

CASE AND COMMENTARY

William's Portrait and Community Narrative

Mark Gilbert, PhD

Abstract

This article describes one collaborative arts-based research project. Portrait artist Mark Gilbert considers lessons for art and healing from one patient, William, whose cancer and portraiture experiences illuminate reflection as a critical component of both a sitter's and an artist's coassembly of visual narrative and community.

Portraiture in Clinical Settings

As an artist-in-residence working with patients and caregivers, I became acutely aware of how relationships and interactions between subjects and me were fundamental to the process of making portraits and the meanings those portraits generated. This experience inspired me to continue arts-based research through a project called *The Experience of Portraiture in a Clinical Setting* (EPICS), which sought to explore my artistic interactions and shared experiences with patients from the Head and Neck Cancer Clinic at the University of Nebraska Medical Center.¹ The following description of my interactions with William and reflections while drawing him enables investigation of the ethical and aesthetic dimensions of portraiture in clinical settings.

Hands

William was 82 years old when I met him. Two years previously, he had had a basal cell cancer removed from his upper lip. In January 2013, he found a lump under his nose; it was a squamous cell tumor that had driven itself into his mandible. He underwent 12 hours of surgery to remove his upper palate and teeth; part of his nose was also removed and reconstructed. This surgery was followed by 7 weeks of radiation. William had only recently completed his treatments and was just beginning to put on weight when I met him. His diet, he explained, was "just the same as before, only it's liquidized."

As we worked on his portrait together, William began to tell me his story, reminiscing about a long, productive life full of adventure, achievement, and global travel. A retired military physician and scientist, William had always been active. He stated, "I have always had a very busy, planned day, even in my retirement. I retired at age 50 from the Air Force. But I didn't retire from life!" When asked why he was initially interested in sitting for his portrait and being part of the EPICS study, he said with a laugh, "Actually I was interested, not because I was very interested in the arts, but the words *medical*

research turns me on. My connections with medical research have always been very positive.” He often spoke lovingly of his wife, who had resided in a care home for 6 years after a fall that left her a quadriplegic. William would visit her for 4 hours at a time, 6 days a week. He spoke movingly of losing his friends as they’d aged and of feeling more isolated. He poignantly wondered if he had “just lived too long.” He seemed to accept his illness and current challenges with a strong religious faith, stating over and over, “It is in God’s hands, when He’s ready for me, He’ll take me, and when He is not ready for me I will keep on plugging along.”

As we began working together on an initial charcoal drawing, I intended to focus on drawing his head and shoulders. However, as he sat, I was struck by William’s large, expressive, delicate hands. I was compelled to tentatively draw them first at the foot of the page.

Figure 1. *William*, 2013



Courtesy of Mark Gilbert.

Media

Charcoal on paper, 40" x 26".

Pastel of William

Each sitting with William took place in my studio, centrally situated within the Head and Neck Cancer Clinic. I would meet him in the waiting room, where he would be sitting reading. At my request, William would come wearing the same green shorts, exposing his thin legs and swollen knees. The shirt he wore was patterned with a maroon palm tree print. As it was a gift from one of his daughters, William was eager to have it included in his portrait. He also wore a flat Harris Tweed cap, of the type I had rarely seen in Nebraska (especially in July) but was used to seeing worn by older male adults in my native Scotland. When he sat down, William hung the cap on the arm of the chair. He walked with a slow, deliberate, lolling gait and used a wooden walking stick that he told me had belonged to his father.

Figure 2: *William*, 2013



Courtesy of Mark Gilbert.

Media

Pastel on paper, 50" x 36".

William's generosity in sharing his reflections with me during our sessions was deeply reassuring and diminished my initial nervousness, which I always felt when first meeting EPICS participants. The role of reflection that is so fundamental to artistic practice proved also to be central to William's experience of the portraiture process. Like others in the EPICS study, sitting for his portrait gave William an **opportunity to reflect**, even when he was not inclined naturally to do so.

As an artist, I experienced 2 types of reflection in working on William's portrait: *experiential reflection* that focuses on the here and now, enabling a more intuitive, open monitoring of the present experience; and *narrative reflection* that focuses attention and effort on fitting the pieces of William's story and presence into a cohesive, believable whole. Through narrative reflection, I retrospectively analyzed and reconsidered formal elements of the portrait: the proportions, structure, and relationships of tone and color. As I familiarized myself with the materials, setting, and William, I also aspired to sustain a deep sense of curiosity fundamental to the iterative process of assessing the gradual evolution of the portrait while reflecting on my emerging relationship with William. By maintaining my curiosity and care, I **gained insights** about William—and about me—that were channeled into the portrait; with no set mission, we explored, improvised, played, and discovered.

The portrait-making process required me, at times, to pause, be silent, step away from the easel, tilt my head, and halfway shut my eyes to gain perspective. These actions helped me alter my perspective enough to embrace the whole developing portrait and the sitter simultaneously, without a hyperfocus on details. Completion of my drawings of William relied on deep observation, mindful awareness, improvisation, and proactive problem solving.

Whether standing actively at the easel, drawing, or taking a break to quietly reflect, I was engaged in a constant process of drawing not only what I saw, but also what I felt as I sought to give expressive form to what I witnessed and shared with William. I acknowledged the centrality of my role as researcher and my perspective as painter in the portraiture process and in the final images. However, as an artist-researcher, I was vigilant during our sessions to allow space for William's voice and presence to predominate. The uncertainty that permeated the portrait-making process required me to divide my time between being and doing, to seek a balance between effort and surrender to the creative process. I tried to balance conscious acts of gathering fragments of information through observation with a passive stance of beholding to create a unified and credible aesthetic whole for each portrait or drawing of William.

William Sitting in Community

William considered his role in this study "in the same way" that his wife sees her role in the care home as an opportunity to be a "chief cheerleader" that keeps people in the care home "from just sitting in their rooms moping." He acknowledged that he looked quite different following his surgery yet was unconcerned that his portrait would present his postsurgical appearance to others.

Knowing that I have a different face and don't speak so clearly and so forth would tend to make me more want to stay more isolated, but I deliberately tried not to let that happen. I still go out to the store and do my own shopping. Try to keep my life as much as normal as I can. And not let the cancer mean I shouldn't go out and be seen like this. I haven't let that bother me at all. Should I go out? My answer is yeah, I am not going to change what I am going to do. I am not going to let it isolate me more than I already am isolated.

In later sessions, William commented on how looking at other participants' portraits on the studio walls helped him realize that everyone has their own unique stories and challenges. He pondered what other participants had been through.

Well, I look at all these faces there—including my own. Each of these people have that same life to look back over. They have all had things in their life. Some things have been very similar to what I have had, other things have been very different from what I have had. I wonder... I assume all these people have had some form of cancer or they wouldn't be in this clinic. I wonder how they did? How did it affect them? I had an advantage; I had been a doctor. I understood the cancer, I knew a lot of things, I didn't need to ask the questions because I knew the answer. I had a big advantage; it was not a big scary unknown.

On completion of his portrait, William described his experience of sitting. He said, "I enjoy it. I enjoy our talking back and forth. It has been a positive process, as far as I am concerned." He explained how participating prompted him to consider past events and relationships. He considered how his constant reflecting on the past differed from what he called the "forward thinking" of his younger days. William acknowledged that, as he gets further away from his cancer experiences, he sees the portrait as a kind of memorial to his cancer journey. Rather than focusing on his illness and health status, though, William expressed gratitude not only for the portrait itself, but also for the portrait sitting time, which he characterized as open-ended time that "made me look back over stories of my life ... and makes me think 'what happened in my life and why did it happen?'" He continued, "When I start looking back over stories of my life, I see patterns I didn't see before." In particular, William reflected on his ability to find solace in surrender, restating his religious faith when he shared that he looked at his cancer experience "as under God's control." When asked how he felt about people viewing his portrait and having their own interpretations in response to it, he stated, "They can interpret how they want to. It doesn't bother me, is my attitude. Yeah. I know the story of the picture. They can feel about it how they want to feel."

Finally, as he looked at his finished portrait propped on the easel before him, he made himself laugh, saying, "It's not very angelic, other than the fact it portrays a human, and a spiritual, being."

References

1. Gilbert MA. Experience of portraiture in a clinical setting: an artist's story. *J Appl Arts Health*. 2014;5(1):135-150.

Mark Gilbert, PhD is an artist and a research associate with the Faculty of Medicine at Dalhousie University in Halifax, Nova Scotia, Canada.

Editor's Note

This human subjects research was reviewed by the University of Nebraska Medical Center Institutional Review Board in 2013.

Citation

AMA J Ethics. 2020;22(6):E476-481.

DOI

10.1001/amajethics.2020.476.

Acknowledgements

The author wishes to acknowledge all the patients whose participation made the study possible. He also acknowledges the help and support of the staff of the Division of Head and Neck Surgical Oncology within the Department of Otolaryngology at the University of Nebraska Medical Center.

Conflict of Interest Disclosure

The author(s) had no conflicts of interest to disclose.

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