



A. R. Luria and the Art of Clinical Biography*

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In 1928, Sir Harold Nicolson made the pessimistic prediction that "the scientific interest in biography is hostile to, and will in the end prove destructive of, the literary interest." He explained his gloomy prognosis by pointing out that scientific biography "will insist not only on the facts, but on all the facts" whereas literary biography "demands a partial or artificial representation of facts." He concluded, "I foresee, therefore, a divergence between the two interests."¹

Nicolson's statement seems to me to have come true in a way that he could not have foreseen. On the one hand, we have our case histories, compiled by physicians and psychologists, stored in the files of hospitals and clinicians, and read, if ever, by other medical and psychological scientists. And on the other hand, we have our literary biographies, written by literati and intended for the non-scientific public. It is unfortunate that the methodological expertise of the scientist and the nurtured humanism of the literary craftsman should be so rigorously separated. But in fact this is so. Few researchers or clinicians would want to compromise their objectivity (an objectivity that is, paradoxically, both an assumption and a goal) by introducing literary dimensions of form and style and submitting to a humanist concern with the subjective experience of the patient. And literary critics, for their part, have complied by treating case histories and the like as "non-literature."

But the scientific and the humanistic ought not to be reified as separate entities; rather, these terms refer to different attitudes, attitudes toward human experience that should be complementary. This complementarity between the scientific and the humanistic is also true of their representative genres of life-writing, case history and literary biography. I

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Moreover, it would appear that not only in their subject matter but also in their aims and methodologies, biography and case history are really very different. Case history is intended to be factual, literal, and objective; its purpose is to record with accuracy what happens during the course of an illness. The aim of the biographer, on the other hand, is to present "the truth of a life," and to do this a certain degree of authorial interpretation and imaginative recasting is considered not only permissible but necessary. But again, if we look hard at the two genres, I believe we will see that both must make interpretative compromises to achieve their respective aims: both involve a retrospective consideration of a life — whether it is the life of an individual or the life of a disease — with the purpose of seeing pattern and organization and endowing that life with meaning.

Recent criticism of biography has stressed the subjective element in life-writing. Thus James L. Clifford observes "how a biographer's own inner convictions are unconsciously grafted on his subject," and Leon Edel describes the relationship of biographer to subject as "becoming for a while the other person, even while remaining himself."³ But case history also has a good measure of subjectivity. Physician Lawrence L. Weed criticizes the medical record as "an instrument full of serious faults, being sometimes irregular, diffuse, subjective, and incomplete." He goes on to observe, "No one ever records all that a patient says or does, nor does anyone carry forward all the facts from previous records. Analysis and selection are always present . . ."⁴ Similarly, the Jungian psychoanalyst James Hillman argues persuasively that "fiction and case history . . . are inseparable," observing that "the empirical disguise" is "essential to this fictional form."⁵ He buttresses his argument by quoting Jung's criticism of the faulty empiricism which characterizes a traditional case history: "The empirical intellect, occupying itself with the minutiae of case-histories, involuntarily imports its own philosophical premises not only into the arrangement but also into the judgment of the material, and even into the apparently objective presentation of the data."⁶

There is always a kind of latent arrogance in the assumption that one human being can in any way "explain" another. In case history, the physician-author's objectivity is doubly compromised because he or she is usually a participant in the therapeutic drama. There are some case histories that are simply wish-fulfillments of a particular nosological viewpoint. Others record what the *physician* did (or did not do) in recognizing and treating a given illness, rather than the course of the illness in relation to treatment. Though these may be considered extreme instances, they are helpful here in bringing to light tendencies which may be inherent in the genre itself.

Thus a case history is not, strictly speaking, an empirical narrative,

just as a biography is not wholly speculative. Central to both these forms of life-writing are the aesthetic elements of pattern, organization, and design, and their epistemological analogue, the discovery or creation of meaning. Both forms of life-writing illustrate our shared cultural need to find order and meaning in our experience, and when we do not find these things, to create them.

There are other similarities between case history and biography. Both genres are, in a sense, pictorial. The image that emerges out of the author's selection and organization of factual detail, whether it is a portrait of an individual or a picture of a disease, claims to be a "true" representation. Indeed, case history and biography might be seen as didactic pictures, in that they give us portraits which are intended both as description and as explanation. Luria's clinical biographies are governed by the method of syndrome analysis; appropriately, in the introduction to the first of his extended clinical biographies, he defines syndrome as the "picture of disease." Biography and case history are also analogous in their use of narrative historicity. Biography moves through the stages of an individual's lifetime: childhood, youth, adolescence, maturity, senescence, and death; just as case history traces the stages of a disease: its origin, appearance, development, response to treatment, and demise. And in their historicity, both genres are subject to the historical fallacy—the naive assumption that historical narrative reproduces historical event.

Finally, case history and literary biography both perceive the individual in relation to an internal or an external reality. Biography sets the individual in the external context of a cultural and historical reality; case history locates the individual in the internal context of a physiological, organic environment. Pathographical narratives⁷ (whether they are case histories or biographies or autobiographies), in their substitution of the inner environment of physiology and psyche for the outer environment of culture and society, function simultaneously as stories and as mirrors. They are stories—histories—in that they present symptomological or behavioral facts that have been selected, arranged, and interpreted within a diagnostic framework. But in that they are histories about another human being, they function as reflections of ourselves. According to the eighteenth-century biographer, Samuel Johnson, the unique appeal of biography consists in its presentation of "those parallel circumstances and kindred images to which we readily conform our minds."⁸ Pathography can be described as a kind of distorting mirror. It, too, presents us with certain "parallel circumstances and kindred images"—the difference is that these are images of human experience filtered through pathology.

science. One formulation of this problem, which he indicates he borrowed from Max Verworn, is the distinction between classical and romantic science – a distinction reflecting not only the scientist's attitude toward his subject but personal biases as well. Luria sees himself as a romanticist, and his explanation of the difference between the two scientific attitudes betrays this bias: romantic scholars, he observes, "do not follow the path of reductionism, which is the leading philosophy of the classical group. Romantics in science want neither to split living reality into its elementary components nor to represent the wealth of life's concrete events in abstract models that lose the properties of the phenomena themselves. It is of the utmost importance to romantics to preserve the wealth of living reality, and they aspire to a science that retains this richness."¹³

Luria's distinction between classical and romantic science is much the same as the generic distinction made here between case history and biography; it is also a reformulation of the two methodological approaches to science – the nomothetic and the idiographic. The nomothetic approach can be described as one that studies events and persons as examples of some general law; its aim is explanatory and its language is that of physiology and anatomy. The idiographic approach, on the other hand, studies events and persons as unique cases; its aim is understanding, and its language is subjective or phenomenological.¹⁴ Both approaches are, theoretically, necessary in the biomedical sciences, for an individual is both a physiological organism governed by objective laws and causal explanations, and also an experiencing human being with beliefs and feelings and thoughts about himself or herself. Nonetheless the nomothetic attitude has always tended to dominate, both in medicine and in psychology. Luria's stated aim, in all of his research, is to attempt a synthesis of these two approaches. As literary experiments in syndrome analysis, his clinical biographies are examples of this endeavor. For syndrome analysis by definition requires both nomothetic and idiographic attitudes in that it has a double aim: to explain a given physiological dysfunction (the nomothetic) and to understand what changes that dysfunction has wrought on the total personality (the idiographic). Luria achieves this synthesis of the two approaches by embedding a nomothetic analysis (a "classical" case history) within an idiographic description (a "romantic" biography).

In *The Mind of the Mnemonist*, Luria portrays S's personality as one that has been structured to accommodate his superior mnemonic ability – an ability that is itself both an advantage and a limitation. S's memory was unusual not only in being virtually limitless, both in regard to capacity and longevity, but also in functioning in such a way that any verbal cue would immediately evoke a rich and complex set of eidetic and synaesthetic im-

agery. For example, a given word (or sound) would not only be instantly converted into a visual image, but would also evoke other senses such as taste and smell. Thus when presented on one occasion with a particular tonality (at 250 cycles per second and 64 decibels), "S. saw a velvet cord with fibers jutting out on all sides. The cord was tinged with a delicate, pleasant pink-orange hue."¹⁵ Certain sounds, or tones, or voices would evoke such visual impressions as "puffs of steam" or "splashes" or "blurs" or such tactile impressions as "prickly" or "smooth" or "rough." His response to numbers was similarly synaesthetic: "8 somehow has a naïve quality, it's milky blue like lime . . ." (p. 26). In addition, S's mind was unusual in regard to recall. For most of us, the concept of memory as a "place" where we store images and thoughts is a poetic fiction – a metaphor. But for S, such a concept was literal and real. Thus to store and organize images, S would distribute them along a mental street, and recall them by taking a mental walk and "seeing" them again. Explaining a rare mnemonic omission, S said, "I put the image of the *pencil* near a fence . . . the one down the street, you know. But what happened was that the image fused with that of the fence and I walked right on past without noticing it" (p. 36).

But if S's mind was extraordinarily rich in its retention of concrete visual particulars, this exceptional ability was accompanied by the atrophy of other mental functions, the most important of which was conceptual ability. For S's inability *not* to attend to the various synaesthetic associations and visual images that even a single word would evoke effectively blocked his ability to think abstractly or conceptually. For example, reading was an exhausting piece of work: "Each word calls up images; they collide with one another, and the result is chaos" (p. 65). Also, his attention to detail often meant that he could not recognize even familiar people: "A person's expression depends on his mood People's faces are constantly changing; it's the different shades of expression that confuse me and make it so hard to remember faces" (p. 64). As the narrative progresses, the limitations posed by S's prodigious memory seem to outweigh any advantages. Thus if S was an individual who was able to remember everything, he was also an individual who was unable to forget anything. And his inability ever to forget eventually led to an overcrowding of mental life – his mind simply filled up – and to an exaggerated sense of the reality of the inner life not unlike what one sees in a psychosis.

Throughout his description of S's remarkable memory, Luria tries to embed his clinical description of S's mnemonic abilities and disabilities in the interior framework of S's phenomenological world. This may be one explanation for the allusion to Lewis Carroll's *Through the Looking Glass*, which Luria uses as an epigraph to *The Mind of the Mnemonist*:

“. . . Together with little Alice we will slip past the smooth, cold surface of the looking glass and find ourselves in a wonderland, where everything is at once so familiar and recognizable, yet so strange and uncommon.” Luria will use the allusion again to introduce the chapter entitled “His World,” where he tries to describe what it is like to be S: “Here begins an account of phenomena so amazing that we will many times be left with the feeling little Alice had after she slipped through the looking glass and found herself in a strange wonderland” (p. 73). The implications of such an analogy between Carroll’s literary fantasy and the neurological dysfunction are certainly suggestive. The cosmological metaphor — stepping into the inner space of the psyche, a space that itself constitutes a different world — is important not only in its phenomenological implications of the “wonderland” of neurological disorder, but also because it underscores the fact that case history, like biography, is a “cosmologizing” narrative. Biography locates an individual in a particular socio-historical context; case history functions by an inverse cosmology where the world of illness, or dysfunction, is located within the individual. And both worlds, the outer world of culture and history and the inner world of biochemical processes, define and limit the individual by their respective norms and laws.

In his final chapter, entitled “His Personality,” Luria shows how S’s mnemonic hypertrophy developed into a kind of secondary pathology: how his verbal discourse tended more and more towards verbosity and circumstantiality, how his concrete and visual inner world tended gradually to replace the outer world of real things and people, how his personality became fragmented into an “I” who gave orders and a “he” who carried them out. S dealt with his prodigious mnemonic abilities by becoming a professional mnemonist: Luria refers to him as “a virtuoso” (p. 43). But perhaps to “perform” one’s illness or functional abnormality is in some sense to succumb to it. Thus Luria observes that S “gave himself up to dreaming and ‘seeing’ far more than to functioning in life” (p. 157). For S lived in a state of perpetual expectation, as he himself observes in a diary entry quoted by Luria: “For what’s important in life isn’t a profession but something fine, something grand that is to happen to me . . . I was passive for the most part, didn’t understand that time was moving on” (pp. 157–58). S is portrayed, finally, as an individual whose prodigious mental abilities effect a diminishing of the total personality. The concluding picture is that of a dreamer, a man whose intense and vivid inner life has taken the place of the real world, who has become a “temporary guest” in the world of reality.

Biographical method, we are told, consists in a skillful and sensitive ordering of the truth of fact and the truth of fiction with the aim of coherent character portrayal. Whether the biographer, in his or her

manipulation of objective fact and imaginative intuition, imposes this coherence or allows it to emerge is a moot point. What is important here is that Luria in these case histories achieves the same end as the literary biographer – the “imposition of coherence” (it is Leon Edel’s term) upon the disparate facts of an individual life. The organization of chapters in *The Mind of a Mnemonist*, from “His Memory” to “His World” to “His . . . Behavior” to “His Personality,” represents an attempt to move through an ascending dialectic of clinical and biographical material which culminates in a portrait of the individual in his wholeness and his uniqueness. In the process of selecting and organizing his facts, Luria finally surrenders his clinical data – his psychological explanations and neurological interpretations – to an image, a fiction, a picture. And thus in this pathography he does achieve what he had set out to do: create an “unimagined portrait.”

The Man with a Shattered World is the story of a young Russian soldier whose brain was penetrated by a bullet. The book records the resultant clinical situation of severe brain damage, the suffering caused by the soldier’s awareness of his situation, and the journal that both describes his struggle to regain his mental universe and is itself a major part of that struggle. Zazetsky’s brain injury left him with extensive memory damage, fragmentation of vision, distortion of body image, and considerable spatial disorientation. Yet his injury spared his ability to evaluate his defective state, as well as his will to contend with his problems and his deep wish to overcome them. It also spared his capacity to suffer – a suffering expressed in the recurring cycles of hope and despair to which he was subject: “Two ideas keep running through my head: I keep telling myself my life is over, that I’m of no use to anyone but will stay this way until I die, which probably won’t be long now. On the other hand, something keeps insisting I have to live, that time can heal everything, that maybe all I need is the right medicine and enough time to recover.”¹⁶

This second pathography is composed of excerpts from Zazetsky’s diary – a three-thousand-page manuscript painstakingly written over the course of twenty-five years, interspersed with comments from Luria. If the result is at times a fragmented, “jumpy” narrative, perhaps this is because it is describing (and attempting to evoke) a world experienced as severely fragmented. Luria’s comments are of two kinds: sometimes referring to brain physiology (the explanatory, the nomothetic, the analytic) and sometimes referring to Zazetsky, the person (the descriptive, the idiographic, the empathetic). The first kind of commentary – the objective and analytic – is represented by three lengthy parenthetical digressions providing anatomical and clinical information about the brain in general, and Zazetsky’s injury in particular. For the remainder of Luria’s commentary,

he simply "presents" Zazetsky, emphasizing certain things here, summing up there, sometimes just standing back and applauding his patient's efforts. Reciprocally, Zazetsky's portion of the narrative serves two functions: the first is to describe as accurately as he can how he feels – Luria observes, "With the precision of an experienced researcher, he gave us a detailed, coherent analysis of his problems" (p. 137) – and the second is to provide an order and a sense of coherence for his difficulties in confronting a fragmented experiential reality. The result is not unlike a piece of music with two voices – voices which occasionally blend and overlap.

Luria's clinical biography works for us because he does *not* abandon his two characters to their respective attitudinal roles of patient and physician. In other words, what is interesting about this text is that Luria, the physician, is not simply a character representing the principles of objectivity and scientific analysis; nor is Zazetsky, the patient, simply a character representing the subjective or phenomenological attitude. Rather, we see that there are objective and subjective, analytical and descriptive strains present in both kinds of authorial narrative. Luria's attempt to explain his patient in the language and concepts of neurophysiology is directly parallel to Zazetsky's progressive attempts to explain to himself his condition in semi-clinical terms: so early on, Zazetsky refers to his disability as "amnesia," then as "mental aphasia," and still later as "intellectual aphasia," this time giving an elaborate and detailed definition (pp. 11, 15, 138). Similarly, Zazetsky's descriptive comments about his condition have their parallel in statements by Luria which do not attempt an explanation of his patient's injury in the language of structure and function but, rather, attempt a description of the patient as a person. Thus Luria uses a rhetoric which reflects Zazetsky's subjective experience, as in "he had to rack his brain" or "he suffered intensely" or "moments of agonizing despair" or "years of exhausting effort." At other times he uses language which is descriptive in a novelistic or pictorial sense: "I was struck by how young he looked. He seemed scarcely more than a boy, who looked at me with a puzzled smile and tilted his head awkwardly to one side" (pp. 76, 35, 139, 17). What Luria is doing here is dramatizing the fact that objective and subjective statements, as well as the analytic and the phenomenological attitudes from which they derive, can be understood as alternative and complementary ways to engage the pattern-making mind, and thereby find meaning and significance in a given phenomenon.

Written four years after his first pathography, *The Man with a Shattered World* is a far more polished example of the Lurian method. Again, Luria is presenting his readers with a syndrome analysis, where an explanation of Zazetsky's mental condition in terms of brain physiology alternates with descriptive comments as to how his personality develops in

response to his injury. But Luria goes one step further here to place both the clinical situation and the patient's subjective experience of that clinical situation within the larger universe which caused it – namely, war. Thus the book includes a preface written by Zazetsky, where “the flight of a bullet . . . that rips open a man's skull” is set alongside “flights to the nearest planets” (p. xxi). Zazetsky compares his own damaged world, and the problems he faces in reconstructing that world, with the “infinite universe” of which we are all a part and with the efforts of science to probe that universe. A statement by Luria himself ends the book, deploring the senseless wars that produce tragedies such as Zazetsky's. Although the subject of the biography is Zazetsky, the theme of the book might be described as that of conflict, both in its destructive aspect (war) and in its creative aspect (Zazetsky's struggle). If fighting between individuals and nations is a reality that both Zazetsky and Luria deplore bitterly, the courageous and often agonized struggles by Zazetsky to piece together his world are described by both in the metaphor of battle. Thus Zazetsky entitles his writing, “I'll Fight On!” And Luria refers repeatedly to Zazetsky's lifelong struggle with his injury as “his fight,” to Zazetsky as “a person who fought with the tenacity of the damned,” and to Zazetsky's journal as “a desperate fight for life” (pp. 27, 139, xx).

This is a deeply caring book, and it records what appears to have been a deeply caring relationship between physician and patient. Whereas Luria referred to the mnemonist, S, with a somewhat distanced admiration, in *The Man with a Shattered World* he gives way to unabashedly emotional expressions of appreciation and sympathy for his patient: “I realized what a brilliant mind that bullet had destroyed. . . . It required superhuman effort for him to write one page of this journal, yet he wrote thousands” (pp. xx, 155). Furthermore, whereas the patient-subject of Luria's first case history was referred to by the initial “S,” in *The Man with a Shattered World* the subject is referred to by his full name. Finally, whereas the first pathography was really Luria's story about S, a story which included direct quotations by his patient-subject to provide phenomenological ballast, the second pathography is actually co-authored. In fact, Luria acknowledges it as Zazetsky's book: “the real author is its hero” (p. xix).

If Zazetsky is the “hero” of the book, then his journal can be seen as a kind of heroic deed; an effort, quite literally, to construct meaning and to create coherence out of fragments. Zazetsky had difficulty associating a word with its meaning, could not understand the logic implicit in grammatical constructions, and could not remember how to construct a sentence. But he found that he could formulate and express his thoughts by first jotting down whatever random words or phrases came into his mind

in association with a particular idea, and then regrouping these verbal fragments until they sounded "like a sentence I'd heard or read in an ordinary book" (p. 79). It is significant that the model he chooses as an aid to do this is that of the story: "I tried to remember whatever I could with that battered memory of mine and write it as a true story, just as a writer would" (p. 79). He describes with some precision the aims he has set himself in writing the journal: first, to be precise about his condition (so that his doctors will understand and cure him), and second, to "break through this aphasia" by exercising his memory and language abilities (p. 86). But what the journal really means to him is thinking itself: "This writing is my only way of thinking"; "Writing about and studying myself is my way of thinking It reassures me, so I keep at it" (pp. 86, 85).

Luria observes that *Zazetsky's* journal constituted a kind of "turning point" in his history. What happened was that the attempt to work on the journal replaced the futile attempt to recover his destroyed mental life; indeed, it became a kind of obsession, as *Zazetsky* himself observed. In his writing, though not in his life, "he could try gradually to assemble the bits and pieces of his past, compare and arrange them into episodes, create a coherent view of what his experience and desires were" (pp. 83-84). *Zazetsky's* success here is the triumph of perseverance. It is also the success of all artists in providing a record of experience filtered through the ordering capacities of the mind, constructing a narrative that has a permanence and a coherence lacking in real life.

The explanations given by both Luria and *Zazetsky* of the creative process in an individual with severe brain damage are strikingly similar to explanations that literary theorists give of the writing of autobiography. For example, Germaine Brée describes the "autobiographical quest" of the contemporary French author, Michel Leiris, in a manner oddly reminiscent of the way in which the brain-damaged *Zazetsky* wrote his journal: "he studies the data, sifts, shuffles, combines in order to see how to link for the purposes of presentation (in the two senses of the word) the heterogeneous material under scrutiny, with the hope that a pattern will appear."¹⁷ And then there is the strange correlation between the way that *Zazetsky* "finds" himself through his writing, piecing together his fragmented memories, and the structuralist idea that the self does not exist as a prior entity or fixed identity but comes into being only in the act of writing or some similar act of self-expression: for example, Louis Renza's comment that "the dynamics or drama of autobiographical cognition occurs in terms of the written performance itself,"¹⁸ or Burton Pike's remarks that "the past does not exist. There are memories of it — scattered shards of events and feelings. . . . personal identity is something to be defined anew in every

successive present moment."¹⁹ *Zazetsky's* situation is a literal reality that tends to call into question such metaphorical explanations of the autobiographical process as are offered by the literary critic – or perhaps it confirms them in a deeper sense, by presenting us with a distorted version, to borrow Dr. Johnson's phrase again, of "those parallel circumstances and kindred images, to which we readily conform our minds."

III

Luria's clinical biographies, as we have observed, are meant as experiments in synthesis: the scientific and the humanistic approaches, case history and biography, the nomothetic and the idiographic attitudes. They achieve only partial success in fulfilling this aim; their significance lies in the fact that they are pioneering works. For the clinician, they suggest the possibility of fusing the sophisticated technology of modern medicine with the older clinical art of observation and description. For the critic of autobiographical and biographical writings, they are of exceptional interest because of the multitude of ways in which they bear on a theory of life-writing: their dramatic representation of the attitudes of experience and reflection in the roles of patient and physician, their anatomy of the process of remembering, interpreting, and discovering significance, and the way they resolve (or underline?) the problem of whether biographical writing is "fact" or "fiction." Finally, for both the physician and the literary critic, these studies in pathography demonstrate that there is a very real connection between the assumptions, methods, and aims of case history and literary biography.

Luria's clinical biographies function as orthodox case histories, in that they record a particular diagnostic problem and the therapy undertaken to treat that problem, but they also function as literary biographies: first, because his characters develop during the course of the history, and furthermore develop in the dramatic sense that one can call "success" or "failure"; second, because Luria's primary intent here is to create a picture of a human being, not an explanation of a disease – a "real image" that is not reducible to mechanistic principles but retains the richness and the mystery of the living reality. And this emphasis is both a philosophical assumption and a structural principle: the organismic is always subordinated to the human (and the nomothetic to the idiographic), as his analysis of a particular physiological dysfunction is always subordinated to an understanding of the total personality.

One might assert that the particular individuals whom Luria chooses to consider are exceptional and unusual cases, that they virtually demand

an idiographic approach. But Luria is clearly presenting these case histories as methodological examples that might be emulated: "The study of syndromes, however, need not be restricted to clinical medicine. . . . The author hopes that by reading it psychologists may be prompted to investigate and describe other psychological syndromes. . . ." ²⁰ That he does not restrict syndrome analysis solely to physiological or psychiatric problems, but is referring also to "normal" psychological processes, is evident in the curious way in which he alludes to his own autobiography as a "third book" in this methodological series. Comparing himself as biographical subject with Sherashevsky (S, the mnemonist) and Zazetsky, Luria observes: "There is no subject with exceptional abilities — I have none. Nor is there a specific capacity or a specific disaster." Yet, he adds, using the idiographic language that is so characteristic of all life-writing, his own life does encompass certain "great historical events" and "important ideas": "there is the atmosphere of a life, beginning at that unique time which was the start of the Revolution" as well as "the series of deeds that a scholar could accomplish during a rather long life." ²¹ Luria is here returning from pathography to "normal" biography with the sense that great historical upheavals, such as a revolution, may be comparable to the traumas and lesions and illnesses of the body, and that the efforts of the physician to understand and help the individual so afflicted may be comparable to the efforts of Sherashevsky and Zazetsky to come to terms with the phenomenological worlds created by their abnormal mental conditions.

NOTES

1. Sir Harold Nicolson, *The Development of English Biography* (New York: Harcourt Brace, 1928), 154.
2. Oliver Sacks, *Awakenings*, rev. ed. (New York: Random House/Vintage, 1976), 10. Sacks's own book, a collection of case histories describing patients with post-encephalitic Parkinsonism whom he has treated with the drug L-DOPA, is a brilliant example of the art of clinical biography.
3. James L. Clifford, *From Puzzles to Portraits* (Chapel Hill: University of North Carolina Press, 1970), 108; and Leon Edel, *Literary Biography* (Toronto: University of Toronto Press, 1957), 7.
4. Lawrence L. Weed, *Medical Records, Medical Education, and Patient Care* (Cleveland: Case Western Reserve, 1970), vi, 24. Medical records are significant not only because they are usually incorporated, in some way, into the case history, but also because they can serve as stylistic models.
5. James Hillman, "The Fiction of Case History: A Round," in *Religion as Story*, ed. James B. Wiggins (New York: Harper & Row, 1975), 126, 134.
6. *Ibid.*, 155.
7. "Pathography" is a term, borrowed from Freud (and used by Sacks in *Awakenings*), which I use here to refer to any narrative account of illness; this includes

autobiographical and biographical descriptions of illness as well as case histories and clinical biographies.

8. Samuel Johnson, "Dignity and Uses of Biography" (60), *The Rambler*, Saturday, 13 October 1750 (London: Dent, 1953), 132.

9. Hillman, 161.

10. A. R. Luria, *The Making of Mind: A Personal Account of Soviet Psychology*, ed. Michael and Sheila Cole (Cambridge: Harvard University Press, 1979), 178.

11. *Ibid.*

12. See Iago Galdston, "The Romantic Period in Medicine," *Bulletin of the New York Academy of Medicine* 32 (May 1956): 346-62.

13. Luria, *The Making of Mind*, 174.

14. *Ibid.*, 23.

15. A. R. Luria, *The Mind of a Mnemonist*, trans. Lynn Solotaroff (New York: Basic Books, 1968), 23. All subsequent quotations are from this edition and all except one (see Note 20) are cited parenthetically in the text. Quotations are reprinted by permission of the Estate of A. R. Luria.

16. A. R. Luria, *The Man with a Shattered World*, trans. Lynn Solotaroff (New York: Basic Books, 1972), 15. All subsequent quotations are from this edition and are cited parenthetically in the text. Quotations are reprinted by permission of the Estate of A. R. Luria.

17. Germaine Brée, "Michel Leiris: Mazemaker," in *Autobiography: Essays Theoretical and Critical*, ed. James Olney (Princeton: Princeton University Press, 1980), 198.

18. Louis A. Renza, "A Theory of Autobiography," in *Autobiography: Essays Theoretical and Critical*, 270.

19. Burton Pike, "Time in Autobiography," *Comparative Literature* 28 (Fall 1976): 342, 337.

20. Luria, *The Mind of a Mnemonist*, 5.

21. Luria, *The Making of Mind*, 187-88.