

PHENOMENOLOGICAL IMAGINATION, ETHICS, AND EMPATHY: THE CASE OF
EPILEPSY

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INTRODUCTION: EMPATHY AND THE “FALLING DISEASE”

Neurological facts and supernatural powers are supposedly distinct; however, in the case of epilepsy, they often coexist in the popular imagination.¹In *The Last King of Scotland*², Dr Nicholas Garrigan [James McAvoy] is a young Scottish physician who is called to the house of Kay [Kerry Washington], one of the wives of his employer, Ugandan dictator Idi Amin [Forest Whitaker]. The hand-held camera frames him running through the house and finding Kay who is frantic, yelling for help, trying to hold her child, asking him repeatedly to stop. Her son Mackenzie is having a convulsive seizure on the floor, foaming at the mouth, eyes rolling backwards, breathing heavily. Dr Garrigan asks ‘is your son epileptic?’. The young African mother replies ‘I don’t know’, but adds that he has done this before. Garrigan wants the child, who had been hidden from public eyes at the demand of his father, to be hospitalised but the terrified mother refuses. Garrigan keeps insisting, but Kay, filmed in close-up while looking at him, yells ‘please’ and repeats her plea in a softer voice, almost crying. Close-ups can indeed be “dramatic revelations of what is really happening under the surface of appearances.”³ Kay explains that Idi Amin wanted her and her son to live far from public scrutiny. Garrigan looks at her silently and in disbelief, gives an injection to Mackenzie who is still seizing, and the child falls asleep, inanimate. Kay blames herself for her son’s illness, while Garrigan re-assures her that in his eyes Mackenzie has epilepsy that he describes as “a perfectly treatable condition”. As individual viewers we can engage in various ways with their individual circumstances and their emotional telling, precipitated by the violent surge of a child’s body.

Empathy is a relatively new concept that has many meanings and has evolved differently according to the disciplines concerned: for example, medicine, philosophy, and psychology. Empathy is, at its core, a phenomenon that involves societal, cognitive and neurobiological mechanisms. For example, social neuroscientist Simon Baron-Cohen describes empathy as the ability to notice and identify the thoughts or feelings of someone else, and to convey similar or appropriate emotive expressions back to that person.⁴ However, neuroscientists looking at cultural empathy and intergroups found that parts of the brain linked to emotions show greater activity in the amygdala, thus revealing more empathy, when people notice facial fear in someone of their own race, and less activity when “watching a needle prick the face of someone of a different ethnicity.”⁵ Empathy is commonly described as an emotional process, one that involves the perception and, importantly, the imagination by onlookers of someone else’s feelings and an understanding of their experiences. The

duration of viewers' exposure to scenes or acts is an important aspect of eliciting emotions and developing an empathy, because "emotions take time to catch".⁶ An important construct of empathy involves various back-and-forth emotional states highlighting an intersubjective and phenomenological process that enable us to also understand ourselves, a point emphasised at length by Edith Stein.⁷

Theatre scholar and cognitivist Bruce McConachie also describes empathy as the ability to "step into an actor/character's shoes," whereas sympathy involves projecting our own beliefs and feelings onto the portrayal provided by the actors.⁸ There are various kinds of empathy applicable to movie audiences; they associate phenomenological and cognitive perspectives and are linked to the use of filmmaking techniques, as outlined by Jane Stadler when surveying empathy in film.⁹ Film theorist Carl Plantinga also suggests that using close-ups to view human faces and showing facial behaviours compels movie audiences to feel similar and empathetic responses to emotions portrayed on the screen.¹⁰ In *The Last King of Scotland*, the lively epileptic body acts as intermediary to build feelings and rapports that highlight cultural differences; it also provides viewers a perceptual partaking to Kay's and Garrigan's emotions and focus while they interact physically in a charged situation. There is a tripartite empathy facilitated by the film, an empathy that join both characters on screens and audiences, all physically and emotionally involved in this chaotic scene. As viewers, we can feel the mother's fear, understand Dr Garrager's gestures. The empathetic interaction between Kay and Dr Garrager is visually enhanced by a close up of her face when she begs for his understanding and he perceives the seriousness of the situation. From an audience perspective, we can also perceive in Kay's voice and gaze the physiology of her emotions and we can imagine that her despair provokes empathy on Garrager's part.

We can easily develop a sympathy for Kay and project our individual beliefs about her reactions to her son's epilepsy and the resulting social impositions. We could also sympathise for Dr Garrager, seemingly stuck between his human compassion in the context of social constraints in disagreement with his Hippocratic Oath. When watching Mackenzie's disorderly limbs, perceiving his breathing and hearing Kay's vocal panic, we are able to superimpose all this information and empathize with the people who can display and express emotions. Parts of Mackenzie's seizing body are visible in the shaky frame for roughly 30 seconds during the two minute and 20 second scene, always surrounded by the body of one of the two adults. Faciality, described by Laura Marks as "the intensification of affect in an image whose motor extension is limited",¹¹: Mackenzie's face appears for one second in this scene. Do we have time to develop an empathy with the unconscious child?

EPILEPSY: AN ENDURING IMAGE

"Epilepsy" is a general term for disorders provoking seizures of symptomatic or genetic origins but also of idiopathic nature. Currently, a diagnosis of epilepsy can be confirmed after two or more

seizures. Partial and temporal seizures, which are less dramatic than total collapses, result from neuronal instability or misfiring in discrete parts of the brain, while generalised seizures (Tonic-Clonic) typically involve both hemispheres. Temporal lobe seizures (TLE) therefore appear different from tonic-clonic episodes, and a person's body might appear from the outside immobile or performing automatic behaviours and gestures, for example. More often than not, epilepsy continues to be portrayed as a tonic-clonic seizure, a total absence of control, a collapse, a body on the run and a mind deep in a cognitive void.

Rajendra Kale appropriately summarises Epilepsy cultural history: the general ignorance of its medical characteristics, summed up as abnormal electrical discharges of a set of neurons in the brain, has generated millennia-long stereotypes and has typified, worldwide and over generations, what has been known as “the falling disease”, sustaining stigma at all societal levels.¹² Medical perspectives, social observations, arts and philosophy, have accompanied epilepsy for millennia to various results and for different audiences. The portrayals of symptoms determine how we, individually and collectively, understand and interpret epilepsy. The descriptions of epileptic manifestations in texts written in the Neo-Assyrian script around 700 BC are in accordance with current medical classifications¹³ and effectively outline the major kinds of epilepsy.

Aristotle situated the cause of epilepsy in the heart and believed its cure was pharmaceutical.¹⁴ Plato considered it a disease of the body affecting the head and the rational soul, whereas Hippocrates thought it no more divine or sacred than other illnesses, but hereditary and with natural causes.¹⁵ Although retrospective medical diagnosis can be contentious, neurologist Muramoto argues that Socrates was himself subject to what is currently classified as mild temporal lobe epilepsy. Muramoto's assertions are based “almost exclusively” on Plato's descriptions of Socrates and the multiple episodes witnessed by others.¹⁶

The public visibility and witnessing of seizures have become rarer in western countries due to pharmaceutical developments. Its presence is socioeconomically and culturally biased: 80% of people with epilepsy live in low and middle-income countries and have often poor access to medication.¹⁷ To complicate the picture, visual expectations about the disease also affect other medical diagnoses because physical manifestations that “look like” the neurological predicament to the layperson can be nonepileptic phenomena of a psychological nature.¹⁸ At present, these phenomena are labelled hysteroepileptic, pseudoseizures, hysterical seizures, psychogenic seizures, and dissociative disorders and are often caused by emotional trauma or abuse.¹⁹ These events impact cognitive and emotional functions and mimic epilepsy but do not display abnormal brain electrical activities, although they can be accompanied by alteration of consciousness. The above labels, such as hysterical seizures, resurge from a not so distant past, as retold in the 2012 fiction film *Augustine*²⁰.

Epileptic conditions can be isolating because of observations and beliefs that invoke the supernatural, the demonic, the retarded and the weak; often, an individual's predicament is seen as curse, spiritual possession, or witchcraft.²¹ The main etiological approaches to finding causes and sources of epilepsy can still be firstly supernatural powers, and secondly biological and neurological explanations. These aspects of the disease, are central to films that portray or suggest the presence of epilepsy. This narrative thread is also in line with medical approaches and expectations: there might not be a solution but, surely, there has to be a clinical point of departure able to generate passion and in this case, a staged show.

In the early 1870s, at the Hôpital de La Salpêtrière, Professor Jean-Martin Charcot was the doctor and neuropathologist in charge of the ward housing non-psychotic epileptics and hysterics.²² At that time, clinical diagnoses were still linking epilepsy with madness, hysteria, mania and other illnesses. Charcot described himself as being “in possession of a kind of *museum of living pathology* whose holdings were virtually inexhaustible.”²³ Charcot offered two main causes, and some variations, relating to the epileptic condition: it acts as a primary illness, to which hysteria adds itself following an emotional shock around puberty, and, more rarely, epilepsy succeeds hysteria, and intelligence starts to decline as a consequence of the epilepsy.²⁴ Clinical causes and labels for epilepsy included terms and labels such as idiopathic, syphilitic, spinal, toxic, essential, genital, partial, and vulgar, among others.²⁵ Charcot proposed new kinds of epilepsy, including ovarian epilepsy and epileptic somnambulism, and also defined hysterioepilepsy, a kinesthetic disease that transported the patient “both mentally and sensorially to “an imaginary world”—an imaginary theatre”.²⁶ Désiré-Magloire Bourneville, one of Charcot's assistants, establishes distinctions, but also parallels, between epileptic events (*accès d'épilepsie*) and hysterioepilepsy “attacks” (*attaques d'hystero-épilepsie*). Both kinds of manifestations turn the body rigid, provoke delirium and clonic movements, and consciousness seems lost as in epilepsy, but only the hysterioepilepsy “attacks” last for extended periods of time; they could involve “crucifiement” and, in the context of that particular medical era, could be stopped by applying ovarian pressure.²⁷

There has been much controversy about Charcot's methods and ethical standards for exploring the nervous system.²⁸ Charcot's Tuesday public lectures, set in a purpose-built amphitheatre in La Salpêtrière, were centred around stage performances by chosen hysteric patients and depended on hypnosis, suggestion, and magnetism. According to Charcot, simulations were used by hysteric patients to create “an imaginary symptomatology”²⁹ thus his patients were hypnotised to better demonstrate the natural symptoms of illnesses. Charcot narrated aloud the effects of the induced hysteric attacks performed by his hypnotised female patients while they created a spectacular, often erotically charged choreography of epilepsy-like manifestations. The individual bodies autonomous performances were spectacular, and included convulsions, rigidity, jerking, extreme limb contortions and facial distortions. The medical audience at Charcot's Tuesday lectures was joined by artists, philosophers, politicians and the Parisian bourgeoisie, as well as a young Sigmund Freud in 1885,

who unlike Charcot, was more interested in what patients said than observing anatomical irregularities.

Alice Winocour's first feature film, *Augustine*, depicts the life of a young woman named Augustine [Soko] employed as a maid in the late nineteenth-century in a bourgeois Parisian household. While serving a formal lunch she experiences uncontrollable sensations that lead to what appears, to the horror of her employer and guests, like a tonic-clonic epileptic seizure, or even a demonic attack for one of the guests who crosses herself. Augustine subsequently is admitted to the Hôpital de La Salpêtrière in the ward of Charcot [Vincent Lindon]. The real Augustine Gleizes, entered Charcot's ward as a patient in October 1875, age 14.³⁰ In Winocour's film, Augustine becomes aware after entering La Salpêtrière that Charcot chooses those patients he wants to be personally in charge of. Augustine has initially no sensations on her right side and a paralysed eyelid. Having anxiously waited in vain for a diagnosis, she has an attack in Charcot's presence. While looking at her body, arched as if electrified, Charcot asks his assistant to press her ovaries to make her stop, and to assign her to his care. In the film Charcot attempts to diagnose Augustine through visual and tactile examinations, while also questioning her intellect. He diagnoses her with "ovarian hysteria" and exhibits her under hypnosis in front of stern men of the medical profession, hoping to gain further funding for his research. Charcot knows that her performance will impact the trust of other scientists and their financial backing. Hypnotised, Augustine is possessed by an attack, falls to the ground, her pelvis violently thrusting, her back arching, limbs flying. Under the appreciative eyes of Charcot's colleagues, she grabs her pubis with both hands and vocally expresses sexual ecstasy. She then faints and is taken out of the amphitheatre to the applause of her male audience.

As the film progresses Charcot's attempts to cure Augustine become almost desperate and involve violent mechanical experiments, notably with an ovarian press. In one of the last scenes, Augustine is made aware of her star role in Charcot's final demonstration to the Academy, as he is still aiming to obtain his research funding. Just before this demonstration, Augustine attempts to escape La Salpêtrière, falls on some stairs, hits her head and suddenly recovers all her corporeal faculty. She nevertheless is brought on stage but is unresponsive to the hypnosis, and murmurs to Charcot that she is cured. Her performance in front of Charcot is in a state of full consciousness, which deeply unsettles him. Unable to hypnotise her, Charcot turns his back to Augustine to address his agitated medical audience, saying that animal experiments are more reliable. Suddenly Augustine, realising what is at stake for him, starts to simulate an attack of hysteria. She is taken away to the applause of the members of the medical Academy, his financial backers. The last scene shows Charcot surrounded and congratulated by his peers while Augustine leaves La Salpêtrière in disguise. The two different scenes describing Augustine's performances in front of the medical academy provide film viewers with alternating states of empathy and sympathy. In the first demonstration, we might feel sympathy for Augustine under hypnosis and under Charcot's eyes: she seems intellectually alert but void of emotions. In the last scene described above, we are confronted by Augustine's

sympathy for Charcot. As well, the volitional attack that she performs can trigger, for movie audience, empathy for her emotional strength and develop an awareness of what she might be feeling and acting, thus resulting in an assemblage of kinaesthetic empathy and imaginative phenomenology.

SIMULATION, OTHERNESS AND CHOREOGRAPHY

The simulation performed by Augustine in the film has its roots in historical facts that highlight various levels of embodiment, empathy, and sympathy that existed in Charcot's ward and could typify Vittorio Gallese's idea on simulation. For Gallese, simulation can be conceived of as a prereflective process triggered during social interactions, which is "being plastically modulated by contextual, cognitive, and personal identity-related factors."³¹ Being physiologically different from hysteroepileptic attacks, neurological epileptic events dissociate the being: while the world keeps going "through the living body", the faculty to process and articulate that knowledge vanishes. The body cannot "produce" epilepsy on cue, as it demands functional connectivity between different brain regions and synchrony in a network of neurons connected with electrical synapses.³² Hysteroepileptic patients provided ways for Charcot to demonstrate some aesthetic aspects of epileptic symptoms virtually on demand. These patients were able to mirror aspects of epileptic loss of control, learned by living at La Salpêtrière with persons whose epilepsy manipulated their uncontrollable body.

The mimicking patients were performing an embodied empathy and relied on conscious knowledge of the self and the other. The physiological, cognitive and neuro-biological facets of empathy indicate that it is the ability to imagine being the other that prevails in the empathetic act. For Gallese, watching a person's physical actions can trigger in an observer a motor representation of the same action activated by specific neurons, the mirror neurons, that cause movements, evaluate spatial perception and also react to visual, tactile and auditory stimuli.³³ Mirror neurons can produce internal representation of the intended movement that links to "motor learning and understanding the meaning of observed action."³⁴ In the context of Charcot's performing hysteroepileptic patients, a convergence of embodied simulation and empathy would bring to the front mimetic faculties, described so appropriately by Michael Taussig as "the nature that culture uses to create second nature, the faculty to copy, imitate, make models, explore difference, yield into and become Other."³⁵

To add another layer to the simulation of a state of being, Merleau-Ponty reminds us that the alterity, the Otherness, of others also define our own: "If there is an other, by definition I cannot install myself in him, coincide with him, live his very life: I live only my own"³⁶. At its core, acting is led by a desire for performing a physical, emotional, and ethical, alterity. Epileptic choreography has long been used to create a spectacle, and its use has unveiled different ethics, as stated in the 1596 "Moral Discourses of the Excellent Mr Fabio Glisenti"³⁷:

What would you say if you saw me fall down for the "ugly" or epilepsy, whose effects I imitate to perfection? When I with great clamour fall down and lie prostrate or, reversing, with

extravagant movements, twisting my eyes, my mouth foaming, move all who are present to come to my aid? Then I feign that I will not recover unless a cross or a blessed coin is placed in my hand and then – as if by a miracle I had recovered my sanity, with a deep sigh I open my eyes and then little by little recovering I find that those who have seen me in this pitiable spectacle generously pay me.

Charcot's best hysteric and partially-dressed patients/actresses were "proud and pleased" to be asked to perform choreographic hysteroepileptic symptoms on stage.³⁸ Their gestures, facial mimicry and contortions influenced the cabarets of La Belle Époque. One of the best-known performers was Polaire (Emélie Marie Bouchard). In 1890, to distinguish herself from the other café concert performers, the 16-year-old decided at the start of her career to perform in the following manner: "[I] throw my head backwards, and sing somehow, my hair flying, with my quivering nostrils, with my clenched fists, and even with my toes, wriggling in my stage shoes."³⁹ Polaire, known as a "gommeuse épileptique," could bend in half, arched backwards as if cut in two at her extremely flexible and small waist; the brutality of her performances and the frenetic twirling of her pelvis and jerking of her body were considered scandalous at the time.⁴⁰

Polaire's performances predated by a few years the rise in popularity in Paris of the "cake-walk," a dance popularised between 1902 and 1903 by two American mixed-race troupes ("Les Elks" and the "Florida Creole Girls"). This dance established the convergence of African dance and the epileptic choreography of the Parisian cabaret artists.⁴¹ Jean Cocteau noted that the Elks danced with "their knees higher than their heads, tilted backwards, breaking themselves in two or three," and other critics noted that members of the audience were dancing involuntarily when leaving the premises.⁴² Rae Beth Gordon notes that "to dance the cake-walk and master its gestures and movement might represent a hope of overcoming the fear of the Other,"⁴³ but a brutal change of tone develops in the press in 1903. It called for the epidemic of cake-walk performance to stop and demanded that "the eccentric choreography, the epileptic extravagances of a savage dance" and its inference to "African, dances, Black-American, monkeys and epilepsies" be replaced by reasonably rhythmised steps performed to captivating tunes.⁴⁴ The denigration of the cake-walk mounted, increasing the fear of the non-normative and providing an indirect association with the danger of nervous predicaments.

In 1903, Georges Méliès produced, directed and acted in *The Infernal Cake-walk*⁴⁵, a film that combined racial exoticism and epileptic choreography. In this comedy Méliès-Méphisto comes back to Earth and witnesses two black cake-walk dancers performing frenetically, acrobatically, and epileptically, surrounded by virginal youths dressed in white. He imitates them, standing on a small platform, arched back, knees high, performing dance steps in a diabolical rhythm. At one point, he lies on the ground while his legs, dissociated from his torso, keep punching the air above him. The ethical and political significance of these portrayals were clear: Darwinian sentiments prevailed and the epileptic label's negativity was confirmed.

Despite its negative connotation, the “epilepsy” danced by controlled bodies was integral to an aesthetic discourse and lasted throughout the duration of the show or, in the case of Méliès, the films. On stage and in Méliès’ movies, performers danced upright for minutes on end, and their falls, if any, were deliberate or aesthetically simulated, as in *Le Déshabillage Impossible*.⁴⁶ Epilepsy had had its hour of “public glory” and moving images contributed to keeping this aesthetic alive. What remained was the affective impact of a specific gestural aesthetic and a titillated public: the reproducibility of film ensured that these experiences endured despite the social invisibility of epilepsy. However, while the cameras used by Méliès were fixed, the development of moveable cameras and editing techniques altered forms, duration and significance of epilepsy on screen. The fixed camera kept audiences at a distance whereas moveable cameras morph our eyes into “organs of touch,”⁴⁷ bringing a proprioceptive function to the viewer’s visual, as well as auditory, experiences.

OTHERNESS: ENGAGING FILM VIEWERS AT MULTIPLE LEVELS

While providing a completely different aesthetic due to its filmmaking, the scene extracted from *The Last King of Scotland* highlights the presence of epilepsy: it now usually occupies the screen in short bursts, from a few seconds to a minute or two; those exhibiting the condition are usually falling towards the ground or convulsing on the floor, or both. In *The last King of Scotland* the fall is bypassed and bodily convulsions fill parts of the screen, eyes roll in their sockets, jaws clench, muscles tense, and occasionally guttural yells provide the final touch. In films without focus about the disease, these kinds of physical events are narrative devices with specific purposes: to disturb and distract other characters in the film as well as the spectators; to highlight a specific instant in the plot; and often to define the character’s soul by implying unpredictability, weakness and other negative traits.⁴⁸

These common portrayals of epilepsy often unveil a dynamic amongst protagonists that reflects the powerlessness of the individual affected by a seizure. A seemingly tacit knowledge of what epilepsy should look like and an instinctive performance of its most dramatic aspects, even if they had never been witnessed by the performers or their audience, permeates the collective consciousness. However, during a real tonic-clonic manifestation, an observer might be stunned when a face changes colour, skin looks heavy, movements are aimless, the gaze is absent. For onlookers, the objective time-space of a being might be shattered; the person is “gone”; the flow of reciprocal empathy is interrupted. The ethical role of the face, the *Other* being constructed by epilepsy, might endorse a notion of embodiment in which a state of vulnerability can supplant reason, alter consciousness, and destabilise a sense of identity, in line with Emmanuel Levinas’ words: “Life is a body, not only lived body [*corps propre*], where its self-sufficiency emerges, but a cross-roads of physical forces, body-effect. In its deep-seated fear life attests this ever possible inversion of the body- master into body-slave, of health into sickness.”⁴⁹

The value for the viewer watching the representation of epilepsy lies in the meeting and witnessing of the *Other*, and an understanding that a phenomenological act of viewing leads to an *embodied viewer*.⁵⁰ In the case of epilepsy on screen, it might be rare that spectators perform physiological mimicry or feel a spontaneous embodied simulation of pain for a flesh that is seemingly unsynchronised with emotions. Considering that phenomenology is intentional and at large focuses on the “I”, is it possible to conceive of a reflective phenomenology triggered by a foreign body under the control of a physical “unconsciousness” prompted by epilepsy?

The exposure to events and duration of these occurrences can generate empathy or at least provide viewers with steps that could lead to a distinction between empathy and sympathy. An empathy is being led by a foreign experience and takes place, according to Edith Stein, on three levels: “the emergence of the experience; the fulfilling explication; the comprehensive objectification of the explained experience.”⁵¹ To add to these distinctions, but giving fluidity to the experience, philosopher Robert Sinnerbrink coined the term “cinempathy”: it allows cinematic experience to embody a new kind of ethics, one that personifies “a cinematic and kinetic synergy between affective attunement, emotional engagement, and moral evaluation.”⁵²

Two feature films, *Control*⁵³ and *Electricity*⁵⁴, provide audiences enough time to feel an array of sensations that question notions of epilepsy and empathy and their connections to phenomenology, unconsciousness and vulnerability. *Control* and *Electricity* both facilitate a cinempathy, a process that contributes to separate empathy and sympathy, but also allows audiences’s sensory and moral compass to oscillate between these two states. These films conjugate the words sympathy and empathy differently: they demand fluctuations between cultural ethics, belief systems and sensory perceptions. These movies have outlined another identity to the disease, regardless of its positive or negative impacts on the individual and the collective. The disease does not define the personality of the main characters, who have epilepsy, but acts rather as a sensory conduit: it leads stories rather than impairing them, and pushes the lives of the main characters forward. *Control* and *Electricity* call for phenomenological viewing, a manner of knowing the self while, at the same time, watching characters learning *how* to know *other* aspects of *themselves*. These two films take very different narrative and cinematographic approaches in engaging audiences, because of the roles and journey of their respective main characters.

Control highlights the life of Ian Curtis [Sam Riley], the charismatic vocalist for the British post-punk band Joy Division who was subject to the whimsical and overpowering nature of epilepsy, and to which he alluded in many of his lyrics. The frequency of his seizures increased over the years and the movie depicts, both on and off stage, forms of absence, temporal seizures, and tonic-clonic events. Curtis eventually took his own life, aged 23, a year and a half after an official diagnosis of epilepsy. In the first scene of the movie, we meet an adolescent Curtis in a chemistry classroom, his gaze fixed on the blackboard, his shoulders immobile. A first-person viewpoint lets us see his point of focus on the blackboard, zooming in and out on a formula. This event might portray a temporal lobe seizure,

often labelled as *absence* in everyday terms. The first tonic-clonic seizure of the movie, the tacit imagery of the “real thing,” happens in front of an older Curtis as he, a social worker at the time, sits at his desk making phone calls to find work for a young woman wearing head protection gear. She suddenly falls from her chair, hitting the floor, body jerking. The first-person point of view shows her body from Curtis’ eyes and then cuts to his face while he watches her in shock before running to get help; we can assume that Curtis has not been diagnosed yet and his identity and social status are intact.

For Joy Division’s audiences, most probably unaware of his condition, Curtis’s style of dancing like a shaman to the rapid rhythms of their music distinguished him as a performer and contributed to building the cult-like status of the short-lived band. Filmmaker Malcolm Whitehead described the impact of their performances: “They were absolutely stunning. They hit me not in my head but in my stomach” and journalist Jon Savage depicted Curtis’ stage presence on stage: “Lacking fluidity, his movements resemble the jerking of a marionette... There are moments when he suddenly looks exhausted, sighing and closing his eyes. When they reopen, they are wide and unfocused, blurry as if filling with tears. Then he's off again, manically dancing as though a switch has been flipped.”⁵⁵

In a scene set at a live concert, Curtis mixes mechanical restraint and frenetic trance, his arms hitting the air in front of him, balancing his almost rigid body. His dancing looks like prowess, a mastering of a seemingly disarticulated frame, almost matching Méliès’ performance in *The Infernal Cake-Walk*. The public claps and yells. Curtis suddenly loses balance, his uncoordinated movements lead him towards the back of the stage and he falls under the surprised eyes of the young punters, crashing the cymbals while hitting the ground and jerking violently. For two seconds, the faces of audience members reflect surprise at viewing an *Other*. The body’s distress is watched and felt although not fully understood: there is a feeling of having witnessed a somatic vulnerability at odds with the physical skills displayed in Curtis’ usual wild dancing. A long shot silhouetting the heads of audience members points at the stage to show the managers protecting Curtis’ head, lifting his electrified and shaking body and dragging him backstage. The camera stays behind, static and functional, immersed in the crowd; the band has not stopped playing during the chaotic event. The other band members play till the end of the piece, while Curtis is transported to the dressing room.

TOWARDS A PHENOMENOLOGICAL EMPATHY FOR THE “ELECTRIC OTHER”

There is, between the body of the film and the consciousness of the viewer, a process that “enables both the spectator and the film to imaginatively reside in each other,” to become each other’s sensory investigator to appreciate the inner phenomenological world of an Other differently⁵⁶. The 2014 low-budget British drama *Electricity* provides this alternative inner-vision and also confronts audiences to intense haptic visuality. The camera takes us into a “reality” that spans aspects of the central character’s life, Lily O’Connor [Agyness Deyn]. In this context ‘reality’ is the mundane mystery of

existence, with the emotions, desires, and the weight that it carries. The film itself is a method of enquiry and gives us a first-person viewpoint from Lily's perspective: we, the viewers, are invited to haptically and viscerally engage with her "interrupted" life and the episodic surges of otherness. The medical "reality" pictured in this film is accurate and sometimes brutal, epileptic manifestations include generalised and tonic-clonic seizures, aura, hallucinations and so on- totalling to a duration around seven and half minutes.

A cinempathic synergy could seem problematic because it is difficult to conceive of untellable experiences, such as epileptic events, happening to a subjective phenomenal body that does not let emotions transpire, not even through the blink of an eye. A film recognised for its visual and auditory haptic capabilities to pull audiences in the perceptual life and vision of the world of another is the biopic *The Diving Bell and the Butterfly*.⁵⁷ The film depicts the psychological and physical upheaval of Jean-Dominique Bauby, prisoner in his own body by way of 'Locked-In Syndrome' (LIS) after a stroke. In this rarely reversible condition, patients remain paralyzed and mute and appear as if in a vegetative state. Patients are aware and self-conscious, and eye-coded communication using blinks and vertical movements is the only mode of interactions with others.⁵⁸ Bauby blinks to indicate which letter of the alphabet spelt by his human interpreter is correct. His vision, with its limitations, becomes our mode of seeing, the camera involves us in his gaze and this visualisation illustrates 'that consciousness is enacted by the physical body and its corporeal engagements with the material and social world.'⁵⁹

Contrastingly, in *Electricity*, Lily's eyes can seesaw but her consciousness is out of reach to herself. Over the length of the movie our awareness of some of her modes of consciousness develops: Lily's journey between epileptic manifestations can encourage phenomenological awareness and emotional empathy sustained by a cinempathic process. In this context, audiences can look at alterity, explore their own otherness, and to some extent are looked at by the Other. These viewings question social conventions focused on the functional, formal, and aesthetic conditions of our bodies, which in turn inform individual and collective ethics. Viewers' perceptions can oscillate between three narrative frameworks – sensory, medical, temporal- that can provide ground for a reflective phenomenology that interrogates personhood. Neurologist Sally Baxendale acknowledges *Electricity* as a turning point in fiction films' representation of the condition and states "it is not for the medical profession to dictate cinematic content. Who would want to watch a film so accurate in every detail that it mimicked a clinic consultation? However, it is satisfying when medical portrayals are sufficiently accurate not to distract from the narrative of a film for those in the know."⁶⁰

We initially meet Lily in a game parlour where she works as a cashier, alone in her glass cashier's cabin, engulfed in the noise of electronic games and their reflected shimmering lights. She is in her 20s, emanating a sense of bravado and resilience through unblinking blue eyes. Her boss, Al [Tom Georgeson] acts as her protector, sometimes caring about her injured soul and body and appearing at key moments. The death of her mother, from whom she has been estranged for many

years, brings an unexpected financial surplus, bitter memories, and the reappearance of the older of her two brothers, Barry [Paul Anderson], a professional poker player. Trust, in her brother and the world at large, is an issue as she tries to trace her other brother, Mickey [Christian Cooke], who has been missing from her life for years and whom she insists on finding to share her inheritance with. The story and various plots revolve around her quest for Mickey, led by her epilepsy that tangles physical and social vicissitudes, as well as emotional richness.

Her epilepsy is the consequence of her mother throwing her down the stairs when she was a toddler. Poverty, an unstable family, and two brothers taken away by social services make for a grim introduction to her life in a northern England seaside town. Lily knows that life can be fragile at times, has no pity for herself, and is constantly listening to her frequently autonomous body. Nevertheless, she struggles with the grip that her medical condition has on all aspects of her life, from unresolved family issues to the insistence of doctors of changing her anti-epileptic medications. Lily has an acute and self-reflective understanding of her inner self, a knowledge in line with Stein's words: "My recollections announce my memory to me; my acts of outer perception announce the acuteness of my senses (not to be taken as sense organs, of course); my volition and conduct announce my energy, etc..."⁶¹ The change of pharmaceutical treatment imposed on Lily is also deeply affecting her own in-depth sensory knowledge, her foreboding of her symptoms, the clarity of her thoughts, and, of course, leaves her susceptible to life-threatening situations.

There are entanglements between epileptic pathology, lived experiences, bodily demonstrations, medical existence, public presence, the lens, the screen, and fictional representations: some portrayals of the condition can unveil these elements and also their emotional interactions. While watching *Electricity*, members of an audience can physically experience an alternate world that links time erasure, bruised flesh, and also hope. A mix of first- and second-person and a third, omniscient perspective creates a visceral mode of perceiving, feeling and reacting to the worlds that Lily navigates. The initial epileptic portrayal happens on Lily's way to a first date with a young client of the game parlour. Walking on the pier, the aura sets in: her vision blurs and distorts the world around her. The distorted acoustic landscape mixes pin-balls, seagulls, breath, bells, and the voices of strangers. Her voice-over is matter-of-fact, aimed at herself, who is soon to leave *the living envelope of her actions*: "Here is the breath, here is the breeze, here is the shimmer, and I am Alice falling down the rabbit hole," and she down goes.

Through her open eyes, we hit the pavement, hands forward to lower the impact, and roll on our back. From down there we see through her eyes the bystanders who stay standing high. No one makes a movement towards her/us, but for five long seconds all eyes look down on her/us, and then our vision shuts out their intrigued and fading faces: we dive, yelling, eyes first into a dark but scintillating electrical landscape. This topographic situation, the ground, the largely unresponsive faces of others towering over her, repeats itself when she is in frantic and noisy London, looking for the elusive Mickey. While she is in a quest for him, she unveils an emotional empathy for her own

epileptic shadow. Her resistance to a pharmacological change imposed by doctors perversely also provides her with a new awareness of her phenomenological being, a new palette of sensations and triggers for the behaviour of *her* epilepsy and its unsteadiness.

Merleau-Ponty wrote that cinema should not try to make us feel “the internal landscape of dizziness” and that spectators would get a better sense of these states if they could contemplate, from the outside, occasional bodily ineffectiveness.⁶² Technical advancements and new mindsets allow a camera to actively dive into internal landscapes of dizziness: subjective imagery and sound represent the imagination of both storyteller and the audience. In *Electricity*, the sensory telling includes visual effects, sound distortions, and a voice-over that thrusts audiences’ imagination to work “behind the scenes.”⁶³ What gives us an enhanced perception of the electrical body in *Electricity* is also its unusual filmic treatment to express the *within*. The camera seems electrified at times: shaky jump cuts bring hallucinations, dreams, and the past. It focuses not on Lily’s whole body but on parts of its jerking totality, blurring others: epilepsy is told in small gestures that fill the screen more than in many other movies portraying aspects of the disease. The felt moving images propel spectators’ heads towards the ground, acting as alternative centres of gravity, all the while opening a mental void.

After each episode of epilepsy, her hands are ours, and we look at them closely, bruised and red-fleshed from falls on asphalt. She looks clinically at herself when she checks whether her teeth are intact, touches cuts, and traces hematomas on her skin as if remapping her body after each misadventure. Her hands slide on the walls of houses, corridors and handrails in the Tube, and we move forward and down with her towards a seizure or come back and up from one. There is a kinetic economy in the telling of Lily’s inner strength. The correspondence between the visual and the tactile is almost omniscient, and it needs to be: *Electricity* questions existential impressions, because epilepsy is a story that lies within the flesh of an individual and suspends and erases time.

Bodies fall and bruise, brains hurt, people suffer: the lives of affected individuals and their social circles can definitely be impaired. Epilepsy kills. Even today, it is not uncommon for a person having a seizure in public to become a spectacle that few bystanders will react to.⁶⁴ Socio-cultural conventions align the lives of disease, individual corporeal memory, sense of time and space, with the bodies of others and their representations in the flesh or in various media. Screen representations of neurological disorders such as Alzheimer’s and dementia have steadily increased public awareness of their human face.⁶⁵ It is possible to involve an audience’s “imaginative participation in a narrative”⁶⁶ by engaging with Lily and *her* epilepsy towards a “moral interaction” facilitated by prior practice of narrative imagination.⁶⁷ As spectators, we can imagine empathetically the differences in states of consciousness inherent to Lily’s inner world, and develop with insight and knowledge, a moral imagination that requires “imaginative extension beyond immediate appearances or spoken words”.⁶⁸

CONCLUSION: COULD REPRESENTATION OF EPILEPSY ON SCREEN EVOLVE, AND DOES IT MATTER?

In this article I have examined the evolving capacities of films to elicit emotions, sympathy and various kinds of empathy in relation to the enacting of epileptic gestures and hysterioepileptic simulations. I have also outlined some of the social influences and public responses to aspects of medical staging, cabaret appropriation and movie portrayals of these diseases. Charcot's mimetic hysteric female patients, photographic documentation, the affective impact of the "danseuses épileptiques" and cake-walk performers on stage, and the acting of epileptiform events in early films did not show proof of the disease as lived by individuals. It was the audiences' gaze on images and human performances that built an apparent truth based on medical experiments, the non-epileptic actors and audiences' experiences, expectations and imagination of the Other. This point is central in grasping the impact of Charcot's work in the context of visibility, symbolism and our quasi obsession with the appearance and objectivity of the visible, and in this case, its relationship to neurological diagnosis. Ironically, a short time before his death, Charcot admitted that his work on the pathology of the nervous system had to be revisited⁶⁹.

A kind of "mediatised medical objectivity" has contributed to a degradation of the values given to the human body in general and the wealth of unmanaged, and invisible, corporeal knowledge in particular.⁷⁰ With the bias of hysteria, epilepsy became an unspecifiable genre, binding an imagination of the pathological with affective mimetic experiences to establish a new kinetic normativity that reflected social, cultural, and moral values. Thus, to translate for movie audiences the ethical, empathetic, kinetic and emotional dimensions of some types of epilepsy is challenging because of the unique ways the disease is experienced, socially considered, and visually witnessed, in the flesh and on screen. The affective transmission of epilepsy to audiences seems to stay skin deep, maybe because epileptic aesthetics and ethics do not operate in isolation, and are also tributaries to notions of consciousness. It does matter to highlight epilepsies on screen: to bring them to life, and watch them, demands imagination, empathy and an understanding of the unique sensory abilities that lie in the flesh of actors, audiences, and individuals living with the disease.

Haptic visibility, affect, mimicry, imagination and ethical conscience can reunite: this cinempathic process re-enforces the entwining of the complexity of the film text, our perception of its aesthetics, and the phenomenological engagement of spectators. Phenomenological understanding and reflective experiences converge with a cinempathy to escort audiences in Lily's journey. The individuality of the empathetic spectator is at the core of the interpretation of both Lily as an individual with *her* epilepsy and the gaze that is fixed upon their coupling. Her eyes and skin feed the perceptual experiences of the audience, but it is her defiance in the face of her epilepsy that takes us out of the simplified objectification often represented on screen. This is a positive development as in this film we witness, and experience, Lily developing an empathy for her own self and her own Other.

Nevertheless, we are reminded that we all feel and conceive our own emotional empathies, the products of socio-cultural and sensory knowledge and expectations, as foreshadowed by this sentence

from a 2014 review of the movie *Electricity* “Though she is smart and beautiful, Lily's life has been stunted by epilepsy.”⁷¹ To some extent, in its rawness, the sentence almost annihilates a cinempathy that runs through *Electricity* and offers a pitying view of *the falling disease*. It could also suggest that regardless of what cinema wants to show and the ways audiences want to watch, the face of epilepsy can distort the aesthetics of otherness because of the autonomy of its impulsive existence, its multiple physical disguises, and the liminality of consciousness.

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