

## SELF-PORTRAIT WITH THE PORTRAIT OF DR. FARILL: FRIDA KAHLO'S RECREATION OF HER DOCTOR

By Roxana Delbene and Sayantani DasGupta

"I've been sick for a year now. Seven operations on my spinal column. Dr. Farill saved me. He brought me back the joy of life," writes acclaimed Mexican painter Frida Kahlo (252) in her diary between 1950 and 1951. Kahlo painted *Self-portrait with the portrait of Dr. Farill* (1951) in gratitude and recognition of her doctor for restoring her will to live. This painting seems similar to previous pieces of art dedicated to her physicians, that is, *Portrait of Dr. Eloesser* (1931) and *Self-Portrait Dedicated to Dr. Eloesser* (1940). However, *Self-portrait with Dr. Farill* is somehow different. While it is an expression of gratitude to the surgeon who has helped her to walk again (Kahlo was a woman in lifelong pain after suffering from poliomyelitis and a severe bus accident that left her multiply injured), the message ---relevant to healthcare professionals--- is deceptively deeper and richer than that.

*Self-portrait with Dr. Farill* (1951) has been traditionally interpreted as an ex-voto, a testimony to Farill's medical help. However, it can be read as far more than a reification of a medical practitioner. Kahlo is an artist well known for her explorations of embodied and emotional pain. Yet, what makes this particular work valuable in the teaching of medical trainees is the subtle reversal of the traditional asymmetric power dynamic between doctors and patients. Here it is not the doctor who diagnoses the patient but rather, and as memoirist Anatole Broyard observes, the patient who diagnoses the doctor. In keeping with the practice of Narrative Medicine, this pictorial narrative can be used to cultivate self-awareness and imagination among clinicians.

*Self-Portrait with portrait of Dr. Farill* is a painting within a painting, an effect known as *mise en abîme*. Kahlo paints herself as the artist who has completed the painting of the physician (notably, as the art critic Sarah Lowe observes, this is the only time in Kahlo's work that she represents herself as an artist). This choice, which portrays Kahlo in the pursuit of her life's passion (painting) after almost a year of hospitalization, is thanks to Dr. Farill's medical art in saving her life, as she states.

In the painting we observe that in Kahlo's lap is her palette/open heart, center of creativity and life force from which it emerges Dr. Farill's portrait. It is, then, Kahlo's embodied reality that gives birth to the face/portrait of the surgeon, and her very blood that gives rise to his visage. In the illusion created by the *mise en abîme*, Kahlo's self-portrait is represented as a non-fiction. In contrast, Dr. Farill is represented as a larger-than-life portrait, and thereby in the realm of the fiction. His image sits on the sawhorse as if were on a pedestal. In other words, Kahlo, the patient/the artist, is alive while her doctor is a being immortalized, objectified by means of her work of art. Kahlo's aliveness is also suggested by the blood stains on her white tunic, as the expression of her sacrifice in surviving as seen as in the act of

painting. Kahlo does not represent herself as a lifeless portrait but rather, as a woman made of real blood with which she has given life to the portrait of Dr. Farill.

Narrative Medicine is often formulated as a clinical and scholarly practice that helps physicians imagine the predicament of the patient-Other. Yet, in this painting, it is not Dr. Farill but Kahlo herself who is doing the imagining-of-the-physician-Other. Dr. Farill's portrait is a product of Kahlo's embodied pain, a medical Eve born from the heart-as-rib of an injured Adam. The gaze of Dr. Farill in the portrait seems to be in Kahlo's direction. Yet, it does not frontally engage with her eyes. While Farill's gaze seems compassionate, he looks at to an abstract point: to the progress of science, perhaps? The Farill in the painting neither engages nor renders Kahlo's life. Thus, Dr. Farill may have saved Kahlo's life, but it seems that he can never completely know the creative capacity that can emerge from his patient's suffering. In her indomitable spirit, Kahlo is larger than her suffering, and this suffering cannot be understood from the alienated perspective of a pedestal. Sociologist Arthur Frank cautions medical practitioners that real dialogue begins with the recognition that our gaze of the *Other* is always unfinished and incomplete. Our patients, like Kahlo, are people with rich imaginative and corporeal lives of their own, lives that are beyond our grasp despite our best attempts to bear witness to their suffering.

Ultimately, while in *Self Portrait with Dr. Farill* it is the patient who imagines her doctor, the painting can teach clinical trainees about *narrative humility* (Das Guspta). Patients' stories and their inner worlds are larger than their stories of illness, and larger than the frame from which the medical gaze can see them. Unlike the Farill in the portrait, our gaze must engage with the person/patient in spite of the fact that our knowledge is limited, unfinished. The painting teaches us that another person's suffering and creative capacity can never be comprehended and totalized by the medical gaze.

### Works Cited

- Broyard, Anatole. *Intoxicated by My Illness*. New York, NY: Ballantine, 1992. Print.
- Das Guspta, S. "The art of medicine: Narrative humility." *The Lancet* 371 (2008): 980-981. Print.
- Frank, Arthur. *The Wounded Storyteller: Body, Illness, Ethics*. Chicago, IL: The University of Chicago Press, 1995. Print.
- Lowe, Sarah. *Frida Kahlo: Universe Series of Women Artists*. New York, NY: Universe Publishing, 1991. Print.
- Kahlo, Frida. *Portrait of Dr. Eloesser*. 1931. Collection of the University of California, San Francisco, School of Medicine.
- . *Self Portrait Dedicated to Dr. Eloesser*. 1940. Private collection, Mexico City.
- . *Self-portrait with the Portrait of Doctor Farill*. 1951. Private collection, Mexico City.
- . *The Diary of Frida Kahlo: An Intimate Self Portrait*. 1995. Introduction by Carlos Fuentes. Essay and Commentaries by Sarah Lowe. New York, NY: Abrams, 1995. Print.

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