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Pursuing the Ephemeral, Painting the Enduring: Alzheimer's and the Artwork of William Utermohlen

William Utermohlen

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Pursuing the Ephemeral, *Painting the Enduring*:

ALZHEIMER'S AND THE ARTWORK OF
WILLIAM UTERMOHLEN



ILLINOIS WESLEYAN
UNIVERSITY

Pursuing the Ephemeral, *Painting the Enduring*:

ALZHEIMER'S AND THE ARTWORK OF
WILLIAM UTERMOHLEN

EXHIBITION AND SCHOLARLY REFLECTIONS

November 6 – December 11, 2015

Wakeley Gallery
Illinois Wesleyan University

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William Utermohlen's work is represented by Chris Boicos Fine Arts, Paris and Jennifer Norback Fine Arts, Chicago.

Cover: Self Portrait, 1957, pencil on paper, 122 x 59 cm; Collection Robert Ellis and Jane Bernstein, San Francisco
Maida Vale, 1990, oil on canvas, 167.5 x 83.5 cm; Collection Kat Beaulieu and Jim Peterson, Chicago
Night, 1991, oil on canvas, 152 x 122 cm; Collection Mark and Divina Meiga, Paris
Mummers Cycle Red Tears, 1970, oil on canvas, 25.5 x 20 cm; Chris Boicos collection, Paris

Back Cover: Self Portrait, 1990, oil on canvas, 18 x 14.5 cm; Collection Claire Bertin, Paris

Pursuing the Ephemeral, *Painting the Enduring*:

ALZHEIMER'S AND THE ARTWORK OF WILLIAM UTERMOHLEN

The relationship between creativity and memory is mysterious and magical.

One of my music professors suffered a massive stroke. He didn't recognize his wife and children, but upon returning home after months of rehabilitation, he was taken to his study. He was seated on the piano bench and, in halting speech, declared, "This is my piano." He proceeded to play a series of simple classics he would have learned as a child.

Each of us knows families that are profoundly affected by Alzheimer's disease. Their loved ones' memories gradually decay, and their identities evanesce. It is a slow, tragic fading, a loss of essence.

William Utermohlen's artwork is a visual memoir of an artist whose memory was stolen by Alzheimer's disease. This exhibition provides the viewer with a poignant and literal illustration of the effects of this malady. It is also an affirmation of the power of art to inspire, sustain, and strengthen makers and their audiences as they confront a devastating future. His ability to continue making meaningful images as the disease progressed has instilled hope for many, and it has provided insight for those who study Alzheimer's about the relationships between art, memory, and cognition.

A collection of reflections and essays from Illinois Wesleyan University faculty accompanies these images. They are responses to the artwork, responses to the disease, and personal experiences of hope, celebration, frustration, and loss.

Utermohlen's paintings are a poignant portrait of a devastating affliction that entreat us to live and appreciate each moment. They are images that should inspire us all to take action to find a cure and defeat this thief of memory.

Jonathan Green

Provost and Dean of Faculty

6 November 2015



W9

1990

Oil on canvas

120 x 120 cm



Bed

1990-91

Oil on canvas

122 x 152 cm

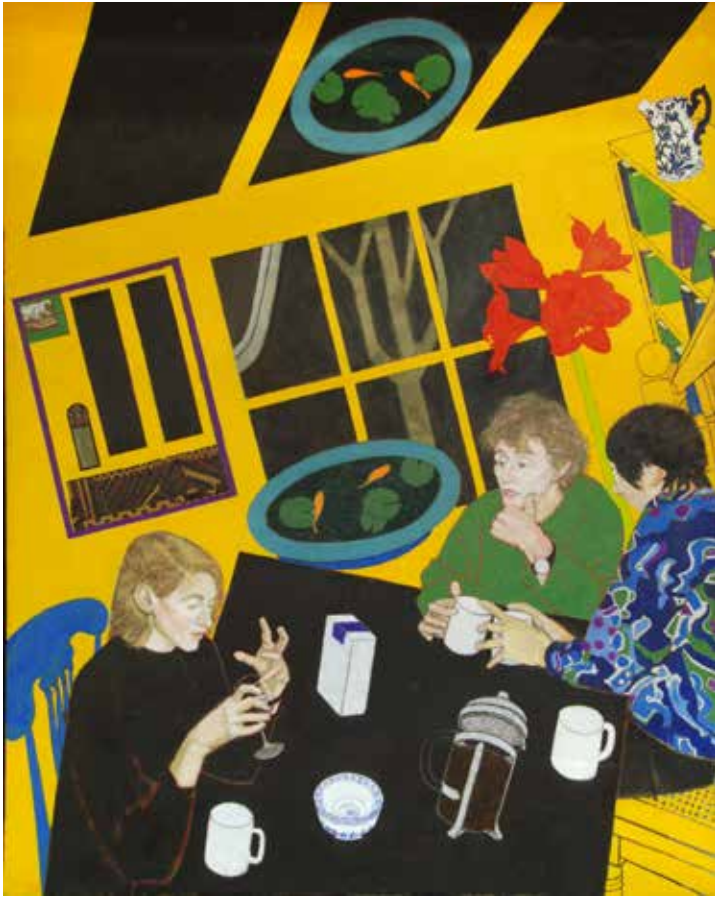


Conversation

1990

Oil on canvas

85,5 x 152 cm



Night

1991

Oil on canvas

152 x 122 cm



Snow

1990-91

Oil on canvas

193 x 241 cm



Maida Vale

1990

Oil on canvas

167.5 x 83.5 cm

A Glimpse into Identity and Alzheimer's Disease: The Self-Portraits of William Utermohlen

Mignon A. Montpetit, Ph.D.

Speaking to how Alzheimer's disease relates to my discipline of Psychology is a surprisingly daunting task. When I shared my trepidation with my husband, he remarked, "How is rain related to the ocean?" Psychology is the study of mind and behavior (American Psychological Association, 2015). Psychology examines the entire repertoire of human behavior – from attention and basic sensation of the outside world, to how attitudes, behaviors, and cognitions are impacted by the real, implied, or imagined presence of others. Psychologists study learning and memory, development, emotions, and relationships. All of these are affected by Alzheimer's disease; there seems to be no facet of psychological experience that is immune to the ravages of this disorder. For a disease with such devastating social costs, Alzheimer's disease is so intensely *personal*; it touches, literally and figuratively, the core of the human experience, a sense of identity. It is on identity that I will focus today.

We all know what Alzheimer's is, and what Alzheimer's does. Alzheimer's disease is a progressive, degenerative disorder that gradually destroys memory and thinking skills to the extent that, in its late stages, individuals are unable to communicate or to perform even the most basic of personal care (National Institute on Aging, 2015). In its early

stages, the brain changes associated with Alzheimer's disease erode basic cognitive functioning; this irreversible dementia impairs thinking, remembering, and reasoning, disrupting individuals' daily lives (National Institute on Aging, 2015). The middle stages of the disease bring with them impairments in language, sensation, and conscious thought. Confusion and memory loss become constant companions, even as individuals have difficulty recognizing family and friends. Impulsivity, hallucinations, delusions, and paranoia increase the confusion (National Institute on Aging, 2015).

Receiving a diagnosis of Alzheimer's disease would be extremely stressful – there is, for example, the stress of knowing that one is facing irreversible cognitive decline, of trying to cope with the cognitive changes taking place, and of trying to relate to friends and family, whose lives are also impacted by the disease. As human beings, when life gets stressful, we rely in part on our senses of self to weather difficult times. The sense of self helps organize our life experiences, producing a sense of continuity and coherence, and provides each of us with a sense of personal meaning (Markus & Herzog, 1991). A sense of self can help us cope with even major self-relevant losses, like the death of a spouse (Montpetit, Bergeman, Bisconti, & Rausch, 2006; Montpetit, Bergeman, &

Bisconti, 2010). Identity is one facet of the sense of self, and many caregivers for individuals with Alzheimer's disease note a loss of identity over time (Addis & Trippett, 2004). Losing their grasp on the familiar – knowledge of friends and family, the comfort of memories, being able to trust in the truth of their experience or their ability to solve everyday problems – individuals with Alzheimer's disease cannot seek solace in even this most basic of ways: I am...

How do we know who we are? Most of us rely on memories – of life events big and small, of our behavior and emotions in good times and bad, and of things people have told us about ourselves – to craft a sense of identity. Alzheimer's disease degrades these autobiographical memories, including memories of the events of our lives and memory for other personal information, such as the names of friends and family members or where we attended school (Addis & Tippet, 2004), all those little details that give substance to the fabric of our lives. Compared to events from childhood, memory for recent events is much worse (Addis & Tippet, 2004); this can be particularly devastating for families, whose shared history generally starts in adulthood for spouses, children, and grandchildren. When individuals are able to use the knowledge of their traits and experiences (i.e., autobiographical memory) to integrate their present and past selves, they perceive a sense of sameness through time (Addis & Tippet, 2004). Individuals with Alzheimer's disease may

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gradually lose this sense of continuity in identity. Addis and Tippett found that individuals with Alzheimer's disease experience a weakening of identity; compared to healthy older adults of the same age, they offer responses to questions about identity that are more abstract, more vague, and less definite.

In his self-portraits, William Utermohlen has given us an even richer way to understand how Alzheimer's disease might affect identity. I believe that by appreciating how his self-portraits change across the course of life and the course of his disease, we can trace important features of his identity development.

I'd like to take a moment to consider identity from a developmental perspective. During toddlerhood, we begin to have a sense of ourselves as unique beings, distinct from our primary caregivers. It is not until adolescence and early adulthood, however, that we typically take on the task of crafting our own identities, informed by our personal experiences, values, and ideals.

I believe that in his earliest self-portraits, painted during the mid-1950s, Mr. Utermohlen is giving us a window into his own self-development; we see bold lines, but no real commitment to boundaries in his sketches. Perhaps, in these self-portraits, we are watching him explore his identity as a young man and as an artist.

In his works from the 1960s and 1970s, we begin to see more substance and increasing detail – capturing that incredible detail involves attention to these elements, memory to store and recall the

information, and fine motor coordination to commit those details to canvas; please keep this in mind as we contrast Mr. Utermohlen's work at this point in his career to his later work. Perhaps, like his self-portraits, Mr. Utermohlen's sense of self as artist and man became more concrete and clearly defined during this period.

In 1995, Mr. Utermohlen was diagnosed with Alzheimer's disease. In one of his 1996 self-portraits, we see anger, perhaps consternation, and maybe a hint of fear in his eye as he meets our gaze. His works then take on greater abstraction; later the same year, another work shows a look of bafflement and utter confusion. I find it interesting that words like "angry," "broken," "caged," and "falling" appear in the titles of his works post-diagnosis, whereas before the titles were often simply nouns. Of his later works, Mr. Utermohlen's widow, Patricia, once wrote: "In these pictures we see with heart-breaking intensity William's efforts to explain his altered self, his fears and his sadness." By 1997, there is a sense of disjointedness to his self-portraits, a sense of disconnection among the elements of his face and head.

The essay by Dr. Patrice Polini on the website dedicated to Mr. Utermohlen's legacy points out that in his later self-portraits, there were many changes in the artist's technique; the works are more impressionistic, and over time, document the gradual loss of fine motor skills. These changes make the self-portraits from 1998, 1999, and 2000 particularly striking from an identity perspective. Recall from

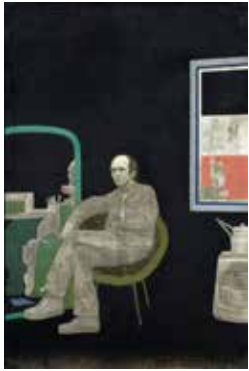
earlier that researchers have found that individuals with Alzheimer's disease answer identity tests in ways that are more abstract, more vague, and less definite than individuals who are not struggling with the disorder. We see evidence of similar changes in identity reflected in Mr. Utermohlen's self-portraits during this time. These paintings become increasingly abstract; there is an increasing vagueness to his form and to his features. Over time, we see less color and less definition, not only in the portraits themselves, but in the strokes that compose them.

I've spent many words detailing the devastation Alzheimer's disease inflicts on its victims – including Mr. Utermohlen and the nearly five million Americans battling this diagnosis each year (Alzheimer's Association, 2015). I'd like to end by highlighting what a triumph and treasure this particular collection of self-portraits is. Whether Mr. Utermohlen continued to paint for solace, to reach a state of understanding, or simply because painting was what he knew, his works represent acts of strength, bravery, and generosity. How remarkable it was that Mr. Utermohlen retained the ability to paint so far into a disease that robs individuals of cognitive and motor skills. How difficult it must have been to lay himself bare, sharing his pain and confusion in such a starkly beautiful, tangible way. How noble of him to give voice to the fears, struggles, and confusion felt by many who've lost their abilities to communicate. How generous of Mr. Utermohlen to share glimpses into his sense of self, even as he felt it slipping away.

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Self Portrait

1977

Conté crayon
and pencil
on paper
106 x 71 cm



Self Portrait

1957

Pencil on paper
122 x 59 cm



Self Portrait

1955

Pencil on paper
28 x 21 cm



Self Portrait

1967

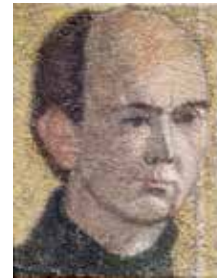
Conté crayon
and pencil on
paper
26.5 x 20 cm



**Self Portrait
(half length)**

1955

Pencil on paper



Self Portrait

1984

Oil on canvas
25 x 20 cm



Self Portrait

1990

Oil on canvas
18 x 14.5 cm



Patricia

1962

Oil on canvas
40 x 30 cm



Pat I

1977

Oil and
photography on
canvas
25.5 x 20 cm



**Mummers Cycle
De Niro Comic
Club**

1970

Oil on canvas
121 x 76 cm



**Mummers Cycle
Red Tears**

1970

Oil on canvas
25.5 x 20 cm



**Mummers Cycle
An Old Man**

1970

Oil on canvas
25.5 x 20 cm

The Face

—after a painting by William Utermohlen

With a small knife, Catherine scrapes
the last daubs of paint from her palette.

I've never seen a painter clean that wooden board,
never knew what became of those last muddy bits

of marbled gray, dingy yellow, brownish-green.
Not color so much as confusion, from *confound*,

from the Latin *confundere*, to mingle, mix up,
pour. Earlier today, she painted a study of me

reading on the patio, my back to her, one side
of my face partly visible, my left hand hovering

above my hair, two fingers up, two fingers scratching
as I thought through the most painful lines

of *King Lear*, when Gloucester, eyes gouged out,
walks to the precipice, certain of death

with each step. *I have no way, and therefore want
no eyes*. Catherine keeps scraping as we talk,

her grip surgical, forensic. When done,
she covers each mingled color with plastic wrap.

I marvel at her desire to salvage what's left,
and she laughs at my surprise, says

*Well, that's the fun, isn't it? Finding out which colors
will be there for tomorrow*. That palette, seasoned

as it is by years of her persistence—the trace
of her desire from one day to the next—

the mind, even when at its best, is more residue
than substance, more shadow than fact.

I'll remember this when I see the self-portraits
of William Utermohlen, all from the time

when his mind was in the midst of its own removal.
In one painting, right after the diagnosis,

the vanishing begins as a look of recalcitrance,
but as the plaque continues its clot

and tangle through every cell, his face
becomes a sooty smear, eyes gouged

like Gloucester's, body surrounded
by a tempest full of grit and sand and ash

as he faces the cliff's wild edge. He painted
with perfect vision but could not remember

his own eyes. Only sockets now,
front lobe, sparse hair, line for a mouth,

cylinder for a neck, and yet, there they are:
the grooves of grief, the anguish of evasion.

—Joanne Diaz

AFTER DIAGNOSIS — Artwork



Blue Skies

1995

Oil on canvas

152 X 122 cm



Pat

1997

Oil on canvas

35 X 35 cm



**Self Portrait
(Yellow)**

1997

Oil on canvas

35.5 X 35.5 cm



**Model and
Drawers**

1995

Charcoal on
paper

47 X 33.5 cm

Patient-Centered Communication and Interventions for Patients with Alzheimer's Disease

Drs. Wendy Kooken and Noël Kerr

The number of people diagnosed with Alzheimer's disease (AD) is estimated at 5 million in America and is increasing, leading to more patients with AD being hospitalized (Alzheimer's Association, 2014) or admitted to long-term care. According to the Alzheimer's Association (2014) patients with AD are hospitalized three times more often than patients without the diagnosis. Due to the influx of patients with AD being admitted to hospitals, one of the goals of Healthy People 2020 is to reduce the number of unnecessary hospitalizations for people with AD (US Department of Health and Human Services, 2015). Patients with AD are most often hospitalized for falls, gastrointestinal distress, pneumonia, and behavioral problems, such as aggression (Feng et al., 2013). Hospitalization can lead to increasing confusion in patients with AD which may not return to baseline when patients are discharged to their previous living situation (AlzForum, 2012). Communication with patients with AD is challenging and requires skill and experience, as well as creativity and the application of current research evidence to design and plan ways to engage

patients with AD in acute and long-term settings.

Communication is the foundation for therapeutic and safe care. When someone with AD is admitted to the hospital, he or she is vulnerable for many reasons including inability to express needs, confusion, illness, and others. Since nurses are the healthcare providers with the most patient contact, it is imperative that nurses are cognizant of the needs of AD patients and work to engage them. One symptom of AD that interferes with a patient's ability to accurately communicate is called confabulation; people with AD will fill in gaps in memory or knowledge by inserting inaccurate or untrue information into the stories they tell or oral responses to questions. Patients who confabulate can appear to be credible, reliable, and oriented. Concerns over this particular symptom led to a campaign to identify AD patients who are hospitalized with the image of a purple angel on their hospital wristband. The purple angel signals healthcare providers to be cautious in their interpretation of the accuracy of what the patient has to say (Napoletan, 2013). Nurses and caregivers alike can

inquire about and encourage the implementation of the Alzheimer's/Dementia Wristband Project in their local health-care agencies.

Basic Communication Techniques

Communicating with AD patients can be challenging. The National Institute of Aging (2015) offers several suggestions to improve communication with hospitalized patients with AD. Along with using common sense, such as to introduce oneself, each time the patient is encountered, other recommendations include: not appearing rushed, giving the patient at least 20 seconds to respond to questions, using concrete language, giving simple choices (e.g., would you like a hamburger or soup for dinner, instead of giving them the whole menu), and avoiding the use of questions that test a patient's memory. These techniques are more likely to reduce anxiety and aggression from patients because they are given time to process what is happening.

An additional communication technique is to engage the patient in reminiscing. In AD, remote memories are accessible for the longest period of time, so asking patients about remote memories, from childhood or work life may lead to successful exchanges. For example, patients could be asked, "What happy times did you and childhood friends have

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together?”

TimeSlips is another intervention that can be used by nurses or caregivers (Fritsch, et al., 2009). The TimeSlips activity promotes the idea that even inaccurate communication can be useful. Patients are asked to make up a story, often prompted by a picture. In this activity, there are no worries about not remembering correctly or forgetting a part of the story. Participating in TimeSlips increased the number of social interactions patients with AD initiated and increased their general alertness, when compared with patients who did not participate in TimeSlips.

Creative Engagement

Engaging patients with AD can be challenging since waning memory disrupts the person's ability to carry out what were previously simple skills. Thinking critically, outside the box, is imperative. Volland and Fisher (2014) suggest engaging patients by using a Montessori perspective. Montessori methods are most often associated with educating children, but can lead to successful interventions in patients with AD. Principles underlying the Montessori technique encourage activities that help the patient engage in self-care: 1) identifying the patient's individual needs and interests; 2) allowing the patient freedom to explore in a safe environment to

promote independent thought; 3) allowing hands-on education for the patient to promote activities that have practical applications in the control of movement, coordination, and concentration. One example is to let the patient use tongs to pick up objects, and perhaps eventually sort the objects by color or shape. The use of tongs can improve the pincer grasp, which may help with skills such as zipping clothing or picking up small objects. When patients have success in self-care, patients achieve greater satisfaction and self-efficacy.

Music is another way to engage patients; particularly if the music is familiar to them. At one program in France, a music therapist plays a song on the piano and asks patients to identify the title and artist. Participants are then given the sheet music and the song is sung as a group. Another way to engage patients with AD with music is to connect with the iPod project spearheaded by the Music and Memory Organization (Geist, 2015). Donated iPods can be programmed with music tailored for each specific patient which Music and Memory indicates will decrease agitation, increase engagement, and increase patients' pleasurable feelings.

As evidenced by the Utermohlen exhibit, people with AD can have a strong voice through images. Mr. Utermohlen's nurse encouraged him to continue painting and

drawing well into his illness and the legacy left behind is priceless. The Alzheimer's Association (2015) sponsors a "Memories in the Making" art program which gives people who have difficulty expressing themselves a different outlet which they believe leads to self-expression, social interactions, and increased attentiveness.

Repairing the memory or ensuring accurate memory recall is not the goal of any of the aforementioned interventions, but rather, is a way to offer patient-centered, evidence-based care. These interventions allow for patients with AD to be a part of, included in, and contribute to their own care. Imagine being trapped without the ability communicate effectively and being surrounded by family, friends, and caregivers who are lost to memory. This frightening scenario is the life of an AD patient. While no communication intervention will repair memories, engagement in communication-based activities will promote well-being and enhance quality of life.

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**Self Portrait
(sad)**

1996

Pencil on paper
34 x 24 cm



**Self Portrait
(Three quarter)**

1996

Charcoal on paper
46 x 33.5 cm



Self Portrait

1995

Charcoal on paper
45 x 33 cm



**Figure and
Fruit**

1997

Pencil on paper
28.5 x 20 cm



**Self Portrait
(with cat)**

1995

Pencil on paper
44 x 32 cm

WILLIAM UTERMÖHLEN — *Chronology*



- 1933** — William Utermohlen is born in south Philadelphia, Pennsylvania on December 5.
- 1951–1957** — Begins the study of art at the Pennsylvania Academy of Fine Arts.
- 1957–1958** — Uses G.I. bill funds to study art at Ruskin School of Art in Oxford.
- 1962** — Marries art historian Patricia Haynes and settles in London.
- 1963** — Begins having solo exhibitions with show at Traverse Theatre Gallery, Edinburgh Festival, Edinburgh, Scotland. Work includes “Mythological” theme paintings.
- 1967** — Has first important London show at Marlborough gallery. Also has solo shows in New York and Oxford. Exhibits the “Cantos” themed paintings inspired by Dante’s Inferno.
- 1969** — Shifts to painting “Mummers” theme depicting characters from South Philadelphia’s New Year’s Day parade.
- 1972–1973** — Paints the “War” series which alludes to the Vietnam War.
Works with “Nudes” as a theme. Continues to exhibit regularly.
- 1980–1981** — Paints two major murals, the first for the Liberal Jewish Synagogue at Saint John’s Wood, London, and the second, for the Royal Free Hospital in Hampstead, London.
- 1989–1991** — Paints the “Conversation Pieces,” great decorative interiors with figures. Work begins to exhibit signs of his undiagnosed illness.
- 1995** — Diagnosed with Alzheimer’s Disease. Utermohlen reacts to diagnoses by painting *Blue Skies*.
- 1995–2001** — Continues to paint and fights to preserve artistic consciousness. Style changes dramatically and the paintings allude to the terror, sadness, anger, and resignation he feels.
- 2001** — Utermohlen’s hospital drawings and self-portraits are published in the British medical journal *The Lancet*.
- 2002** — Makes last drawing.
- 2004** — Admitted to Princess Louise Nursing Home.
- 2007** — Dies in London on March 21, 2007.

Daydreams

A dance duet for the Utermohlen Project

An old woman (the Woman in Grey) is at the end of her life. Her mind is not reliable, her memories are jumbled and her body is failing. We watch as she navigates through her last day. She attempts to organize the memories of her life – to gather them into a collection of images, but they slip through her fingers. The images are fleeting and she cannot fully comprehend. She attempts to do a few daily tasks (such as washing the floor) but gets distracted quickly and turns her attention to a variety of elusive thoughts.

At the same time we see her spirit guide (the Woman in White) always near her. This is the soul of her mother who appears as she was in her youth, when she was her most potent self. The Woman in White supports the Woman in Grey's tasks, urging her to do what she can/must to gain a sense of closure.

As time passes the Woman in Grey can see the Woman in White more and more clearly. She goes from being a shadow to a reality. The day comes to a close and the Woman in Grey is ready to let go and make the crossing. Assisted by the Woman in White, these two souls who were connected in life once again support each other in this time of transition.

—Jean M. Kerr, September 16, 2015

Choreography: Jean M. Kerr
Dancers: Heather Priedhorsky, Erica Werner
Music: Pat Metheny
Costumes: Jean M. Kerr
Lighting: Laura Gisondi
Camera Work: Carlos Medina, Nick Giambrone
Video and Sound Editing: Carlos Medina

Choreographed in 1988 as a reflection upon the death of my paternal grandmother, *Daydreams* remains relevant today as a reflection on the end of life: the crossing over from one existence to another.

Video performance available: <http://digitalcommons.iwu.edu/utermohlen/>



**Self Portrait
(in the studio)**

1995

Mixed media on
paper

45.5 x 32.5 cm



**Self Portrait
(scowling)**

1996

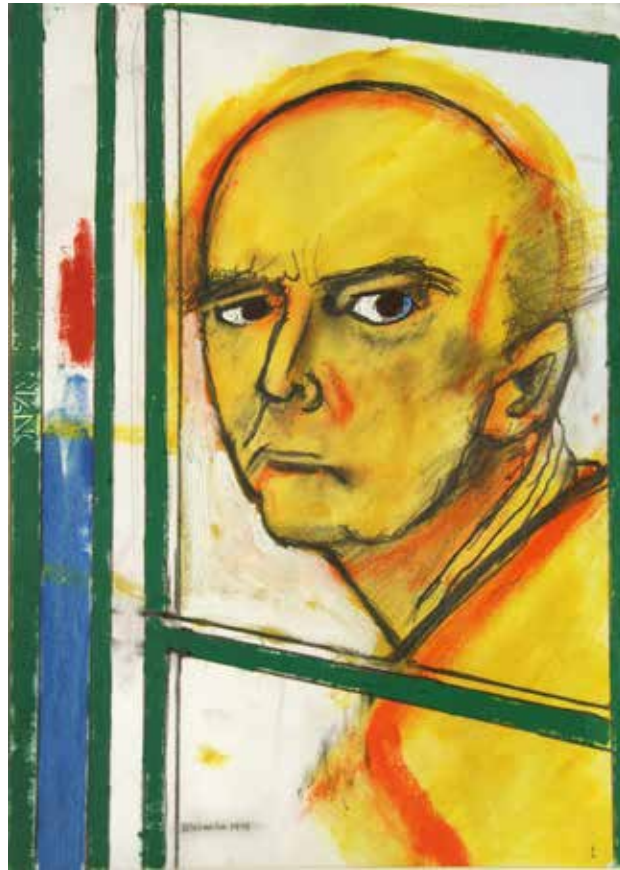
Pencil on paper
28 x 20 cm



Self Portrait

1996

Pencil on paper
29.5 x 21 cm



**Self Portrait
(with easel,
yellow and
green)**

1996

Mixed media on
paper
46 x 35 cm



**Three Ears
and Hand**

1995

Pencil and
charcoal on
paper

21 x 29.5 cm



Head I

2000 (Aug. 30)

Pencil on paper
40.5 x 33 cm

Respecting Dementia Patients' Interests

Mark Criley

Dementia inflicts uncountably many problems on the patients and families who struggle with it daily. These problems are searing, heart-breaking, and crushing—and they are also philosophical. For the losses that dementia visits upon its sufferers force families, caregivers, and patients themselves to consider questions that have animated philosophical inquiry for millennia. What gives the life of a human organism its dignity, value, and worth? What makes a living human organism a *person*? What is the nature of personal *identity*: What is it that makes me *myself*—makes me one and the same person I was an hour or a year or a decade ago? How much of my mental life—my memories, my personality, and my sense of self—can I lose to the ravages of disease before *I* am lost, and cease to be (myself) altogether? The self-portraits in this gallery might be viewed as the work of an artist straining to portray that vanishing and simplifying self, tracing its contours over time as much of its original complexity and sharp detail fade.

In the Philosophy of Law course I am teaching this semester, we are considering these questions as they bear on a specific issue before the legal and medical practitioners. One of the texts we will read—selections from Ronald Dworkin's book *Life's Dominion*—raises the issue quite sharply: How ought to address the wishes of Alzheimer's and other dementia

patients that they articulate in advance of their descent into the disease when those wishes appear to conflict with their current ones? For the purposes of this gallery book, I will merely pose and develop this philosophical and practical problem. Rather than provide Dworkin's answer or an answer of my own, I will leave it for you, the gallery visitor, to confront as you walk the floor of this exhibit. Although the case I describe is hypothetical, it closely matches the circumstances faced by many patients and their families today.

To consider the kind of case Dworkin has in mind, let us imagine a person—call her Ms. S—who has a family history of Alzheimer's, who has watched loved ones descend into dementia, and who is haunted by the prospect of undergoing that descent herself. She reflectively and sincerely decides in advance that she would prefer to die rather than live in a state of advanced dementia. She is firmly convinced that her continued existence in such a condition—unable to recognize or meaningfully interact with her family and friends, unable to pursue the projects that have given her life meaning—would be an affront to her dignity, even though she would not, of course, be aware of that affront. She is vastly more appalled at the notion of living under those circumstances than she is at the thought of, say, suffering from a debilitating, painful, and terminal illness that would leave her

mental faculties intact. She is convinced that the person she imagines after her descent into dementia would no longer be *her*. She regards such a state as a sort of living death—the horrific persistence of her living body after she has in effect quit it—and she abhors the thought of it more than the thought of any indignities that might be inflicted upon her corpse after her biological death.

It is not hard to sympathize with Ms. S's sentiments, I think. Many think that our own personhood, identity, and worth consist not in our mere continued biological existence or even in our ability to perceive and react to the world, but in a complex set of psychological states and capacities—our abilities to reason and remember, to create and evaluate, to deliberate and plan our lives. It is tempting to think that these are the capacities that distinguish us from other animals—mere animals—and that make us *persons*, possessed of dignity and capable of agency and responsibility.

Fast forward several decades. Ms. S has slipped deeply into dementia, into precisely the state she feared. She no longer recognizes her family; she can no longer participate in any of the activities that she previously valued and dreaded losing. But she is fortunate in that for the most part her days are contented. She seems to derive pleasure from precisely the simple things that years ago she would have disparaged and feared having at the center of her life, like eating ice cream and

WORK CITED

Dworkin, Ronald. (1994). *Life's Dominion: An Argument about Abortion, Euthanasia, and Individual Freedom*. Vintage Books.

watching children's television programs. She is, in short, living precisely the sort of life that decades ago she considered to be an affront to her dignity and worse than death.

Let us further suppose that although Ms. S frequently discussed her views, she did not provide explicit legal directives that would settle questions. She is now, of course, no longer competent to do so. When the time comes to decide whether to continue treatments that would prolong Ms. S's life, those decisions will rest with her loved ones, who are charged with deciding these questions on the basis of the patient's best interests: what the patient herself would want.

If *you* were Ms. S's loved one, charged with deciding whether to continue for a life-sustaining treatment for her, how would you approach the question? Which decision do you think would best serve her interests? The question tears at us because it involves a conflict between two contrary types of interest. Honoring Ms. S's considered, reflective assessment of her best interests decades ago would clearly dictate discontinuing the treatment. But now we are confronted with the apparent contentment of Ms. S's life, which seems to indicate an interest in the continuation of the treatment. Of course, none of us who can read, process, and retain these words is in a profound state of dementia; we don't know what, if anything, it is like to be in such a state. Neither, of course, did Ms. S decades ago; she, too, had only witnessed such a life from the outside in. This is why the question has special force for us. On the one

hand, we have a reflective and deliberative *but no longer occurrent* set of wishes. On the other hand, we apparently have *presently existing* interests that are not themselves reflective or deliberative and which contradict those earlier reflective and deliberative wishes. We cannot honor both. How should we decide between them?

The fact that these are compelling matters for academic philosophy does not make them *merely* academic questions; it does nothing to diminish the devastating effects dementia has on those whose lives it touches. But it does hold out the hope that philosophers might be able to help those who confront dementia think through their difficult choices. Situations like Ms. S's make it clear why these seemingly abstract questions about the mind and the self with which philosophers have grappled for so long have practical, heart-rending significance. And they make it clear that philosophers have much to learn from patients and families in their struggles.

Three Songs

by Frank Bridge

The Last invocation (1918) text by Walt Whitman
Into her keeping (1919) text by H.D. Lowry
What shall I your true love tell (1919) text by Francis Thompson

Performed by Drs. Kent Cook and William Hudson

Bridge did not write these three songs as a set, but they are particularly poignant as each song expresses a range of intense emotions surely experienced during the long goodbye of Alzheimer's. "The Last invocation," with its steady, chordal accompaniment, invokes a stately and dignified response to death, the response one would expect from a religious service where death is viewed as the logical conclusion to life. Bridge does, however, allow a singular break from this stoicism in the final climax, "Strong is your hold, O Love!" Lowry's poem "Into her keeping" expresses the grief of a man mourning the loss of his wife. Bridge artfully amplifies this grief, particularly in the second stanza where he uses louder dynamics, increased chromaticism, and increased rhythmic activity in both the piano and the voice. The first verse is then repeated much more quietly and with a sparser accompaniment, reflecting his emptiness and the futility of his loss. "What shall I your true love tell" has a stark and barren accompaniment over which the singer tells of a dying girl being asked what she would say to her absent lover. The girl's fervent responses are sung at a higher pitch level than that of the questions until the pitch of the girl's final answer falls as she utters, "I who loved with all my life, Loved with all my death."

The Last invocation

At the last, tenderly,
From the walls of the powerful, fortress'd house,
From the clasp of the knitted locks—from the keep
of the well-closed doors,
Let me be wafted.

Let me glide noiselessly forth;
With the key of softness unlock the locks—with a
whisper,
Set ope the doors, O Soul!

Tenderly! be not impatient!
Strong is your hold, O mortal flesh!
Strong is your hold, O love.

Into her keeping

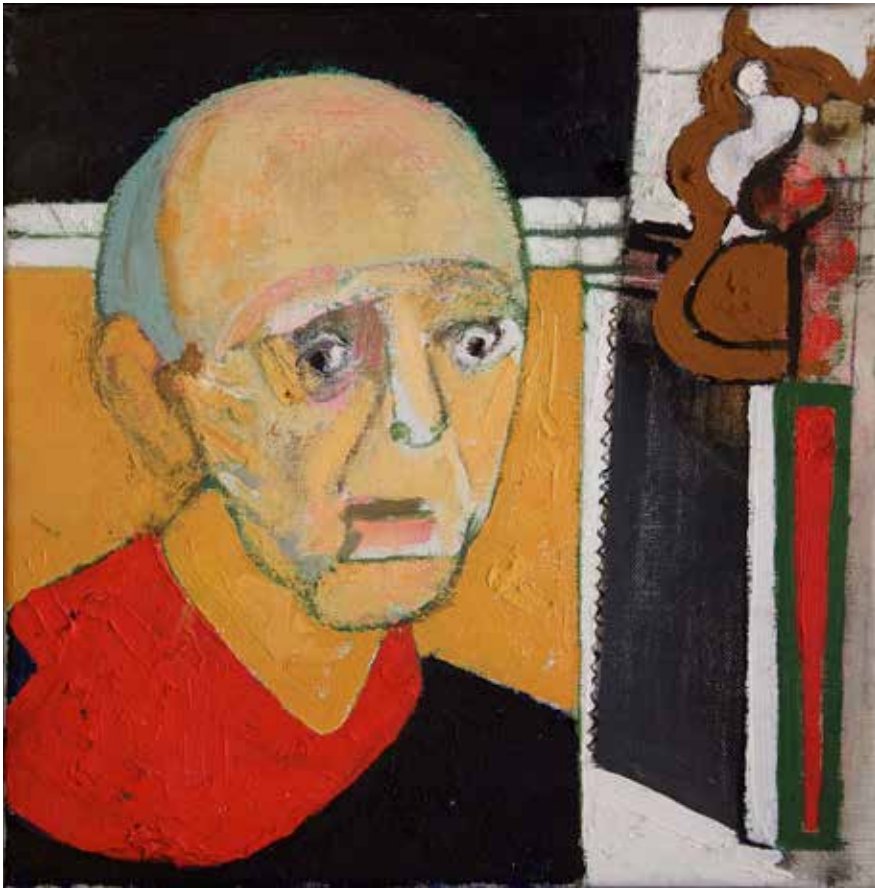
Now that my love lies sleeping
How call me glad or sad,
Who gave into her keeping
Ev'rything I had:

All love I held for beauty
And all I knew of truth,
All care for any duty
And what I kept of Youth!

Now that my love lies sleeping
There's neither good nor bad,
I gave into her keeping
Everything I had.

What shall I your true love tell

What shall I your true love tell,
Earth forsaking maid?
What shall I your true love tell
When life's spectre's laid?
“Tell him that, our side the grave,
Maid may not believe
Life should be so sad to have,
That's so sad to leave!”
What shall I your true love tell
When I come to him?
What shall I your true love tell
Eyes growing dim?
“Tell him this, when you shall part
From a maiden pined;
That I see him with my heart,
Now my eyes are blind.”
What shall I your true love tell
Speaking while is scant?
What shall I your true love tell
Death's white postulant?
“Tell him love, with speech at strife,
For last utterance saith:
'I who loved with all my life,
Loved with all my death.”



**Self Portrait
(with Saw)**

1997

Oil on canvas
35.5 x 35.5 cm



Erased Head

2000

Pencil on paper
24 x 16 cm



Self Portrait (with easel)

1998

Oil on canvas
35.5 x 25 cm



**Erased Self
Portrait**

1999

Oil on canvas
45.5 x 35.5 cm



**Self Portrait
(Green)**

1997

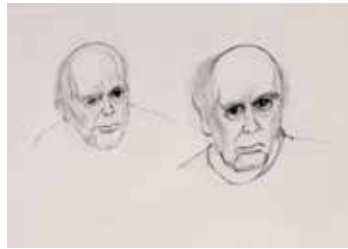
Oil on canvas
35.5 x 35.5 cm



**Self Portrait
(with red shirt)**

1996

Mixed media on
paper
42 x 27.5 cm



**Double
Self Portrait**

1996

Pencil on paper
29 x 43 cm



**Self Portrait
(Red)**

1996

Mixed media on
paper
46.5 x 33 cm



**Self Portrait
(shut eye)**

1998

Pencil on paper
33.5 x 46.5 cm



Mask (clown)

1996

Watercolor on
paper
21 x 25 cm



**Mask
(Black Stripes)**

1996

Watercolor on
paper
31 x 26.5 cm



**Mask
(Blue Eyes)**

1996

Watercolor
21.5 x 14 cm



**Mask
(green eyes,
open mouth)**

1996

Watercolor on
paper
27 x 18.5 cm



**Mask
(Green Neck)**

1996

Watercolor on
paper
28.5 x 21 cm



**Mask
(Red Spots)**

1996

Watercolor on
paper
31 x 26.5 cm

UTERMOHLEN EXHIBITION — *Fall 2015*

- Bed*. 1990-91. Oil on canvas. Estate of the artist, Paris
- Blue Skies*. 1995. Oil on canvas. Estate of the artist, Paris
- Conversation*. 1990. Oil on canvas. Collection Christophe Boïcos, Paris
- Double Self Portrait*. 1996. Pencil on paper. Estate of the artist, Paris
- Erased Head*. 2000. Pencil on paper. Estate of the artist, Paris
- Erased Self Portrait*. 1999. Oil on canvas. Estate of the artist, Paris
- Figure and Fruit*. 1997. Pencil on paper. Estate of the artist, Paris
- Head (with coffee stain)*. 2001. Pencil on paper. Estate of the artist, Paris
- Head I*. 2000 (August 30). Pencil on paper. Estate of the artist, Paris
- In the Studio (Self Portrait)*. 1977. Oil and photography on canvas. Estate of the artist, Paris
- Maida Vale*. 1990. Oil on canvas. Collection Kat Beaulieu and Jim Peterson, Chicago
- Mask (Black Stripes)*. 1996. Watercolor on paper. Collection Elizabeth Joynes, New York
- Mask (Clown)*. 1996. Watercolor on paper. Estate of the artist, Paris
- Mask (green eyes, open mouth)*. 1996. Watercolor on paper. Collection Elizabeth Joynes, New York
- Mask (Green Neck)*. 1996. Watercolor on paper. Estate of the artist, Paris
- Mask (Red Spots)*. 1996. Watercolor on paper. Collection Elizabeth Joynes, New York
- Masque (Blue Eyes)*. 1996. Watercolor. Estate of the artist, Paris
- Model and Drawers*. 1995. Charcoal on paper. Estate of the artist, Paris
- Mummers Cycle An Old Man*. 1970. Oil on canvas. Collection Christophe Boïcos, Paris
- Mummers Cycle De Niro Comic Club*. 1970. Oil on canvas. Collection Bernice Krichevsky, Chicago
- Mummers Cycle Red Tears*. 1970. Oil on canvas. Collection Christophe Boïcos, Paris
- Night*. 1991. Oil on canvas. Collection Mark and Divina Meigs, Paris
- Pat I*. 1977. Oil and photography on canvas. Estate of the artist, Paris
- Pat*. 1997. Oil on canvas. Collection Chris Boïcos, Paris
- Patricia*. 1962. Oil on canvas. Estate of the artist, London
- Self Portrait (shut eye)*. 1998. Pencil on paper. Estate of the artist, Paris
- Self Portrait (Green)*. 1997. Oil on canvas. Estate of the artist, Paris
- Self Portrait (half length)*. 1955. Pencil on paper. Collection Carroll Joynes Chicago
- Self Portrait (in the studio)*. 1995. Mixed media on paper. Private Collection, Paris
- Self Portrait (Red)*. 1996. Mixed media on paper. Collection Catherine Poilleux, Paris
- Self Portrait (sad)*. 1996. Pencil on paper. Private Collection, Chicago
- Self Portrait (scowling)*. 1996. Pencil on paper. Estate of the artist, Paris
- Self Portrait (shut eye)*. 1998. Pencil on paper. Estate of the artist, Paris
- Self Portrait (Three quarter)*. 1996. Charcoal on paper. Collection Bernice Krichevsky, Chicago
- Self Portrait (with cat)*. 1995. Pencil on paper. Estate of the artist, Paris
- Self Portrait (with easel)*. 1998. Oil on canvas. Collection Pascal Odille and Patrice Polini, Paris
- Self Portrait (with easel, yellow and green)*. 1996. Mixed media on paper. Collection Perrigo Company PLC
- Self Portrait (with red shirt)*. 1996. Mixed media on paper. Collection Debra Haley, Paris
- Self Portrait (with Saw)*. 1997. Oil on canvas. Collection Christophe Boïcos, Paris
- Self Portrait (Yellow)*. 1997. Oil on canvas. Collection Perrigo Company, PLC
- Self Portrait*. 1955. Pencil on paper. Collection Dimitri Papalexis, Paris
- Self Portrait*. 1967. Conté crayon and pencil on paper. Collection Perrigo Company, PLC
- Self Portrait*. 1984. Oil on canvas. Private Collection, Chicago
- Self Portrait*. 1990. Oil on canvas. Collection Claire Bertin, Paris
- Self Portrait*. 1995. Charcoal on paper. Collection Perrigo Company, PLC
- Self Portrait*. 1996. Pencil on paper. Estate of the artist, Paris
- Self Portrait*. 1957. Pencil on paper. Collection Robert Ellis and Jane Bernstein, San Francisco
- Snow*. 1990-91. Oil on canvas. Collection Bernice Krichevsky, Chicago
- The Train*. 1974. Photogravure and aquatint. Museum of Modern Art, New York
- Three Ears and Hand*. 1995. Pencil and charcoal on paper. Estate of the artist, Paris
- W9*. 1990. Oil on canvas. Private Collection, Chicago

Special thanks to:

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