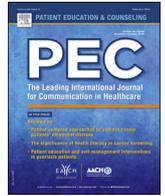




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Reflective practice

As the self vanishes: Teaching at a slant

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In my role as instructor of a second year medical student elective, The Arts and Medicine, I try to encourage students to think expansively, critically, morally, and compassionately about various topics in medicine through the medium of medically-themed visual, performing, and literary arts. We look at paintings, hear poets read their work, and listen to music and musicians. Often, in such teaching, I adopt the advice of Emily Dickinson: “Tell all the truth/ but tell it slant”; in other words, I seek out methods that provide insights into the human condition indirectly, often using media such as the arts and literature to make a point about clinical medicine. Teaching “at a slant” can plunge all of us – teacher and students alike – into a topic more deeply than we expect. Along with my students, I’ve learned that such discomfort can be a good thing. On this day, the topic is *The Vanishing Self*, and students have dutifully completed scholarly readings on postmodern narrative identity, relational ethics, personhood, self, and dementia.

After ensuring that students are happily munching the contents of their box lunches (a full stomach, I hope, will lead to full brains and hearts), I show them 8 paintings, all portraits of a male subject. Using a series of questions based on visual thinking strategies (What do you see? What else do you see? What does what you see mean? Why do you think that?), I facilitate a discussion of the paintings.

The students note differences and divergences in artistic style – the disappearing background, the changes in perspective, diverse uses of color. They see men who variously look serious or sad or angry or afraid or, as one student describes it, “obliterated.”

Students wonder whether the paintings are by the same artist – some think so, despite the disparities in style. A few ask if they portray the same individual, but most think not. Students voice their likes and dislikes. The painting most students like least is more of a sketch, really, a crumpled, ill-formed, almost non-human face. But someone speaks up in its defense, saying she likes it *because* it looks vulnerable, like someone who needs help.

I share the back story of the paintings. The paintings are indeed by a single artist, a London-based American William Utermohlen, and they are all self-portraits. Diagnosed with Alzheimer's Disease in 1995, Utermohlen did this work, at a pace of about one painting a year, over a period of 5 years.

We look at the paintings again, now in the order in which they were painted: <http://www.boredpanda.com/alzheimers-disease-self-portrait-paintings-william-utermohlen/Viewed> within this context, the students feel the paintings are sadder, more pathetic. They now see the series as chronicling a dissolution of the self. We begin to explore a question that did not arise earlier: Why did Utermohlen create these paintings? We consider evidence from his wife, an art historian, who wrote that he painted self-portraits to understand what was happening to him. We marvel at the survival of the creative impulse even in conjunction with the disappearance of the self-awareness that informed that creativity.

Our subsequent discussion revolves around three main questions: What is self? What is personhood? What is the responsibility of the physician (or medical student) in the face of a patient's shifting identity?

Students express different ideas of self. They acknowledge self as personal identity, but argue over whether the self is stable or fluid. Some also comment that, in western cultures, what is valued is the autonomous, productive self, the very type of self that the artist Utermohlen was losing. Many feel self must be defined, at

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least in part, by memory so that loss of memory becomes synonymous with loss of self.

Contemplating the self-portraits, students also consider that the artist's self seems to consist of various negative emotional attributes. They perceive fear, sadness, anger, confusion in the paintings. They recognize that these may have represented aspects of Utermohlen's suffering "self" at the time of painting. But students also ponder the courage, creativity, determination, and curiosity that were required to make these paintings. They question – even as William Utermohlen succumbed to his disease – did other qualities and characteristics endure within him?

Most students in the group distinguish between self and personhood, arguing that even if Utermohlen's self was no longer wholly intact, his being was still a person, and deserved to be treated with the dignity and respect accorded to all persons. Some students propose capacity-based definitions of personhood, perhaps already incorporating the concerns of medicine, while others mention self-awareness and consciousness, the ability to use language and communicate, having a sense of past and future as necessary for personhood. The majority endorse a more intrinsic, transcendental view: that simply being a human being implies personhood with a concomitant ethical status. Some

mention a belief in the existence of a soul that exists beyond dementia and annihilation of self. Some also express an interpersonal/relational view of personhood, saying that it is through connection with others that personhood is established.

On that day, we conclude that persons with dementia are at risk for the elimination not only of self but of personhood. It is the duty of others, and especially physicians and medical students, to maintain and redefine relationship within this shifting context. We reflect on the importance of maintaining, in the philosopher Martin Buber's term, an I-Thou, human to human relationship with such patients, even in the face of a radically altered definition of relationship. A few students mention the mystery of human existence, and reiterate that it must be respected and valued in all its forms and permutations.

Then our time is up. We haven't solved the conundrum of Alzheimer's disease, but in gazing at Utermohlen's self-portraits, we've perhaps moved closer to understanding something of his struggle and his dignity. We've also excavated our own beliefs about what makes us who we are and what makes us human. Perhaps most importantly, we've begun to contemplate what defines the personhood of others and what they deserve from their doctors. It's a beginning. Truth at a slant.