2018

Mimesis and Clinical Pictures: Thinking with Plato and Broekman through the Production and Meaning of Images of Disease

Marjolein Oele

"Mimesis and Clinical Pictures: Thinking with Plato and Broekman through the Production and Meaning of Images of Disease,"
in: *Medicine, Healthcare and Philosophy* Vol. 21, 2018,
https://doi.org/10.1007/s11019-018-9824-3

final version before production, January 2, 2018

Marjolein Oele
Professor of Philosophy
University of San Francisco
moele@usfca.edu

@@@@@@@@@@@@@@

For Mias
For showing me the philosophical ropes

For Tracy
(1957-2016)
For living-and-dying her illness with unflinching honesty and fortitude

Mimesis and Clinical Pictures: Thinking with Plato and Broekman through the Production and Meaning of Images of Disease

Introduction

We live in a world inundated with images and pictures.[1] Images shape our formative experience, as we learn and become who we are through physically mirroring others' words, movements, and actions; moreover, conceptual and artistic forms of representation shape our cognitive, affective, aesthetic, social, and political world. Aristotle keenly notes the *natural* impetus behind such mimetic behavior, as he states in his *Poetics*: "to imitate is natural for human beings from childhood" (*Poetics* 4, 1448a8). Furthermore, Aristotle powerfully points out the *pleasant* character of mimesis, arguing that those things that we find "in reality" horrific (corpses, insects, etc.) can be thoroughly enjoyable as we render events and things in words and images and contemplate them.[2] In this regard, Aristotle, foreshadowing Hegel, finds

[1] This article is inspired by Jan Broekman's use of the Dutch term 'beeld' in his book *Ziektebeelden* (1993), which would translate in English as "Clinical Pictures." The term 'beeld' has a remarkable flexibility and versatility. It entails the meaning of image, picture, statue, portrait, representation, icon, metaphor, diagram and simulacrum, among other things. Accordingly, in this paper, I seek to use the terms 'picture,' 'image', and 'representation' interchangeably, in conformity with the Dutch usage of the term 'beeld.' This flexibility also implies that if I use terms such as 'picture' or 'image,' I do not merely mean those terms in a literal way, but mostly as a way to signal any (symbolic, artistic, social, etc.) representation or theoretical abstraction of reality. This is in line with Broekman's position, and with one of the key definitions of mimesis as we find it in the comprehensive work on mimesis by Gebauer and Wulf. In their view, "Mimesis is a *conditio humana* at the same that it is responsible for variations among individual human beings. A spectrum of meanings of mimesis has unfolded over the course of its historical development, including the act of resembling, of presenting the self and expression as well as mimicry, *imitatio*, representation, and nonsenuous similarity" (Gebauer and Wulf, 1995, 1).

[2] Mimicry, in the strict sense, only implies "a physical and no mental relation" (Gebauer and Wulf, 1995, p. 5). However, as Aristotle uses mimesis, he moves quite

that images, in some sense, can be *higher* forms of reality than reality itself (IJsseling, 1993, 350).[3]

This condensed, introductory account of mimesis has application and significance beyond the history of philosophy, and this paper specifically focuses on clarifying the usually hidden process of mimesis in modern medicine. It analyzes the central concepts around which medicine's epistemology and practice turn – *clinical pictures* – and seeks to bring out the specific mimetic, pictorial character of these clinical pictures as well as the stakes related to medicine's conceptual representations.

If we consider the clinical pictures of diseases such as diabetes and cancer, including the symptoms and scientific measurements that typically accompany them, and how they affect patients, we often think of these clinical pictures as exact representations of a reality, of a disease that is out – or perhaps better said, *in* – there: the reality of "diabetes" or "cancer" as embodied, represented, *living in* the body. The role of medicine is to present the patient with a mirror, and to *translate* a patient's symptoms into a diagnosis grounded in this reality. There is a harmony between conceptual picturing and reality. Accordingly, in the diagnostic process, medicine *traces* a patient's complaint about thirst and fatigue to its actual reality, *diabetes*, and diagnoses the patient accordingly as diabetic. It is the doctor's task to hold up this mirror and provide diagnosis and treatment.

Often, perhaps even *very* often, this mirroring process successfully proceeds according to what medicine claims to do. The doctor functions effectively as a modern scientific detective, Sherlock Holmes style,[4] figuring out what's wrong by tracing a patient's complaints to the appropriate clinical picture, and offering diagnosis and treatment. But what happens in the case of so-called "limit cases" – where patients confront *chronic, debilitating, and terminal illnesses* and where the usual descriptive medical stories, even if accurate in entailing empirical truths, fall flat in their ability to offer a futural orientation? In these cases the mirroring process

---

fluently between mimicry (what may be called a first order, physical representation) and conceptual or artistic representations (which may be called second order representations). In my own references to mimesis, I similarly move fluidly between first order and second order representations.

[3] IJsseling concludes that a human being, as a mimetical creature, has the possibility "to depict and represent reality and thereby in a sense to duplicate it" (IJsseling, 1990, 26).

[4] Kathryn Montgomery Hunter's *Doctors Stories* compares the practice of medicine to the practice of detective work: "Like Sherlock Holmes with his fund of information about the odd or important crimes that he has solved himself or studied carefully, physicians acquire a collection of cases that they have either treated themselves or observed directly, and they augment these with others reported in journals. Continually refined and reorganized as its possessor reads reports of clinical research and engages in the exercise of clinical judgment, this practical knowledge informs the interpretation of each new case as the clinical goes about fitting it to the clinical taxonomy of diagnosis and therapy" (Hunter, 1991, 44-45).

that is based on medicine as the sole Cartesian "master and possessor"[5] of the nature, of the truth, of disease finds itself confronted with a loss of meaning and authority. Should medicine in those limit cases be the only authority of images of disease? What other kinds of images of disease may be produced, and how? In those situations where no medical treatment or intervention can be offered, what may be other, complementary, sources of epistemic access to address illness and suffering and the question of "what now?"

Building upon the thought provoking, yet infrequently cited book *Ziektebeelden*[6] (*Clinical Pictures*, 1993) by Dutch philosopher Jan M. Broekman, this paper seeks to clarify the meaning of the pictorial nature of medicine's clinical pictures. It does so by rethinking mimesis along the lines of Plato's account in the *Republic* and the *Phaedrus*, which yields two different visions of clinical pictures. In one vision, based upon Plato's *Republic*, mimesis is to be grasped positively as a mirroring process of *methexis*, with reference to an original, ultimate reality; accordingly, in this vision, medicine's pictures are to be grasped as the transparent images of an "original" disease, with medicine's authorship of and role in producing such images hardly questioned. In the second vision, based upon a deconstructive reading of Plato's *Phaedrus*, images acquire their meaning and power within a network of images, and infinitely shift in meaning dependent upon their function and milieu. For medicine, this yields a perspective on medical pictures that highlights their constructive nature and thus views them as eternally unstable in reference, with shifting meaning dependent upon a whole network of terms; within this second vision, there is room to contextualize medicine's clinical pictures and to gain perspective on additional epistemic tools to create images of disease and suffering.

I will contend, following Plato and Broekman, that seeing images *as* images (i.e. highlighting the artificiality of the image) is crucial to theorizing medicine and that considering clinical pictures through the complex lens of methexis and mimesis is crucial. In this paper, I ascribe value to both views on clinical pictures: viewing them in terms of methexis (i.e. viewing clinical pictures as mirrors of disease), and in terms of a more playful, contextual sense of mimesis (i.e. viewing clinical pictures as images of images within a network of meaning). However, since the view that sees clinical pictures as mirrors of disease domineers the medical discourse, this paper emphasizes the benefits of the "network" view of clinical pictures to contextualize and criticize the domineering view.

Highlighting the pictorial character of images is not only a much-needed *epistemic complement* to grasping the meaning of clinical pictures – providing room to review medicine's clinical pictures and their possible fallibility – but offers *ethical* benefits to individual patients, especially in those limit cases where patients suffer from chronic, debilitating, and terminal illnesses and where medicine provides no, or limited, answers in terms of treatment, intervention, and meaning. By creating

---

[5] Cf. Descartes, *Discours de la méthode*, AT VI, 62: "maîtres et possesseurs de la nature."

[6] All translations of passages cited from this book will be my own.

room for a theory of clinical pictures that rightfully emphasizes its pictorial nature, patients and doctors alike may be encouraged to consider under what authorship, and with which epistemic tools, alternative, supplemental images may be produced to get at the existential reality of disease and suffering. Ultimately, I will argue that the epistemic tools provided by aesthetics may offer such glimpses into the reality of disease and suffering, and may interject into the network space of disease and illness aesthetic images to accommodate the visceral experience of being ill. I conclude by discussing a few artistic renditions of breast cancer to illustrate my point.

1. Image and Methexis: Clinical Pictures as Mirrors of Disease

In medicine, the image of a disease is presupposed to be a representation of reality – an independent operating essence that "is there." The ontological conception of disease originates with Thomas Sydenham (1624-1689), who used botanical taxonomy as a model to classify the various types of diseases (*species morbosa*) (Wieland, 1975, 107). Consequently, diseases are viewed as living a so-called "double-life": they live both "outside" in a rational order and "inside" in the ill person (Broekman, 1993, 25). This conception of disease is at the heart of medical nosology.[7]

The theory and practice of infectious diseases often serves as a paradigm within this framework. Since the cause of an infectious disease seems so obviously an independent "reality," the disease itself allows for clear analysis, diagnosis and treatment. This fits perfectly with medicine's ideal: to think *more geometrico,* i.e. to think logically (geometrically) through the smallest possible parts of something in order to penetrate and link all existing causal connections. Thus, the future, as medicine envisions it, is a Cartesian mastery of the world in which all uncertainty is banished. This is how one doctor formulates it:

> The individual patient is always a surprise, and we do not really know how to tackle that problem. However, the reason for that is simply that we know much too little about the processes of the human body. If we were really able to give a complete and exhaustive description of a patient, quantitatively and qualitatively, physically and chemically, there would be no more surprises... It would be possible to give a precise prognosis for the individual patient and to work out a treatment plan which was correct from both theoretical and

[7] We could argue that, conceptually, the rationality of the disease is the "higher" reality, at least if we follow Plato's ideas in the *Republic*. However, if we think of disease as it is lived in "being ill," perhaps the "reality" of the disease is constituted by the unification of both the external and the internal order.

> practical points of view, and the effect of the treatment would never surprise. We are very far from this goal, but we shall get there, bit by bit.[8]

The role of medicine is to conquer and own the reality of disease. If medicine fails, or if there are surprises, it is not due to the essence of medicine; it is mostly because medicine does not yet *know enough* and has not yet fully actualized itself. Only when it would have sufficient time, the right tools, and correct knowledge, medicine's clinical pictures can map out the world of disease cleanly, transparently, and confidently. The aim would be to offer "correct" treatment and intervention,[9] which ideally aims to eradicate disease altogether.

The philosophical building blocks for grasping medicine's clinical pictures as *mirrors of disease* can be located in the view that sees mimesis unambiguously as *one-sided representation or imitation*. Plato's views on mimesis in the *Republic* are particularly productive to discuss in this regard, because he accounts for both its negative aspects ("mere" appearance or imaging), or positive aspects ("true appearance or instantiation by way of *methexis*).

The most famous and contentious account of mimesis in the *Republic* is undoubtedly the one discussed in Book X, where Plato restricts mimesis to the realm of aesthetics. Plato analyzes the three "creators" of couches – God, the carpenter, and the painter (*Republic* X, 597b) – with God appearing as the original creator of the couch, the carpenter as the manufacturer of the couch, and the artist as the one merely imitating (*Republic* X, 597c-e). The simply imitated image is that of sheer semblance and illusion – it is "third removed from the truth" (*Republic* X, 597e). The imitation of the idea in the phenomena is reiterated in art and thereby becomes an imitation of an imitation – an illusion. Accordingly, art, poetry and music produce a world of semblance, based on the world of the phenomena and not on the world of ideas, while at the same time bringing about the illusion to refer to that world.

If we apply Plato's view on mimesis to clinical pictures in medicine, much can be learned. As a study of the phenomena, medicine would likely identify itself closely with the carpenter. While it cannot "fashion" disease in the way that the carpenter fashions a couch, medicine purports to look directly at the "idea" of disease, and discerns it – "carves it out" – in the symptoms manifested by the patient that it examines. In addition, in similar practical fashion to the carpenter who alleviates "normal" issues of sitting and lying in the "real world," the doctor seeks to map a clinical image that matches the ailments of the patient and seeks to relieve them.[10]

Moreover, as the analysis in Book X of the *Republic* clarifies, in this view of mimesis *reference* is all that matters. Similarly, for medicine, its diagnoses and

---

[8] These are the words of endocrinologist Dr. Johnson (Wulff, Pedersen, Rosenberg, 1986, 39).

[9] Broekman articulates that, with modern medicine, the real "center" of medicine has become intervention (Broekman, 1993, 18).

[10] Broekman writes: "The patient is, *as* patient, the carrier of the image, and that image needs to be recognized as accurately as possible" (Broekman, 1993, 21).

images *refer* to a higher reality. As such, medicine itself presupposes that it does not add anything to the idea or to reality, despite its use of innumerable texts, diagrams, measurements, scans, etc. Since mimesis as imitation only brings about referents, its signs or images should abolish themselves in their function as referents. Accordingly, medicine would argue that, preferably, its images are *only* images – what ultimately matters is what its descriptions and images refer to: the "reality" of the disease. In this respect, the image itself would remain "external" to what it refers to: the disease.[11]

Perhaps, ideally, medicine would want to see its clinical pictures just as Plato envisions mimesis in its most positive role: as *methexis*, as *participation* in the ideas. This would move the story of imaging beyond that of Book X, to be placed at the heart of Plato's ontology in *Republic* Books V-VII, where ultimately the things in our world – the phenomena – are what they are by participating in what is (*Republic* V, 476d).[12] We could even go so far as to distinguish mimesis from *methexis,* by arguing that mimesis generally emphasizes the difference between model and copy, whereas *methexis* implies "that something is together with something else" (Gadamer, 2007, 310). If medicine's clinical pictures are based on *methexis* rather than on mimesis, then this would be an important reason to validate its clinical pictures: they would not just simply be imitations of the disease, but the rational and organized *instantiations* of disease. Clinical pictures would thus be the true, rational expression and em-placement (*Darstellung*) of disease.[13] In parallel fashion, the expression of the disease in the patient would then be the messy, embodied correlative.

Identical to how the icon recalls and instantiates the divine, medicine believes its clinical pictures offer the rational story of the instantiation of the disease. By situating medicine as closely aligned with *methexis*, medicine finds itself elevated to higher levels of knowledge than are outlined on the divided line in Book VI of Plato's *Republic*. The divided line assigns medicine a rather limited and low-level stage of knowledge, *pistis* (opinion) only minimally divorced from *eikasia* (image-making or imagination) and restricted to the realm of the "visible" (*Republic* VI, 509e-510a5). However, by aligning its clinical pictures more solidly and directly with *methexis*, medicine may view itself in a far more esteemed and powerful role – perhaps similar to where modern medicine might want to see itself today, rooted in mathematical realities such as statistics: *dianoia* (reasoning).[14]

---

[11] Broekman emphasizes that the pictorial character of medicine is thus kept a secret (Broekman, 1993, 24, 35).

[12] In this passage, Plato addresses how things that are beautiful participate in what is beautiful in itself.

[13] *Darstellung* means to present, and specifically to present something to someone: it is the act of "placing (*Stellung*) there (*Da*)" (Davey, 1999, 19).

[14] Here, though, we would not yet be at the top of the apex of the divided line – which would mean reaching *noēsis* (understanding, knowing). *Dianoia* is discussed in *Republic* VI, 510d-511a. *Dianoia* considers intelligible things, but is separated from *noēsis* since it still uses hypotheses instead of reaching and thinking through

Within this view that considers medicine's clinical pictures mostly in terms of *methexis*, medicine may also make use – if only implicitly – of Plato's critique of images as *mere* images. Much of modern medicine, while committed to the ontological conception of disease, has made progress exactly by scrutinizing its historical clinical pictures, shedding in the process those that are historical aberrations: clinical pictures that have proven to be dysfunctional and are not based on true science or practice. For instance, in the 1980's the theory about the origin of stomach and duodenum ulcers went through a paradigm shift. Up until that time, such ulcers were thought to be caused by stress or dysregulation; both fallacies were eventually dispelled by Barry J. Marshall. Building upon previous work done, as well as collaborating with other scientists, Marshall proved that it is a bacterium, Helicobacter Pylorii, that is the real culprit, and accordingly treatments for this disease transformed radically.[15]

We should underline that much of modern medicine's current success lies in successfully disproving such *false* images that prevailed and that were based on what Plato would have called mere image-making (*eikasia*), to be dismantled as the very lowest level of grasping reality. By eliminating bias, through double-blind, randomized, statistically sound studies, medicine has made itself more scientific and more rational. It is therefore with good reason that medicine has cast former clinical pictures to the side and has sequestered them as *mere* images, as faulty happenings of the past. Current medicine thereby portrays itself as different: it seeks to rely only on transparent, mirroring images, ones that "translate" disease into understandable and treatable terms. Still, many biomedical scientists and doctors are committed to sharpening and reviewing clinical pictures, and remain dedicated to scrutinizing clinical pictures with a certain opacity, such as many auto-immune diseases.

Thus, modern medicine finds itself committed to the ontological conception of disease, but to gain traction on the complex reality of disease as it is lived, it has needed to move beyond naïve expectations and has incorporated scientific fallibilism in its epistemic apparatus. If we analyze it in terms of Plato's "divided line," medicine sees itself as forever climbing along the rungs of the epistemic ladder toward truth, and its increased scientific, rational standing has been made possible by adding complex, heuristic tools. As a result, modern medicine offers progressively more reliable and correct epistemic descriptions of the empirical reality of disease.

But what happens when medicine offers increasingly more reliable and correct epistemic descriptions of the empirical reality of disease, but its descriptions nonetheless no longer offer outlooks into treatments or interventions, such as in the case of chronic, debilitating, or terminal illnesses? What if medicine has increasingly more carefully constructed its theoretical image of disease, but this image falls flat in light of the concrete reality of disease and suffering that finds no further alleviation? Is it perhaps the case that in limit cases medicine's clinical pictures

---

the things themselves. I am grateful to my colleague Michael Torre for discussing the divided line in more detail with me.

[15] Cf. Marshall, 1995, 274(13): 1064-1066.

ultimately participate more in the reality of an 'ideal' disease, rather than in that of the lived, existential reality of the patient? And would an account that addresses the fact that there is always necessarily a *gap* between concept and reality be helpful here? The next section of this paper will try to address these questions and will turn to a multidimensional view of images and pictures, yielding important consequences for understanding the reality of living with an illness.

2. Image and Mimesis: Clinical Pictures as Pictures of Pictures within a Network

In those "limit cases" where medicine's clinical pictures, despite gaining epistemic traction, seem to fall flat, we suddenly experience the images *as* images: while previously seemingly non-present – as transparent media, effectively and successfully getting access to the truth of disease – in those limit cases where their usability wears off, they lose their transparency and gain opaqueness. Thus they transform from usable, transparent media to detached, opaque and ambiguous pictorial "things" or "objects."

This emergence of the image character of clinical pictures may best be grasped by comparing it to the way that Heidegger, in *Being and Time*, describes the emergent conspicuousness of a damaged or missing tool. Heidegger describes how a piece of equipment, once it is damaged or missing, comes to the fore in all its conspicuousness, obtrusiveness, and even obstinacy when it no longer functions self-evidently in our practical handling of it (Heidegger, 1962, BT § 16, 103-4). While before, we simply "forgot" it as part of our practical concern, when it breaks down or goes missing, this piece of equipment suddenly emerges in its almost thing-like character.[16] To translate this thought to the context of clinical pictures: in limit cases, when clinical pictures are no longer able to function as simply usable devices in terms of treatment or existential meaning-giving, the pictorial nature of clinical pictures can no longer be "forgotten" and comes to the fore as a conspicuous, obtrusive and possibly even obstinate reality to be reckoned with.

Only in those circumstances where the hammer does not work or is missing, and similarly in those cases where the clinical picture cannot meaningfully address the full reality of a patient's suffering, do we become aware of the usually hidden and forgotten production of images and meanings. Once we zoom in on this process of the generation of images in medicine, we notice that the clinical picture as image is always *more than a sheer copy or a rational instantiation of a disease*. In that sense, the clinical picture is always less determined, stable and reliable than seems to be

[16] To speak in Heideggerian terms: instead of simply being "ready-to-hand," it emerges most prominently now as "present-at-hand." However, as Heidegger also keenly notes, that which is present-at-hand is still connected, and not severed off, from what is being ready-to-hand, since the ready-to-hand still shows itself, and precisely in its unusability (Heidegger, 1962, BT § 16, 104).

the case. [17] More than a sheer copy, the clinical picture as picture expresses a mimetical happening in reality: through the picture epistemic access is gained to the world, to the "scene" of medicine (Broekman, 1993, 122). Stronger formulated: the clinical picture is depiction and expression (*Darstellung*) of a reality: however, it is depiction not only of a physical reality (disease), but includes the medical reality (the medical discourse) as well. And to inflect this idea with the import of Heidegger's example of a piece of equipment: similar to a piece of equipment (such as a hammer) that could only function as such within a whole world of circumspective concern, we could argue that the clinical picture can only serve its function within the whole medical context of concern (Heidegger, 1962, BT § 15, 97-98).

This complements the previous discussion of clinical pictures in important ways. Instead of medicine's clinical pictures being only the depiction and instantiation of disease, this implies that medicine's clinical pictures may additionally refer to medical nosology itself. Instead of being sole referents to an external reality, medicine's clinical pictures thus *also* become internal referents to the meaning, functioning and context of the medical practice itself (Broekman, 1993, 110).

To grasp this additional, alternative story of the meaning and reference of clinical pictures, Plato's complex and engaging ideas on mimesis can, once again, offer a guide. This time Plato's *Phaedrus* might suit us well to offer illustration of the ambiguous nature of referents such as images and texts.[18] In Plato's retelling of the Egyptian myth about the origin of writing, Theuth, the god of writing, instructs King Thamus to disseminate writing among the people. The gift that is given is as ambivalent as a *pharmakon*: while according to the God it is a medicine (*pharmakon*) to aid memory and wisdom, King Thamus perceives it as a poison (274e6; *pharmakon*) that introduces forgetfulness, a vague calling-to-mind (*hypomnēsis*) that fosters the *appearance* of wisdom, but not its reality. Texts, like images, may thus be solely functioning as dead reiterations, semblances, without active connection to knowledge and reality.

In this negative view of written words, they remain silent, like painted images, and cannot defend themselves. These referents need their author, their "father," for support (275e4) and without that they remain at risk of being misinterpreted. Because of the risk of misinterpretation, writers (and thinkers) have to be very careful in choosing their *audience*. Just like a farmer anticipating the most proper time to seed plants (276b-c), those who write need to be similarly "sensible

[17] Clinical pictures in psychiatry and psychopathology show their indeterminacy and instability, however, more clearly than other kinds of clinical pictures, as Broekman also notes (Broekman, 1993, 108).

[18] Similar to the general idea of images articulated in this section, namely seeing them as being part of a network of images, I am speaking here of words and text in a similar, post-structural sense, namely seeing them as part of a network of symbols, not just as one-directional, unambiguous references.

with seeds" (276c) and carefully consider and choose those souls that are ready to receive them (276e-277a).[19]

What Plato's story illustrates so clearly and beautifully is the power and undecided meaning of referents such as texts and images. Plato warns against words and images precisely because of his understanding that their power is so great and that their meaning is so ambivalent: ideally the author should come to the rescue and select the audience within which these referents can take root. Of course, Plato knows that this "rescue" is impossible, and that his own images – infinite in depth and breadth, including not only the images and stories such as the *Myth of Er* or the *Allegory of the Cave*, but the entire composition of his whole oeuvre – will and should abandon their author. The freedom and creativity that instills images and texts with their power, comes with the price of realizing and accepting that those texts and images necessarily have to abandon their author and acquire their meaning within new systems of referents, with new interpreters and new susceptibilities. This is the risk of any referent that remains.

While Plato might point us to the ambivalence of referents as a risk, Derrida's reading of the *Phaedrus* in *Plato's Pharmacy* embraces this ambiguity wholeheartedly and tries to dismantle the preference Plato gives – at least superficially – to speaking (Derrida, 1981, 139). Following Derrida's trajectory, i.e. embracing the ambivalence of pictures and texts, would be very productive for our project to grasp the origin and meaning of clinical pictures in the world of medicine, because it might have the benefit of acquiring insights into offering *alternative* kinds of stories or images.

How might this work? Similar to the meaning and structure common to the *pharmakon* and writing, medicine's clinical pictures both include the meaning of remedy *and* poison as well as all gradations between. For instance, medicine's clinical picture of a broken hip and its associated treatment can offer the remedy that its clinical picture ideally purports to provide. However, I want to argue that this clinical picture may also deceive, and possibly function even as a poison, insofar as this clinical picture might fail the patient: for instance there where hip replacement encounters complications – an improper fit, an infection, an improperly manufactured artificial joint, disability, even death. All these complications, one could argue, are not just secondary, but precisely *reveal and bring out what is usually forgotten*: namely that the clinical picture, even of a simple broken joint, does not only, not even predominantly, refer to a disease or simple fracture, but involves the *whole* context of referents that make this image possible: accidents, old age, osteoporosis, surgeons, patients, scalpels, hygiene, bacteria, pharmaceutical companies, capitalism, greed, science, etc.

In fact, if we pursue this arc of thinking further, following Derrida's fruitful reading of Plato's *pharmakon*, we could argue that concepts and practices such as

---

[19] Plato emphasizes the endless fecundity of such "sowing of words," for instance when he writes that the dialectician "chooses a proper soul and plants and sows within it discourse accompanied by knowledge – discourse capable of helping itself as well as the man who planted it, which is not barren but produces a seed from which more discourse grows in the character of others" (276e).

those operating in medicine's clinical pictures may produce empirical truths, but also acquire meaning in textual, conceptual and cultural chains, in which one concept refers to and syntactically plays with the others.[20] Accordingly, in addition to entailing certain empirical truths, clinical pictures acquire meaning through their dependence upon other pictures, concepts, and practices. This makes the meaning of clinical pictures relatively unstable, since the network of concepts and practices upon which they depend, and the context within which they are perceived, is always subject to change.

If we assess historical descriptions of particular diseases, we find ourselves constantly confronted with the flexibility and instability of medicine's clinical pictures, pointing towards a latent anarchy and undecidability underlying all pictures (cf. Broekman, 1993, 118). For instance, the tuberculosis as Thomas Mann describes it in *The Magic Mountain* is an example of a disease that we no longer know in our culture, that is to say: we know it, but in a totally different way, associated with other images. Whereas we currently view it as a disease mostly associated with drug-addicts and HIV, and treat it with antibiotics, Hans Castorp in the *Magic Mountain* experiences it predominantly as a disease of reclusion, necessitating clean mountain air, prolonged residency and medical institutionalization, with suffering and death looming all too close.

This historical evolution of the meaning of the clinical picture of tuberculosis shows that clinical pictures do not adhere to strict, permanent ontologies, but find themselves in a Heraclitean flux of meaning. This flux of meaning is particularly strong in our current technological age, where images are exponentially replicated and, seemingly, come to live, and live on, by their own device. As Michael Naas poignantly puts it in *Derrida From Now On*: "Postmodernity is thus the time of specters, of images, sounds, and digital imprints that all outlive, or at least potentially outlive, the things they purport to represent. In postmodernity, the image is no longer three removes from the real (...), but something more powerful and in some sense more real than the real itself" (Naas, 2008, 180).

3. The Need to Access and Produce Supplemental Images of Disease and Suffering

I want to argue that, instead of *denying* its pictorial character, medicine would do well in our current postmodern age to confirm its pictorial character, to abandon the idea that it is the sole proprietor and mirror of the reality of disease, and to allow room for the creation of other stories, of other images, of other meanings. It needs to realize the *gap* between concept and natural world. Much like Plato's advice to the writers of words, medicine should carefully and responsibly handle its authorship and know in what situations – and in which existentially dire situations – its images may *no longer bear fruit, even if its epistemic truths are correct.* Given the

[20] In this way, Derrida shows how Plato's own use of the term 'pharmakon' is dependent on many other terms (Derrida, 1981, 130).

context, and given the number of variables in existential situations, these medical truths, while accurate, may fail to provide meaning to the living reality of disease and suffering. For many instances of disease, medicine is the correct "author" of the image of disease, but limit cases show the boundaries of its authorship and application.

Much like Plato suggests in his famous *Allegory of the Cave*, discerning pictures *as* pictures is not only epistemologically necessary but, most importantly, ethically warranted. Accordingly, when it fails to recognize the pictorial character of its clinical pictures, medicine needs to realize that it otherwise threatens to serve its own theory more than the being ill of the patient. The illness that patients experience is singular, unique, open and indeterminate – just as each individual being is. This indeterminacy cannot be translated into generalizations, which prioritize collectivity over individuality. And certainly in the case of chronic, debilitating, or terminal illnesses, what may offer strength is a return and confirmation of individuality, and a release from the general view and statistics. What matters in those pivotal experiences is not only the ascription to a treatment – or the lack thereof – but to live *in* and *with* an illness as best as one can.[21]

If mimesis finds its strength in the need to play and simulate and create, then limit cases show the necessity to escape the tight grip that medicine has had on images of disease and the need to supplement its ownership and diversify it. Perhaps even better**,** *prior* to discovering that medicine may offer no solution in the case of such painful circumstances, patients and doctors alike would do well to be prepared for the strength of mimesis – in both a positive and negative sense. Creating truths and falsehoods alike, as well as hope and despair, mimesis remains elusive and that is precisely its strength. Moreover, we need to arrive at the realization that our own lives are always already centered around representation, and that we need to tap into the inner mimetic resources with which we already live. As Broekman poignantly writes: "every human state is a representation, is itself scenic insofar as it is involved in its own representation, its own work on language and concept, its own meaning and mis-en-scène" (Broekman, 1993, 110).[22]

However, is this to say that *anything goes* and that *any* image can work? This is an important point to consider, especially since I do not want to plea for relativism or want to support those kinds of images that simply deny to medicine some of its hard-fought, rational truths, which are hashed out in propositions such as "this patient has breast cancer" or "this patient is allergic to penicillin" or "celiac

---

[21] A case in point is the powerful phenomenological analysis of Kay Toombs, describing her life living with multiple sclerosis. Her illness, she writes, is not that of "abnormal reflexes," but rather that of "the impossibility of taking a walk around the block, or climbing the stairs to reach the second floor in my house, or of carrying a cup of coffee from the kitchen to the den" (Toombs, 2001, 247). Karin Spaink is also an example of a (Dutch) writer thematizing her life living with multiple sclerosis as well as breast cancer. See for instance her autobiography *Vallende vrouw* (1993), and her book about breast cancer *Open en Bloot* (2006).

[22] The Dutch here has "scènisch," which Broekman uses to evoke the dramaturgy, the "mis-en-scène," within which the images and meanings of life are embedded.

disease requires a gluten-free diet."[23] Anti-rational or anti-scientific images are *not* the kind of images that I think would ultimately help a patient with a chronic or terminal illness; in fact, they may be counterproductive. Rather, what is needed is an alternative, *additional* epistemic tool that provides context, and complementarity, to the field of medicine in its creation of images. What may bring about a different organization of the network space around disease and illness, such that the visceral experience of disease may be attested to? The answer, I will articulate, is art.

4. Concluding Remarks and Artistic Applications: Re-Imagining Breast Cancer

Art is, in my perspective, one of these epistemic tools that provide access to a form of image production that serves as a complement to conceptual, representative thinking (Adorno and Horkheimer, 1969, 19). Art and its mimetic production may provide an alternative complement to a field such as medicine since it offers images that provide a non-competitive, yet enriching way to grasp disease and illness. It interjects into the network space around disease and illness a different kind of image, one that is non-discursive and speaks to the unique, visceral aspects of life, without claiming *adequatio* between its image and reality.

Following Adorno and Horkheimer, the kind of mimesis at stake here does not include the controlling assimilation of reality (Adorno and Horkheimer, 1969, 15), but is characterized by the production of images within an uncontrollable, free submission or "adhesion" to reality: *Anschmiegung* (Adorno and Horkheimer, 1969, 26). Unburdened and undetermined by a priori categories, this mimetical process may accordingly hear the voice of reality more clearly, in its unique otherness, while opening up to the realization that this reality may never be completely grasped nor represented (Adorno, 1966, 28). Importantly, this form of mimesis may thus prevent more theoretically and scientifically rigorous forms of representation, such as the discourse of medicine, from becoming victim to their own totalizing moments.

Should we start looking for *actual* images that tap into this, other, mimetically more playful and artistic register, the images produced are perhaps not what we find easy, comfortable, or even pleasurable. The images may be raw, uncensored, and crude. In some cases, there may be no further hope conveyed, no higher ultimate meaning, no sublation. I was recently drawn to large-scale portraits that fashion photographer David Jay has taken of young breast cancer survivors as part of what is called "The SCAR Project," with the subtitle "Breast Cancer is Not a Pink Ribbon."[24] It takes courage to look at these pictures, and – I can only imagine – even more courage for these patients to agree to be photographed. These images are images from beyond the pink ribbon of trendy mainstream, capitalist-infused, commercial perspectives (Hernandez 1998). The glamorous style of these

---

[23] The insights here are due to a careful reading of this paper by Dorothea Olkowski, for which I am very grateful.

[24] http://www.thescarproject.org/mission. Accessed June 22, 2017.

photographs playfully invokes the fashionable commercialism associated with the pink ribbon campaign, while its raw content instantly dismisses the naïve image of hope and recovery that this campaign promotes. Instead, we see young bodies with enormous scars and no breast tissue remaining, we see asymmetry, we see breast tissue without nipples, we see burnt skin, we see loneliness or partners gently and vulnerably holding their loved ones. In those pictures, we find no higher, generalized concepts, but contradictory assemblages of aspects of human experience – vulnerability and strength, loneliness and partnership, shame and pride, and much more – that point towards an uneasy trajectory in which futural possibilities may be generated.

The SCAR Project is only one example of a place where mimetic forces prove their power, providing us uneasy catalysts in reclaiming and diversifying cultural images of illness and disease. Another example that diversifies images connected with breast cancer, and does so from the perspective of the artist's personal sphere, is the work of artist Hannah Wilke.[25] In her *Portrait of the Artist with Her Mother Selma Butter* from the *So Help Me Hannah Series* (1978–81), the artist portrays her own body as well as that of her mother, ravaged by disease, in a diptych format. Through juxtaposition, duplicating her mother's wounds on her own body as anatomical artifacts, Wilke shows that the meaning of terminal illness is not limited to the individual, but finds its axis in the *shared* sphere of living-and-dying together. If Sloterdijk, following Levinas, is correct in assuming that death is mostly experienced in terms of the one *witnessing* death, and if death ultimately implies more the dissolution of a shared sphere rather than only the death of an individual being (Sloterdijk, 2011, 48), then the image that the artist renders here of illness and finitude – "having literally incorporated her mother, illness and all" (Jones, 1998, 189) – speaks to the fact that images of illness need to refer to this network of co-fragility and speak to our "shared existential risk" (Sloterdijk, 2016, 48).

These examples are limited, and many more could be given. Still, they provide brief glimpses into another, complementary realm of image-creation, where images engage those elements of *affectively* living in-and-with-illness that are too often forgotten or denied in the cultural sphere, or not seen within the discourse of medicine itself: the scars remaining, the emotional impact on families, the shared spheres of suffering. In their artistic renderings of such scars and emotional impacts, the SCAR Project and Wilke's art may not quite evoke the pleasure, or *higher* reality, that Aristotle and Hegel associate with artistic renditions of that which we usually find horrific (IJsseling, 1993, 350), but those artworks provide, through aesthetic abstraction, affirmation of – and solidarity with – the *felt* experiences that are otherwise not, or hardly, acknowledged. In this way, they may open up to alternate windows of creating meaning with and through the unique lived experience of having breast cancer. While the clinical picture connects to the empirical reality of disease, the aesthetic picture gives voice to the multiperspectival, existential space of living-and-dying with illness, which may include altered relationships (e.g. in

[25] See http://withreferencetodeath.philippocock.net/blog/wilke-hannah-in-memorium-selma-butter-mommy-1979/ Accessed June 22, 2017. With special thanks to my colleague Paula Birnbaum for pointing me to Wilke's art.

terms of both isolation and solidarity), revised perceptions of beauty, and changed assessments on what work and being 'productive' in society means.

Still much more needs to be done to promote the field of aesthetics to produce additional epistemic tools that contextualize and complement the images of disease that our culture and the medical discourse offer. Nevertheless, projects and artworks such as The SCAR Project and Wilke's art provide impetus for ever-spreading alternatives, which take on the ambiguity and productivity of images, so as to spread and diversify the meanings of images of disease, and to generate new futural orientations for those who really need it.[26]

[26] I am thankful to the anonymous reviewers of this journal for their comments on this article. I owe special gratitude to those who – many years ago – helped me to develop this project on mimesis and clinical pictures, and in particular Matthias Karger. A special note of gratitude is also due to Daniel O'Connell, whose constructive, honest, and critical feedback improved the content and argument of this paper in remarkable and substantial ways. I am also grateful to my research assistants Heather Fox, Stan O'Neill and Lincoln Stefanello for their fruitful suggestions and editorial assistance with this article. My USF colleagues Paula Birnbaum and Michael Torre helped me with refining important elements of my analysis. I also benefited from the feedback of the participants of the 2014 Annual Meeting of the Pacific Association of the Continental Tradition (PACT) at Loyola Marymount University, and specifically the comments from Dorothea Olkowski, Sam Talcott, and Peter Warnek.

Bibliography

Adorno, W. Theodor, Horkheimer, Max, and Cumming, John. 1969. *Dialektik der Aufklärung*. Frankfurt am Main: Fischer Verlag.

Adorno, W. Theodor**.** 1966. *Negative Dialektik*. Frankfurt am Main: Suhrkamp Verlag.

Aristotle. *On Poetics*. 2002. Trans. Seth Bernardete and Michael Davis. South Bend: St. Augustine's Press.

Broekman, Jan. M. 1993. Ziektebeelden. In *Ziektebeelden*, ed. Jan M. Broekman, Harald Feldmann and Phillippe van Haute. Leuven: Uitgeverij Peeters.

Davey, Nicholas. 1999. The Hermeneutics of Seeing. In: *Interpreting Visual Culture; Explorations in the Hermeneutics of the Visual*, ed. Ian Heywood and Barry Sandywell. 3-29. New York: Routledge.

Derrida, Jacques. 1981. "Plato's Pharmacy" and "The Double Session." In *Dissemination*. Trans. Barbara Johnson. Chicago: Chicago University Press.

Descartes, René. 1966. *Discours de la methode*: *suivi d'extraits de la 'dioptrique', des 'meteores', de 'la vie de Descartes' par Baillet, du 'monde', de 'l'homme' et de lettres, par Rene Descartes*. Paris: Garnier, Flammarion.

Gadamer, Hans-Georg. 2007. Plato as Portraitist. In *The Gadamer Reader: A Bouquet of the Later Writings*, ed. Richard E. Palmer, 294-312. Evanston: Northwestern University Press.

Gebauer, Gunter and Christoph Wulf. 1995. *Mimesis: Culture-Art-Society*. Trans. Don Reneau. Berkeley: University of California Press.

Heidegger, Martin. 1962. *Being and Time*. Trans. John Macquarrie and Edward Robinson. New York: Harper.

Hernandez, Sandy M. 1998. History of the Pink Ribbon. https://thinkbeforeyoupink.org/resources/history-of-the-pink-ribbon/ Accessed June 27, 2017.

Hunter, Kathryn Montgomery. 1993. *Doctor's Stories*. Princeton: Princeton University Press.

IJsseling, Samuel. 1990. *Mimesis. Over schijn en zijn*. Baarn: Ambo.

IJsseling, Samuel. 1993. *Reading Heidegger: Commemorations*, ed. John Sallis. Bloomington: Indiana University Press.

Jay, David. The SCAR Project. http://www.thescarproject.org/mission. Accessed June 22, 2017.

Jones, Amelia. 1998. *Body Art/Performing the Subject.* Minneapolis: University of Minnesota Press.

Marshall, Barry J. 1995. Helicobacter pylori; The Etiologic Agent for Peptic Ulcer. *JAMA*; 274(13): 1064-1066.

Naas, Michael. 2008. *Derrida From Now On.* New York: Fordham University Press.

Pieper, Josef. 1994. *Hope and History: Five Salzburg Lectures*. San Francisco: Ignatius Press.

Plato. 2007. *Republic*. Trans. Joe Sachs. Newburyport: Focus Publishing.

Plato. 1995. *Phaedrus*. Trans. Alexander Nehamas and Paul Woodruff. Indianapolis: Hackett.

Sloterdijk, Peter. 2011. *Spheres Volume 1: Bubbles: Microspherology*, translated by Wieland Hoban. South Pasadena: Semiotext(e).
Sloterdijk, Peter. 2016. *Spheres Volume 3: Foams: Plural Spherology*, translated by Wieland Hoban. South Pasadena: Semiotext(e).
Spaink, Karin. 1993. *Vallende vrouw: Autobiografie van een lichaam*. Amsterdam: van Gennep.
Spaink, Karin. 2006. *Open en bloot: Borstkanker zonder opsmuk*. Amsterdam: Querido.
Toombs, S. Kay. 2001. Reflections on Bodily Change: The Lived Experience of Disability. In *Handbook of Phenomenology of* Medicine, ed. S. Kay Toombs. 247-261. Dordrecht: Kluwer.
Wulff, Henrik R., Stig Andur Pedersen and Raben Rosenberg. 1986. *Philosophy of Medicine: an Introduction*. Oxford: Blackwell Scientific Publications.
Wilke, Hannah. 1979. In Memoriam: Selma Butter Mommy. http://withreferencetodeath.philippocock.net/blog/wilke-hannah-in-memorium-selma-butter-mommy-1979/ Accessed June 22, 2017.