DOREEN B. TOWNSEND CENTER OCCASIONAL PAPERS • 5

PAINTING FROM MEMORY

LAURENS PARK WHITE

CAROLINE TANNER

TIMOTHY J. CLARK

Painting From Memory

Aging, Dementia, and the Art of Willem de Kooning

THE DOREEN B. TOWNSEND CENER FOR THE HUMANITIES was established at the University of California at Berkeley in 1987 in order to promote interdisciplinary studies in the humanities. Endowed by Doreen B. Townsend, the Center awards fellowships to advanced graduate students and untenured faculty on the Berkeley campus, and supports interdisciplinary working groups, discussion groups, and team-taught graduate seminars. It also sponsors symposia and conferences which strengthen research and teaching in the humanities and related social science fields. The Center is directed by Thomas W. Laqueur, Professor of History. Christina M. Gillis has been Associate Director of the Townsend Center since 1988.

PAINTING FROM MEMORY contains the text of a panel discussion held in November of 1995 in the Gund Theater at the University Art Museum. In this edition, physicians Caroline Tanner and Laurens Park White discuss the work of Willem de Kooning with art historian TJ Clark of Berkeley's Department of the History of Art with particular emphasis upon the later work. This symposium was sponsored as part of the Townsend Center's ARTS AND HUMANITIES INITIATIVE and the HUMANITIES PERSPECTIVES ON AGING INITIATIVE. Both of these initiatives encourage interdisciplinary dialogue in those areas of human concern where the Humanities can make meaningful contributions. Funding for the event and for this Occasional Paper was provided by the Academic Geriatric Resource Program and by the Walter and Elise Haas Fund.

Funding for the *OCCASIONAL PAPERS* of the Doreen B. Townsend Center for the Humanities is provided by Dean Joseph Cerny of the Graduate Division, and by other donors. Begun in 1994-95, the series makes available in print some of the many lectures delivered in Townsend Center programs. The series is registered with the Library of Congress. For more information on the publication, please contact The Doreen B. Townsend Center for the Humanities, 460 Stephens Hall, The University of California, Berkeley, CA, 94720. (510) 643-9670.

Occasional Papers Series
Editor: Christina M. Gillis
Assistant Editor : Jeffrey S. Akeley
Civer and Interior Design: Jeffrey S. Akeley
Printed by Hunza Graphics, Berkeley, California
ISBN 1-881865-07-01

Occasional Papers of the Doreen B. Townsend Center for the Humanities, no. 5.

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Painting from Memory

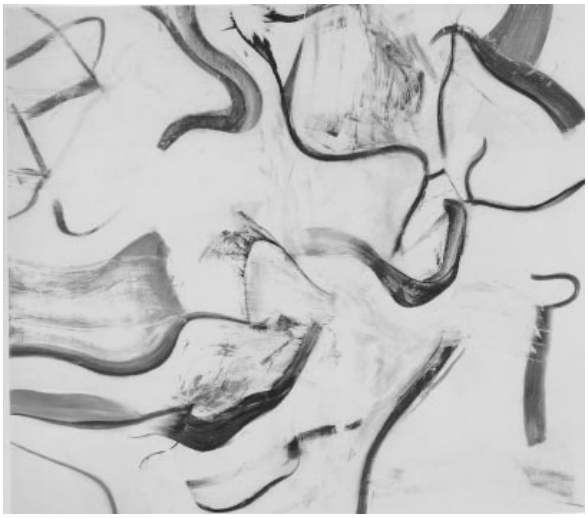
The title of Occasional Paper No. 5, contributed by Timothy Clark for the symposium on which this Paper is based, deftly suggests the issues integral to applying age categories–with the not infrequently related infirmities of age, particularly Alzheimer's–to our interpretation of the visual artist. For if age is a touchstone whereby we are all wont to organize the experience of our lives, consideration of the life of the visual artist seems to exert a particular imperative to link the life-stage and the work.

The limits inherent in translating the artist's physical abilities, including his capacity for memory, into a measure for assessing his work inform the three presentations included here. Professor Clark offers us an analysis of de Kooning which eschews what he calls the "glamor of pathology" to emphasize rather the consistencies that transcend specific life stages. Neurologist Caroline Tanner points up the complexity of describing neurodegenerative disorder in an individual person, particularly one with a prominent skill. Dr. Laurens Park White, similarly, cautions against generalizations that link aging and illness with artistic productivity. From a humanistic point of view then, *Painting from Memory* disputes the rigidity of age categories even as it explores basic issues of aesthetic judgment. In so doing, the symposium brought together the HUMANITIES PERSPECTIVES ON AGING and the ARTS AND HUMANITIES INITIATIVE, two Townsend Center programs emphasizing interdisciplinary perspectives and communication.

Painting from Memory was planned to coincide with the exhibit of Willem de Kooning's late work at the San Francisco Museum of Modern Art in the Fall of 1995. We are grateful to John Weber and John Losito, of the SFMOMA staff, for their advice in identifying the videotaped material that was so important to the event. To our friends and colleagues on the Berkeley campus, the Academic Geriatric Resource Program and the University Art Museum, we also extend our appreciation for helping us show that perhaps, after all, everyone "paints from memory."

Christina M. Gillis
Associate Director

T.J. Clark



Untitled VI
1983

Stowaway
1986

T. J. CLARK

The picture on the left is "Untitled #6," 1983, that on the right, "Stowaway," 1986.

I am an art historian with an interest in Abstract Expressionism, not an expert on aging or Alzheimer's Disease, though I have, like too many of us, been there as someone I knew and cared for developed the symptoms of Alzheimer's and died of it. I do not see why we should not try to talk about de Kooning's work of the 1980s in the light of his being diagnosed finally as suffering from Alzheimer's, as long as we bear in mind the risks involved in doing so. I hope we can avoid pathologizing these paintings, and in particular avoid a kind of surreptitious excitement at the possibility of mental dysfunction in art. There is an early poem of Thom Gunn's, where he talks of the last decade of the 16th century: "Above all swayed the diseased and doubtful queen: / Her state canopied by the glamor of pain." I should hate the painting of de Kooning's last ten years to be canopied by the glamor of pathology. There is a danger of that happening, I think. Maybe many of us would like to be shown that modern art at key moments was (literally) pathological, because that would allow us to forget that for much of the time it was metaphorically, or deliberately, so. De Kooning is a strong case of this deliberateness. He seems to have taken Rimbaud's famous prescription for artistic truth under modern conditions—that it would have to issue from a systematic derangement of the senses—horribly literally for large parts of his life.

So the problem of de Kooning's art in the 1980s needs to be put in perspective. We are dealing with an artist who, for a great part of the 1970s, and at other earlier periods, existed and painted on alcohol and tranquilizers, together or separately. The record seems clear on this. Certainly de Kooning painted when he was drunk a lot of the time—deliberately so, as I understand it.

Let us look at a typical painting from the "alcohol and tranquilizer '70s," and use it as a point of comparison for the work done later. The one I choose is "Untitled #3," 1976. What is the difference between the deliberate, worked-up derangement of "Untitled #3" and the signs in the later painting—if we think there are such signs—of actual erosion of brain functioning? The line seems difficult to draw. And I have to say that I much prefer many of the paintings done under the shadow of the latter (the paintings of the 1980s) to those from the 1970s—and, come to that, to those from most of the 1960s. Jeremy Prynne, talking at a de Kooning symposium last year, used the phrase "busy proceduralism" to sum up the side of de Kooning's art he did not warm to. The phrase seems adequate to "Untitled #3," but not to the work of the last decade. The late work strikes me as often ironic and querulous and genuinely comic about the business of painting, in a way that nothing in de Kooning's previous work could quite have led us to expect.

Dates are important. The diagnosis of Alzheimer's was made in 1989. But that gets us only so far. Diagnosis is difficult and often comes late in the day. A new spareness and strangeness in de Kooning's work is certainly noticeable as early as 1983. In particular there is a final, strange freeing and foregrounding of line in the paintings—a dreadfully fluent and mellifluous drawing released on to the surface at last. A dreadfully well-behaved drawing—the kind that until then de Kooning had worked (wonderfully) to pretend his paintings did not contain or depend on.

I want to make two suggestions. First, that the problem posed by de Kooning's late work is one that had haunted his painting from the start. It is, in my view, the main problem of de Kooning's art (and perhaps of one strain of modernist art in general). What is the difference, these pictures ask, between charged spontaneity in painting and meaningless fluency? Modern painting (these pictures affirm) can only be born from a deep, bodily immersion in process, in painting as *practice*; it is a matter of motor skills and sensory response, and therefore exceeds the terms of decision of rational consciousness. But what is the difference between that kind of physical, trancelike enactment and sheer automatism? Between it and mechanical facility? Between it and painting as an assemblage of central-nervous habits or *tics*?

These had always been de Kooning's questions as a painter, I believe, and sometimes they were put into words by his most sensitive and serious critics. Here,

for example, is the critic Clement Greenberg writing in 1948 about a show of de Kooning's oils, the first one-person show de Kooning had (already quite far on in his career), featuring the now-celebrated series of black-and-white paintings done in the previous two years. Greenberg greets the show as an epoch-making event and, after praising it, says this:

> De Kooning, like Gorky, lacks a final incisiveness of composition, which may in his case, too, be the paradoxical result of the very plenitude of his draftsman's gift. Emotion that demands singular, original expression tends to be censored out by a very great facility, for facility has a stubbornness of its own and is loath to abandon easy satisfactions. The indeterminateness or ambiguity that characterizes some of de Kooning's pictures is caused, I believe, by his effort to suppress his facility. There is a deliberate renunciation of will in so far as it makes itself felt as skill, and there is also a refusal to work with ideas that are too clear. But at the same time this demands a considerable exertion of the will in a different context and a heightening of consciousness so that the artist will know when he is being truly spontaneous and when he is working only mechanically. Of course, the same problem comes up for every painter, but I've never seen it exposed as clearly as in de Kooning's case.

I think this is fine criticism. It points to de Kooning's strengths, and to the kind of problems associated with those strengths: the ferocious effort, the heightening of consciousness, that is necessary to distinguish in practice between true spontaneity and "working only mechanically."

Here is my second suggestion. I think that the work of the 1980s has some of the characteristic features of a "late" style. That is, it has things in common with work done in old age by similarly gifted and self-conscious painters, especially painters reaching old age in the late 19th and 20th centuries, in what I want to call "the age of retrospection." Let me point out how special and novel is the modern obsession with artists' careers—with each artist's life and work seen as a linear development which we *and the artist* are supposed to keep in mind as he or she goes along. All this is the creation of a certain, modern world of art which emerged in Europe in the late 19th century. The very idea of a "retrospective" exhibition (especially one taking place in the artist's own lifetime) is unknown until then. And these new institutions

Untitled III
1986

and ideological frameworks deeply affect the way painting is done, and the way artists understand their own productions. (I do not, for example, believe Titian "retrospected" his work.) One characteristic of "late" styles in the age of retrospection is that they often look back to the beginnings of the artist's career and enter into dialogue with the style of the artist in his or her first maturity. I think that is true of de Kooning, and, lucky for us, the style of his first maturity is, in my opinion, his best—the style of the 1940s. (Often there is a way in which de Kooning's works of the 1980s look straightforwardly like blown-up details extracted from paintings done forty years before. Take, for example, "Seated Woman" from 1940. Notice in particular the drawing of the woman's splayed knees and spread-open lap. But even where the visual links are less flagrant than this, the feeling that the works of the last decade derive from de Kooning's deep past seems to me undeniable.)

Woman
1949

My sense is that de Kooning's reengagement with his early work is serious and productive—not

that it isn't also often quirky and bewildering. The quirkiness matters. But if we allow ourselves to see the comedy and exaggeration as directed to the very bases on which the previous painting had rested, then I think the late paintings come to make a bit more sense. Certainly they come to seem more various in tactics and tone.

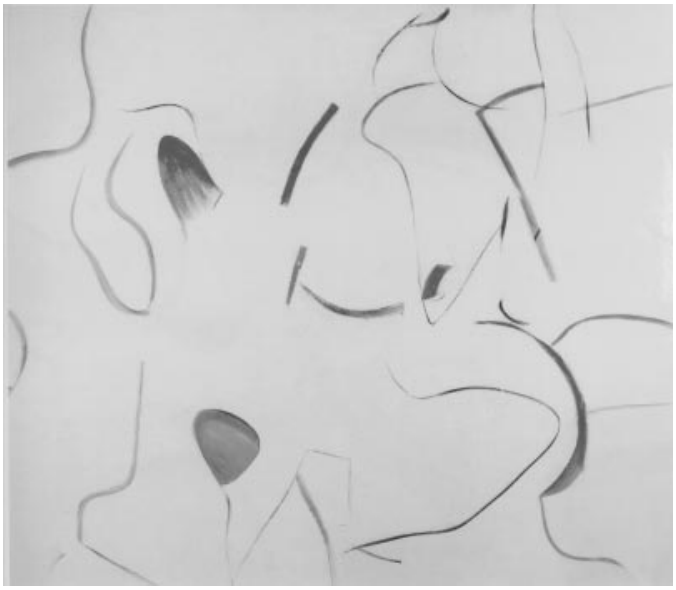
Seated Woman
1940

It is the variety I want to speak to. The following pairs of paintings are meant as a starting point for discussion.

"Morning: The Springs," 1983, next to "Valentine," 1947. I see the later work here as joyful recapitulation of the earlier (and others like it), transposing the language of the '40s into a new key—doing what was done before again, but in an unapologetically lyrical vein. (Once or twice in the late documentary footage, it emerges that de Kooning himself was alarmed by the extraordinary colors he found himself using. In practice he knew what to do with them.)

"Untitled #3," 1986 next to "Woman," 1949. Sometimes, as here, there seems to me an agonistic, even antagonistic, relationship between the older de Kooning and the youthful work he is conjuring up. All his previous brilliant habits as a painter—above all the hesitant, stop-and-start, open-and-close "de Kooning-type" drawing that other painters so idolized—are stripped down to their mellifluous dry bones. As if finally he found his famous 50s treatment of the female body *not grotesque enough*. So here it is again, done with no holds barred. It is as if he had

Untitled
1984



Excavation
1950

looked through the marvelous surface rhetoric of his 40s and early-50s paintings—the extraordinary play with unfinish and erasure that had made his name as an artist—and seen that it was camouflage put on top of a great, unstoppable, pneumatic map of the body which the surface action had not ultimately altered, or even qualified. So why not reveal the map, finally? Why not have the map be the painting?

The last pair I show you is "Untitled," 1984, next to "Excavation," 1950. "Excavation" has always been thought to be a high-water mark of painterly vehemence and complexity in de Kooning's career. Invoking it again in old age, even indirectly, meant taking on—taking the measure of—one's whole claim to greatness. The comedy that results in this case seems to me truly poignant, truly Olympian and generous. It takes the fragile, silly, appealing thing out from under "Excavation's" wild dig. It takes the sex out of "Excavation." Of course viewers were always supposed to know, with one part of their minds, that this was what was being excavated; but I do not think anyone could have guessed that de Kooning would wind up telling us so with a *smile*. Old age is unpredictable. Forty years of Sade and Rimbaud and *Erwartung*, and then suddenly it is *The Marriage of Figaro*!

Would that we all could end up being so funny—so charitable, but also so withering—towards the stories of our life.

Caroline Tanner, M.D.

Caroline Tanner, M.D.

My discussion will take quite a turn away from art history in order to give a little perspective on how we physicians who specialize in neurodegenerative disorders think about these diseases and how they can affect brain function.

Before starting, there are a few important points to make. One is that every individual is very different in this regard, and I think that is particularly true when people have a very prominent skill or talent that has an effect on who they are as people, even if they do experience changes in their thinking or their other abilities. My other point is that these diseases are very insidious in onset, and are often slow to progress, so marking a point in time—this is when it started, this is when the diagnosis was made—isn't usually very meaningful in the actual process of the disease. My last point is that when we speak in scientific meetings, we call it "possible" or "probable" Alzheimer's Disease or some other disorder, because we really can't know whether it is Alzheimer's Disease or not unless the brain is studied after death microscopically. I think that's especially important in this case where there are many other possibilities that could cause brain dysfunction as well. Alcohol abuse is well known to cause significant changes in certain individuals including profound memory loss, a progressive dementia, and can predispose a person to other kinds of problems. Likewise, smoking can lead to possible small strokes that could also cause another kind of change in thinking. So, whether or not this is truly Alzheimer's Disease is a question that remains unanswered. Since I don't have the information I would normally use to evaluate someone—no clinical history, no indication of when we first noticed this or that trouble—it is very hard to be sure what's wrong. The evidence, however, certainly suggests that something has gone wrong and that it involves thinking in some way.

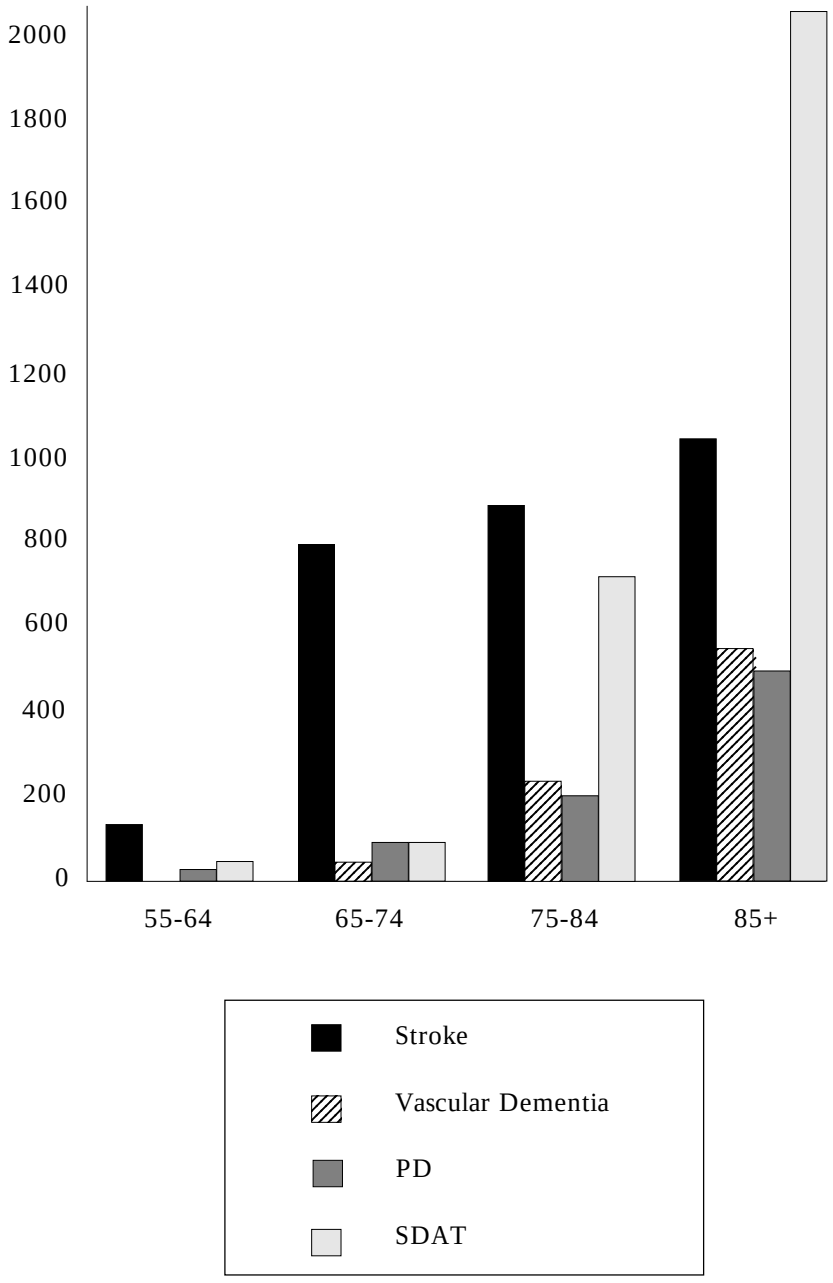
This graph can give you some general thoughts, and, as someone commented before the talk, it is not the kind you generally see at this kind of gathering.

Starting with a perspective on the late-life disorders that cause changes in brain functioning and their frequency, SDAT, is what we refer to when we mean Alzheimer's Disease, Senile Dementia of the Alzheimer's type. Vascular dementia is the slashed line, and Alzheimer's is the light grey. As you can see, it is a very common disorder with another characteristic being that it increases in frequency with the increasing number of older people in the population. Past the age of eighty-five, approximately 2000 per 100,000 persons of that age have Alzheimer's.

I like to remind people what the brain does because often we take it for granted and don't think of how many aspects of our person are aspects of our nervous system's function. Neurologic impairment encompasses the ability to move, to control one's movement, or to initiate movement. It can include abnormal involuntary movement—tremor or other disorders. All sensory function is nervous system function, including taste, smell, and touch. All the sensory modalities are from the brain. Thought functions are from the brain. So every aspect of thinking, creating, initiating action, getting up in the morning, memory, organization, bathing, dressing are all part of brain function. And all the unconscious functions—bowel and bladder function, digestion, breathing—all those are aspects of brain function. So your person-ness really is your nervous system.

When we talk about cognitive impairment—changes in thinking—there are a number of different kinds of processes that are involved. In dementia, isolated problems can be the first indication of problems in some individuals. Aphasia, or loss of the ability to handle language in one way or another, may mean that people fail to comprehend language even though they can speak. If we were to look at a movie of someone with this problem and turn down the volume, it would look normal. But if you turned up the sound, you would realize that they were having appropriate social behavior, but the content of their speech would be meaningless. It would be nonsensical even though they responded to something that was said to them.

Apraxia means a loss of the ability to perform a previously-learned motor function. People with apraxia can lose the ability to dress themselves or lose the



Common Late-Life Neurologic Disorders: Age-Specific Annual Incedence per 0ne-hundred Thousand

ability, as with an artist, to control the brush or other materials that are used to create. Very precise deficits, the loss of just one or two functions, can be the early presentation of a dementing process. These losses may be so precise that you may just lose the ability to recognize the faces of the people that you know but otherwise appear to be unaffected, . As things progress, more and more problems occur, there are more and more types of dysfunction. Dementia includes a lot of different disorders, Alzheimer's being one, the vascular problem being the other probably very common one; but alcoholism also commonly causes dementia in individuals with long histories of heavy use.

This is the definition of Alzheimer's Disease that is used to make the diagnosis. By the time the diagnosis is made, the level of dysfunction is usually fairly great. You'll see why when we walk through this. First, there must be loss of both short- and long-term memory, not only the ability to remember what you had for breakfast this morning, but also who your family members are. There are a lot of common, in-between stages where people get mixed up about one person or the other—the wife is thought to be the mother, for example. Impairment of judgement involves the ability to make appropriate decisions about one's social conduct. Abstract thinking, a complex process, is tested in ways that probably seem silly to many of you, because we'll test things like interpretation of proverbs—"A rolling stone gathers no moss," for example. I've often joked that I've needed to have certain of my own deficits tattooed on my chest so that when they do a mental status test on me late in life they'll know that I could never do that. The tests are rather artificial, but at some point, one has to say that many of these things are wrong, and finally one says this is really not normal. Many higher functions can be lost, resulting in problems with reading or writing or calculations, and finally with the ability to care for oneself. To make a diagnosis of Alzheimer's, these problems must significantly interfere with work or social life or relationships, and there must be no other cause. That might be a sticking point in this case as well since there may indeed be other possible causes. We have no information about the kinds of evaluations that were done, so it is hard to say more than that.

I think the important thing though is that people who are at very high levels of function, as the previous speaker mentioned, can continue to function at very high

levels for a fairly long time and can partially fake it for a very long period of time. People who have tremendous vocabularies, tremendous skills in certain settings, and maybe also people who are in a position to be respected, whose unusual conduct might not be considered a problem—professors, for example—may get along without anyone's questioning their health. Only when you ask the telling question, "Who are these people sitting around the room?" and you realize that the person's own children aren't recognized would you recognize the depth of the deficit.

Nevertheless, function waxes and wanes. There could be lucid moments until the very end of the disease. As best as we could tell from the outside, Alzheimer's patients could in these moments be as completely clear as they were before the onset of the disease. To establish a single moment where we can say, "This was dysfunction," I think, is an impossibility. I've also observed a number of people who were very competent in various professions who were able to maintain their love, their profession, their skill, well past the time that other things sort of went by-the-by, including being able to dress themselves, or take care of daily needs. So, even though he may have had dysfunctions that were troublesome to people around him—he could not care for himself and all of a sudden there was a problem—he still might have preserved quite a bit of his artistic function. It would be hard to say, in fact, "This is where it stopped."

Laurens Park White, M.D.

Laurens Park White, M.D.

It's always difficult to follow such an excellent talk.

I have asked myself over the past several months why I am here now. I know little about de Kooning and very little more about Alzheimer's. I suspect that I have been invited here as a complete novice in both fields to represent the general public on the panel and see if there is a way that the public can get inside both creatures.

I think the thing we all lack is a complete understanding of what is going on in de Kooning's mind right now. I don't know, and I doubt anyone else does either, exactly what his mental state is now or what it was when the Alzheimer's diagnosis was made in 1989. None of this, as far as I know, has been discussed in print . . . just that the diagnosis was made in 1989. How it was made . . . why it was made then rather than some other time, I don't know.

I witnessed an interesting phenomenon concerning Alzheimer's Disease when I worked for a man named Alex Simon, who was head of the Langley Porter Clinic in San Francisco for many years and one of the world's leading figures in geriatric psychiatry. One day, an elderly woman's three children asked Alex to see their mother. She was in her seventies; the children were in their forties. She was extremely rich. They thought she was getting a little bit dysfunctional, to the extent that for the previous three years she had had round-the-clock nurses to help take care of her because she seemed to have problems with grooming and feeding and that sort of thing.

Dr. Simon agreed to see the woman with her family present. She was well dressed, stylish, clean, beautiful—as were her three children. They all took chairs in the doctor's office, and he asked only one question: "Who are these people?" And she said: "I have no idea." It became immediately clear that she had not known her children for what turned out to be a period of about three years; but because she was polite and because she was rich, it wasn't so obvious that she was completely demented. And nobody really thought about it. With de Kooning, people must have thought about it. One thing that is tremendously interesting is the effect of so much booze and, perhaps, so much drug on the mind of a man who was aging. As you may know, above the age of seventy-five, about twenty-five percent of people will have some cognitive failures, and above the age of ninety, about seventy-five percent of people have Alzheimer's Disease, which is an ominous threat to those of us who are approaching that extremely dangerous period.

The perplexing question remains how one makes a diagnosis in de Kooning's case. I cannot tell you whether the cerebral tangles, the neuro-fibrulary tangles that are the hallmark of Alzheimer's Disease, interfered with or possibly added to his art. I do know, however, that one of the signs of Alzheimer's is the inability to conceive of the geometry of things. One of the tests that's often used is the test of drawing a clock. As you saw in the examples Professor Clark showed, de Kooning's ability at a very advanced age to draw these elegant lines did not seem to have diminished at all. It makes you think that perhaps for most of the 1980s, when he was also in *his* eighties, de Kooning had lost essentially none of that line that he had had for so long. His works are among the best of the twentieth century, and I find him interesting, though not, unfortunately, as interesting as Goya.

Goya enters this discussion for certain reasons. In addition to living well into his eighties and painting one of his most beautiful portraits, "The Milkmaid of Bordeaux," at a very advanced age, he had a bizarre illness back in 1792, at which time he became deaf and blind and comatose. He recovered from all these symptoms except for the deafness. He remained deaf for the rest of his life and had to cease working at the Academy of San Fernando in Madrid because he couldn't hear his students. Some have argued, whether accurately or not, that Goya's painting prior to his illness was "clever," "pretty," and "shallow." I don't know if that's true,

because there is a lot of material that he completed before 1792 that to my mind is just extraordinary. But his most interesting work does follow that incredible illness.

Goya's illness is quite different from de Kooning's dementia; it was thought originally to be neuro-syphilis simply because he was a very lusty character and Madrid had plenty of syphilis. But something does not fit with that diagnosis: thirty-six years of survival with untreated neuro-syphilis does not improve a person's artistic skills, and it certainly doesn't mitigate the dementia that characterizes advanced syphilis. It is more likely that Goya suffered from exposure to industrial toxins in the paints he used, namely, poisoning with lead and mercury. He painted faster than everybody else and so used more lead and mercury than anyone else. In fact, the mercury used in his pigment is called "Goya Red."

The deafness may have contributed to Goya's isolation and the fantasies that were formed in it. Nevertheless, if you look at the paintings that appeared after 1792, most of the things that were in the "Capriccios" and the "Disasters of War" were prefigured in what he had done before. It was there, it changed, it became much more intense, but illness did not seem to do much harm in Goya's case. It probably cost him his affair with the Duchess of Alba, which was not so much of a disaster because she died a couple of years later anyway and it would probably not have done him much good to have had it continue.

What other artists had Alzheimer's and how did it affect their lives? We don't really know. One we know about is Ravel, who was a young man when he developed the symptoms of Alzheimer's. In those days, Alzheimer's was known, as you may know, as pre-senile dementia because Alzheimer described this in young people, people in their fifties. It turned out to be much the same kind of mistake that was made with Berger's Disease, a disease of the arteries of smokers that was described by Dr. Berger at Mount Sinai Hospital in New York as occurring only in Jews. If you confine your practice to Mount Sinai in New York, you're not likely to see any diseases that don't occur in Jews, and when the King of England got Berger's Disease, doctors thought that maybe there was something else going on. But Alzheimer's was undoubtedly what happened to Ravel.

I am currently getting over caring for a friend for whom I have been caring for thirty-five years. She was a psychiatrist and a remarkably brilliant woman. As Alzheimer's whittled away at her brain, her IQ fell . . . down to about 175. I missed the diagnosis for a long, long time because I was only paying attention to the fact that she was still functioning on an enormous number of levels. But she was driving her car erratically and she was unable to find her way home at times. Like de Kooning, she was also a major-league alcoholic, to which I also didn't pay much attention, unfortunately.

The point to be learned in this story is that Alzheimer's is a disease that can affect *part* of your functioning and by no means, even at the moment of her death, did all of her personality or all of her memory vanish. On some days, we could spend time together and it was almost impossible to imagine that this was a person with major defects in her orientation, major disabilities in terms of who and what she remembered. It was heartbreaking, but unlike some who develop this disease, she was aware of how sick she was, and it drove her crazy.

There is a kind, at least a degree, of Alzheimer's where functioning is so impaired that its victims really can't take care of themselves. Some people with Alzheimer's become unable to move or stand or walk or keep their balance, and sometimes lose control of their bodily functions. In my friend's case, she suffered from a type of Alzheimer's where loss of body control did not become an issue. But her ability to think in a linear fashion, to remember the past and to cope with difficulties became severely limited, and all the while she was aware of how much she had lost. She could spin a web of pleasure for everybody who took care of her, everyone in the ward, something that made her loss and her knowledge of her loss all the more poignant. I am currently taking care of another friend who is suffering from a similar situation, one that he finds almost utterly intolerable.

So how do the conditions of aging and illness affect art? For some, it impedes the ability to produce art; but for others, it does not. Age and illness certainly did not end Goya's creativity, or Monet's, who had very bad cataracts, for which there was no sure treatment. Some think that his vision affected the course of his art and led him to paint works that were almost pure color without much form. I have no idea if that is true. He did have bilateral cataract extractions done and he wore extremely

thick corrective lenses, but some of his later paintings were incredibly beautiful in a way that I do not think adequately explained by the condition of his eyes.

You might find interesting reading in a book called *Art and Physics* by a surgeon named Leonard Shlain. Some of the ideas in it are important to consider in associating art with the physical activity of producing it. Shlain asserts that artists frequently think of things before scientists do, and the scientists come behind the artist picking up the pieces. He also examines the importance of differences between left-brain and right-brain functions. Left-brain people are supposed to be the scientists and mathematicians, and right-brain people are supposed to be artists—people capable of fantasy. He suggests that the two sides of the brain do communicate quite a lot and that artists, who are capable of fantasy, are also able to calculate efficiently. Nevertheless, artists are possibly capable of losing those left-brain functions at a different rate. This may be information towards explaining one of Professor Clark's points—that some of the most interesting things that de Kooning did were the things he did towards the end of his life. There are as-yet unshown pictures by de Kooning from that late period, 1987 being the cut-off date for public showings.

It is important to remember that de Kooning is still alive. He is 91 years old. Perhaps in time it will be possible to see his last productions and include them the kinds of inquiry in which we are engaging now.

Open Discussion

During the open discussion, speakers and audience members refer to documentary footage of Willem de Kooning's life. Selections from Erwin Liser's *Art is a way of Living* (1984) and *The Greatest Living Artist?* (BBC Television, 1995) were viewed at the beginning of this event.

Question #1 It has been noted that for highly intelligent people, Alzheimer's Disease presents itself in very atypical ways. To what extent did Alzheimer's shape de Kooning's art? Can we even answer that question? There's nothing I could see in the art that would tell me that this man had dementia.

TANNER: Just from looking at the last paintings that we saw, the precision of the work in these paintings is so great that the level of dementia couldn't have been very high at that time. What we do know is that a person with really significant dementia wouldn't be able to do that. If anything, this was a border zone when these paintings were done.

Question #2 Do you mean that one loses the motor skills at the same rate one loses cognitive skills?

Tanner: The organizational skill, the motor skill . . . at the end point of dementia, he either wouldn't be able to hold the brush or he wouldn't remember what to do with it if he were able to hold it. He wouldn't be able to sustain his attention long enough to keep painting. He certainly wouldn't make those very precise drawings that we saw here.

Question #3 No one has discussed the role of the studio assistants today. In the videos we saw earlier, we did not see de Kooning initiate a new line, just trace them. There has been some talk about de Kooning putting the brush down and walking away, then someone putting it back in his hand. This is all very controversial, but would any of you care to address this?

Clark: Well, I don't really know. They'd have to be damned extraordinary assistants to dream up this way of drawing and making a painting. I'm sure there *was* assistance, but if there's an idea in the background here that the work was somehow done for him by others. . . the paintings don't look like that to me. They look like peculiar, original inventions.

White: De Kooning also painted for most of his life with drawings actually on the canvas. He always had the line to serve as a guide. Whether that kept it precise, I don't know.

Question #4 I'd like to know about the ability of people with Alzheimer's to retain a sense of humor. I got the sense from the video of an almost sneaky, child-like pleasure.

Tanner: I can comment on that, and others may as well. Again, every case is different, but I've certainly known many people who were highly functioning, proud people who knew there was something not quite right about their function, could recognize it, couldn't always compensate for it, and would often make jokes about it. I'm not sure that's what was happening in the videos we saw, but certainly compensating and dealing with loss of function with humor is certainly present in some people. Accountants, for instance, might joke about being the kind of accountant who can't keep the books, and so-forth.

White: I would think it would have to have been there before. I don't think there is any reason to believe that Alzheimer's will improve your sense of humor. But the sense of humor may, in fact, last. To talk about Alzheimer's is to talk about something you don't really know. It's as different as the person who has it. Some people just astonish you with what seems to be left in the midst of an awful lot of dysfunction.

Question #5 With relation to the discussion about left- and right-brain functions, can Alzheimer's make certain senses or skills stronger in relation to the loss of others?

Tanner: Not exactly, but in Alzheimer's, you're not really losing one side of your brain; you're losing certain parts of your ability to function. What is well known is that people with certain types of complete sensory loss can occasionally have an enhancement of the other sensory skills that compensate for the lost skill. I, too, thought about looking at some of these later paintings to see whether there was a focusing of one skill that came from losing some of the other skills that might have actually been a distraction before.

White: Maybe Gauguin did that. He was a banker until he was in his late forties. He might have just been wildly repressed until the absinthe crept in and led him to become a fantastic, world-class painter. I don't think you can bank on it tough, that getting out the drugs is going to improve your painting.

Question #6 With reference to Greenberg's comments about de Kooning willfully suppressing his facility. Now that he has been diagnosed with Alzheimer's, it looks like he has that facility and nothing to suppress it. That's why the late work may seem a bit lacking in complexity and interest, although they're wonderfully lyrical.

Clark: I would agree. It's very difficult to interpret this change. I myself found the late paintings shocking and incomprehensible when I first saw them four or five years ago, and each time I've seen them since, I think they get better and better. They shocked me initially, I reckon, because of their well-behaved, almost *academic*, modernism. They're like the bare-bones structures of extremely conventional École de Paris abstraction, like Jean Helion, or Auguste Herbin. . . or worse. But somehow, ultimately, it doesn't matter. Somehow or other, de Kooning makes something unprecedented out of this stripped-down style. He's not afraid of his own facility any more. He's not afraid of the deeply conventional École de Paris, modernist drawing habits that always lay at the base of his art. And that's wonderful, in my opinion.

Question #7 I wonder if it's something that he should *be afraid of.*

Clark: Well, I've been arguing No. But of course the fact that he *was* afraid of it for most of his career—and worked up this tremendous rhetoric of erasure and correction and suppression, in answer to it—all that is vital too. I think the rhetoric got tiresome, and in some ways I ultimately agree with Greenberg that it failed de Kooning for a large part of his middle life. Greenberg's verdict on de Kooning's work in the 1960s and 1970s was damning.

Of course these judgements are themselves controversial and many people deeply disagree with them.

Question #8 Do you really think that the rhetoric of erasure was an attempt to avoid the conventionality you mentioned earlier?

Clark: The film clips, tiresome as they were in some ways, were worth showing because they gave some idea of de Kooning's procedure—despite the pseudo-tragic background music. The evidence of the actual process *was* very poignant and, as many have said, the physical procedures look very precise, very controlled. He knows that what he is doing is confirming a line, qualifying it. Actually there are still all kinds of second thoughts about drawing going on—lines are being altered and partly erased—but it's just that he no longer allows himself the outright breaking and breaching and interlocking that characterize the earlier style, the sorts of elaborate passage and leakage, the whole *lingua franca* of twentieth-century modernism which de Kooning was so good at. He's not doing that anymore. And that seems very deliberate to me.

Question #9 Your hypothesis, in part, was that this dementia stripped away some of the clutter and allowed de Kooning to produce in a funnier, new register, the essence of what he had tried to produce earlier in his life, sometimes under the influence of alcohol or drugs. I get the sense that you are talking about an artistic imagination that somehow manifests itself despite or even through altered states of mind, whether artificially induced or naturally degenerative, or that there is some part of human neurology that survives all these other deficits.

Tanner: If you look at parts of the brain, we certainly can't point to the spot that's the seat of the soul, and we can't point to the spot that's the site of creativity, either. Many of the areas that are injured in Alzheimer's, however, are different than the ones that you might think are most important to someone who relies on either spatial organization, motor skills and visual perception. Often those areas are relatively spared even though there may be profound memory loss. So, I think it is quite

plausible. I would raise the question, as well: If you didn't know there was a diagnosis of Alzheimer's, wouldn't you just think that this was just a brilliant way of ending one's career. That's another question. I think the third important question is, "When did the drinking stop? What affect did *not* being inebriated have on the art?"

White: I would have to say that I just don't know the answer to those questions. Use of LSD to "improve" the art that some people have created has always been a flop, I think largely because people who used LSD were flops to begin with, and it just didn't turn them into successful artists. I don't think that injuring parts of your brain is likely to improve anything about you at all. Maybe for some people it might make the difference between being Stalin or being a really nice guy.

Clark: This *is* a very messy area. On the one hand you have an art-world fascination with the "Mad Artist"—Van Gogh, Jackson Pollock, and so-on. In de Kooning's case, I said that he painted drunk *some of the time*. That is not to say that he *always* painted drunk, but he did have a problem with alcohol. There's more to be said about what role that played in the 60s and 70s and how it affected his practice in the studio. De Kooning's wasn't an art *powered* by alcohol and valium, but there was plenty of it about.

Question #10 I'd like to re-translate the previous question because I think we need to distinguish between aging and dementia. It is conceivable that de Kooning may have "authored" his paintings, as many artists do, as a culmination of his life's work without raising the issue of disease. That may be a more parsimonious explanation for what he was doing than attributing the changes to his disease. I'm not a neurologist, but in looking at his paintings, I would not have said, "Ah! This is a person with dementia." His organization, his intentionality, the way he behaved as well as what he did would not have told me that either.

Tanner: Absolutely. I was looking very closely just for that and there was nothing to see in that regard. He looked completely normal.

Clark: What about the lapse into gibberish? When the interviewer asked him a question at one point, he began to produce pseudo-language.

Question #10 redux *I'm not saying that he didn't have dementia, but that whatever illness he had, accounting for his career and the trajectory of his painting may be quite different from accounting for his illness.*

Tanner: I wasn't too sure about that segment. I would be interested to hear it again. It could have been dementia, or he could have been talking to someone he knows very well and they're speaking in that half-speculative way that people can use when they know each other very well.

Clark: Very possible, but it was my interpretation that de Kooning was really good at pretending to speak when he wasn't really aware of what he was saying.

White: Yes, that's quite possible.

Question #11 It could be that the piece we saw was heavily edited. It is possible that many other such instances were taken out.

White: I wouldn't be too sure. The first interview happened in 1985 at a time when this diagnosis had not been made. I don't know that it was edited at all to cut out the parts where he was incoherent. The other interview was clearly done after he was showing signs of dementia.

Clark: I think that's right. I don't think that it *was* edited. Of course, it was far too brief to be useful in this regard, but it was a continuous piece of film. It was a developing conversation about that yellow.

Tanner: Right. That *is* true.

Question #12 Is it possible that if de Kooning really did have Alzheimer's, the other works in his studio helped to bring back the memory of what he had done and to stimulate him to paint as he had always done. In that context, wouldn't this late body of work be both very incredible and, in fact, just the late body of his work? There seem to be a lot of critics who want to discredit the late work by using the issue of Alzheimer's Disease. Is it possible that he might have spoken in gibberish in conversation but been still very effective in the studio?

Clark: As you gather, I'm not in sympathy with the critics who think the late work is all "invalidated" or "explained" by Alzheimer's, though I think the medical history still presents us with a problem. We need evidence about the extent to which this man was doing paintings—in my opinion wonderful paintings—in a state of progressive mental and physical dysfunction. I think there's quite a lot of evidence for that.

Speaking to the first part of your question: Yes, he certainly was cued in by his studio surroundings, but that, to my mind, makes what he did all the more interesting. The studio contained mostly recent work. But I've been arguing that the painting de Kooning did looked past that recent stuff and entered into a dialogue with work done thirty or more years earlier—work that he didn't have in his immediate work area. Naturally, he could have consulted books on his early work, which he no doubt had on hand to see, but whatever the particular facts, what results is still, I believe, a reinvention of the terms of his work of the 40s, and goes far, far beyond being a "triggered" sensory activity. That's what I find interesting.

Question #13 I'm interested in the whole question of life span and artistic production. What do the very terms "late art," "art of the middle period," and so on have to say about how we think about the life of an artist, a life that may have been quite a bit shorter in the seventeenth century. There's a certain kind of arbitrariness about where we draw the lines to make those distinctions.

Clark: This is a huge subject, which I mentioned briefly towards the beginning of my talk. I do think that our obsession with artists' careers as linear developments is specific to our time. I'm not saying that an awareness of separate stylistic phases in an artist's work is unprecedented, and in fact there was, in Titian's case, say, an extraordinary "late style." The "late style" is noticed and noted at the time of its production. But there is endless dispute, even in Titian's case, as to whether or not it is useful to speak in these terms, correlating ways of painting with stages of life. Some would claim that the paintings of Titian's so-called "late style" were just leftover pieces he had sitting around in the studio and that his assistants would have "worked up" further if Titian hadn't been overproducing towards the end of his career. You'll see that some of the late de Kooning problems occur. In any case, I

think our view of what constitutes artistic identity changes, and the very idea of a "career," a "life," "maturity," "lateness," and so-on is essentially a late nineteenth- and early twentieth-century dealer-critic-system concoction. Like many concoctions, it is useful in many ways, but *weird*.

White: You are right about one thing. We are fascinated about what makes these people different. Mozart may have had Gilles de la Tourette's Syndrome. It makes no difference whether he did or not; his music was still spectacular, but it would be interesting to know whether the work that he produced had anything to do with his lithium intoxication. He may have died of lithium poisoning because his doctors were treating his depression with lithium at the time his kidneys failed.

Question #14 Would the fact that de Kooning was not able to find his cigarette in the clip we saw be an indication of Alzheimer's?

Tanner: I would caution greatly against over-reading and making any sweeping conclusions about de Kooning's behavior based on that very short piece of videotape. We use videotape a lot in my field, and its very valuable. But recognizing its value also means recognizing how it can be misleading. Any conclusions about behavior from such a short segment of video would have a great chance of being wrong. Smoking doesn't have any direct effect on Alzheimer's Disease, but people who smoke are certainly at risk for having other kinds of diseases, including vascular disease, which could cause strokes, and could be seen as a risk-factor for dementia in that regard.

White: I realize that in Berkeley there is a great tendency to put all evils at the foot of the tobacco companies, but de Kooning's smoking was just a habit that probably didn't contribute much to his dementia.

Question #15 I'm interested in what Dr. White had to say about the moments of lucidity experienced by some Alzheimer's sufferers. Are people quite lucid and functional during these periods? How much are they aware of their environment?

White: Sometimes they really are lucid and aware. Some of my friend's dementia may have been caused by heavy alcohol use, and her dementia did progress more slowly after she stopped drinking. It was really impressive how lucid she could be and how agonizing it was to her to remember all the faculties she'd lost. This may not be typical of Alzheimer's, but it does happen.

Tanner: I think it's a question of where you look. Alzheimer's is a progressive, degenerative disorder and starts differently in different people. many people who are very highly functioning are like that for some period when you know there's something wrong but they're not yet completely unable to function. What you can't be sure about is when they're all there and when they're not. It becomes very frustrating and confusing for everyone.

White: Remember that amyotrophic lateral sclerosis is also a progressive degenerative neurological disorder that leads, usually fairly slowly, into loss of motor skills. Thirty-five years ago Stephen Hawking had this disease and he is still alive. He just got married again and has written a best-seller which, he says, only forty people in the world understand, even though three million people bought it, including me, even though I haven't a clue what it says.

Question #16 Is it possible that de Kooning's personality changed in ways that affected his creativity, either because of his alcohol use or because of the Alzheimer's?

Tanner: I don't know.

Clark: I don't know either. I've tried to avoid engaging that discussion; it's all gossip, really, especially the issue of "personality change." I don't even think we can separate out the word "creativity" as some sort of plug-in commodity that artists *have*. This is a painter with an extraordinarily complex apparatus of skills and attitudes towards the practice of painting that he spent his whole life developing. To say, "Oh! Here's the point at which his 'creativity' begins to go . . ." What does that mean?

Question #16 redux *I was thinking more of whether or not the biological changes that affected neurological input and output affected him in ways that caused changes in his personality at the same time it caused changes in his creativity.*

Clark: Hmmmmm. The question still requires the use of the term "creativity," which I find utterly opaque and unhelpful, because lurking behind that term is the bizarre notion that ordinary, everyday life *isn't* "creative." Every time you do a bit of Chomskian grammatical generation, in my view you're "creative." Is there some special, plug-in hyper-skill called "creativity" that only artists have? I think that use of the term just plays into the hands of a lot of *nonsense* about artists and their difference from the rest of us.

Question #17 What if you rephrase the question by bracketing "creativity" and replacing it with all the things you've just mentioned. Could you then answer the question in relationship to other aspects of personality?

Clark: You could, but you'd have to have much more evidence, reliable evidence, about the other aspects of de Kooning's life. What happened in his personal life, for instance, is a matter of ferocious dispute, even among some of his seemingly closest friends. Some think he was cocooned, that he went crazy, that he shouldn't have been treated this way, and so on. Others say that's absolute nonsense, talked by people who weren't there, who didn't witness de Kooning's daily life and increasing helplessness. I suspect this will turn out to be one of those irrecoverable *swamps* of evidence, where noone will ever agree about what basically happened.

Question #18 Could you talk about how Alzheimer's affects color perception? Could it have caused changes in his palette, which seems to have become more minimalist?

Tanner: Color perception is a complicated phenomenon, the simple aspects of it coming from the back of the eye and then being perceived in a part of the brain called the occipital lobe and then being integrated in very complicated ways—particularly for someone who is an artist—with other parts of the brain. The primary areas that

are injured in Alzheimer's Disease are not those that would control the most basic aspects of color perception. The sort of things that might change that could possibly affect perception would be changes in memory or judgement that might alter one's approach to color. But Alzheimer's Disease would not cause you to look at red and see green.

Clark: That's very interesting, because the late color is so astonishing. It seems to come out of nowhere. It's unlike anything de Kooning used before. I'm really pleased to hear that there's no path to a pathological explanation here! I'm pleased because it confirms the notion that what one is confronted with in de Kooning's late work is a special (complex) kind of *practice*. I think your idea of a practice being re-framed and re-focused and concentrated by a loss of certain areas of function makes sense. But what then happens to this re-focused practice when it goes into overdrive, so to speak, just *because* so little else is left to the practitioner in his or her everyday life? What language do we use then? What tactics of description do we use for such a situation? That remains to be sorted out.

Tanner: A phrase or term that we use in describing some of the behavioral changes that can occur in people with Alzheimer's or other dementias is "disinhibition." That might apply here.

Thomas Laqueur: I'll end with an anecdote. I heard a lecture of Francis Crick's on "The Neurology of Consciousness." He has the view that particular functions are very precisely located in neurons that can do one thing versus another. A hostile questioner from the audience said "Well, if that's true, what about artistic creativity?" He responded, "Well, I've been asked that question before. David Hockney did a similar seminar and he asked me that question. I answered, 'David, we're not sure, but we think it's somewhere near the medulla.'"

Thank you all very much.

Painting From Memory
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