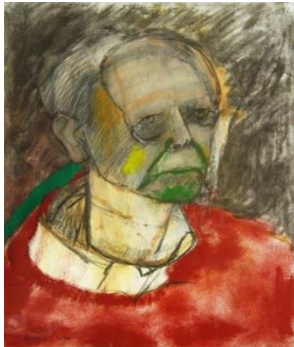


As the Self Vanishes: Teaching at a Slant

Johanna Shapiro, Ph.D.

Professor, Department of Family Medicine
Director, Program in Medical Humanities & Art
University of California Irvine School of Medicine



As part 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.” (1) Teaching “at a slant” I have found to be a good way to plunge more deeply into a topic than any of us – teacher and student alike – are prepared for. Along with the students, I’ve learned that discomfort can be a good thing (2). Sometimes, because of the way the role of patient leeches out humanity, we consider patients for whom personhood may be called into question.

On this day, after ensuring that students are happily munching the contents of their box lunches (a full stomach, I hope, leads to a full brain and heart), without further introduction I show them 8 paintings, all portraits of a male subject. Using a series of questions based on visual thinking strategies (3) (What do you see? What else do you see? What does what you see mean? Why do you think that?), students describe the paintings.

They note differences and divergences in artistic style – the disappearing background, the changes in perspective, the diverse uses of color. They see men who variously look serious or sad or angry or afraid or, in the words of one student, “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 voiced their likes and dislikes. The painting most students liked least is more of a sketch, really, a crumpled, ill-formed, almost non-human face. But one student speaks up in its defense. “I like it,” she says. “It looks vulnerable.”

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.visualnews.com/2012/10/slipping-away-self-portraits-show-descent-into-alzheimers/>

Viewed within this context, the students feel the paintings are sadder, more “pathetic.” One student describes the series as chronicling “the dissolution of the self.” We also explore a question that did not arise earlier: Why did Utermohlen do these paintings? We consider evidence from his wife, an art historian, who wrote: “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 dissolution of self.

Our subsequent discussion revolved around three main questions: 1) What is self? 2) What is personhood? 3) What is the responsibility of the physician (or medical student) in the face of a patient’s shifting personhood?

Students identified different ideas of self. They saw self as personal identity (4), but argued over whether the self is stable or fluid (echoing postmodernist discussions) (5). Some also commented that, in western cultures, what is valued is the autonomous, productive self, the very type of self that the artist Utermohlen was losing. Many felt self was defined, at least in part, by memory so that loss of memory was synonymous with loss of self.

Contemplating the self-portraits, students also considered that the self is composed of certain attributes. They perceived fear, sadness, anger, confusion in the paintings. These may have represented aspects of the “self” of Utermohlen at the time of painting. But they also pondered the courage, creativity, determination, and curiosity that were required to create these paintings. They questioned – even as William Utermohlen succumbed to his disease, did other qualities and characteristics endure within him?

Students tended to distinguish between self and personhood (6), arguing that even if the self was no longer wholly intact, the being was still a person, and deserved to be treated with the dignity and respect accorded to all persons (7). Some students represented capacity-based definitions of personhood (6), while others mentioned self-awareness and consciousness, the ability to use language and communicate, having a sense of past and future (8). The majority endorsed a more intrinsic, transcendental view: that simply being a human being implies personhood and every person has an ethical status (6). Some mentioned a belief in the existence of a soul that exists beyond dementia and annihilation of self. Some also mentioned an interpersonal/relational view of personhood (9), 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. One student gives the example of a baby, whose communicative “limits” are met with tolerance and affection rather than disgust and withdrawal. Another student, a philosophy major, notes the importance of maintaining an I-Thou stance (10) with the patient, even in the face of a radically altered definition of relationship. A few note 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 did not solve anything, but we discussed a lot of different things. It's a beginning. The student who expressed a preference for one of Utermohlen's most feeble attempts at portraiture makes one final comment: "I still like that painting best. That looks like someone who needs my help." Truth at a slant.

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