MEDICINE AND SOCIETY

Debra Malina, Ph.D., *Editor*

Lens — On Aesthetic Distance and Empathy

C. Alessandra Colaianni, M.D.

In the middle of a difficult winter, my parents flew to visit me in Boston. Frigid weather made outdoor activities impossible, so my mother proposed a visit to an art exhibition featuring Graciela Iturbide's photographs of Indigenous communities in Mexico. My mother's love for Mexico approaches obsession: as a child, she spent months there every winter with a large family that her parents had befriended and that we continue to think of as our cousins. As a hippie 20-something, she moved to Cuernavaca to teach English for a summer and didn't leave for 5 years. She captured scenes of her adopted home with a 35-mm camera — she would develop and print the film in our suburban basement decades later. For my mother, the Iturbide exhibit would be a kind of homecoming. I was somewhat less enthusiastic, but she'd made it clear that a visit was nonnegotiable.

For me, the winter had been difficult for a number of reasons: I was in my fourth year of a notoriously grueling surgical residency program and had spent the previous few weeks interviewing for further training in head and neck surgical oncology and trying to understand whether, and in what form, this was a life that I could handle. It was dark when I went to the hospital and dark when I left it, and every few days I spent a sleepless night on call, fielding pages and consults that made me increasingly angry. Even my dreams had become expressions of anxiety: in them I discovered long lists of patients I was expected to see in hospital wards I'd never heard of and entered operating rooms having forgotten all the relevant anatomy I'd ever learned. I felt as though nothing I did was real or carried any real meaning. I suspected that I was changing, becoming more impatient and irritable, less kind to those around me, and at once less interested in my chosen field and less curious about anything but work. My world had narrowed to the thin strip of land between my apartment and the hospital, and I felt myself narrowing with it.

The week before my parents came to visit, a patient with head and neck cancer whom I had cared for had died a horrible death: though the surgery to remove the cancer had gone well, postoperatively he had suffered myriad complications, the worst of which (in my estimation) was a thick delirium that left him picking at invisible insects on his arms, unable to communicate with his doctors or his family. He was transferred from our small inpatient unit specializing in patients with head and neck cancer to the big hospital next door, which, as it would turn out, he would never leave.

I visited him during my rounds when I worked weekends, and he was always alone. I was never sure whether he understood my attempts to greet or engage him, and he pushed my hands away when I tried to clean his incisions. After a complicated course involving multiple reversals and reinstatements of his "do not resuscitate" orders and no small amount of infighting between the teams taking care of him, his family decided to focus on his comfort, and plans were made for discharge to a hospice facility. It wasn't to be: shortly before the day of his planned discharge, the resident who had seen him in the morning came to find me in the preoperative area, where I was preparing for the day's cases. "He died," she said. "He must've died right before I got there. The nurse said his family was there with him."

Eyes fixed on the computer screen in front of me, fingers still typing my morning notes, I shook my head and said, "Finally." His death, as I saw it, was a blessing: an end to the addled,

solitary, pain-filled existence I had borne intermittent witness to since his surgery.

Silence.

When I looked up, I saw that my colleague was fighting tears. She looked almost apologetic when, embarrassed by my own brusqueness, I asked if she was OK, if this was the first time she had seen a patient die. "I've seen people die before, but this was different," she said. "He was going to hospice. He almost made it out."

The interaction shook me: I saw in it incontrovertible evidence of my own diminishing empathy. How could I fail to recognize the sadness in this patient's death — even if, on some level, like so many deaths I had witnessed during residency, it came at least partially as a relief? The decline in empathy that many trainees experience as they go through medical school and residency has been well described, but somehow I had thought myself immune, that my awareness of it would serve as insulation. That because I cared about empathy, erred on the side of it, was by external accounts *good at it* (imagine praising yourself for behaving like a human being), I was protected. How had I gone from a person who cried involuntarily alongside standardized patient actors during medical school to someone who couldn't anticipate the emotional needs of a close colleague?

I ruminated on this interaction as my parents and I entered the exhibit of black-and-white photographs. Initially, their content and composition reminded me of my mother's work that had hung in my childhood home: well-dressed men in brick alleys, goods displayed at a market, a bicycle with a paper-mache bull's head for a basket. I walked through the rooms both grateful for my parents' visit and eager for their departure so that I could return to being miserable alone. Then the images became gruesome, depicting an annual goat-slaughtering ritual in Oaxaca. Before me, animals bled from neck wounds into dirty buckets atop other flayed carcasses, women held bloodstained knives between their white teeth (see photo). The goats, and the ritual, are a legacy of the Spanish conquistadors: the villagers say a Catholic prayer before each death, and one goat, crowned with flowers, is spared, bearing witness to the carnage around him. A writer who had accompanied Iturbide on her visit to Oaxaca described the horror this way:

***Carmen*, La Mixteca, 1992, Graciela Iturbide.**
Gelatin silver print, 17.5×12 in. © Graciela Iturbide, courtesy of Etherton Gallery.

"The monastery courtyard is full of blood . . . on the mats, the whitewashed walls, the children's faces, the old women's skirts. From the back corral, where they cut and bleed the living goats, they bring the animal, spurting blood, its eyes wide open, to the courtyard. There, the small children, those who don't know, cut the ears and score a line from the belly to the tail."[1]

The world of the ritual was disturbing even in black and white; I couldn't imagine witnessing it in person.

The next series was more disturbing still: I walked slowly through a collection devoted to *angelitos* — dead children in tiny coffins, dressed as angels. The photographs were stark, compelling, and at times beautiful. A contact sheet showed a family processing toward a grave site, punctuated with close-ups of a rotting corpse lying in the road, its bones laid bare by surrounding vultures. The violence and abruptness of that body, shocking even in the context of a graveyard, contrasted starkly with the tender-

ness of the family procession. I found the images difficult to look at but more difficult to look away from. I wondered what kind of a monster felt comfortable approaching a family carrying a dead child toward a grave site, asking to take their picture. I wondered what kind of parent agreed to that intrusion.

Seeking respite, I found my mother watching a filmed interview with the artist and sat down next to her. Iturbide had a warm, open face — lined, serious, but inviting. Her voice was honey with a hint of grit. She was describing the camera as a means of protection from the difficult material that she photographed — a way to intentionally, but temporarily, disengage from the emotional content inherent in it. "When I have my camera nothing happens to me, because I'm seeing in a different way. I'm seeing with my camera," she said. "If I were to go without taking photos, without my camera, I would cry because I'd realize how they are killing them and how much blood is spilled, but with the camera I change. I'm in a different world. Through my camera I'm seeing something that I don't see with my eyes, that I don't see directly."[2]

What she was describing was aesthetic distance: a way to understand and contemplate her subjects unemotionally, a kind of detachment. The concept of detachment was, of course, familiar to me from my medical training, though in practice I had found it impossible to define a healthy distance from my patients, concerned that any distance at all would preclude true caring.[3] But Iturbide was far from being uncaring or unempathetic: her artistic approach required a radical empathy I had never considered. This was an artist who made connecting with her subjects an integral part of her process, living with them in the desert, becoming a part of their communities for extended periods, obtaining their explicit permission well before it was standard practice to do so. "To me," she has said, "it's almost more important to get to know the worlds I travel in; this knowledge is so attractive that the photography almost takes second place."[4] Unlike many people who study or depict Indigenous people, Iturbide made sure her relationships were built on the ethic of explicit permission and mutual trust.[5] No one could accuse her of lacking empathy. She felt compelled to document the realities lived by her subjects, but she used the camera as a shield to protect herself from what she saw.

Empathy and aesthetic experience are etymologically linked. The word "empathy" originates from the German *Einfühlung*, or "in-feeling," which denotes an explicitly aesthetic ability to appreciate objects and nature, to feel oneself in a piece of artwork or a landscape.[6] Iturbide helped me realize that contemplating something aesthetically does not preclude empathy; to the contrary, it may ultimately boost understanding and reduce the distance between the self and the other. I had borne witness to horrible things during residency — people with gaping neck wounds, skin flayed by burn injuries, catastrophic bleeding — and had neither viewed them from behind a lens nor been able or encouraged to process them in any way. Instead, I had, by necessity that became habit, simply moved on to the next task, and doing so over and over led me simultaneously and paradoxically to both profound loneliness and a desire to self-quarantine. It struck me that the conversation I'd had with my colleague, asking how she was doing in the wake of the patient's death — paltry as it was — was one of the only times I'd debriefed with anyone in the moment about a patient's death during training.

Iturbide's daughter, Claudia, died when she was 6 years old.[7] The loss spurred Iturbide's obsession with photographing death, which she later described as a kind of therapy: "I had a need to involve myself in the death of others, perhaps to come to terms with my own pain," she said. She stopped photographing death after coming across the body in the middle of the graveyard, the one in the photograph that had so startled me. "The corpse, or what remained of it, was in the middle of the road," she said later. "He was still dressed in pants and shoes, but much of his flesh was pecked away by the vultures. It was as though death were saying to me: 'You want to photograph me, here I am.'" A superstitious person, Iturbide took that experience as a sign that she could finally stop photographing death, that she had worked through her own grief: "It was as though death had told me, 'Enough, Graciela!'"[8] As physicians, we, too, experience loss and pain and become involved in the death of others. How are we trained to work through our grief?

I felt untethered wandering through the final series of Iturbide's photographs, stills taken in Oaxaca's Botanical Garden. The plants were sickly, undergoing special care and in various stages of healing. Tall cacti were bound together with heavy twine to support cracked trunks; bundles of newspaper or wooden boards served as splints for broken limbs; a thorny tree received a milky infusion from what looked like a standard-issue bag of intravenous fluid. As I left the exhibit, I was certain I would have to find my own version of Iturbide's lens, a protective mechanism that would allow me to bear witness to the suffering I saw in the hospital every day, neither being destroyed by it nor becoming numb to it. It wasn't until much later, until I drafted this essay, that a reader pointed out I had already found it — in writing.

Disclosure forms provided by the author are available at NEJM.org.

From the Department of Otolaryngology–Head and Neck Surgery, Oregon Health and Science University, Portland.

1. Iturbide, G, Sanchez O. En el nombre del padre. Allen E, trans. Toledo, Mexico: Ediciones Toledo, 1993.
2. Hear from the artist: Graciela Iturbide's Mexico. Boston: Museum of Fine Arts (https://www.mfa.org/exhibitions/graciela-iturbides-mexico/hear-from-the-artist).
3. Underman K, Hirshfield LE. Detached concern?: emotional socialization in twenty-first century medical education. Soc Sci Med 2016;160:94-101.
4. Gresh, K, Sheridan G. Graciela Iturbide's Mexico. Boston: MFA Publications, 2019.
5. Taladrid S. Graciela Iturbide's art of seeing Mexico. The New Yorker, May 30, 2019 (https://www.newyorker.com/culture/photo-booth/graciela-iturbides-art-of-seeing-mexico).
6. Lanzoni S. Empathy: a history. New Haven, CT: Yale University Press, 2018.
7. Meyers W. 'Graciela Iturbide's Mexico' review: life and death south of the border. Wall Street Journal, January 29, 2019 (https://www.wsj.com/articles/graciela-iturbides-mexico-review-life-and-death-south-of-the-border-11548796670).
8. Iturbide G. Eyes to fly with: portraits, self-portraits, and other photographs. Austin: University of Texas Press, 2006.

DOI: 10.1056/NEJMms2107241