogeneous clinical manifestations of this neurological syndrome were studied in detail by Baron Constantin Economo von San Serff (1876–1931), who named it *encephalitis lethargica*, or sleeping sickness [1]. The study of this condition has been instrumental in elucidating the anatomical and neurophysiological basis of sleep, parkinsonism, and behavioral disorders resulting from the impairment of subcortical structures and basal ganglia [2]. It therefore represents the paradigm of a disease, whose study has led to significant advances in the knowledge of the morphology and functioning of the human brain.

Awakenings by Oliver Sacks (1933–2015)

In *Awakenings*, the British neurologist and writer Oliver Sacks (1933–2015) [3] recounted his experience in the management of patients with postencephalitic parkinsonism institutionalized in the Beth Abraham Hospital of New York. The book describes in detail the clinical history of some patients with postencephalitic parkinsonism and their “awakening” following levodopa treatment. Decisive for the success of this work with the general public was its 1990 film adaptation, directed by the American director Penny Marshall, with Robert De Niro in the role of the patient Leonard Lowe and Robin Williams as Dr. Malcolm Sayer, a figure inspired by the same Oliver Sacks.

“A Kind of Alaska” by Harold Pinter (1930–2008)

Some years before the famous 1990 film adaptation, *Awakenings* inspired a play by the English playwright Harold Pinter (1930–2008), who won the Nobel Prize for Literature in 2005. “A Kind of Alaska” is a one-act play, first performed on October 14, 1982, at the National Theatre in Cottesloe in London, directed by Peter Hall (1930–2017) with Judi Dench in the title role [4]. The drama centers on Deborah, a middle-aged woman struck by *encephalitis lethargica* at the age of 16, who awakens after a very long state of apparent sleep, thanks to the injection of an unnamed drug. The title alludes to the return to the warmth of life from a state of catatonic freezing that lasted 29 years. Toward the end of the play, Dr. Hornby, the doctor who took care of Deborah throughout her illness, tells her [4]: “Your mind has not been damaged. It was merely suspended, it took up a temporary habitation ... in a kind of Alaska. But it was not entirely static, was it? You ventured into quite remote ... utterly foreign ... territories.”

The drama begins by illustrating Deborah’s gradual awakening from the “frozen state” into which postencephalitic parkinsonism had thrown her [4]: “DEBORAH: Something is happening. Silence. HORNBY: Do you know me? *Silence*. Do you recognise me? *Silence*. Can you hear me? *She does not look at him*. DEBORAH: Are you speaking? HORNBY: Yes. *Pause*. Do you know who I am? *Pause*. Who am I? DEBORAH: No one hears what I say. No one is listening to me. *Pause*. HORNBY: Do you know who I am? *Pause*. Who am I? DEBORAH: You are no-one. *Pause*. Who is it? It is miles away. The rain is falling. I will get wet. *Pause*. I can’t get to sleep. The dog keeps turning about. I think he’s dreaming. He wakes me up, but not himself up. He’s my best dog though. I talk French.”

In this passage and throughout the first part of the drama, Pinter very effectively reproduces the slow and laborious regaining of consciousness, the re-emergence of awareness from a state of profound alteration that lasted many years. This piece seems to echo the very famous incipit of *À la recherche du temps perdu* by Marcel Proust (1871–1922) [5]. The monumental work of the French writer also begins with the narration of an awakening, the re-emergence of consciousness from sleep, in which 2 antitheses – the oneiric consciousness and the waking consciousness – are for a moment in a dialectical relation [6].

In her dialogue with the physician, Deborah emphasizes the almost magical nature of her awakening, explicitly referring to the folktale of the Sleeping Beauty [4]: “DEBORAH: How did you wake me up? *Pause*. Or did you not wake me up? Did I just wake up myself? All by myself? Or did you wake me with a magic wand? HORNBY: I woke you with an injection. DEBORAH: Lovely injection. Oh how I love it. And am I beautiful? HORNBY: Certainly. DEBORAH: And you are my Prince Charming. Aren’t you?”

The theme of the Sleeping Beauty is found in many popular traditions. In a Scandinavian mythological version of the 13th century, the Volsung saga, it is Brynhildr, Odin’s daughter, who is punished by her father with magical sleep [7]. In Italy, the fairy tale was elaborated by Giambattista Basile (1566–1632) and inserted in *Lo Cunto de li Cunti* (1634–1636; it is the tale entitled “Sun, Moon, and Talia”) [8]. The most famous versions of the fairy tale are that by Charles Perrault (1628–1703) published in 1697 [9] and that of the Grimm Brothers (Jacob Ludwig, 1785–1863, and Wilhelm Karl Grimm, 1786–1859) from 1812 [10]. Unlike the mythological version of the Volsung saga and Basile’s fairy tale, in those by Perrault and the Grimm Brothers, it is not only the princess

who is asleep but also the whole castle and the entire forest. The very title of the fairy tale in the French version is revealing: it is not “The Beauty who sleeps in the forest” (“La belle endormie”), but “The Beauty in the sleeping forest” (“La Belle au bois dormant”). What the fairy tale portrays is not an individual, but a collective sleep that spreads as fast as an epidemic and involves all living beings and, in the version by the Grimm Brothers, even inanimate beings [10]: “Just at that moment the king returned to the palace with his entire courtly retinue, and everybody and everything began to fall asleep – the horses in the stable, the pigeons on the roof, the dogs in the courtyard, and the flies on the wall. Even the fire flickering in the hearth became quiet and fell asleep. The roast stopped sizzling, and the cook, who was just about to pull the kitchen boy’s hair, let him go, and the maid, who was plucking the feathers of a hen, let it drop and fell asleep. And a hedge of thorns sprouted around the entire castle and grew higher and higher until it was impossible to see the castle anymore.”

The theme of the Sleeping Beauty could have developed from a real historical event. Several epidemic diseases characterized by marked drowsiness occurred before the 1916 *encephalitis lethargica* pandemic. They include, among others, the sweating sickness in England in the 16th century, the *febris comatosa* described by Thomas Sydenham (1624–1689) in London between 1673 and 1675, the *Schlafkrankheit* in Tübingen in 1712, the *Kriebelkrankheit* in Germany in the 16th century and from 1672 to 1675, the *Raphania* in Sweden from 1754 to 1757, and the *Nona* in Northern Italy and Switzerland in 1890 [11]. It is plausible that some of these endemic or epidemic lethargic encephalitides contributed to shaping the theme of the Sleeping Beauty, later elaborated in its different versions [12].

In the fairy tale of Perrault and the Grimm Brothers, the enchanted sleep that has befallen the girl and the entire court of the castle lasts for a hundred years. Upon awakening, however, the girl finds herself unchanged: although the castle is now covered by brambles and cobwebs, the spell has not aged her body; the time that has elapsed has left no mark on her memory. The enchanted atmosphere of the fairy tale has preserved all the victims of sleep from aging. For them, the time has passed without a trace, outside conscious perception and the influence of memory. Time, however, has certainly passed, as made explicit in Perrault’s [9] tale: “The Prince helped the Princess to her feet; she was fully dressed and her clothes were magnificent, but he took good care not to tell her that she was dressed like Grandmother in the old days,

with a starched high collar; it did not make her any the less beautiful. They went into a hall lined with mirrors, where they had their supper, and were served by the officers of the Princess’s household. The violins and oboes played old pieces of music, which were excellent, even though they had not been played for almost a hundred years.”

Time has also passed in Pinter’s drama, but unlike the magical world of the fairy tale, it has left a profound trace in the protagonist, who, falling asleep when she was a young girl, awakens in the body of a mature woman. Re-emerging from her past, Deborah feels she is the same girl from 29 years earlier and finds it hard to recognize a present that is alien to her: her father is blind, her mother is dead, and Pauline, her younger sister, now a middle-aged woman, has married Dr. Hornby. The physician tries to make Deborah aware of lost time, thus emphasizing the antithesis between the time lived as a subjective experience and the objective time, which flows ineluctable and indifferent to human suffering [4]: “You have been asleep for a very long time. You have now woken up. We are here to care for you. Pause. You have been asleep for a very long time. You are older, although you do not know that. You are still young, but older.”

According to Oliver Sacks, in creating the character of Deborah, Pinter was inspired by the case of Rose R [13]. Sacks himself, in *Awakenings*, compared this patient to “a Sleeping Beauty who has not been able to endure her own ‘awakening,’ and who will never be awakened again” [14]. In this woman, levodopa acted as “a sort of strange and personal time-machine,” throwing her into a tormenting anachronism [13]. In the words of the author, when describing this patient’s story in *Awakenings*, he thought “less in terms of ‘reminiscence’ and more in terms of ‘stoppage’ ‘Has she never moved on from 1926?’” [13]. As Sacks himself acknowledges, this “temporal freezing” is the same represented very effectively in the figure of Deborah [13]. Interestingly, in the fictional character of Deborah and in the real patient Rose R, levodopa acted as a true “Prince charming”: in Pinter’s drama and in Rose’s life, its unexpected “awakening effect” [15] acted as a sort of *deus ex machina*, by resolving a storyline that seemed unsolvable according to the classic principles of cause and effect.

Oliver Sacks had words of great appreciation for the work of the English playwright. In the 1990 revised edition of *Awakenings*, he wrote [14]: “I felt Pinter had somehow perceived more than I had written, had penetrated, divined, inexplicably, into the heart of the matter, the inmost truth.”

The title *Awakenings* was chosen by Oliver Sacks himself [14]: “it was at this point that I conceived the title *Awakenings*, taken from Ibsen’s *When We Dead Awaken* – at seeing lives which one had thought irremediably blighted suddenly bloom into a wonderful renewal, at seeing individuals in all their vitality and richness emerge from the almost cadaveric state where they had been frozen and hidden for decades.”

The term “Awakenings” clearly refers to the restoration of voluntary motor function in patients with postencephalitic parkinsonism who responded to levodopa. However, it also suggests that these patients had an impairment of awareness. Actually, it was only during the acute phase of encephalitis that patients had been lethargic. Beyond the acute phase, subjects with postencephalitic parkinsonism were not sleeping but severely akinetic and therefore probably aware of the passage of time. Oliver Sacks probably did not entirely recognize the intrinsic contradiction between prolonged sleep (with consequent impairment of awareness and subjective “time gap”) of the acute lethargic phase and the severe akinesia with preserved awareness of the time-passing characteristic of postencephalitic parkinsonism. This confusion was further compounded by Harold Pinter in his play.

Conclusions

Time, in its essence, relates to the subject who perceives it as a phenomenon, becoming for him an existing and subjective reality. Conversely, unconscious time, not perceived by the subject, eludes the possibility of becoming a memory, unable to leave a trace in the conscience: in the unconscious, time does not exist [16]. Ultimately, it is a lost time that no *madeleine* will ever be able to re-

cover. Representing the re-emergence of awareness from a state of deep alteration resulting from *encephalitis lethargica*, “A Kind of Alaska” is a profound and effective reflection on the mysterious and fascinating relationship between time, memory, and consciousness.

Acknowledgments

The authors are grateful to Paolo Benna, Laura D’Acunto, Gianfranco De Stefano, Giuseppe Plazzi, Paolo Solla, and Giorgio Zanchin, on behalf of the Italian Study Group on the History of Neurology of the Italian Neurological Society (Società Italiana di Neurologia, SIN), for their contribution to the final validation of the present manuscript and recommendations.

Statement of Ethics

Ethical approval was not required.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

Funding Sources

This article was not funded.

Author Contributions

Francesco Brigo conceived the idea and wrote the manuscript. Mariano Martini and Lorenzo Lorusso revised it critically for important intellectual content.

References

- 1 Foley P. *Encephalitis lethargica: the mind and brain virus*. New York: SpringerNature; 2018.
- 2 Lutters B, Foley P, Koehler PJ. The centennial lesson of encephalitis lethargica. *Neurology*. 2018 Mar 20;90(12):563–7.
- 3 Sacks O. *Awakenings*. London: Duckworth; 1973.
- 4 Pinter H. A kind of Alaska. In: *Pinter H. plays*. London: Faber and Faber Ltd; 2013. Vol. 4.
- 5 Proust M. *À la recherche du temps perdu. Du côté de chez Swann*. Paris: Gallimard; 1954.
- 6 Benjamin W. *Das Passagenwerk*. Frankfurt a. M.: Suhrkamp; 1982.
- 7 Finch RG. *Völsunga saga*, translated by R. G. Flinch. London: Nelson; 1965.
- 8 Basile G. *Lo cunto de li cunti*. Milano: Garzanti; 2007.
- 9 Perrault C. *The complete fairy tales. Translated with an introduction and notes by Christopher Betts*. New York: Oxford University Press; 2009.
- 10 Grimm J. [Kinder- und Hausmärchen. English. 2015] *The original folk and fairy tales of the Brothers Grimm: the complete first edition*/[Jacob Grimm, Wilhelm Grimm; translated by] Jack Zipes. Princeton: Princeton University Press; 2014.
- 11 Berger JR, Vilensky JA. Encephalitis lethargica (von Economo’s encephalitis). *Handb Clin Neurol*. 2014;123:745–61.
- 12 Vercueil L. *La Belle au bois dort-elle vraiment?: Neurophysiologie des contes de fées*. Paris: Humensis; 2020.
- 13 Sacks O. *The man who mistook his wife for a hat and other clinical tales*. New York: Summit books; 1985.
- 14 Sacks O. *Awakenings. Revised edition*. New York: HarperPerennial; 1990.
- 15 Cotzias GC, Papavasiliou PS, Gellene R. Modification of Parkinsonism: chronic treatment with L-dopa. *N Engl J Med*. 1969 Feb 13; 280(7):337–45.
- 16 Campo A. *Tardività. Freud dopo Lacan*. Milano: Mimesis; 2018.