

the only point where past and future are gathered together and the pattern and the meaning of the whole become clear. Precisely this timelessness was given now—the special gift of Kenwood.

In my student days, alas, I largely took Oxford for granted, and failed to appreciate or make use of its timelessness, its privilege, but I was vividly aware of my privilege now—the special interlude being granted to me in this time of convalescence. I felt this intensely. Everyone did at the Home. For many—job-ridden, family-ridden, chronically worried and anxious—it was the first real leisure, the first vacation they had ever had—the first time they had ever had time to think—or feel. All of us, in our way, thought deeply at this time and, I suspect, were profoundly changed, sometimes permanently, by the experience.

In the hospital we lost our sense of the world. It was in the Convalescent Home that we first re-encountered the world—albeit at a distance, attenuated, in miniature. My first morning I had spent basking in the sun, going for short exploratory sallies in the garden; I could stroll, with my crutches, for a few minutes at this point. In the afternoon I made it to the gate of the Home. This involved an incline, and knocked me out completely. Gasping, trembling, I sank down by the gate, overwhelmingly reminded of my incapacity and inadequacy. Across the road, in the playing fields of Highgate, I saw the school team practicing rigger, a sight I normally enjoy. I was surprised and appalled at a spasm of hate in myself. I hated their health, their strong young bodies. I hated their careless exuberance and freedom—their freedom from the limitations which I felt, so overwhelmingly, in myself. I looked

at them with virulent envy, with the mean rancor, the poisonous spite, of the invalid; and then turned away: I could bear them no longer. Nor could I bear my own feelings, the revealed ugliness of myself.

I consoled myself, after a fashion, by saying, “This is not me—not the real me—but my sickness which is speaking. A well-documented phenomenon—the hateful spite of the sick.”

And I added, “You may *feel* it, but be sure you don’t *show* it.”

Greatly shaken, appalled, I tottered back to my seat. The day was still sunny, but morally overcast.

I had a similar experience the very next day, when as I wandered in the grounds I came across rabbits in a hutch. Again I was surprised by a spasm of hate: “How *dare* they frolic, when *I* am disabled?” And, again, by a beautiful cat, whom I hated precisely for her beauty and grace.

I was appalled by these reactions, this venomous, bilious turning-away from life, these sudden floodings of bile after the exalted, lyrical sentiments I professed. But they were instructive, and it was important to face them; important, too, to *confess* them, for the understanding of others. And here my fellow-patients were marvelous, for when I *did* confess, shamefaced and stuttering, they said, “Don’t worry, we went through it ourselves. We all go through it—it’ll go away soon.”

I hoped they were right. I could not be sure. All I could be certain of was my hate at the time. I smiled, kindly, at the aged and infirm; indeed I could tolerate nobody else. My heart went out to the ailing and suffering, but shut itself with a snap at the spectacle of health.

alone more complex motor skills and activities, are not just a matter of muscles (even if, as in my own case, the prime injury be muscular). Rehabilitation involves action, *acts*. Rehabilitation must be centered on the character of acts—and how to call them forth, when they have come apart, disintegrated, been “lost”—or “forgotten.” Without this I would, indeed, have remained bed-ridden—precisely as Hippocrates says.

But I could not do this by will-power, or on my own steam, alone. The initiation, the impulse, had to come from without. I had to *do* it, give birth to the New Act, but others were needed to deliver me, and *say*, “Do it!” They were the permitters, the prescribers, the midwives of the act—and, of course, its supporters and encouragers, And this was not just neurosis or passivity. Every patient, no matter how strong-minded or strong-willed, encounters precisely the same difficulty in taking his first step, in doing (or re-doing) anything anew. He cannot conceive it—“the imagination is subdued”—and others, understanding, must tip him into action. They (inter)mediate, so to speak, between passivity and action.

This was the supreme act, the high point, of recovery. But it was not the end, only the beginning. And if I had to spend another six weeks thereafter, it was because other acts were needed, of a similar kind, because the restoration of higher function is not smooth and automatic. Rehabilitation, in this way, is recapitulation, second childhood; for, like childhood, it involves decisive acts of learning, sudden ascents from one level to the next, each level inconceivable to the level below. Physiology, or at least the physiology of higher functions, is dependent upon, embedded in, experiences and acts, and unless experiences

and acts are made possible—the essential role of the therapist or teacher—the nervous system, the organization, will neither mature nor heal.

Thus, in the Convalescent Home, though I grew daily stronger, and could do the same things with ever-greater power and ease, I could not do anything different, or new. This always required the intervention of another. This was shown, very strikingly, when the time came for me to “graduate”—to one crutch, and then, later, to a cane.

There was a particularly fine and understanding young surgeon who visited the Convalescent Home three times a week, a man who understood, and with whom communication was possible. I once asked him about this (I *could* ask him such a question, where I could ask nothing, or almost nothing, of my surgeon in the hospital).

“It’s simple,” he replied, “Maybe you guessed the answer. *I’ve been through this myself*. I had a broken leg. . . . *I know what it’s like*.”

So, when Mr. Amundsen said that the time had come to graduate, and give up one crutch, he spoke with authority—the only real authority, that of experience and understanding. I believed him. I had faith in him. But what he suggested was—impossible.

“It’s impossible,” I stammered. “I can’t imagine it.”

“You don’t have to ‘imagine’ it, only to *do* it.”

Nerving myself up, quivering with tension, I tried—and immediately tripped and fell flat on my face. I tried again—and fell flat again.

“Don’t worry,” he said. “It’ll just *come*—you’ll see.” (It “came” later that day—but it came in a *dream*.)

It was at this time that I received a phone call from

for the world, and I felt it as a feast. With every sacred mouthful—and I ate slowly, though hugely, with thanksgiving and reverence—I felt I was partaking of that holy feast, the world. The substance, the sensuousness, was spiritual as well. The food and drink were blessed—a sacramental feast.

From this moment there was no stopping me. I went out constantly, I fell in love with the world, I chartered taxis as extravagantly as a potentate visiting from another land. And, in a sense, this is what I felt like—a man, a king, long exiled, returning, accorded a wonderful, royal welcome by the world he was returning to. I wanted to hug familiar dear buildings; I wanted to hug chance strangers in the street—to hug them, devour them, like my first meal in the teashop—for they too were part of the wonderful feast. I must have smiled and laughed a great deal, or otherwise exuded happiness and love, because I received a great deal in return. I felt this especially in the pubs around Hampstead—wonderful, jolly, crowded pubs, with gardens and awnings bright in the warm sun, and people the most genial and congenial in the world. My crutches (for I needed both, to get in and out of taxis), my cast, served as a passport of universal validity. I was welcomed, I was made much of, wherever I went. And I loved it, I who had been so withdrawn and so shy. I found myself singing, playing darts, telling bawdy stories, laughing.

Everywhere, and in myself, I discovered a Rabelaisian gusto—a coarse, but festive, and perfectly chaste gusto. But also, and equally, I sought for the byways of life, quiet glades, moonlit walks, for meditation. I wanted to give thanks, in every mode—in energy, in quietude; in company, alone; with friends, with strangers; in action, in

thought. The joy of this time was extraordinarily intense—but it seemed to me a healthy joy, without mania or sickness. I felt that this was how one *should* find the world—how the world really was, if one were not jaded or tarnished. I felt the gaiety and innocence of the newborn.

And if this was “the truth,” or how things should be, how could one find the world *dull*? I wondered if what one normally calls “normal” was itself a sort of dullness, a deadening of sense and spirit, if not, indeed, a very closure of their doors. For myself, now, liberated, released, emergent from the dark night and abyss, there was an intoxication of light and love and health.

I felt that a profound crisis had occurred in my life, and that from now on I would be profoundly and permanently transformed. I would take less for granted—indeed nothing for granted. I would see life, all being, as the most precious of gifts, infinitely vulnerable and precarious, to be infinitely prized and cherished.

On Monday, October the 7th—six weeks after my operation—I was taken back to the hospital, to be checked and uncasted—uncasted for good, if all was well. I had no fear, I knew all was well—and I wanted to see my once-cursed surgeon and his team in an amicable light.

Happily this occurred, and presented no problem. Mr. Swan found himself faced with a beaming grateful patient, who showed nothing but affability and regrets for past ire. He could not but respond in kind to all this, though his response had a quality of shyness and reserve. He smiled, but not widely; he shook my hand, but not warmly; he was cordial, but not amiable. I marveled that I could have endowed him with such hatefulness before—for he wasn't really hateable, any more than he was lov-