

## Artistic Expression with Dementia

By Kate Scannell, MD

*F*inally, the words just disappear. Alzheimer's erases them from the brain so completely that the names of mundane objects like "pen" or "watch" cannot be spoken. As his illness began and progressed, before diagnosis, Dr Shearn turned more and more to painting. A burnished sunset stretched across a sleepy, rugged landscape (page 26). A glossy eye unflinchingly stares back. Sixteen hands (page 61)—opened, emptied, suspended in motion. The primordial beginning of life (cover).

He speaks in tones of blues and greens and pinks and reds, and he transcribes the internal images with brushstrokes across canvas. He reaches through the fog of his dementia, where the glorious words he had once mastered are obscured, and he connects still—in this inventive way, through this new medium. He continues to do what he has always done as a physician and researcher, venturing beyond the conventional limits of language and medicine to discover and communicate new constructs.

It would be preposterous to pretend knowledge of Dr Shearn's creative intention or process, impossible to propose an understanding of his art derived from medical theories of disease. Still, much has been written about the relationship between neurocognitive states and artistic expression, and the urge to speculate on that relationship arises here too. After all, we physicians are consummate diagnosticians who daily seek scientific explanations for our patients' subjective complaints, and we constantly filter those complaints through a focus on pathology. We believe that we can—and even should—discriminate the voice of mind from the voice of body when our patients speak about suffering and distress.

We read medical literature that associates creativity with prefrontal dementias, analyzes Willem

deKooning's abstract expressions through the influence of his Alzheimer's dementia, or interprets Ernst Josephson's paintings through his schizophrenia. The new genetics fascinate us and lure us into believing that heredochemical factors might explain our personalities, proclivities, and aesthetics. As physicians, we uniquely wander and wonder about the mysterious nexus between mind and body, health and disease, living and dying.

And still, with every available diagnostic tool in hand, we cannot locate human creativity. We cannot tell where it resides in our system of propositions for health and disease, our medical notions about personhood and agency. Looking carefully and analytically at artwork created by people in demented or psychotic "states" does not reveal the vast, inscrutable internal worlds from which this creativity originates.

No matter how hard we have examined the human brain—rummaging through thick clumps of tangled neurons or searching under the dark crusts of a thousand cortical scars—we do not know how people create and why they must. Creativity flows from a source of their being that artfully defies our medical investigation and scientific discourse. Creativity humbles us in our quest to become masters of the psyche and body, and it "re-minds" us of our astounding incapacity to understand the most rudimentary element of our patients' lives: their exquisite, fundamental aliveness.

I suspect that Dr Shearn was drawn toward the mystery. I imagine that he ventured purposefully into it, with whatever tools he possessed, to create something new—much as he had always done—in his unique fashion and radical, enduring aliveness. ❖

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