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**Art and the Human Condition: Incorporating Visual Analysis of Artworks into a
Undergraduate Pre-Medicine Curriculum**

A thesis project submitted in partial fulfillment of the requirements for the degree of Master of
Arts at the Virginia Commonwealth University

by

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April 2012

Acknowledgements

I would like to express my gratitude to my advisor, Dr. Margaret Lindauer, for challenging me to become a better writer during this thesis project. Your enthusiasm for and dedication to my learning process are an inspiration to me as an aspiring educator. Thank you also to Della Watkins and Dr. Catherine Roach for your insightful comments, which encouraged me to better express myself in this report. Finally, thank you to my mother, Ann, and my father, Wayne, for being my constant support during my graduate career. I dedicate my work on this thesis project to you.

Table of Contents

List of Figures.....	iv
Abstract.....	v
Introduction.....	1
I. Incorporation of Art into the Study of Medicine.....	3
II. Applicable Educational Theory.....	11
III. Observational Sessions with Nursing Students.....	14
IV. Tour Development, Delivery, and Response.....	19
Conclusion.....	27
Bibliography.....	28
Appendices:	
Appendix A: Course Syllabus.....	31
Appendix B: Tour Script.....	35
Appendix C: Evaluation of Tour.....	49

List of Figures

This document can be used only for educational purposes and all images are copyright of the Virginia Museum of Fine Arts.

- Figure 1 *Mother and Child*, Unknown Artist, African, Vili people, Kongo Culture, ca. 19th century, wood, glass, paint, kaolin and camwood powder..... 38
- Figure 2 *Christ Appearing to Mary Magdalene*, Follower of Nicolas Froument, French, ca. 1470's, tempera and oil on panel 39
- Figure 3 *Figure of a Mime-Dwarf from a Funerary Set*, Unknown Artist, Greek (South Italian), 3rd century BCE, polychromed terracotta 41
- Figure 4 *Hunchback Jorobado*, Unknown Artist, Jalisco Culture, 300 BCE-200 CE, terracotta..... 42
- Figure 5 *Seated Buddha*, Unknown Artist, Indian, Kushan Period, 2nd-3rd century CE, dark gray schist 43

Abstract

ART AND THE HUMAN CONDITION: INCORPORATING VISUAL ANALYSIS OF ARTWORKS INTO AN UNDERGRADUATE PRE-MEDICINE CURRICULUM

By: Elizabeth Ann Fuqua

A thesis submitted in partial fulfillment of the requirement for the degree of Master of Arts at Virginia Commonwealth University.

Virginia Commonwealth University, 2012

Director: Dr. Margaret Lindauer,
Associate Professor, Museum Studies Coordinator, Department of Art History

This thesis project presents a sample class session for the course, “The Human Condition: An Arts Perspective” (ARTH 361), which will be a part of the optional Medical Humanities minor for pre-medicine students at Virginia Commonwealth University (VCU). Dr. Margaret Lindauer, Associate Professor of Art History at VCU has directed the development of this course. She oversaw the creation of a preliminary syllabus, which includes readings and assignments relevant to the course. The tour presented in this thesis project provides a model for planning other class sessions, some of which will be developed by Museum Studies graduate students, some of whom might not have previous experience facilitating gallery tours. I assert that tours such as the one proposed in this project provide pre-medicine students with the opportunity to practice observational skills outside of the clinical setting. In looking at art, pre-medicine students approach the act of observation from a different angle and discussion about art objects often have valuable insight about the medical profession they are entering into. This

thesis report accordingly offers brief summaries of research studies that were consulted while the aforementioned tour was developed. It also includes the author's experiences working with a group of pre-nursing undergraduate students at VCU, and it includes a summary of the developed tour as well as feedback provided by a VMFA Education Department staff member.

Introduction

The first semester of my graduate career included the course “The Museum as a Educational Institution,” and the final assignment for the class was to create a five-object, forty-five minute, guided tour. This exercise utilized the permanent collection of the Virginia Museum of Fine Arts (VMFA) and was required to address a theme relating to the human experience or condition. The final tour I developed for this class lead me to my thesis project working with a target group with specific learning outcomes. The target audience was pre-medicine students.

Dr. Margaret Lindauer, Associate Professor of Art History at Virginia Commonwealth University (VCU), directed the development of a course titled “The Human Condition: An Arts Perspective” (ARTH 361), which will be part of the proposed, optional medical humanities minor for pre-medicine students at VCU.¹ The syllabus with readings and assignments had been compiled the previous year. My thesis project was to develop a five-object, forty-five minute, guided tour to serve as a model upon which other tours for this class would be created. I relied on a variety of resources to prepare this tour. I researched similar programs that had been developed for students preparing to enter the medicine profession; I worked with pre-nursing students in a more relaxed and experimental setting; and I sought advice and feedback from VMFA Education Department staff member, Karen Getty, on the mechanics, content, and quality of my tour.

¹ The approval process for the Medical Humanities minor was facilitated by Anne Chandler, Senior Associate Dean of the VCU Honors College, and Marisa Day, a graduate student in Museum Studies, compiled the syllabus.

In addition to contributing to a course that will be taught at VCU, this project has deepened my understanding of the role of the museum educator as a tour facilitator. Tour guides must be prepared for all audiences who enter the museum, including people who may have a limited knowledge of art and art history. It is crucial that museum educators transcend the varying ages, socioeconomic status, and educational levels to effectively engage their audiences in looking at and learning through art. I have learned this valuable lesson through this thesis project as I researched, developed, and implemented a tour for an audience that was relatively unfamiliar with art or art history.

This thesis report consists of four chapters, a bibliography, and three appendices. Chapter one describes studies of programs similar to the tour developed for this thesis project and ways in which the research influenced the development of my tour. Chapter two lists the educational theories that contributed to the structure and delivery of the tour. Chapter three recounts my experiences working with pre-nursing students in experimental, observational sessions of art. Chapter four details the process of developing the forty-five minute five object tour; describes the tour; and it includes feedback from the participants and the education staff member of the VMFA. I conclude this chapter with specific tips addressed to museum educators (or educators in training) developing thematic tours for audiences that might not be familiar with art or art history. Finally, the appendices provide a copy of the course syllabus for the ARTH 361 class, the tour outline, and an evaluation completed by one VMFA staff member.

I. Incorporation of Art into the Study of Medicine

An emerging interest in the field of medical education incorporates the use of artworks to increase observation skills by medical students. The researchers of this field have varied goals and research techniques, but often reach similar conclusions. I describe each study in the order in which they were developed, indicating specific ways in which they shaped the development of my tour. In instances when teaching methods were not incorporated, I acknowledge ways in which they might be used in further research or perhaps in selected class sessions for ARTH 361.

One of the earliest studies documenting this area of research was published in 1984 and details the experiences of the Assistant Dean for Undergraduate Medical Education at the Medical College of Pennsylvania (MCP) Marilyn H. Appel as she incorporated art into the college curriculum. From 1981-1982, the course “Medicine in Art” was offered as an elective and taught by a practicing artist and professor of fine arts at Haverford College. This partnership was made possible by the Medical Humanities Program of the Department of Community and Preventive Medicine, which provided the opportunity for one humanities scholar to study and teach at MCP each year. In the class, students viewed comparative images through the use of slide projectors. The students focused on details of the images and were asked to analyze art elements and principles including, form, color, texture, composition, structure, and rhythm of the image. Additionally, students were asked to look for the “handwriting” or strokes present in the

piece, which referenced the specific style of the artist.² A unique aspect of this study was the focus on looking at a work of art in detail, an aspect that I emphasized in my tour, with participants looking at original artworks rather than projected images.

Dr. Eugene V. Boisaubin, Clinical Professor of Medicine at University of Texas Medical Branch (UTMB), published in 2000 a report of UTMB's efforts to incorporate the arts into its medicine curriculum since the 1980s.³ One significant difference between the MCP and UTMB classes was that the latter was required of all students. The experience involved looking at projected images and discussing medical issues and themes such as obesity, insanity, and medical anatomy. For instance, when discussing obesity the class viewed Peter Paul Rubens' *Portrait of Hélène Fourment*, an oil painting created in 1638. This full body portrait depicts a voluptuous woman who is nude except for a rich, fur cloak she clutches to her body, which despite her efforts, exposes her breasts and legs. This image inspired discussions about the changing concept of beauty and the ideal body image. Through the observation of representational works, such as paintings or photographs, the students practiced the act of observation and interpretation while simultaneously discussing important medical issues. As describe in Chapter four, I encouraged pre-medicine students to make connections between the objects on my tour and contemporary medical issues.

In 1997, Dr. Irwin Braverman, a Professor of Dermatology at Yale University, and Linda Friedlaender, Curator of Education at the Yale Center for British Art (YCBA),

² Marilyn Appel, "Visual Arts Training to Enhance Observational Skills of Medical Students," *Research in Medical Education* 23 (1984): 85.

³ Eugene V. Boisaubin and Mary G. Winkler, "Seeing Patients and Life Contexts: The Visual Arts in Medical Education," *American Journal of Medical Science* 319 (2000): 292-6.

created the program “Enhancing Observational Skills,” which was designed to hone students’ observation skills through the study of art. First year undergraduates visited the YCBA galleries and were asked to describe works of art to their peers, specifying visual evidence for each observation that was made. Braverman asserts that observational skills have not been taught in traditional medicine curriculum, and advanced abilities of observation are only achieved after many years of professional practice.⁴ The inclusion of visual evidence into the dialogue of my tour was essential; I asked students to verbalize visual support for each observational comment they made in order to promote understanding of the specific interpretation amongst the entire group.

In 2001, Dr. Charles Bardes of Weill Cornell Medical College developed a program in partnership with Amy E. Herman, the Head of Education at the Frick Collection, a small art museum that boasts a collection of well-known works by European artists. The collector, Henry Clay Frick, left the collection and his residential mansion that housed it to the State of New York upon his death. This collaborative education program began by displaying photographs of patient's faces projected onto a screen; students were asked to record their observations of the images. Next, the students moved into the gallery and discussed a portrait with a museum educator. Participation in the museum program revealed “improvement in students' skills in description, interpretation, and presentation.”⁵ I diverged slightly from this study’s focus on the human face by including objects that depict the human body because of the body's relevance to the ARTH 361 course focus.

⁴ Irwin Braverman, “Yale Innovation in the Art of Research Extends its Reach,” *Medicine@Yale* Vol. 2 Issue 2 (March/April 2006): 42.

⁵ Charles Bardes et al., “Learning to Look: Developing Clinical Observational Skills at an Art Museum,” *Medical Education* 35 (2001): 1161.

Dr. Nancy Elder and Dr. Barbara Tobias of the Department of Family Medicine at the University of Cincinnati collaborated with Amber Lucero-Criswell, of the Cincinnati Art Museum, to create a class titled “Art of Observation” in 2001. The goal of this elective course, offered to second-year medical students, was to improve the doctor-patient relationship by practicing communication and observation skills. While no specific format for the class was described in the report, a unique component of the eight-month course was that it was split in to three sections: description, interpretation, and reflection. According to Elder and Tobias a mastery of all three of these aspects is essential to overall observation skills.⁶ Similarly, discussion during my tour was divided into three sections: visual analysis, object information, and thematic connection. All three aspects are critical in understanding the theme of the tour as a whole.

Karen Pardue, an Associate Professor of Nursing at the University of New England, published in 2005 her findings while working with nursing students in a university-based gallery setting. Pardue, along with the art gallery director, developed “guided observational worksheets” which were meant to provide structure during the students' visit to the gallery.⁷ These worksheets focused on the elements and principles of design. While similar documents have not been included in this thesis project, the visual analysis of each artwork will touch on the elements and principles of design. In future development of ARTH 361, it is possible that similar kinds of worksheets can be used during in-class activities or as an assessment tool.

In 2008 Linda Pellico, Linda Friedlaender, and Kristopher Fennie published an

⁶ Nancy C. Elder et al., “The Art of Observation: Impact of a Family Medicine and Art Museum Partnership on Student Education,” *Family Medicine* 38 (2006): 394.

⁷ Karen Pardue, “Blending Aesthetics and Empirics: Teaching Health Assessment in an Art Gallery,” *Journal of Nursing Education* 44 (2005): 335.

article describing a study in which students were split into two groups: one group of students received traditional teaching methods, while the other participated in an arts-based session at the YCBA. The latter group was assigned to examine a preselected painting each class session, such as Andrew Wyeth's work *Christina's World*, created in 1948. This painting depicts a woman sitting on a grassy field, with her back to the audience; she is gesturing with one hand toward a house in distance. Students recorded a visual inventory of the work, which allowed them to notice minute details of the image. In the case of Wyeth's work, the students noticed that the “nuances of light and shadow” highlighted the muscular irregularity of the woman's arm and fingers only after several minutes of concentrated looking.⁸ The authors of this study noted that students who participated in the arts-based observational session were more inclined to work as a group to make observations, took copious notes, and were more willing to offer alternative interpretations of an image. Based on the success of list making as an observational strategy in this study, I recommend this tactic for ARTH 361, though note taking was not required of participants in the tour developed for this thesis project.

In 2008, Sheila Naghshineh, Janet P. Hafler, and six others published an article, “Training the Eye: Improving the Art of Physical Diagnosis,” which describes an art-observation experience. A group of pre-clinical students participated in art observation exercises at the Boston Museum of Fine Arts (MFA) with art educators trained to use Visual Thinking Strategies, which are described in the next chapter, in order to connect the fine arts with physical diagnosis topics. For instance, the students viewed Jackson Pollack’s *Number 10*, an oil, enamel and aluminum painting on canvas that was created

⁸ Linda Pellico, et al., “Looking Is Not Seeing: Using Art to Improve Observational Skills,” *Journal of Nursing Education* Vol. 48 No. 11 (November 2009): 649.

in 1949. This work is typical of Pollack's abstract expressionist drip paintings. In the Boston MFA program, art educators lead a discussion connecting Pollack's work to texture and pattern recognition in dermatological diagnosis. Students also were offered the opportunity to participate in a life-drawing class with a studio arts professor. The authors asserted that the experience "improved participants' capacity" to make accurate examinations of art.⁹ The opportunity for students to connect the act of looking to the act of creation is another activity described in previous research that I would recommend for ARTH 361, though it is beyond the scope of my project.

Sandra J. Inskeep and Susan A Lisko, both registered nurses on the faculty of Youngstown State University, developed an "alternative clinical laboratory experience" in collaboration with The Butler Institute of American Art.¹⁰ Prior to the session with their students, Inskeep and Lisko selected thirteen works of art that they felt could be "visually diagnosed" by their students; the participants were asked to assess the body language, facial expressions, texture, and depth of each work. The students viewed Winslow Homer's oil painting *Snap the Whip*, created in 1872, which depicts approximately ten boys holding hands and running across a grassy field. A few of the boys have become disconnected from the larger chain and have fallen to the ground but are still smiling. Their facial expressions led some study participants to conclude that the boys enjoyed the game. At the same time other students raised concerns about the potential for the depicted boys to sustain an injury because they were playing barefoot.

⁹ Sheila Naghshineh, et al., "Formal Art Observation Training Improves Medical Students' Visual Diagnostic Skills," *Journal of General Internal Medicine* 23 (2008): 991.

¹⁰ Sandra Inskeep and Susan Lisko, "Alternative Clinical Nursing Experience in an Art Gallery," *Nurse Educator* 26 (2001): 117.

The concept of examining in order to diagnose an image inspired the object selection of my tour in that I chose some objects that could be visually diagnosed for various conditions such as dwarfism or a stomachache, as described in chapter four.

The 2011 article, “Smart Doctors,” describes an elective course that has been in offered at the University of Chicago Pritzker School of Medicine for just under a decade. The course, “Visual Art and Medicine: Using Art to Explore the Practice of Medicine,” challenges students to diagnose images found in the Smart Museum of Art at the University of Chicago.¹¹ This course also incorporated a sketching assignment that required students to draw an artwork that made an impression on them and to be prepared to explain their selections during the following class period. This opportunity for personal reflection after the observational experience was incorporated into the conclusion of my tour, as I invited my group to explore the galleries and search for more objects that could continue to practice their observation and interpretation skills.

Looking at the experimental programs initiated at other schools, I selected aspects of each study that I would model in my own tour: I chose to rely on visual analysis through a discussion of the elements and principles of art, as Karen Pardue of the University of New England described. I also incorporated Sandra J. Inskeep and Susan A. Lisko's strategy of selecting artwork that may yield a visual diagnosis. Finally, I incorporated discussion to engage the group as described in each of these studies, to articulate individual observations and interpretation of works of art.

¹¹ Asher Klein, “Smart Doctors,” *University of Chicago Magazine* (July-August 2011): 20.

II. Applicable Educational Theory

As recounted in the previous chapter, medical schools have been developing educational programs that focus on artworks in art museum and gallery settings in order to build observational skills. I similarly endeavored to create a learning experience for pre-medicine students using works of art in the museum setting. I relied heavily on two interpretative strategies to accomplish this: Phillip Yenawine and Abigail Housen's Visual Thinking Strategies (VTS) and Terry Barrett's questioning techniques. These methods call for questions to be open-ended so that the guide does not lead the participant to a desired interpretation of an object. Instead, the nature of these methods allows participants to develop their own interpretations.

VTS focuses on directing the viewers to look closely at artworks. The central question addressed during a VTS session is “what is going on in this image?” or, as I have stated in the tour script, “what do you see?”¹² A cogent interpretation sometimes is articulated only after several minutes. The instructor typically asks repeatedly “what else do you see?” When students make assertions, judgments, or evaluations, the teacher asks them to indicate the visual characteristics upon which their statements are based.

Terry Barrett's essay “Interpreting Art: Building Communal and Individual Understandings” offers techniques for connecting observations to interpretation. Barrett's techniques correspond to Edmund Burke's account of how to critique a work of art: Focus first on description, describing details of an artwork that should be noticed; then analyze

¹² Phillip Yenawine and Abigail Housen, “Visual Thinking Strategies,” accessed September 18, 2011, <http://vtshome.org/>.

looking at portions of the work to understand the whole piece; Next, turn to interpretation, explaining the meaning of concepts relevant to the artwork.¹³ Barrett connects each of these steps to a specific question: What do you see? What does it mean? How do you know? I used these questions to structure discussions of artwork on my tour.

George Hein's *Learning in the Museum* describes four specific teaching methods, didactic expository, stimulus response, discovery, and constructivism. He also explains how each of these methods can be used in an educational setting. Didactic expository assumes that the museum plays an authoritative role and that the communication process is simply a transmission of knowledge from the curator or educator to the viewer. In a stimulus response approach the learner gains knowledge through repetitive and interactive displays that reward correct answers. A discovery approach to teaching pre-determines a correct interpretation, and the educator asks questions that lead learners to reach the desired interpretation. Finally, constructivism, according to Hein, recognizes that viewers construct an understanding of a work based in part, on their prior knowledge and previous experiences. I looked to Hein's description of constructivist learning theory. While developing the five-object tour for this project I recognized that viewers' interpretations may be shaped by their prior knowledge or personal experience but also maintained that valid interpretations also must be grounded in visual evidence. Calling for a combination of observation, discussion, and object information, the constructivist approach invites tour participants to develop their own informed interpretations. Encouraging participants to articulate the basis for their assertions, the tour guide might ask, "What makes you say that?" which helps viewers make careful observations and

¹³ Terry Barrett, *Criticizing Art: Understanding the Contemporary* (New York: McGraw Hill 2000): 63.

discuss the process through which they formulate informed and educated interpretations of artworks.

The tour I developed as a contribution to the ARTH 361 course incorporates aspects of Visual Thinking Strategies, combined with techniques and principles that Terry Barrett describes, to promote conversation about five different works of art in relationship to an overarching theme relevant to the human condition. The tour facilitator is expected to ask open-ended questions about each work of art while encouraging tour participants to point out visual evidence that supports their assertions. After visitors collectively construct an in-depth visual analysis of a work of art, the guide offers factual information, prompts participants to consider ways in which selected artworks relate to the overall theme. Finally, the guide prompts participants to discuss objects in the tour, thereby further developing the aforementioned theme and creating connections among the objects (see Appendix B).

III. Observational Sessions with Nursing Students

While developing the tour for this thesis project I also was working with the VCU School of Nursing, through a partnership with the VCU Department of Art Education. I led observational sessions looking at artworks to a group of twenty-six pre-nursing, undergraduate students. In these sessions, each of which lasted thirty minutes, a digital image of a work was projected, and the questioning strategies that I planned to use in my tour were employed. Clinical instructors, who were present during the sessions, prompted the pre-nursing student to reflect on their experiences through online journals, which were then provided to me. The first reflections were incredibly varied as the pre-nursing students became accustomed to the idea of art observational sessions. For example one student shared the following: “I was dreading spending time looking at artwork because art is not something I enjoy. Looking at the artwork in class has opened my eyes to look at an object from a different perspective. My classmates were interpreting so many minute details that I saw, but never saw as important.”¹⁴ Another student believed the art observation sessions were a “break from work” although, “interpreting art isn't [his] thing.” During a later reflection the same student stated that he came to “see the value in practicing observational skills [as] it really trains you to look at the overall picture and work down to details.”¹⁵ At the same time, it was obvious that some students did not take this experience seriously as some did not participate, instead working on other homework or not paying attention at all.

¹⁴ Anonymous author, student reflections, accessed January 6, 2012.

¹⁵ Anonymous author, January 6, 2012.

During the first session I recognized that many of the pre-nursing students leapt to interpretation, so I subsequently modified my approach. I attempted to slow down and direct their looking by asking them to describe the most basic observations. For example, on the first day we discussed Angelica Kauffman's oil painting *Cornelia Mother of the Gracchi, Pointing to Her Children as Her Treasures* created circa 1785. This work illustrates an allegorical tale of the legendary figure of Cornelia represented in this image, who described her children as her most valued possessions while a female visitor boasts about her jewels. Cornelia shows her familial fidelity as she gestures to her two sons, the legendary Gracchi brothers who would go on to lead a political revolution in Rome. I asked the students to be general and then get more specific with their observations. For example, there are five figures, there are two boys, one girl, and two women; one woman appears to be a mother; the children appear to be siblings. This careful, albeit slow, observation process resulted in more thorough, and often more accurate, readings of the image. This experience informed the questioning strategies of my tour, which began by posing very broad questions.

Insofar as the sessions with pre-nursing students were conducted using projected digital images, I was able to ask students do comparative analyses of the images during the second session. The images *The Beautiful House* (1878), by Walter Crane, and the photograph *Destroyed Room* (1978), by Jeff Wall, were compared to one another. After a lengthy visual analysis of Crane's Victorian-era illustration, Wall's staged photograph was projected. Crane's illustration depicts a solitary woman preparing a tea service in a richly decorated room in which a fire is crackling behind her in a fireplace. Wall's photograph, in contrast, shows a room that is in chaos with overturned furniture, textiles strewn across

the floor, and torn bedding and broken walls. During this session, the students began to assign diagnoses to the individuals that would live in each environment. The woman in Crane's image appears to be stiff and possibly oppressed. Although there is no person depicted in Wall's photograph, the absence of the inhabitant seems suspect: Is the person in trouble? Wounded? Or, as one student suggested, based on the chaotic nature of the scene, a drug addict? The students focused on the fact that the environment is a contributing factor to his or her well-being. As one student pointed out, "I felt that [this set of images] better applied to the nursing profession because [pre-nursing students] do have to observe patients' rooms and interpret the surroundings. If I walked into a room with a torn mattress and things thrown everywhere, it would obviously be a concern."¹⁶ The students had a great deal more to say when two images were compared with one another, so I made an effort when drafting my tour script to continually link the objects being discussed to one another. I decided that in addition to summarizing the tour in the conclusion, I would also ask questions of the students to have them relate previously discussed objects to one another.

In the third session with the pre-nursing students, I continued with the strategy of comparing two images. The first object was a painting by Louise Élisabeth Vigée Le Brun titled *Marie-Antoinette 1755-93 and Her Children* (1787), which depicts the French queen with her three children and an empty bassinet. One child sits on her lap, another stands next to her, and the third stands next to the empty bassinet. After a lengthy discussion about the nuances of this family portrait, students worked in pairs to discuss Elizabeth Catlett's mahogany sculpture *Mother and Child* (1993). This life-size work

¹⁶ Anonymous author, January 6, 2012.

depicts a woman standing upright, clutching a child in her arms. After several minutes of working, the students were asked to share their observations. The two artists' depictions of motherhood were compared. Marie-Antoinette, with her lack of eye contact and loose hold on the child in her lap, seemed somewhat distant from her children, while the woman in Catlett's sculpture appeared more emotionally engaged with the child she holds.

While planning this session, I selected a theme and then chose objects that supported this theme. During the session I observed ways in which having a theme helped the students make observations relevant to their future careers as nurses. One described how Catlett's hold on the child was similar to the "kangaroo hold" that is preformed with premature infants and their parents in the neonatal intensive care unit. These infants are extraordinarily fragile, but it is still essential for the mother, father, and child to bond. The child therefore is placed against the parent's breast in a fashion similar to the posture represented in Catlett's sculpture. One student commented that this session "was a reminder that so much of the communication [nurses have] with patients is not even spoken." Instead, "it has to do with nonverbal observations and conclusions made about body language, surroundings, and other factors that could influence a patient."¹⁷

The fourth and final session was slightly shorter, with only one artwork, Edvard Munch's painting *Death in the Sickroom* (circa 1895) examined. This painting depicts a sparsely furnished room with seven people are variously placed across the composition. One person has his head bent and hands clasped together, and some are seated while another leans against the wall. Unlike in previous sessions, I did not provide identifying

¹⁷ Anonymous author, January 6, 2012.

information, such as the title or artist's name, to the students as they initially looked at the image. After approximately fifteen seconds, the image was taken away and the students were asked to recall what they saw. Students struggled to remember the work in detail, in part because many of them were not paying attention or following instructions.

This session made me realize that tour participants may not remember the first or second object on the tour by the time the group reaches the end of a forty-five minute session. Therefore, I planned to ask questions that encouraged viewers to recall previously discussed artworks while also describing thematic connections between the objects.

IV. Tour Development, Delivery and Response

The development of this tour began with a careful examination of the course syllabus for “The Human Condition: An Arts Perspective” (ARTH 361). The course is divided into four themes: visualizing emotion, the physical body, the sociological body, and art and the cultural body (see Appendix A). Each theme has corresponding readings, which I read in order to gain an understanding of research related to the topic. An examination of relevant research corresponds to Sydney Walker's assertion, made in *Teaching Meaning in Artmaking*, that a “big idea,” or theme, helps learners consider potential meanings of artworks.¹⁸ The five-object tour I developed corresponds to the course theme of the physical body and more specifically on physical manifestations of cultural codes (see Appendix B).

While considering several approaches for developing the tour, I became particularly interested in Alice Wexler's article “Painting Their Way Out: Profiles of Adolescent Art Practice at the Harlem Hospital Horizon Art Studio,” which describes the therapeutic nature of art-making for young adults who are suffering from life-threatening illnesses or injuries. These young artists reflected, through their work, what it meant to them to live with a disability. One story in particular struck me as particularly relevant to the general theme of my tour: Ben, was suffering from a complex neurological disease called spina bifida, which left him in a wheelchair with limited mobility at the young age of thirteen.¹⁹

¹⁸ Sydney Walker, *Teaching Meaning in Artmaking* (Worcester: Davis Publications, Inc, 2001): 1.

¹⁹ Alice Wexler, “Painting Their Way out: Profiles of Adolescent Art Practice at Harlem Hospital Horizon Art Studio,” *Studies in Art Education* Vol. 43 No. 4 (Summer 2002): 348.

According to Wexler young people who have “visible physical and neurological impairments are stigmatized in society.”²⁰ Wexler went on to describe how Ben had difficulty making friends because his wheelchair prevented him from participating in social activities like sports. This statement and Ben's description of his experiences directly influenced the development of the tour theme of cultural codes insofar as it prompted me to consider how particular physical traits may hold specific meaning (positive or negative) to a group of people. Subtle meaning may not be immediately apparent from one person to another, particularly among people from varying cultural or religious backgrounds or among contemporary audiences looking at ancient or historical representations. I accordingly decided that the tour would include objects from five different cultures and time periods.

The tour begins in the VMFA African galleries with the object *Mother and Child* (Figure 1). This wooden sculpture was created in the nineteenth century in the Kingdom of the Kongo. This is a sculpture of a mother holding a child who may be ill, as suggested by the child's arm wrapped around his stomach and his action of turning away from the mother's breast. There are other cultural codes at play in this sculpture that could be discussed. The diamond symbol inscribed on the woman's back, stomach, and shoulders is the Kongo cosmogram, a Kongoan symbol for the life cycle. The four points of the diamond correspond with the time of day and the stages of life. The symbolic significance of the cosmogram is reiterated by the postures of the sculpted figures. The mother is kneeling while the child's head is elevated to rest on her other knee. This may

²⁰ Wexler, 348.

be interpreted as the child hovering between night and day and death and life.²¹ While the child's gesture is the primary cultural code upon which the theme focuses, it is possible that tour participants will call attention to other aspects of the sculpture, so it is important for the tour guide to have a thorough understanding about the objects they ask visitors to examine.

The second object is *Christ Appearing to Mary Magdalene*, an oil and tempera painting on panel displayed in the Renaissance galleries, was created in the 1470's by an artist who studied under Nicolas Froument (Figure 2). In the painting, Christ gestures toward Mary Magdalene, who purportedly was a prostitute prior to meeting Christ. This panel depicts an encounter that occurred after Christ was taken down from the cross following his crucifixion and interred in a tomb. Mary returned to the burial site to find the stone rolled away and the tomb empty. At this point, Jesus appeared to her holding a spade, and she assumed he was a gardener. This panel could be depicting the moment when Mary realizes suddenly that the man before her is in fact Jesus Christ, the person for whom she has been searching. Christ is depicted with the wounds from his crucifixion and he is making the Pantocrator sign with his right hand. 'Pantocrator' is the Greek word for 'all-powerful.' This gesture further signifies Christ as the all-knowing judge of creation.²² The hand gesture is somewhat antiquated in that only the most orthodox of Christians in the twenty-first century might immediately recognize the symbolism.

The next object in my tour was a small, Greek terracotta sculpture titled *Figure of a Mime-Dwarf*, created in the third century BCE (Figure 3). This figure is covered in a

²¹ Docent Manual, African Gallery, Virginia Museum of Fine Arts, n.d.

²² Christoph von Schönborn, *God's Human Face: the Christ-icon* (San Francisco: Ignatius Press 1994): 13.

long, hooded cloak, which hides the lower part of its face. The figure stands with one foot in front of the other and, with one hand pulls the cloak over its face. During this time in Greek culture, dwarves were “living curiosities” and “with their imperfect, ill-proportioned bodies, may have been regarded as inferior beings.”²³ Such fascination led some dwarves to become “professional entertainers who played music, sang, juggled and danced” all for the entertainment of others.²⁴ This occupation permitted a relatively high social status. With this object, the tour begins to look at the entire form of the body, not just one isolated hand or gesture. The cultural code being discussed here is the medical condition of dwarfism, which in the Greek culture alludes to that individual's celebrity status.

From here the tour proceeds to the Pre-Columbian galleries where students discussed the *Hunchback Jorobado* (Figure 4). This terracotta sculpture, created between 300 BCE-CE 200, depicts a human figure with an exaggeratedly stooped posture. The person has a cropped haircut with a headband and a long, thin nose and raised eyebrows, which were typical of the artistic depictions of the face in the Jalisco culture.²⁵ This sculpture was created out of deference for the hunchbacked individual because it was believed that this person was touched by the supernatural at birth. The physical deformity of a hunched back was seen as a special gift bestowed by the gods, and people with physical deformities frequently served as intermediaries with the spirit world.²⁶ The

²³ Véronique Dasen, *Dwarfs in Ancient Egypt and Greece* (Oxford: Clarendon Press 1993): 225-226.

²⁴ Dasen, 230.

²⁵ Michael Kan, et al., *Sculpture of Ancient West Mexico: Nayarit, Jalisco, Colima* (Los Angeles: Los Angeles County Museum of Art 1970): 24.

²⁶ PreColumbian docent manual, Virginia Museum of Fine Arts, n.d.

hunchback was recognized within the Jalisco culture as a revered and sometimes feared individual.

The final object was *Seated Buddha*, displayed in the South Asian galleries (Figure 5). This Indian sculpture, created in the 2nd-3rd century CE, shows a seated, robed, human figure with distended earlobes and a small circle in between his eyebrows. To those who practice Buddhism, these features have important meanings. The mark in between the eyebrows is an *urna*, which represents the Buddha's superhuman wisdom.²⁷ The elongated earlobes are remnants from the Buddha's past, when he was a prince and wore heavy earrings.²⁸ When the Buddha became enlightened and gave up worldly possessions, his earlobes remained stretched and abnormally shaped. While different visual characteristics of the Buddha are mentioned during the discussion, the cultural codes highlighted during this portion of the tour are the elongated earlobes. When a follower of Buddhism looks at a depiction of the Buddha with the distended lobes, it is understood that the cultural code is a physical reminder of what the Buddha gave up in order to reach enlightenment: wealth, luxury, and comfort.²⁹

The tour examined cultural objects from Asia, Africa, Europe, and South America and established that selected physical manifestations hold great meaning to specific cultural or religious groups. These physical manifestations became known as codes to my tour group and I attempted to shed light on what a person of the relevant religion or culture would have understood when he or she looked at these objects. Different types of

²⁷ Donald W. Mitchell, *Buddhism: Introducing the Buddhist Experience* (New York: Oxford University Press, 2002): 20.

²⁸ Mitchell, 22.

²⁹ South Asian Docent Manual, Virginia Museum of Fine Arts, n.d.

codes became evident as I was developing the tour, including, gestures, the whole body, and embellishments or alterations purposefully made to a portion of the body.

While developing my tour, I kept in mind that while it was impossible to know the exact ages of the tour participants I could assume that most of these undergraduate, pre-medicine students would be in their late teens or early twenties. *Adult Museum Programs: Designing Meaningful Experiences* by Bonnie Sachatello-Sawyer, and others, presents case studies of programs that are designed for an adult audience. The article “Taking the Lead: A Qualitative Study of Expert Docent Characteristics” by Robin S. Grenier lists the most important traits of an effective museum docent: knowledge, communication skills, integration of prior experiences, ability to adapt, enthusiasm and commitment, and sense of humor. This list of ideal docent characteristics was indispensable as I was writing and practicing the tour.

I practiced giving this tour two times prior to presenting it to pre-medicine students. Both of these practice tours were delivered to an audience of adults who generously agreed to offer feedback as I developed my tour. While both practice tour groups were demographically different from the target audience, participants were both lively and helpful as I continued to craft my final tour. The practice group asked questions about the first and second objects on my tour that I was not fully prepared to answer, thereby signaling that I had further research to do. The practice groups also said that I was a very engaging guide because the questions I asked were understandable, and they appreciated the conversational style of the tour. One participant noted that she “wish[ed] the tour was longer.”³⁰

³⁰ Anecdotal comment, Virginia Museum of Fine Arts, February 1, 2012.

The tour was subsequently presented to a group of seven, undergraduate pre-medicine students from Virginia Commonwealth University on the afternoon of February 3, 2012. Members of this group, with whom I had no prior contact, responded to an invitation that was sent through a social networking site. The pre-medicine students actively participated throughout the entire tour answering questions readily while discussing each object. They also agreed to provide feedback afterwards. They noted implicit sub-theme regarding how physical human features or symbols can be inaccurately interpreted or cross-culturally misunderstood. Some students remarked that opinions have changed drastically, at least in Euro-American society, regarding the attitudes toward individuals with conditions such as dwarfism or a hunched back. Students also noted the importance of not leaping to conclusions without sufficient analysis. One person stated that adequately analyzing visual information would be vital as practicing medical professionals who are expected make informed decisions.

The day after delivering the tour, I contacted participants through the same social networking site and invited them to further reflect upon the relevance of the tour to their professional aspirations. Their feedback was overwhelmingly positive. For example, one student stated, “As a pre-medicine student, I am not often exposed to works of art, outside of what I seek on my own volition, and the most creative methods of thinking are generally reduced to diagnosing a mock patient, or grant writing.”³¹ Another student expressed appreciation for the fact that multiple cultures were discussed during the tour, which “allowed [the student] to look deeper into each piece and learn the true meaning behind the artwork.” Another student noted, “It is weird how the pieces [on the tour]

were from different places, from different time periods, and all had similar meanings.”³²

Karen Getty, the Docent Program Coordinator at the VMFA, observed my tour and concluded that it was a successful experience(see Appendix C). In her verbal evaluation of the tour, Getty said that the theme, object selection, and transitions between objects were strong.³³ She also offered suggestions for improving my skills as a tour guide. During the introduction of my tour, which took place in the Cochrane Atrium, staff members were setting up chairs for an evening event and despite the noise and distractions I continued to introduction my tour. As Getty pointed out, it would have been better to move to a more quiet area. Getty also stated that as a tour guide I effectively engaged tour participants: she remarked that my questioning strategies were not repetitive or over-simplified; I offered validation of the participant's responses; and perhaps most importantly, in Getty's opinion, I was comfortable offering several moments of silence after posing a question.³⁴ Getty noted that on a tour that featured various religions and cultures, from Buddhism to Christianity, I was able to facilitate an unbiased conversation, offering an equal amount of information in the same manner for each object. At the same time, regarding factual content of the tour, Getty, who coordinates educational programming for the African galleries, advised that when discussing objects from the Kongo culture and other groups in Africa, a guide must be cautious about using the past tense.³⁵ Many of these cultures are very much alive and active today therefore objects should not be referred to in the past tense. After meeting with Getty, I revised my tour

³² Anonymous author, accessed February 20, 2012.

³³ Karen Getty, Interview by author, Virginia Museum of Fine Arts, Richmond, VA, February 3, 2012.

³⁴ Getty, February 3, 2012.

³⁵ Getty, February 3, 2012.

script to reflect her comments and suggestions.

Conclusion

In a growing national trend, medical programs at selected universities are offering their students opportunities to study art as part of the medicine curriculum. While the teaching methods among these educational programs vary, the shared goal is to improve the observation skills of future medicine professionals. With the development of the course “The Human Condition: An Arts Perspective” (ARTH 361), required for the recently approved Medical Humanities minor, Virginia Commonwealth University will join schools that offer similar programs and courses. Tours, like the one described in this thesis report, challenge pre-medicine students to practice observation skills in an unfamiliar setting. The discussion that ensues during a thematic tour is fruitful for the aspiring medical professional as he or she reflects on the importance of observational skills.

This thesis project offers a sample class session for the course, which ideally will provide a structural model for developing additional class sessions. Looking at the variety of methods employed by other research studies led me to select specific tour elements or features to incorporate. During the tour I ascribe to constructivist theory, which recognizes that each learner has specific experiences and prior knowledge, therefore the outcomes for one learner will be different than another. As the same time, constructivist theory does not allow for any explanation but instead, all explanations must be grounded in facts. It is necessary for the students to verbalize what they see and explain their descriptions of artworks. It is essential to remember that an effective and educational tour must have an explicit set of objectives, which have been developed by an educator. It not

a simple matter of selecting objects that intrigue the guide; there must be a thematic message for the visitors to explore and connect.

During this project, I built critical teaching skills required of museum educators through the process of researching, developing and delivering a tour to a non-art audience at the Virginia Museum of Fine Arts. Future educators should remember to accept the feedback of others on all educational endeavors. It is only through that reflective dialogue that a tour can develop into a strong educational experience. In addition to readily accepting the input of other educators, my work on this thesis project has shown me the importance of self-reflection toward one's work as an educator I am now confident in my ability to self-asses while delivering a tour, which is necessary to grow and strengthen as a guide providing specific information. Finally, this thesis project has proven that an effective educator never ceases to learn, grow, and develop. The successful educator will continually hone his or her craft of developing and delivering tours through research, practice, and by accepting the opinions of others.

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Appendix A

Art and the Human Condition (ARTH 361), Course Syllabus

ARTH 361: ART AND THE HUMAN CONDITION

Course Description and Objectives

This course examines visual artworks that refer to universal aspects of human life —e.g., emotional expression, the fallibility of the physical body, the yearning for individual purpose & sense of community, and marking rites of passage. While these qualities of human life are widely shared, it is in specific contexts (temporal, cultural, racial, sexual, gendered, spiritual, etc.) that the human condition is variously experienced and expressed. This course considers both the commonality of the human condition and differentiation among sociological and cultural experiences represented in selected artworks in the permanent collection of the Virginia Museum of Fine Arts.

During the semester, students will:

- consider the social, historical, and cultural contexts in which artworks were produced
- interpret the cultural, emotional and/or political experiences of an artist and/or people and places represented by selected artwork
- describe visual qualities of artworks that convey aspects of the human condition
- communicate observations and interpretations in writing and in oral presentations

Course Readings:

All readings listed on the course calendar are required. They are available either online, through electronic reserve at Cabell Library, or the in following books (available for purchase at the VCU Bookstore and on reserve in Cabell Library):

- Robert Nelson, *Critical Terms for Art History* (University of Chicago Press: 1 edition, April 2003).
- Laurinda Dixon, et al, *In Sickness and In Health: Disease as Metaphor in Art and Popular Wisdom* (Newark: University of Delaware, 2004).

Assignments

Attendance and Discussion: Students are expected to attend class and to contribute qualitatively to class discussion—making visual observations and connecting those observations to ideas presented in required readings. Evaluations of contributions to class discussion will be offered after each of the four thematic sections. Feedback will be designed to help students improve the quality of their contributions.

Focus Papers: Students will complete four papers, three-four pages long, each of will focus on one artwork on display at the Virginia Museum of Fine Arts and not previously discussed during the semester. These papers will demonstrate the student's

ability to relate visual observations and analysis to the historical, social and/or cultural context(s) in which the artwork was produced. Students are expected to conduct historical research, however the papers ought not simply report on the history of artwork but rather should demonstrate an ability to observe closely and to draw connections between artworks and key facets of the human condition.

Student-led discussions: During the weeks that papers are turned in, each student will lead a discussion of the artwork that s/he wrote about. These discussions are not monologues about student papers but student-facilitated dialogues.

Evaluation:

Attendance and Discussion: 100 points

Object Focus Papers: 100 points (4 @ 25 points each)

Student-led Discussion: 100 points (4 @ 25 points each)

Total: 300 points

300 - 270 = A

269 - 240 = B

239 - 210 = C

209 - 180 = D

Course Calendar

THEME 1: VISUALIZING EMOTION

Week #1 Readings:

- Rachael Ziady DeLue, "Diagnosing Pictures: Sadakichi Hartman and the Science of Seeing, circa 1900," *American Art*, Vol. 21, No. 2 (Summer 2007), 42-69.
- Barbara Stafford, "Introduction," in *Body Criticism: Imagining the Unseen in Enlightenment Art and Medicine* (Boston: Massachusetts Institute of Technology, 1991), 1-23.

Week #2: Readings:

- Gilbert Rose, "Paul Gauguin and the Looking Glass," in *Necessary Illusion: Art as Witness* (Connecticut: International Universities Press, 1996), 31-56.
- Ilene Susan Fort, "Eakins's Wrestlers as Symbolic Self-Portraiture," *American Art*, Vo. 23, No. 3 (Fall 2009) 90-97.

Week #3: Readings:

- Sharyn Udall, "Georgia O'Keeffe and Emily Carr: Health, Nature and the Creative Process," *Women's Art Journal*, Vol. 27, No. 3 (Spring 2006) 211-239.
- Belinda Robinson, "A History of the Cunningham Dax Collection of 'Psychiatric Art': From Art Therapy to Public Education," *Health and History*, Vol. 1, No. 4 (Dec 1999), 330-346.

Week #4:

Student-led discussions

Focus Paper # 1 Due

THEME 2: THE PHYSICAL BODY

Week #5 Readings:

- Nina Athanassoglou-Kallmyer, "Ugliness," in *Critical Terms for Art History* (University of Chicago Press), 281-295.
- Ivan Gaskell, "Beauty," in *Critical Terms for Art History* (University of Chicago Press, April 2003), 267-280.

Week #6 Readings:

- Lucinda Dixon, "Introduction," in *In Sickness and In Health: Disease as Metaphor in Art and Popular Wisdom* (Newark: University of Delaware, 2004), 9-19.
- Alice Wexler, "Painting Their Way Out: Profiles of Adolescent Art Practice at the Harlem Hospital Horizon Art Studio," *Studies in Art Education*, Vol. 43, No. 4 (Summer, 2002), 339-353.

Week # 7 Readings:

- Annette Stott, "Neurasthenia and the New Woman: Thomas Eakin's 'Portrait of Amelia Van Buren'," in *In Sickness and In Health: Disease as Metaphor in Art and Popular Wisdom* (Newark: University of Delaware, 2004), 125- 143
- Sharon Hirsh, "Codes of Consumption: Tuberculosis and Body Images at the *Fin-de-siecle*," in *In Sickness and In Health: Disease as Metaphor in Art and Popular Wisdom* (Newark: University of Delaware, 2004), 144-165.

Week #8:

Student-led discussions

Object Focus Paper # 2 Due

THEME 3: THE SOCIOLOGICAL BODY**Week #9 Readings:**

- Charlotte Nichols, "Plague and Politics in Early Modern Naples: The Relics of San Gennaro," in *In Sickness and In Health: Disease as Metaphor in Art and Popular Wisdom* (Newark: University of Delaware, 2004), 21-44.

Week #10 Readings:

- Brian Wallis, "Black Bodies, White Science: Louis Agassiz's Slave Daguerrotypes," *American Art*, Vol. 9, No. 2 (Summer, 1995), pp. 39-61.
- Suren Lalvani, "Photography and the Bourgeois Body," in *Photography, Vision, and Production of Modern Bodies* (New York: State University of New York Press, 1995), 43-86.

Week #11 Readings:

- Jacqueline Adams, " Art in Social Movements: Shantytown Women's Protest in Pinochet's Chile," *Sociological Forum*, Vol. 17, No. 1 (March 2002), pp. 21-56.
- Annie Coombes and Penny Siopis, " Gender, 'Race,' Ethnicity in Art Practice in Post-Apartheid South Africa: Annie E. Coombes and Penny Siopis in Conversation," *Feminist Review*, No. 55, Consuming Cultures (Spring, 1997), pp. 110-129.

Week #12:

Focus Paper Due

Student-led Discussions

THEME 4: ART AND THE CULTURAL BODY

Week # 13 Readings:

- Marie-Jose Mondzain, “Can Images Kill?” *Critical Inquiry*, Vol. 36, No. 1 (Autumn 2009), 20- 51.
- Ennid Schildkrout, “Inscribing the Body” *Annual Review of Anthropology*, Vol. 33 (2004), pp. 319 – 344.

Week #14 Readings:

- Vincent Berdayes, “Feeling One’s Body, Dreaming One’s Body,” in *The Body in Human Inquiry: Interdisciplinary Explorations of Embodiment*. New Jersey: Hampton Press: 2004.
- Terence S. Turner, “The Social Skin,” in *Beyond the Body Proper* eds. Margaret Lock and Judith Farquhar (Durham, NC: Duke University Press, 2007), 83-103.

Week #15 Readings

- Jeremy Tanner, “Nature, Culture and the Body in Classical Greek Religious Art,” *World Archaeology*, Vol. 33, No. 2, Archaeology and Aesthetics (Oct., 2001), pp. 257-276.
- Joann Skrypzak, “Sporting Modernity: Artists and the Athletic Body in Gernay, 1918-1934,” in *In Sickness and In Health: Disease as Metaphor in Art and Popular Wisdom* (Newark: University of Delaware, 2004),, 187-212.

Week # 16

Focus Paper Due

Student-led Discussions

Appendix B

Tour Outline: Cultural Codes

A forty-five minute, five-object, guided gallery tour of artwork in the permanent collection of the Virginia Museum of Fine Arts

Tour Objectives

- The tour focuses on five works of art that each contain a visual code specific to one cultural or religious group.
- The tour explores how artworks from different time periods and places may be misunderstood or misinterpreted by the viewer.

Tour Characteristics

- The tour guide asks open-ended questions.
- The tour guide asks students to support their interpretations with statements of visual evidence.
- The tour guide supplies students with factual information about each object as it relates to the tour theme.
- An introduction is followed by object information for each of the five objects.
- The tour script includes transitional statements linking each object as well as questions specific to the different works of art.
- The tour guide summarizes main points of the tour in the conclusion.

Note: This tour script can serve as a model for further developing the “The Human Condition: An Arts Perspective” (ARTH 361) course. Object selection will vary and therefore the questioning strategies should be modified to suit the style of the guide and the theme of the tour.

INTRODUCTION

Note: This document is not a script to be memorized but rather a representation of how a tour may invite visitor interaction. It offers information that the tour guide should know, questions that can be posed, and anticipated visitor responses.

Greeting:

- Hello, welcome to the Virginia Museum of Fine Arts; my name is _____ and I will be taking you on a thematic, five object tour today that will last about forty-five minutes.
- Please feel free to ask me questions and offer your own insights during the tour. I look forward to discussing with you the objects I have selected for this tour.
- Before we begin, I'd like to remind everyone of a couple gallery rules:
 - Please keep a safe distance from the artwork at all time, about twelve inches, and this includes any hoods or bulky bags you may be wearing.
 - If you would like to take notes or sketch in the gallery please use pencil.
 - If you would like to take pictures in the galleries please turn off the flash on your camera.
 - Questions?

Be sure to allow time for the participants to answer your questions. I would recommend counting slowly to ten before rephrasing your question.

Do not automatically answer your own questions! This type of action does not encourage a dialogue.

Theme:

- I would like to begin today by defining a term that you will be hearing a lot of in the next forty-five minutes: code. What does this word mean to you?
- Yes, it may be a puzzle that is meant to be a secret.
- For our purposes today we will be thinking of a 'code' as a visual secret whose true meaning is known only to those of a specific group. We will first identify the code, which group of people would know the meaning, and finally what the symbolism is of that code.
- Today we will be looking for cultural codes within artwork and specifically what these visual cues mean to the cultures that created the objects.

Be sure to finish your transitional statement completely before walking to the next object. It can be difficult for your entire group to hear what you are saying while you are walking. This can also have an alienating effect as some members of the group who may feel left out.

Transition:

Our first object is located in the African galleries and depicts two people both showing strong emotion in different contexts...

Note: Lead group to the first object located in the African Galleries. Be sure to ask your group if they are comfortable with the stairs or if they would prefer to use the elevator.

Figure 1

Unknown Artist
Mother and Child
Vili people, Kongo culture
Ca. 19th century

**Visual Analysis:**

- What do you see? A woman kneeling down and holding a child.
- What makes you think they are mother and child? The woman's breasts are exposed and she is holding the child as if the child should be breast-feeding.
- What is the child doing? The child is turned away from the mother and is not feeding.
- Also note the child's right arm- where is it placed? The child's arm is draped over its stomach.
- What about the female figure? What is she doing? She is kneeling on one knee and supporting the child with her hand and knee so that the child's head is elevated and in close proximity to her breast.

Encourage your tour group to walk around the object to get the full view. This will be the only object on this tour that has that luxury- have your group take advantage!

Object Information:

- This object titled, *Mother and Child*, is from the Kongo Culture and was created in the 19th century.
- The statue is an nkisi, or power figure; we know this because of the cavities in the back of the sculpture. Special, ceremonial herbs are placed there to activate the object and commune with the spirits who would then help the people contacting them.
- This sculpture does depict a woman with a sick and possibly dying child. The users of this object would have been seeking answers about the child's illness during the ceremony.

Remember to breathe! If you are someone who says 'um' or 'like' a lot or talks too fast build into the script intentional pauses.

What may feel like an eternity of silence to you is in fact just enough time for your visitors to process a question you have asked or an important statement you want them to digest.

Code:

- Our cultural code here is the child's gesture of holding his stomach. In this culture that gesture of clutching the stomach is easily recognized as a sign of an ailing ill child.
- Does anyone have any other comments or questions about this object?

Transition:

The next object we'll see was created in Europe and contains people associated with the Christian religion...

Note: Lead the tour group to the second object located in the Renaissance Galleries.

Figure 2
 School of Nicolas Froument
Christ Appearing to Mary Magdalene
 Ca. 1470's
 Oil and tempera on panel



This object appears next to what seems to be a pendant. Same artist but instead the panel depicts Christ and doubting Thomas.

Acknowledge that these works of art may have been created in conjunction but ask that your group focus on the specified work. If you do not acknowledge this fact the group may get hung up on the similar work hanging right next to the piece.

Visual Analysis:

- What do you see? Two people standing in a road next to a tree. The woman is crouched before the man who is holding a spade. The man and woman are both clothed in voluminous robes.
- Who are these people? Jesus Christ, as identified by the title of the painting, and a woman, possibly Mary.
- How might you know this? They both have halos indicating a holy nature or some significance. Also Christ has the wounds of the crucifixion.
- What are they doing together? They appear to be in conversation judging by the eye contact or at the very least interacting with each other. The woman appears to be holding out a cup as if offering it to the man.
- Where are they? A garden or in the country based on the rolling hills and deserted nature of the landscape.

Object Information:

- This is Jesus Christ and he is with Mary Magdalene, who some have said lived as a prostitute prior to meeting Christ. The oil and tempera painting on panel is titled *Christ Appearing to Mary Magdalene* and was created in the 1470's by someone in the school of Nicolas Froument.
- Christ has the wounds of the crucifixion, namely the holes in his hands and feet, so that means he has already died and come back from the dead.
- What about Christ's left hand?
- What is the gesture he is making?
- That gesture means that Jesus is the 'Christ Pantocrator'. Pantocrator is the Greek work for, all knowing or judge.

Remember to define terms that people may not be familiar with- for example, in the case of this object the fact that it was created by someone 'in the school of Nicolas Froument'. Your visitors may not know that this means the individual who created the piece followed in the artistic style of Nicolas Froument.

Comparison:

- Are there any similarities between the cultural code in this piece and our first object (*Mother and Child*)?

When working with an audience that is not familiar with the arts it becomes essential to provide simple definitions for art terminology.

Code:

- In this piece orthodox Christians may only recognize the cultural code of the hand gesture, the Pantocrator sign, which

- indicates that Jesus is all-knowing.
- Does anyone have any other comments or questions about this object?

Transition:

Now we will move onto an object from Greece and see someone who was meant to inspire laughter...

Note: Lead the tour group to the third object located in the Hellenistic Galleries

Figure 3

Unknown Artist

Figure of a Mime-Dwarf from a Funerary Set

Greek

2nd-3rd century BCE

Terracotta

**Visual Analysis:**

- What do you see? A small, cloaked figure.
- Why do you say small? These objects are in a set and this figure is the smallest by about an inch.
- What does the cloak look like that the figure is wearing? A long, white, hooded cloak. He is covering the bottom half of his face with it.

Object Information:

- This terracotta sculpture is titled *Mime-Dwarf*- it was created in Greece in the 2nd century.
- What is a mime?
- Yes, it is someone who acts without using words and often tries to make people laugh. It is important to note that our concept of a mime and the Grecian concept may differ slightly.
- The dwarves of Grecian society were actually reserved a place in the world of theater and often became very popular actors or mimes.
- This status in society allowed them a comfortable lifestyle that their Dwarfism may have otherwise prevented them from obtaining.

Comparison:

- Do you see any connection between this object and the first two? Any differences?
- Our first two objects focused on gestures but now we are seeing a cultural code in the entire body of the mime-dwarf.

Code:

- The Dwarfism would have been recognized as someone who enjoyed a certain amount of celebrity during his or her life.
- Does anyone have any other comments or questions about this object?

Transition:

The next object will take us to the Pre-Columbian galleries and an object that depicts someone who was greatly respected and even feared...

As with the previous object, acknowledge that this figure is a part of a set. Promote questioning about the similarities between the objects in the set:

- How is the coloring similar?
- The medium?
- The titling of the objects?

Avoid phrases such as:

- "as you may know"
- "as you can probably tell"
- "if you've read the label you know"

These types of phrases can alienate those in your audience that may not know information about an object. Put everyone on the same playing field- including you!

Note: Lead the tour group to the fourth object located in the Pre-Columbian Galleries.

Figure 4
Unknown Artist
Hunchback Jorobado
Jalisco
300 BCE - 200 CE
Terracotta



Visual Analysis:

- What do you see? A person who is crouching.
- How do you know the person is crouching? His knees are bent and he is hunched over.
- How would you describe his eyes? His eyes are all white- there are no pupils.
- What else do you see? He has short hair with hair band and is grinning.

Object Information:

- This object is a terracotta sculpture from the Jalisco culture and it is titled *Hunchback Jorobado*. It was created in 300 B.C.-A.D. 200.
- This unknown person stands for a great many individuals in the Jalisco culture who were born with medical conditions like a hunched back, or kyphosis.
- If someone was born with a deformity then it was assumed that the gods had touched the person and their physical difference was a gift from those powerful beings.
- This gift turned into a great responsibility as someone, like a hunchback, would have been raised into religious or spiritual service.

Be sure to point out certain details of an object that you want your visitors to take note of. Gesture to the object, while still keeping a safe distance from the work of art.

Comparison:

- Think back to the Mime-Dwarf we saw previously- how are these two objects related?
- Yes, the entire body represents something significant to the culture.

Code:

- Here our cultural code is again the entire body of the hunchback. The kyphosis that has affected him since birth set him apart from other individuals and he would have been revered as a spiritual leader who had a connection with a world beyond.
- Does anyone have any other comments or questions about this object?

Transition 5:

Our final object is in the South Asian Galleries and depicts someone with bodily features that indicate his religious calling...

Note: Lead the tour group to the fifth and final object located in the South Asian Galleries

Figure 5
Unknown Artist
Seated Buddha
Indian
2nd-3rd century CE
Dark gray schist



Visual Analysis:

- Describe what you see. A seated figure in flowing robes. The figure might be a woman because of the bun on the top of the head.
- What is the person doing? They are sitting with their legs crossed and staring straight ahead. One hand has been cut off but judging by the other works of similar figures that hand would have been outstretched.
- How did you know that?

Here is a great opportunity for you to connect this sculpture with the present. Ask the group if they have ever seen earlobes like these? ie: gauged ears which are a popular trend today

Object Information:

- This object is titled *Seated Buddha*. It was created using dark gray schist in the 2nd or 3rd century in India.
- It is the Buddha, who was born an Indian prince and lived a comfortable lifestyle for a large portion of his life; wealth, servants, and anything else he could ever want surrounded him. Instead of becoming King, the Buddha gave it all up in order to obtain spiritual enlightenment.
- Now that you know this person's story... do you see anything that makes his body different?
- The whorl of hair in between the eyebrows is called the *urna* and signifies the Buddha's superhuman insight. The bun on top of his head is actually a fleshy protuberance called the *ushnisha* which signifies his amazing wisdom.

Code:

- We have already listed two cultural codes upon this body. Does anyone see another possible code?
- Yes, his earlobes are stretched out.
- Why do you think that is? Before the Buddha became enlightened and gave up his princely lifestyle he had worn heavy gold earrings for a long time- his earlobes had stretched out over time and despite his decision to take them off his lobes remained scarred.

Comparison:

- Compare the Buddha with any of the previous objects we have seen.
- The Buddha was not born with elongated earlobes; this distorted part of his body was a product of his wardrobe choices early in life. Also, the earlobes are a permanent feature of the Buddha whereas the child and Christ are making impermanent gestures.

Code:

- Our cultural code here is his distended earlobes. When a Buddhist follower looks at a statue of Buddha and sees his earlobes what would they be reminded of? They would be reminded of what the Buddha gave up for enlightenment.
- Does anyone have any other comments or questions about this object?

CONCLUSION

- Today we have seen five different objects from across the world. Artists from a range of cultures and religions, including the Kongo, Greek, and Jalisco cultures and the Christian and Buddhist religions.
- Each work of art had a culturally specific code, whether it was an arm grasping a stomach, the Pantocrator sign, a hunchbacked individual, or a dwarf, or an elongated earlobe. Each of these physical manifestations of the codes are embedded in a work of art and may be interpreted according to audience perception, experience, and knowledge.
- Does anyone have any other comments or questions about the objects we have seen today?
- I hope you have enjoyed your visit to the Virginia Museum of Fine Arts today please come and visit again soon.
- I encourage you to explore other galleries and search for more cultural codes. For example, if you continued to the 21st century galleries, what sort of modern codes might you find there?

Note: Offer to escort your group back to the atrium or offer to direct them to other galleries.

Appendix C

Thesis Tour Evaluation

Tour Guide: Elizabeth Ann Fuqua

Evaluator: Karen Getty

1 = Needs Improvement 2 = Fair 3 = Average 4 = Good 5 = Excellent

Provided a clear introduction to self and museum

1 2 3 **4** 5 Your introduction got a little lost with the background noise- it is perfectly okay to move to a quieter location in order to begin your tour.

Provide a clear, concise theme statement

1 2 3 **4** 5 "Cultural codes as seen in works of art"- At first, your theme statement was a little convoluted and long- but in your conclusion is was much more clear!

Informed group of museum rules in a positive manner

1 2 3 4 **5**

Developed and focused on theme throughout the tour

1 2 3 4 **5**

Provided transitions from one object to the next

1 2 3 4 **5** Good transitions! Each of them kept the tour group thinking.

Used questioning effectively

1 2 3 **4** 5 You asked the question 'what do you see' a great deal but it didn't seem redundant. In addition to asking effective questions, you allowed the tour time to process the question, look at the object, and provide an answer.

While discussing the *Mime-Dwarf*, your questioning became a little leading. Watch out for statements that direct viewers to a desired answer.

Object selection was appropriate to theme

1 2 3 4 **5**

Object information was relevant to theme

1 2 3 4 **5** Yes! A few clarifying points: the first object, *Mother and Child*, has a diamond shape- this is called a Dikenga, the Kongo version of the cosmogram. Also with this object, it is an N'kisi power figure and is technically used for a ceremony that asks for answers in response to a problem.

An important note about tense; do not speak about the Kongo culture in the past tense- this culture is very much alive.

Presentation was interesting, informative, and clear

1 2 3 4 **5** You are very engaging!

Voice was audible, clear, and well modulated

1 2 3 4 **5**

Stood so works of art could be seen clearly

1 2 3 4 **5**

Explained art terms and vocabulary used

1 2 3 4 **5**

Summarized theme of tour in conclusion

1 2 3 4 **5**

Tour was completed in 45 minutes:

1 2 3 4 **5**

Comments:

- Don't forget to offer the option of the elevator to your tour group- not everyone may be able to take the stairs.

- You did a great job of providing an equal amount of information for each culture or religion- as a tour guide, no bias was revealed to the tour group.
- Be sure to qualify certain statements so as not to offend members of your tour group. Case in point- when you said "Mary Magdalene was a prostitute"- instead of this say something to the effect of "most people understood her to be a prostitute."

Vita

Elizabeth Ann Fuqua was born in Richmond, Virginia on March 8, 1987 and graduated from Atlee High School in 2005. After graduating from James Madison University in Harrisonburg, Virginia in 2009 with a Bachelor of Arts in Studio Art, a minor in Art History, and a specialization in art education she worked to receive her art education licensure while teaching in Richmond City Public Schools. During her graduate career at Virginia Commonwealth University, she has interned at the Valentine Richmond History Center and the Virginia Museum of Fine Arts in the archives, collections, and education departments.