

just as the relationship is.

To conclude, in “I cannot live with You,” despite her immense desire for unity and togetherness, consummated love is never attainable for the speaker, and even with some distant hope, any attempts to realize her desires are futile as well. The impossibility of love is truly the central concern of this poem. However, this does not mean that love is not meaningful, or that one should never hope to experience love. Rather, it shows that a form of love – possibly one of the most consequential – is love that remains unconsummated, or unfinished. Although throughout Dickinson’s poem, love is portrayed as futile in the sense that nothing tangible amounts from it, it still has the potential to be impactful. Great suffering was yielded from this love, and there is meaning both in the pauses and in the silence, of the poem, and of life.

Works Cited

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Familiar Strangers

AUDREY TORREST



WRITER’S COMMENT: After developing an understanding of the major visual pathways of the human brain in the neurobiology curriculum at UC Davis, I was excited to delve deeper into the world of visual processing from a more disease-oriented perspective. When I learned about prosopagnosia, a condition in which individuals cannot recognize faces, I was captivated by its interesting neurobiological basis and the experiences of individuals with this disorder. For Theresa Walsh’s course, “Writing in the Health Professions,” I interviewed a neuroscientist living with prosopagnosia. Inspired by the Sacksian case study, which strives to reveal clinical manifestations of disease in the framework of real, relatable human experiences, I produced this story of a life lived without recognizing faces. I hoped that my work would bring this obscure disorder, with a complex and poorly understood neurophysiological basis, into the hands of a broader audience.

INSTRUCTOR’S COMMENT: My 104F class is designed in such a way that students compose in different genres for different audiences that they might encounter in the health professions. I assign a case study in which students interview subjects and then report on their illness or condition to an audience of professionals. Students then reshape that content for a broad audience. In doing so, writers refocus the subject of the piece from the illness to the patient. This sequence of assignments typically reveals each student’s strengths and weaknesses, as some tend toward objective scientific reporting, while others show a propensity for empathic narratives.

Throughout this course, Audrey repeatedly demonstrated her drive to write well and she naturally excelled in scientific writing. In her narrative case study, however, Audrey would be writing for an audience that included the subject of the piece. Early in the process of composing the essay, Audrey expressed her desire to write an essay that honored her subject. With tremendous sensitivity to the central character of the piece and a keen awareness of the science that informed his condition, Audrey wrote “Familiar Strangers,” which displays her rhetorical and professional maturity, as well as her ability to deftly

navigate both scientific and narrative prose.

– Theresa N. Walsh, University Writing Program

Dr. Smith stood beside a fellow neurobiologist on the campus of Washington University in St. Louis. While engrossed in conversation, Dr. Smith noticed from the corner of his eye an undergraduate walking in their direction. At first he thought nothing of it but as she approached, it dawned on him that she was looking directly at him. “Strange,” he thought. He tried to ignore her and continue his conversation, but when she was about 20 feet away he heard her laugh. Upon hearing the sound, the unfamiliar undergraduate who had been staring so intently at him morphed into his daughter. Dr. Smith had been unable to recognize her.

Dr. Smith suffers from a unique condition known as prosopagnosia, or face blindness. Historically, most documented cases have been due to brain damage suffered after maturity from head trauma, stroke, or degenerative diseases. Recently, however, studies have demonstrated that many more people suffer from prosopagnosia without experiencing neurological damage (Avidan, Hasson, Malach, & Behrmann, 2005). Dr. Smith suffers from this form of face blindness, known as congenital prosopagnosia. Although he spent the vast majority of his life unaware of his condition, Dr. Smith, now 54 years old, acknowledges that it all makes sense in retrospect.

As a kid, Dr. Smith moved around a lot since his father worked for General Electric and was transferred every couple of years. Smith always felt like a newcomer and never realized that it was unusual to have difficulties recognizing people after a year or two of being in the same place. At family reunions his relatives eventually figured out that he couldn’t recognize them and began to greet him with announcements of their identities: “You probably don’t remember me... I am so-and-so.” Since these people were all in the context of the family reunion, it was obvious to the young Dr. Smith that they were relatives, but none of them looked familiar. At one point he moved back into a school district where he had lived five years prior and was disconcerted to find that he couldn’t recognize any of his former friends. He justified this by concluding that everybody had changed and grown up and the only reason they could recognize him was because he was the “new guy.”

In college, Dr. Smith’s roommate quickly grew tired of being asked

who people were every time they were out. Consequently, the roommate got in the habit of telling him who someone was as he or she approached, facilitating Dr. Smith’s identification process dramatically. At the time, Smith believed he had trouble with names and sought advice from friends about ways to improve, not realizing that his problem was recognizing faces.

Then, at the University of Rochester Medical School, Dr. Smith learned about prosopagnosia. Medical students often perceive symptoms of diseases they are studying in themselves. Upon learning about prosopagnosia, Smith thought that perhaps he was somewhere along the spectrum, on the lesser end of it even. Unlike the cliché of medical students who misdiagnose themselves with illnesses they are studying, Smith’s self-diagnosis was accurate, though his perception of its severity was not. In reality, Smith is significantly impaired.

Imagine standing in a sea of unfamiliar faces every morning when you go to class. In medical school, Smith struggled to recognize his classmates despite being in small classes every day with the same people. At the beginning of the school year before classes began, he acquired a little book with everyone’s picture in it. Thinking that he had trouble remembering names, Smith tried to memorize the people in the book by matching the names with the pictures. This turned out to be of absolutely no help. Although he eventually reached a point where he could identify the pictures, when the time came to apply what he had memorized to real people, Smith was unsuccessful. The pictures were static, located in particular places on the page, with people wearing particular clothes. Without these clues, identifying the actual people was impossible.

Later, while living in Boston, Dr. Smith had a daughter. When she was about 6 months old, Smith and his wife began taking her to daycare. Often, he or his wife would drop her off and the other would pick her up. Whenever his wife dropped her off, he wouldn’t know what his daughter was wearing that day. Picking up his daughter would then prove to be an immense challenge since he had absolutely no chance of recognizing her. As Dr. Smith said, “You can’t walk into a daycare and ask people which one your child is.” In order to avoid this awkward situation, Smith usually arrived right around the time the daycare was closing, ensuring that his daughter would be one of the few kids left.

After 40 or so years of unusual experiences and inexplicable challenges, the mystery was finally solved when Dr. Smith was giving a talk

in Pittsburgh and prefaced it by mentioning that he was not great with names and faces and that people shouldn't feel insulted if he didn't recognize them. Marlene Behrmann, a researcher who studies prosopagnosia, happened to be sitting in the audience and immediately asked if he would be willing to do some testing. Smith was reluctant initially, stating that he believed he was within the spectrum of normalcy, but she persisted and he eventually gave in. Following a series of tests, Behrmann diagnosed Smith with congenital prosopagnosia. Since congenital prosopagnosia frequently runs in families, Smith's children were both tested but were found to be unaffected. Smith believes that his father may also have prosopagnosia, but he refuses to get tested.

When I met Dr. Smith a few days ago I asked him to describe what he experiences when he first sees someone's face. Dr. Smith described this by comparing the differences between human and bird vision. Since humans have three types of cones with different photopsins – red, green, and blue – we are said to have trichromatic vision. Birds, on the other hand, have four cones, or tetrachromatic vision (Goldsmith, 1991). This means that there is a whole spectrum of colors that humans are completely missing but birds can see. In a sense, all humans are colorblind. So what does this feel like? Well, it feels like nothing at all. Individuals with prosopagnosia do not sense that they are missing anything, any more than you or I feel that we are missing any aspects of our color vision. Nevertheless, prosopagnosia can result in tremendous difficulties with human interactions since faces play such a pivotal role in cognition and socialization.

The human face provides a number of important cues for the recognition of individuals. Although prosopagnosiacs exhibit difficulty with conscious recognition – the identification of specific facial features – they demonstrate a relatively normal ability to recognize faces unconsciously, through emotional responses and other subtle social cues. Smith sometimes “hitchhikes on other people's facial recognition systems.” Essentially, he looks at others for signs of recognition and uses their responses to conclude whether he knows them or not. Dr. Smith relies on a variety of other cues but perhaps depends most heavily on context to aid him in the identification process. When Dr. Smith goes to the park, for example, he recognizes his friends by their dogs. Interestingly, Smith is unsure about whether his facial recognition deficit also applies to animals. This is in part because it is difficult to objectively evaluate one's own facial recogni-

tion abilities and also because, in the case of dogs, it is not generally their faces that you recognize but rather their breed. Although context can be an incredibly useful tool, sometimes it simply doesn't work. “One thing that I occasionally do is that I'll meet someone in two different contexts and I'll think they are two different people or I'll meet two people around the same time and I'll think they're the same person,” Smith stated. Dr. Smith can usually identify a person spatially but once they begin to move around he loses his contextual anchors and can no longer recognize them.

Although individuals with prosopagnosia rely heavily on context and emotional responses to compensate for the difficulties they have with facial recognition, they continue to face broad challenges. Currently, no formal treatment is available. The most important thing prosopagnosiacs can do is inform people about their condition so that others will not be offended when they are not recognized. When I asked Dr. Smith at the end of our discussion if there was anything else he would like to mention, he replied, “Don't be insulted if I run into you tomorrow or a month from now and have absolutely no idea that I've met you before.”

References

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