

## Dithering

By Chris Osmond

Chuck Jones drew Bugs Bunny; he had strong words about the importance of a strong line, and I think anything about drawing from the man who turned a rabbit into Brunhilde should be closely considered. Here he describes his artistic education:

Chouinard in Los Angeles offered excellent schooling in the fine arts – painting and drawing in the classic traditions. But the most important and stunning discovery I made at Chouinard, one that has been shared by every artist, cartoonist, painter in history, from Cro-Magnon art to Claes Oldenburg by way of Leonardo, Goya, Frans Hals, Van Gogh, Herblock, and Beatrix Potter, was the ability to live by the single line – that single honest delineation of the artist’s intent. No shading, no multiple lines, no cross-hatching, no subterfuge. Just that line. Was it Feininger or Kandinsky who said, “My little dot goes for a walk”? Just so, every point on a line is of equal importance. That is rule 1 of all great drawing. There is no rule 2 (Jones 52-53).

Maybe this assertion impresses me because it describes everything that was wrong about my own drawing. When I was in fifth grade I wanted to learn to draw. I saw a tiny ad in the back of *Boys’ Life* that claimed to be able to teach drawing; your talent could be discerned by copying a smiling little turtle head wearing a jaunty cap, which you would send in to the address listed and await further instructions.

I remember being advised to make hundreds of tiny, light lines instead of bold ones. I used little scratches that made the outline faint, furry, barely there. It felt manageable, this way of drawing: possible. Up until then, I had only been able to make figures that I had learned from other people: thirteen lines just so and you had rendered Snoopy, or a goony bird, or a passable house (chimney’s top parallel to the plane, clouds with dimples on either end). I would practice following the formula in private until I had mastered it, and then show my Snoopy off to friends at lunch, tossed off with apparent ease. Actually drawing from life, though? Out of the question – until I was given permission to scratch faintly at it around the edges for a while. I developed a fragile confidence that I could nudge a recognizable image out of my prevarications.

When I got into art class in middle school, Mr. Foster (myopic, lavender sweater, stank of cigarettes) admonished me to knock that off: to make a single, confident line if I was going to make any line at all, and stop dithering about. “Dithering” being the actual word he used, suggestive of weak moral fiber and faint intention. Mr. Foster called me out for my indeterminacy as clearly as Chuck did. Stop scratching around the edges and draw, already.

We imagine ourselves making a strong line in our daily practice as caring professionals. The culture expects us to. Nurses are smiling young women offering a drink to a shut-in,

strong, tender, knowing hands smoothing a blanket around and under tired, wrinkled ones. The stock pictures of teachers that run next to every education policy story in the newspaper show the same: confident people gesturing before whiteboards and Smartboards, mouths open in mid-declaration of something certain to a room full of occupied desks with raised hands.

In other words, effective caring professionals don't dither. They execute with clear eyes and clean hearts ("no shading, no multiple lines, no cross-hatching, no subterfuge..."). But we who work to prepare caring professionals are beginning to see the dangers in training for such confidence. We are producing arrogant practitioners, unable to collaborate or learn from mistakes or, ultimately, to build essential empathic connection with the ones they care for. Confidence in the algorithmic accuracy of diagnosis and treatment plan can undermine actual capacity to care.

I remember a simulated joint-care exercise I observed years ago at a medical school, where teams of students from medicine, nursing, OT, social work, and nutrition worked with a standardized patient. They took her history, then conferenced to develop a coordinated care plan before sharing the plan with the SP. As soon as the SP left the room, the single med student began barking orders to everyone else about what they should do next. The nursing student was first, and her assigned to-do list began with prepping several injections. She listened until he was done, then asked respectfully, "Doctor, have you checked the patient for allergies? If she's allergic, two of these medications could kill her."

There it was: a no-nonsense persona (certainly modeled for him on the wards, probably rewarded as he assumed it on his end-of-rotation evals) leading him to confident catastrophe. Avoidance of the uncomfortable notion that someone else might know something that your training has made invisible to you. The real world has a way of doing that – messing up our best ideas and intentions with stubborn reality, asserting how the map is never, ever the territory (and we might not even have the right map). That truth can and should trouble our equanimity as well-trained professionals with well-honed differentials. It should lead us to question, pause, even doubt or prevaricate, wait for more information before saddling up.

But we're not supposed to. Good professionals don't...dither.

Or do they?

...one of the earliest [applications] of dither came in World War II. Airplane bombers used mechanical computers to perform navigation and bomb trajectory calculations. Curiously, these computers (boxes filled with hundreds of gears and cogs) performed more accurately when flying on board the aircraft, and less well on ground. Engineers realized that the vibration from the aircraft reduced the error from sticky moving parts. Instead of moving in short jerks, they moved more continuously. Small vibrating motors were built into the computers, and their vibration was called dither from the Middle English verb "didden," meaning "to tremble." Today, when you tap a mechanical meter to increase its accuracy, you are applying dither, and modern dictionaries define dither as a highly nervous, confused, or agitated state. In minute quantities, dither successfully makes a digitization system a little more analog in the good sense of the word ("Dither," Wikipedia).

So dither – "trembling, confusion, agitation" – makes complicated machines run better. Shaking up something made for precision should knock it all to hell: calibration ruined, like a

pothole destroying your alignment. But apparently a little of it, artfully applied, does the opposite. It makes the gears mesh better, keeps things from sticking.

Seen through these eyes, “dithering” isn’t a distraction from effectiveness. It’s *part* of it. It helps our aspirations to precision actually work out in the real world, makes our best machines “more analog in the best sense of the word” by grooving the 1’s and 0’s of algorithmically-focused practice into the actual peaks and valleys of lived experience. Perhaps it’s not for nothing that audiophiles say analog sound is “warmer” than digital.

When I know to look for it, I see the case for dithering in caring practice within some of the wisest truths I’ve found. There’s Parker Palmer (1997), describing how cytogeneticist Barbara McClintock spent a career looking hard at corn. She told her biographer that her best advice on doing great science was that “you somehow have to have a feeling for the organism,” learn to “lean into the kernel.” I take this to mean getting a sense of the actual nature of the thing you hope to understand by welcoming the unique and confounding noise of its life into your analysis and deliberation. As Keller said more artfully, “Barbara McClintock, in her relation with ears of corn, practiced the highest form of love, which is the intimacy that does not annihilate difference.” Dithering before what is irreducibly strange leads to greater perception and apprehension, even to the unraveling of mysteries.

And there’s that extraordinary article on end-of-life care and compassion fatigue (Kearney et al. 2009). It deftly lays out the hard edges of the problem of burnout clearly enough to convince the most data-driven reader, before offering the sustaining power of perhaps softer interventions (reflective writing, meditation, spiritual practice). But buried in the text is a startling finding that caregivers who practice *exquisite empathy* – “highly present, sensitively attuned, well-boundaried, heartfelt empathic engagement” – were “invigorated rather than depleted by their intimate professional connections with traumatized clients,” and thereby protected against compassion fatigue and burnout (1160). Consider what this is implying: that the very work that supposedly *drains* capacity actually *builds* it, if it is done in “highly present, sensitively attuned, well-boundaried” ways. Being fully present for the shocks and bumps of the practice tunes the capacity to keep doing it well. The tuning comes from the movement, not its absence. Dithering.

And here we have Buddhist mystic Pema Chodron (1994) describing how to achieve a state of equanimity before the shocks and bumps of “attached” life by ceasing to struggle with the challenges of attachment, coming into abiding compassion with *self* as path to enlightened empathy with *other*.

The basic ground of compassionate action is the importance of working with rather than struggling against, and what I mean by that is working with your own untwined, unacceptable stuff, so that when the unacceptable and unwanted appears out there, you relate to it having worked with loving-kindness for yourself. Then there is no condescension. This nondualistic approach is true to the heart because it’s based on our kinship with each other. We know what to say, because we have experienced closing down, shutting off, being angry, hurt, rebellious, and so forth, and have made a relationship with those things in ourselves (146-147).

That would be the deepest admission of the noise of actual living into ourselves of all, would it not? Embracing all our personal human dithering as part of the ride, “leaning into the kernel” of unknowability within ourselves so that we may embrace it in those we seek to care

for?

Perhaps the ultimate allowance of dithering into our practice is acknowledging this connection between ourselves and our patients, clients, and students. Arthur Frank (1995) observes that “the pedagogy of suffering begins its teaching from a ground of loneliness seeking communion.” The giver and receiver of care share a reciprocal bond that fulfills both their deep needs. Through understanding that “one who suffers has something to teach...and thus has something to give” (150), agency is restored to the recipient of care, rescuing her from the “administrative systems that cannot take suffering into account because they are abstracted from the needs of bodies” (146). And conversely, acknowledging what the sufferer has to teach relieves the heroic caregiver from the weight of having to solve all things. Those previously classified as either omniscient giver and passive recipient are both liberated into a new way of mutually constituting their being, one deeply rooted in the capacity to connect that is called to action in each: “when an illusion of oneself as the beginning and end of all things can no longer be maintained, then openness to communion is all that is left” (154).

Dithering seems to involve talking back to the judgment of resolute intention I heard in Jones’ call to a confident line as “rule 1 for drawing well.” It invites us to acknowledge what we don’t know about what to do, and how we need those we care for to share their weakness with us so we may heal our own. Perhaps it even includes a “trembling” before what we cannot ultimately understand, an acceptance of how ultimately inaccessible the deepest human processes of “healing,” “learning,” and “connecting” are to our most assiduous assays to understand and regulate and predict and contain them.

This enters the province of M.C. Richards (1989) and Rachel Naomi Remen (2005), two who map their reality of healing and teaching by naming how completely an honest student of either must admit how little we know and seek a deeper connection to greater powers than oneself. I note how these two (and Palmer) began careers in the academy of traditional, rational knowledge, and after earning impeccable “straight” credentials left that world in search of better reckonings of these mystifying, urgent processes. They listened to their “trembling” before what they could not fully grok with the tools they had developed, and left to try to create new ones. Chodron describes the “refugee vows” taken by those of her order:

...rather than always trying to get security, you begin to develop an attitude of wanting to step into uncharted territory. It’s a vow you take because you feel that the way to health and becoming a complete human being is to no longer hold so tightly to yourself. You long to go beyond that situation. You are no longer afraid of yourself. You can become a refugee because you aren’t afraid of yourself, you don’t feel that you need a protected place to hide in (105).

Dithering – trembling – before one’s own incapacity to meet the needs of the world; becoming willing to give oneself up to the world and, by not “holding so tightly to yourself,” in fact coming back to yourself more fully and peacefully.

I welcome the strong lines when we have them; certainly the bold cuts, the aggressive gambits, the confident gestures that open some spaces that need opening, make new growth possible and inspire new creation. But let us have less assertiveness for its own sake and more true attending; less fake-it-till-you-make-it and more reverence before what we really don’t fully

know yet. That's a unique and precious comfort we who spend our lives caring can offer. I wonder if willingness to offer it might not be part of the "maturity" the anonymous author of "Let Us Have Medicos of our Own Maturity" seeks in his caregivers:

Let us have medicos of our own maturity,  
For callow practitioners incline to be casual  
With a middle-aged party...  
Let our medical attendants be of compatible years,  
Who will think of us as in certain ways their peers.  
Who know what we possibly still have to live for,  
Why we are not unfailingly poised to withdraw...  
Then permit us to be appreciative and appreciated  
A little in our final fruition, however belated (206).

## Works Cited

- Anonymous, "Let Us Have Medicos of Our Own Maturity." *Imagine What It's Like: A Literature and Medicine Anthology*. Ed. Nadelhaft, Ruth L, and Victoria Bonebakker. Honolulu: Published for the Biographical Research Center by the University of Hawai'i Press, 2008. 206. Print.
- Chödrön, Pema. *Start Where You Are: A Guide to Compassionate Living*. Boston: Shambhala, 1994. Print.
- "Dither." Wikipedia. Wikimedia Foundation, 27 Jan. 2013. Web. 31 Jan. 2013.
- Frank, Arthur W. *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago: University of Chicago, 1995. Print.
- Jones, Chuck. *Chuck Amuck: The Life and times of an Animated Cartoonist*. New York: Farrar Straus Giroux, 1989. Print.
- Kearney, Michael K. et al. "Self-Care Of Physicians Caring For Patients At The End Of Life: "Being Connected... A Key To My Survival." *JAMA: Journal Of The American Medical Association* 301.11 (2009): 1155. CINAHL Plus with Full Text. Web. 31 Jan. 2013.
- Palmer, Parker. "The Grace of Great Things." *Center for Courage and Renewal*. N.p., 1997. Web. 29 Jan. 2013.
- Remen, Rachel N, and MW Rabow. "The Healer's Art: Professionalism, Service And Mission." *Medical Education* 39.11 (2005): 1167-1168. CINAHL Plus with Full Text. Web. 31 Jan. 2013.
- Richards, Mary Caroline. *Centering in Pottery, Poetry, and the Person*. Middletown, CT: Wesleyan UP, 1989. Print.

---

**Chris Osmond PhD, author of "Dithering," is associate professor of Leadership & Educational Studies at Reich College of Education, Appalachian State University in Boone, North Carolina. He teaches Social Foundations of Education to future teachers. His research focuses on the use of the humanities ("narrative pedagogy") with teachers, nurses, social workers, and other caring professionals to protect against burnout and help them thrive in their vocations..**

---

© 2017 *Intima: A Journal of Narrative Medicine*