

Understanding the life of illness: Learning through the art of Frida Kahlo

That nursing is an art as well as a science is in danger of becoming a cliché unless attempts are made to reverse the marginalization and exclusion of arts and humanities within nursing. An educational approach to promoting more esthetic and less instrumental thinking and understanding is described. This approach enables nurses to gain a deeper understanding of the lived experiences of suffering, chronic pain, miscarriage, and disability through engaging with the art of Mexican painter Frida Kahlo. Key words: *art, Frida Kahlo, humanities, lived experience, nursing art, nursing education*

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The art of Frida Kahlo is a ribbon around a bomb.

—André Breton^{1(p10)}

Of all nursing's clichés, "nursing is an art and a science" is the least reflected in reality. As Holmes^{2(p446)} observed, many nurse theorists and authors proclaim rather than explain this and often completely ignore the artistic in favor of the scientific.³

Post-World War II nursing has been characterized by the desire to establish its academic and professional credibility through an alignment with science, or what might be more appropriately called "scientism." As Bevis observed,

In our search for legitimacy with our academic colleagues, nursing's movement from hospitals to academic settings was accompanied by a strong reliance upon empiricism and behaviourism. . . . Additionally, nurse educators thought that to be acceptable in these settings, they had to assume the shape and texture of scientific academicians. So our art, so treasured in

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hospital curricula, gave way to science, so treasured in college curricula.⁴

Thus, the rational–calculative thinking of the scientific method has come to dominate the discourse of nursing education, practice, management, and research. Under such a template of thought, the art of nursing and other more meditative, contemplative, and esthetic modes of thinking and engaging with the world have been at best marginalized and at worst excluded.^{5,6}

However, recent developments in nursing have constituted a sustained challenge to the scientific paradigm. It is now increasingly recognized that excellent nurse caring cannot develop from an educational and practice background based solely on the natural, physical, and social sciences. Recent work on how best to enable nurses to promote and nurture creative human caring has stressed the importance of making the arts and humanities central to all aspects of nursing.^{7,8}

Sontag has written of illness as being “the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.”^{9(p3)} Sontag’s “other place” of illness and suffering is not an easy one to gain vicarious access to. Although nurses are in daily contact with suffering, illness, and death, it remains a frequent complaint of those on the receiving end of medical and nursing care that the professionals “don’t know what this is really like.” As Starck and McGovern noted of suffering, “Often it cannot be seen on the surface because we humans hide our suffering as we attempt to

disguise our vulnerability. After all we live in a society that does not encourage weakness or the admission of weakness, one that prefers that the ugliness of suffering remain invisible.”^{10(pxi)}

How, then, can nurses best gain insight and understanding into dimensions of the human condition and the lived experiences of illness, suffering, dying, healing, pain, or disability? Despite their best intentions, it is unlikely that traditional nursing textbooks can offer such illumination, since most seem designed essentially to instruct and inform rather than to challenge and open alternative thinking possibilities.

Study and dialogue centered on a variety of artworks can enable nurses to more fully and deeply understand both the human experiences of illness and disability and the caring responses these call forth. We can best understand these experiences through engaging with expressive arts such as poetry, stories, photographs, and paintings, for the artist’s portrayals of human experience are often most vivid, evocative, and powerful. This has been recognized in medicine, where the field of “medical humanities” is now well established as a valuable adjunct to more traditional clinical medicine. What is now urgently required is a complementary development of nursing humanities.

In an attempt to bring arts and humanities in from the educational margins, the Department of Nursing and Community Health at Glasgow Caledonian University has recently introduced the United Kingdom’s first fully accredited course of this kind, called “Understanding Caring Through Arts and Humanities,” which is offered to final honors year undergraduate students and to returning RNs undertaking a Bachelor of Arts with Honors Health Studies degree.⁸

During this course, both teacher and student aim to come to a deeper understanding of a range of complex human experiences, such as health, illness, disease, disability, aging, childbirth, and death through the study of poetry, stories, art, music, film, and other media. As part of this course participants examine the work of Mexican painter Frida Kahlo, whose work is a powerful exemplar of how art can call forth new ways of thinking, learning, and understanding in relation to the lived experience of human suffering.

FRIDA KAHLO'S LIFE

Frida Kahlo was born in Mexico in 1907. Her father was a German immigrant, and her mother was Mexican Indian. This Mexican-European tension was only one of the many dualities Kahlo regularly depicted in her painting. The old adage that "a picture is worth a thousand words" may be true, but it is also true that words can enhance our appreciation of pictures. Frida Kahlo's art is searingly revealing, partly because of its intimate relationship with her personal biography.¹¹ As her husband, the famous Mexican muralist Diego Rivera, observed, "Frida is the only example in the history of art of an artist who tore open her chest and heart to reveal the biological truth of her feelings."¹²(pp3-4)

Kahlo's life was as colorful as it was tragic. At the age of 6 years, she contracted polio, which withered and weakened her right leg, giving rise to associated scoliosis. After beginning to study medicine as a teenager, she was involved in a horrific trolley car accident. When two trolley buses collided in Mexico City, a long metal handrail impaled her through the pelvis, exiting via her vagina. To make matters worse, a well-

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meaning passerby tried to "help" by putting his knee on her chest and pulling the rail out.¹¹

So severe were her injuries that she barely escaped death, and for the remainder of her life she endured more than 30 orthopedic surgical operations related to her injuries of the pelvis, spine, right leg, and foot. "I have the record for operations," she said.¹³(pxi) In addition to painful, protracted, and often misguided surgery, Kahlo was forced to spend months in enforced bedrest. She had to wear a succession of orthopedic body braces, which often caused painful skin ulcers and abscesses. From 1944 on she wore "twenty-eight corsets in all—one made of steel, three of leather and the rest of plaster."¹¹(pp345-346) The damage to Kahlo's pelvis was so extensive that it was not possible for her to carry a child to term, and during her life she had three miscarriages and at least two therapeutic abortions. She also had painful trophic ulceration of her right foot, which was finally amputated in 1953.

Kahlo's pain was not only physical. Multiple miscarriages caused her profound grief, and her relationship with Rivera was passionate but tempestuous.¹⁴ He was known to have had several affairs with other women that wounded Kahlo deeply, none more so than his affair with her younger sister, Christina. She was no passive "wronged wife," however, and asserted her sexuality through her own affairs, most notably with

Trotsky, in exile after expulsion from the Soviet Union. In her later years she lived in constant pain. Perhaps to relieve this, she drank heavily and became seriously dependent on pain-killing drugs, especially meperidine hydrochloride (Demerol). Kahlo died in July 1954.

LIVED EXPERIENCE AND CARING

Frida Kahlo's art is particularly valuable in promoting caring for several reasons. Her work addresses human experiences such as pain, disability, illness, loneliness, hospitalization, miscarriage, and emotional distress and shows a strength of spirit that elevates Kahlo from being merely a suffering victim. Her work also speaks directly to the experience of women in a patriarchal society, to the visibility-invisibility and legitimacy-illegitimacy of their experiences and the expression of such experiences.¹⁵⁻¹⁷ The author has proposed elsewhere¹⁸ that studying visual images can encourage nurses to sharpen their visual senses, generate new understandings and insights, promote interpretive abilities, enhance ethical and esthetic awareness, and stimulate the recalling and sharing of the nurse's own clinical narratives. Students tend to be initially apprehensive about discussing and "analyzing" paintings. They tend to believe that this is a somewhat esoteric and specialist skill for which their nursing education has not equipped them. I counter this view by suggesting that nurses are often already expert interpreters. The expert nurse has an engaged, involved, caring stance in her practice that allows her to notice and understand, not merely to observe. The nurse notices the subtle body movements that signal pain or discomfort, the flicker of a smile that may

be the first sign of a return of hope, the new mother's hesitancy in handling her infant, the look of anxiety and apprehension behind the verbal assurances that "everything is fine, nurse." Nurses may already be excellent interpreters of the body and may already have a high level of visual literacy despite socialization within a predominantly oral and written nursing culture.¹⁸

KAHLO AND MISCARRIAGE

Lomas and Howell noted that "In Western art scenes of childbirth are rare and visual accounts of abortion or miscarriage nonexistent."^{19(p1584)} Frida Kahlo occupied this most forbidden of women's spaces in her paintings of childbirth and miscarriage. "My Birth" (1932)^{20(p8)} is assuredly "one of the most awesome images of childbirth ever made."^{11(p157)} Kahlo painted this after the death of her mother and tried to capture how she thought her own birth might have been. The scene is one of utter aloneness and desolation. A large sparsely made bed sits on bare wooden floorboards. The eyes are drawn immediately to the perpendicular of the center of the painting, where there is a grisly trio of death. The birth mother is clearly dead, as is signified by the sheet covering her head. The infant too seems dead, a reference to Kahlo's miscarriages. The infant's eyebrows and generally older appearance make it clear that this baby is Kahlo herself, suggesting that she too may have "died" at the time, that motherhood also "died" with the child. Above the bed, the Virgin of Sorrows weeps, her neck pierced by daggers. A retablo banner, untypically devoid of any written message or words of hope, is draped across the bottom of the bed, further isolating us from the

scene, creating a further visual fence or barrier.²⁰ A bitter visual incongruity is the delicately embroidered, feminine touch of the embroidery around the pillow. Pink for a girl?

A midwife in one class noted that this is a frighteningly static painting, quite unlike any vibrant birthing scene, but felt that this stillness emphasized the overpowering presence of death. Another response was that as a midwife, this painting called forth a definite caring response; she desperately wanted to be there for this mother and infant and to bring some warmth and comfort to such a bleak scenario. Another student felt very uncomfortable at the viewing position of this painting and likened it to the traditional round where the physicians would all gather at the foot of the bed to observe and discuss the “case.” The mother’s legs were thought to be animal-like, resembling a turkey at Christmas or Thanksgiving—a vivid visual image of objectification and the subjection of patients to the unrelenting, disrespectful, and ultimately dehumanizing medical and clinical gaze.

In July 1932, while 3½ months pregnant, Frida began to hemorrhage and was taken to the Henry Ford Hospital in Detroit, where she and Rivera were living that year. Kahlo miscarried and threw herself into painting to help her recovery. One painting of this period was “Henry Ford Hospital” (1932).^{20(p71)} Like “My Birth,” this painting

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is a visual icon of despair, pain, loneliness, and loss. The traditional male, Western image of the desirable and available female reclining nude is subverted as Kahlo lies crying, naked and twisted, almost lost in an oversized institutional bed that seems to heighten her insignificance.

The perspective of the painting makes the bed appear to float in mid-air, suggesting a groundlessness and a lack of stability, similar to when patients describe “being up in the air” or “having the bottom fall out of their world.” Several students have pointed out how uncomfortable Kahlo looks and how dangerously close to the edge of the bed she is, reflecting how “close to the edge” she was feeling emotionally. Students have said that a nurse’s first reactions would be to comfort her, to remake her bed with fresh linen, to help her to find a more comfortable lying position and to sit with her. Kahlo is again utterly alone in her pain and distress. Ironically, far away on the horizon of the barren landscape lies the Ford car plant, where Rivera was painting a mural. Whether Rivera understood this visual accusation of his lack of presence at such a time is unknown.

Kahlo clutches six red ribbons suggesting umbilical cords, each of which is attached to a floating symbolic object, a “symbol of maternal failure.”^{11(p144)} There is an anatomical model of a woman’s pelvis and abdomen that seems to signify the medical model of explaining woman’s experience anatomically and physiologically when this experience cries out for humanistic and existential understanding. In the center of the painting is a depiction of her dead baby, whom she called “Dieguito,” or little Diego.^{20(p72)} She had to base this image on books Rivera acquired for her, because the hospital staff

would not agree to her many requests to have a book or picture showing how the baby would have looked as this might be "too upsetting" for her.^{11(p142)} Kahlo said that the snail was intended to symbolize the slowness of the miscarriage. Interestingly, she also wrote to her friend Dr Eloesser that "I miscarried in the wink of an eye,"^{21(p69)} which highlights how a woman's sense of lived time and temporality can be disturbed by such a traumatic event. Another cord anchors her damaged pelvic bones, which she believed were responsible for her miscarriages. One cord is attached to a machine of some sort that may symbolize the mechanistic nature of her hospitalization and treatment, or it may more ironically be a sterilizer that she uses both to highlight the cold sterility of the hospital and to mock her own childlessness. The orchid was apparently a gift from Rivera, but its sexual significance as vaginal labia is also clear.

KAHLO AND EMOTIONAL DISTRESS

While Kahlo was undoubtedly able to create stunning visual images around her experiences of miscarriage, she was also equally able to give a visual voice to her innermost emotions and personal anguishes. For example, in "Memory" (1937),^{20(p113)} which she painted after discovering Rivera's affair with her sister Christina, she depicts herself literally as having her heart cut out. The scale of her distress is signified by the oversized heart that lies bleeding at her feet, sending rivers of blood into the mountains and the sea. Herrera¹¹ noted that Kahlo would have been aware of the obvious symbolism of the broken heart and the love that lies bleeding. Through her pierced heart is a

spear or arrow, on which sit two tiny cupids seesawing. This seems a clear reference to the ups and downs of her passionate love for and life with Rivera.²² She illustrates the importance culture and national identity had for her by showing herself wearing her European clothes, which she tended to wear when she was apart from Rivera, and by placing her school outfit and Mexican dress beside her. Both dresses have only one arm and Kahlo herself has no hands, signifying her helplessness in this situation. Her uncertainty and dualism are further emphasized when she sites herself with one foot on dry land and the other on water.

In 1939 Kahlo and Rivera were divorced, although they subsequently remarried. In one of her most memorable and only full-size work, "The Two Fridas" (1939),^{20(p137)} she depicted this particular trauma. The origins of this painting may lie in Frida's childhood; she had an imaginary companion.^{11,23} In the painting she shows the separation visually and depicts the impossibility of a woman's situation by literally siting herself in an impossible and contradictory space—in two places at once. The sky in the background reflects the stormy and turbulent nature of their relationship. The two Fridas sit on a cane chair, connected by a passive handhold and by an artery that connects both of their hearts. As Herrera²⁰ noted, this is an image of profound loneliness, where Frida's only contact and connection in the world is now with her self, or selves, rather than with others. Again, there is the strong duality of Kahlo's two heritages, the European and the Mexican. The European Kahlo wears a Victorian white dress, and the Mexican Kahlo wears her Tehuana costume. As the latter was the Frida closest to Rivera's heart, she carries a tiny medallion

with his image close to her genital area. From Rivera's image comes another vein that ends clamped in a pair of surgical forceps. The significance here may be that Kahlo was aware of using her illness and disability to try to hold onto Rivera.¹¹ She knew that when she was ill or hospitalized, he was loving and attentive to her needs. In this painting, however, surgery, as symbolized by the forceps, cannot prevent Rivera and his love from slipping through her hands, from draining away, and by implication from killing her as "her" life blood drains away.

Once again, Kahlo portrays her inner hurt and pain by painting visible physical wounds. Both Fridas' chests are opened and hearts exposed, suggesting an even more dramatic visual metaphor than "wearing your heart on your sleeve." The European heart is more fully broken open, but the Mexican heart seems stronger, alluding to Kahlo's passionate love for her Mexican culture. However, in tandem with her portrayals of emotional hurt, Kahlo was able to illustrate her sexual and emotional power and independence in such paintings as "Self-Portrait with Cropped Hair" (1940).^{20(p150)}

KAHLO AND DISABILITY

Of all of the human experiences Frida Kahlo painted, her portrayals of the experience of disability are perhaps the most visually arresting and challenging. If Kahlo was unique in committing women's experiences of childbirth, miscarriage, and hospitalization to art, then she was even more revolutionary in her portrayals of being both a woman and a woman with a disability.

"Tree of Hope Stand Firm"^{20(p192)} was painted in 1946, paradoxically during one of her worst periods of illness and immobility. Again, there are two Fridas present. One lies completely helpless, possibly anesthetized, on a hospital trolley. As in "My Birth," there is little modesty or privacy afforded as her back is exposed and two gaping, bleeding wounds are exposed. The clear allusion here is to her many spinal operations, but these are no clean incisions; they are violent rips that, she said, "those surgeon sons of bitches landed me with."^{24(p68)} There are also further indications of her duality of being, between sun and moon and night and day. Again, the stronger, Mexican Frida is placed under the symbol of womanhood, the moon.²⁵ She holds one of her hated surgical braces while clearly wearing another. Again, the background suggests a world of disruption, turmoil, and danger. Dark, deep fissures gouge the landscape and mirror the surgical fissures that scar Frida's body. The trolley and the second Frida are precariously close to the edge both pictorially and existentially. One student felt that they seemed to be standing over a freshly excavated grave that was waiting to receive the body. But despite the despair and hopelessness of this landscape, she carries, as if for encouragement, a symbol of hope, a small flag with the inscription "tree of hope stand firm."

Of all of her paintings, "The Broken Column" (1944)^{20(p181)} is perhaps the most shocking. This is an almost unbearable image of pain, immobility, disability, and bodily violation. There is an immediate tension apparent between strength and vulnerability. Kahlo is at once heroic and stoic, demanding that the viewer look her in the eye and engage her as she is, disability and all.^{26,27} But there is also the terrible fragility

of a woman whose body seems tenuously held together by a few straps of body corset. There is a strange and terrible beauty in this painting that recalls Morris's observation that "At the extreme limits of art's transforming powers, however, we might say that such pain becomes, no matter how improbable the thought, not merely an occasion for art but even a source of beauty."^{28(p197)}

Kahlo chose the most enduring icon of strength and stability, the ionic column, to give this painting its central force. This column is the ultimate visual and architectural symbol of strength and durability, able to support entire temples for centuries. This gives an unsurpassable power to the image of Kahlo's useless and shattered spine. The phallic aspect of this column, penetrating Frida's body, seems unmistakable, particularly in view of the history of her sexual relationships. In a mirroring of the crevassed landscape, Kahlo's body is not cleanly and surgically laid open but is torn apart, leaving an ugly serrated wound running down her entire body, a wound made all the more "ghastly" by "the delicate vulnerability and perfect beauty of Frida's naked breasts."^{11(p77)} The imagery of pain is further stressed by the curtains of tears that pour from her eyes and by the nails driven into her flesh, particularly down her troubled right leg.

As critics have noted, there is a powerful resonance between this painting and those of Saint Sebastian, whose beautiful body is pierced by multiple arrows in a moment of spiritual triumph. This painting also speaks vividly of Kahlo's disability as an impediment to her being-in-the-world in a meaningfully involved and engaged way. Her body is totally static and immovable. She

stands over and against her environment, and in no sense can she be said to be part of it. Her body is both held and restrained by the surgical brace and her arms seem functionless, as if they are barely able to grip the shroud cloth or hospital sheet that she holds.

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The art of nursing cannot be promoted merely by refraining that nursing is an art. Nurse educators in particular must create the pedagogic conditions and opportunities for all students to engage in dialogue and discussion around significant works of art, which can uncover important elements of people's lived experiences and the caring responses that these works call forth.^{8,29} However, in the current health care climate, instrumental and technologic understandings seem to be the dominant paradigms for both theory and practice. Taylor defines *instrumental reason* as "the kind of rationality we draw on when we calculate the most economical application of means to a given end. Maximum efficiency, the best cost-output ratio, is its measure of success."^{30(p5)}

For nursing to realize its potential as a creative healing art, as opposed to a mere customer satisfaction technique, nurses need to create alternative ways of thinking and of understanding human experience that are not exclusively instrumental and technologic.⁵ For Heidegger, "Art then is the becoming and happening of truth,"^{31(p71)} but this is not a Cartesian view of truth as mere adequate representation between an object and our perception of it. This is truth as *alethia*, or the unconcealment of being, which strives to understand the essence of truth as the truth of essences, of the fundamental ways in which we think about the meaning of experience.³² The curriculum

revolution in nursing education has charged educators to discover imaginative ways to enable nurses to develop more meaningful understandings of lived experience. As Bevis argued,

Art, literature, poetry, music, philosophy and architecture impart wisdom. They speak to that universal experience of humankind that unites and harmonises. In the metaphors of art, poetry,

music and architecture, human suffering and transcending courage find their expression. Compassion and identification with the progress of human thought comes through literature and philosophy. Science may give us the tools for curing, but it is the humanities which give us the tools for caring.^{4(p127)}

The art of Frida Kahlo is an exemplary help in this endeavour.

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