

Art and Medicine A Symposium

SPONSORED BY
THE FACULTY OF MEDICINE
UNIVERSITY OF OTAGO AND
THE DUNEDIN SCHOOL OF ART
OTAGO POLYTECHNIC/ Te Kura
Matatini ki Otago
AUGUST 26, 2011

DUNEDIN SCHOOL OF ART, RIEGO ST., DUNEDIN
ROOM P152, LEITH BUILDING

ART AND MEDICINE

26 August 2011, Dunedin School of Art

Organised by Peter Stupples, Senior Lecturer in Art History and Theory, Dunedin School of Art

Art has a long history as handmaid to medical speculation and enquiry. The body became easier to see in its complexity once representations were committed to a flat surface or were modelled in clay, wax or hard materials. The more sophisticated the idea of bodily systems the more complex its artistic representation.

In the Western tradition this was followed by images of malfunctioning bodies – of deformities and illness, of death and dying. This relationship between illustration and comprehension, between image and instruction, has become part of the reality of medical education and the popular depiction of sickness and pain. With the advent of the electronic media this association at a distance has become one of greater intimacy: medical imaging is now an everyday tool of research and diagnosis.

There have also been attempts to imagine more difficult to see aspects of illness, both mental and physical – the work of art therapists, art as a tool of rehabilitation, of those who try to give visual expression to less tangible, but no less real experiences, such as pain. There is also the art of medical practitioners, from those who use image making as a form of relaxation, of communication between themselves and patients, who want to explore visually what they sense, but cannot yet understand in any other way.

This symposium follows two successful symposia organized by the Dunedin School of Art, bringing together artists and those working in associated disciplines: 'Illustrating the Unseeable: Reconnecting Art and Science' in 2009 and 'Art and Law' in 2010.

The organisers would like to thank Dr John Adams, Dean of the Dunedin School of Medicine, University of Otago and Professor Leoni Schmidt, Head of the Dunedin School of Art, Otago Polytechnic, for their support and co-sponsorship of this symposium. Thanks are also extended to those supporting the symposium in a variety of ways – Professor Barabara Brookes, Dr David Bell, Dr Alison Belton and Associate Professor Gordon Sanderson.

Visitors are asked not to take food and drink into Room P152, nor to sit on the tables.

Pre-Symposium Open Lecture, 25 August 2011

Chris Payne, New York photographer, 'Asylum: Inside the Closed World of American State Mental Hospitals, Burns 2, Burns Building, University of Otago, 6.00 pm

Symposium Programme 26 August 2011

8.30-8.50 Mihi whakatau. Opening by Phil Ker, Chief Executive Officer, Otago Polytechnic and a representative of the Dean's office, Dunedin School of Medicine, University of Otago

8.50-9.10 Kai/tea and coffee

Session 1: Anatomical Portraiture

Chair: Peter Stupples

9.10-9.30 Hannah Burgess, University of Otago, 'The Illustrations of Andreas Vesalius: A Template for Visualising Human Anatomy'

9.30-9.50 Terry Doyle, Professor of Diagnostic Radiology, University of Otago, 'Thinking in Pictures: Leonardo da Vinci as Physiologist'

9.50-10.10 Leoni Schmidt, Professor and Head of the Dunedin School of Art, 'Body Construction and Representation on Three Axes: Anatomical Waxes in the Museo La Specola in Florence'

10.10-10.30 Monica Lausch, Monash Medical Centre, Clayton, Victoria, 'Medical Illustration and Anatomical Models: Anatomical Portraiture as 'Pathography' and 'Illness Narrative': A Journey of Healing for the Artist and/or Sitter as Patient?'

10.30-10.45 Discussion

10.45-11.00 Coffee

Session 2: Bodies and Performance

Chair: Leoni Schmidt

11.00-11.20 Jonathan Marshall, Theatre and Performing Arts Studies, University of Otago, 'Visibility and Transparency in the Performance of Emotion.'

11.20-11.40 Nina Sellars, Faculty of Art and Design, Monash University, 'Lumen: Bodies Constructed from Light'

11.40-12.00 Julee Cunningham, artist and filmmaker, UNSW Sydney, 'Body/World Leeway'

12.00-12.40 Paul Trotman and Prof. Helen Nicholson, Dean, Otago School of Medical Sciences, 'After Anatomy'

12.40-1.00 Discussion

1.00-1.30 Lunch – visits to exhibitions

Session 3: Medical Education and Creativity

Chair: David Bell

1.30-1.50 Simon Hall, Brighton and Sussex Medical School, King's College, London University, 'The *Unnecessary Research* of Art and Medicine'

1.50-2.10 Tracey-Lee Fisher, D. P. Barker, B. J. Taylor, Dunedin School of Medicine, University of Otago, 'Artistic Expression as an Assessment Option for 5th-Year Medical Students'

2.10-2.30 Jim Ross, Dept. of General Practice and Rural Health, Dunedin School Of Medicine, University of Otago, 'Creativity in Medical Education'

2.30-2.45 Discussion

2.45-3.00 Tea Break

Session 4: Art as the Community's Medicine

Chair: Terry Doyle

3.00-3.20 Mark Huthwaite, Dept. of Psychological Medicine, Wellington School of Medicine, University of Otago, 'The Gift of Art'

3.20-3.40 Jill Thomson and Rosemary Caulton, Artsenta, Dunedin, 'Art as the Community's Medicine'

3.40-4.00 Andrew Dempster, Head of Arts, Greymouth High School, 'Visual Arts as a Method of Confessing and Identifying Unseen Pain'

4.00-4.20 Discussion

Session 5: Conclusion

Chair: Peter Stupples

4.20-4.40 Louisa Baillie and Phil Blyth, Medical School, University of Otago, 'Dissecting the Blur; does Anatomy need Art?'

4.40-5.30 Lucy OHagan and Lizzi Yates, 'Doctor X Patient Y'

5.30-5.55 General discussion

5.55 Final remarks

6.00 Drinks, food and opening of exhibition '*Suture Self*', Gallery, Dunedin School of Art. Curated by Victoria Bell with Neil Emmerson and Clive Humphreys.

The Textiles Studio, Dunedin School of Art at Otago Polytechni/ Te Kura Matatini ki Otago presents *Suture Self*, a group exhibition exploring Textile sensibilities in relation to notions of the Body. Artists who have trained in Textiles at the Dunedin School of Art, or have a relationship to the Studio, have been selected to show in *Suture Self*. An essay by Bridie Lonie will accompany the exhibition.

Artists: Jenny Bain, Michele Beevors, Victoria Bell, Neil Emmerson, Tenille Lategan, Simone Montgomery, Karen Taiaroa

6.45-7.30 Artists will be available to talk about their work in 'A Medical Perspective', exhibition in O Block, Dunedin School of Art

ABSTRACTS

Baillie, Louisa, Chris Smith, Phil Blyth

Dissecting the Blur; does Anatomy need Art?

Anatomists and artists have always collaborated closely, perhaps at times a little too closely, to aid understanding of the human form and function. Medical teaching at Otago, from when it began in 1875, has used drawings, paintings and models of the human form to aid student learning.

Recently, virtual digital images from the body have presented a new, detailed view. Today both medicine and the visual arts are using virtual digital technology, achieving a new, detailed view of the human body. Here at the medical school we are researching using 3D digital technology, such as in Forensic Facial Approximation and Virtual Reality Surgical Simulation. How are we to think, as Anatomists, using this at times Arts-driven technology? Can we remain credible to the Scientific community, while studying subject areas within Anatomy that are blurred regarding Scientific or Artistic ownership?

Forensic Facial Approximation aims to approximate the most likely face onto a skull. Knowledge of the skull and the soft tissues covering it is important for a number of real world applications; for instance to help identify an individual from an unknown skull, and to give best knowledge concerning pre-operative surgical decisions. When approximating a face onto a skull, it is common practice for the facial soft tissue depths to be calculated by scientists, and the face to be made by an artist. How accurate is this reconstructed face to the original? Is the success rate above chance? Can we identify errors within Forensic Facial Approximation methods used, and then decrease them, with the aim of increasing scientific accuracy? Louisa's research, using Virtual Digital images from living persons, aims to identify and decrease some of these errors.

Virtual Reality Surgical Simulation offers the opportunity to practice a surgical procedure without risk to patients. Immersion of a trainee in the simulation is dependent on both aesthetics as well as the approximation to real anatomy. Techniques in creation of virtual anatomical models on which to operate must find this balance. These models are created by converting real patient data from CT and MRI into virtual anatomy for practicing operations in a 3D operating theatre. Comparisons of these different techniques will be presented as well as how insights from the virtual operating theatre have driven further anatomical investigation.

Blyth, Phil, see Baillie, Louisa

Burgess, Hannah

The Illustrations of Andreas Vesalius: A Template for Visualizing Human Anatomy

The body as is represented verbally and visually by Andreas Vesalius is highly idealized. In this paper I offer a theoretical genealogy for this visual character of the Vesalian illustrations, derived from the history of medicine and natural philosophy. I argue that the idealized anatomical form found in Vesalius's *Fabrica*, represents ideas about anatomy and nature that can be found in the Hippocratic, Platonic and Galenic corpuses. Vesalius's model for representing the body dominated anatomical thought and illustration for nearly two centuries. I examine the influence that the Vesalian model had on subsequent anatomical illustration, and locate the beginnings of its demise in the anatomical illustration of the seventeenth century Dutch Republic.

Cunningham, Julee

Body/World Leeway

When talking about whole person medicine how far need 'medical education' extend, especially considering how emotions produce affects on the biochemistry of the body? I believe the broadcast of this aspect of new mind/body medicine is vital. Increasingly all things medical are being presented on TV, often revealing normally 'private parts' with a bald and bold approach. *Story Medicine*, the documentary project I have been developing in my Masters candidature, points to largely unknown information and emerging discoveries that has implications for everyone. But the 'medical' information is tender and intimate, involving how powerful a person's emotional stories and accompanying beliefs can be for their health. While a bald, bold approach, 'a TV aesthetic', could be employed, it didn't feel appropriate for *Story Medicine*, which features the work of a New Zealand doctor, Professor Brian Broom, an immunologist and psychotherapist. A number of the doctor's NZ ex-patients relay how chronic physical conditions faded away after exploring their emotional stories with the doctor. With these interviews my question has been how can I enliven and go beyond talking heads when the stories are intimate, involved, and reference the past? This paper and presentation will discuss my findings referencing animation, metaphor and oblique live action footage and I will show a section of the film. While the project aims ultimately for a TV context, I will also speak about the film's presentation in a gallery context, about my paintings accompanying that showing, and how the gallery context has stimulated new ways of approaching the construction of a TV form of the film.

Dempster, Andrew

Visual Arts as a Method of Confessing and Identifying Unseen Pain

This project is an artistic investigation into a medical, psychological and philosophical question: if 'self' is the centre of the individual's universe – what happens when the individual becomes alienated from how they perceive themselves and 'self' becomes perceived as 'other'? This investigation explores visual representation of the experience of hidden pain through imaging 'self' and 'otherness', and test if digital media is an effective method for creating a 'confession' based on Foucault's 'technology of the self' and Turk and Winter's research into 'pain survival'.

This project is an autobiography that aims to 'construct meanings using visual arts as a medium for negotiating illness experiences'. I intend to reveal hidden pain through visual arts by exploring the 'interface between art and medicine'. The foremost minds of their time knew the value of the confession of the hidden, from St Augustine's 'Confessions' to Foucault's 'Technology of the Self'. This investigation explores visual representation of the experience of hidden pain through imaging the experiences as part of an investigation about how to best represent these experiences as artworks to communicate meaning. This project is also interested in visual arts as a method for creating what Foucault defined as a 'public confession' form experiences that are deeply personal, giving unrepresentable hidden pain a face, making the unrepresentable - representable.

Doyle, Terence

Thinking in pictures; Leonardo da Vinci as Physiologist

The anatomical drawings of Leonardo da Vinci are undoubtedly great works of visual art. However, this paper suggests that Leonardo used them as his framework for studying the function of the body. This is suggested by his physiological depictions of the ventricles of the brain, the way in which light impinges on the retina of the eye, the turbulence of blood flow through heart valves, and the directions of muscle action around joints. His frequent use of three-plane cross sectional techniques, particularly in the skull, is reminiscent of the way a modern radiologist approaches diagnosis on CT scan. This further suggests that Leonardo's thought processes may also have been similar – namely in using visual images to analyse function.

Fisher, Tracy-lee

Artistic Expression as an Assessment Option for 5th-Year Medical Students

Assessment of medical students at the University of Otago Dunedin School of Medicine has historically been through: clinical assessment, oral presentation, or in a written format. In 2007 the Department of Women's and Children's Health introduced 'artistic expression with explanatory

write up' to medical students as an assessment option for the 'Paediatric Longitudinal Case: The Child with a Chronic Condition'.

With this longitudinal case, 4th year medical students are assigned a child with a chronic medical condition and their family to follow for a year. A key objective of this assignment is to assist the student in gaining insight into the issues faced by a family caring for a child with a chronic condition. '*Artistic expression*' enables students to express their understanding of the child and their family in a form other than a case-book or essay.

Since its inclusion, the '*artistic expression*' option has become increasingly popular amongst the medical students, with 26 (25%) in 2010 choosing to complete this form of assessment. The majority of students have presented this in the form of an art piece, with a few choosing alternative art forms, such as poetry, quilting, composed music, and sculpture.

A panel of staff within Paediatrics and Child Health mark the art piece and write-up. The mark is evenly divided between 'skill, effort, originality, and relevance of the write-up and art work to the child'. The departments of Music and English, University of Otago mark the music and poetry compositions.

A survey is being developed to ascertain the reason why 25% of students in 2010 chose '*artistic expression with write-up*' as opposed to the historical written format of a case book or essay.

It appears that this novel form of assessment is popular with certain students who feel able to express their learning in an artistic fashion. This is now an established assessment format for the chronic child paediatric longitudinal case, and further development of the assessment and feedback process is under consideration.

Hall, Simon

The Unnecessary Research of Art & Medicine

Medical education in the United Kingdom has experienced a shift in recent years regarding the choice available to students in deciding components of their curriculum. The General Medical Council is responsible for reviewing and setting the appropriate standards for teaching, learning and assessment to ensure doctors qualify with the satisfactory skills, knowledge and behaviour to practice medicine in a competent, safe and responsible manner, with Student Selected Components (SSCs) contributing to the core curricular outcomes and allowing students intellectual development by studying diverse medically related topics of particular interest in greater depth. However, a supplementary review in 2009 has recommended reducing the curriculum allocation to such programmes from 25% to 10%, and with it consequently the exploration of art and medicine. We must therefore consider what place art has within the medical curriculum and whether innovative arts organisations working within the medical environment such as the Institute of Unnecessary Research

and the Brighton and Sussex Medical School Art Society can positively aid the development of future doctors.

The Institute of Unnecessary Research (IUR) is a hub for researchers and artists to work in a transdisciplinary environment and facilitates experimental collaboration in the production of participatory artistic experiences, performances and installations, which aim to engage the audience in art and science. The organisation draws together professionals deeply engaged within their research fields including visual artists, philosophers, scientists and medical personnel in order to work experimentally together and produce novel outcomes. Artists involved with the organisation integrate into institutions and work in a dynamic way with researchers of other disciplines, sharing skills and knowledge to blur the line between art and science. The scientist may become the artist themselves and practitioners have contributed to projects ranging from artificial intelligence and robotics, astrobiology, tissue culture and anatomy, but recently IUR practitioners have crossed over with the Brighton and Sussex Medical School Art Society which is a group of trainee doctors aiming to widen participation and provide opportunities for people wishing to engage in medical arts based practice. Arts practitioners have produced SSCs allowing students to step beyond their curriculum to challenge them to critically analyse their subject matter and reflect upon their experiences within the clinical environment, with the Creative Communication SSC for example allowing students to take a medical experience, idea or opinion and explore it through experimental artistic means - therefore encouraging them to become immersed in their practice whilst documenting their thought processes in a creative manner. Through such artistic input, students have been able to experiment with medical ideas including growing bacterial cultures within the hospital microbiology laboratories as a means of producing conceptual art, learning anatomy through drawing, painting and sculpting cadaverous material in the anatomy lab, utilising digital media, photography, and challenging medical ethics with performance art to open dialogue and interaction with the public. Individuals have furthermore contributed to major projects funded by the Wellcome Trust, the Arts Catalyst and furthermore worked amongst established international artists.

The impact of such opportunities upon the trainee doctor is uncertain, but within a rapidly advancing medical arena, students should be encouraged to engage and critique their medical practice to enhance their development and ability to communicate. The exploration of medical science through art is not a superficial engagement, but a positive contribution to the ethical and philosophical debate surrounding complex medical issues and plays a relevant role in educating, stimulating discussion and engaging critical thought and furthermore can provide a fresh approach to facilitate dialogue between professionals and enable a step beyond the assumed tension of juxtaposing two seemingly conflicting disciplines.

Huthwaite, Mark

The Gift of Art

Over the years as a practicing psychiatrist my grateful patients have presented me with various forms of art. This has been displayed in my office and consulting rooms and shared with others, often serving to encourage others to present me with similar gifts. The psychotherapists have written quite a bit about the meaning of the gift in the course of psychotherapy and the dynamics that underlie the action.

I would like present some of this art and raise the question of the ethics of accepting this work and what if this were to become very valuable? The giving of gifts by patients and or their families is a reasonably common occurrence and yet there is not much written about it and very little systematic research. Most of the available literature comprises case reports, cautionary, anecdotal tales from general practice and small surveys of hospital doctors. I first came across this issue when working at Napsbury Hospital in North London and a collection of Louis Wain's cats were discovered as they cleared out the derelict art room.

This presentation will try to highlight and address the ethical questions arising from the dilemma of the giving and accepting of art in the everyday practice of medicine and in particular psychiatry. By using brief case vignettes I will highlight some of the issues raised by this question. I will present the ethical principles and policy statements, which attempt to advise our thinking and decision-making. I will display copies of the art given to me, in a power point presentation and will bring what originals I can transport with relative ease.

Ultimately the most appropriate advice is to take nothing for granted and reflect upon the gift and its timing. The doctor should consider such factors as the intention of the gift, its value to the patient, and the anticipated effect of accepting or refusing it on the patient and the treatment. As doctors we are obliged to consider our patients' best interests when deciding about how to handle the offer of a gift. Such deliberations should occur on a case-by-case basis and require careful analysis of how to promote the patient's best interest while adhering to our professional ethics.

Lausch, Monica

Anatomical portraiture as 'pathography' and 'illness narrative': a journey of healing for the artist and/or sitter as patient?

Anatomical illustration formed part of the artistic training of many artists active in the Renaissance, including Leonardo Da Vinci, Andrea Mantegna, Michelangelo Buonarroti and Rembrandt van Rijn. During the Enlightenment, William Hogarth used depictions of dissections in order to critique society. This paper investigates to what extent anatomical illustration not only provided a technical means with which to master representations of the human body but in the case of some artists, functioned as a diagnostic tool or even a therapeutic device in coming to terms with illness in others or themselves.

I shall examine whether literary notions of 'illness narratives' and 'pathography', articulated by Arthur Kleinman (1988) and Anne Hunsaker Hawkins (1993) respectively, may be applied to visual works of art engaging with disease and illness and how anatomical illustration shifts from being an objective study of the human body to becoming an incredibly personal and subjective experience, when artists including Albrecht Dürer, some Viennese Secessionists and also contemporary artists employ it as a form of portraiture or self-portraiture.

The paper asks what happens when two artistic genres of anatomical illustration and portraiture collide and result in a personal journey of illness becoming public, and whether it follows that the act of externalising disease or illness through art is necessarily therapeutic or cathartic. I propose that anatomical portraiture employed as 'pathoscopy' (a visual aid with which to examine suffering) may be a more appropriate term for categorising such art instead of the medical condition that inspired it.

Marshall, Jonathan

Visibility & Transparency in the Performance of Emotion

This paper surveys the relationship between the arts of performance, as related to medical theories of emotion and physical expression under modernity (here taken to be c.1700-1950). Those medical and philosophical models of the self, which came to the fore under Modernism, presented the human subject as a fundamentally contradictory being. Emotional expression was at once transparent (notably in the work of Lavater) and opaque (Freud). Physicians and commentators wrestled with the problem of describing the "inner life" of the organism and the individual. As theatre historian Joseph Roach and others have observed, this led to two major conceptualisations of actor theory in the years after the late 1600s, one in which emotions and behaviours could be readily identified and reproduced across the surface of the body (gesture, grimace, physical tension, and so on), and another in which emotive potentialities acted out in a far more abstract manner, producing such remarkably, transcendently unified beings as Oscar Schlemmer's *Kunstfigur*. Conceived in terms of visual art, this represented in part as change in emphasis on the understanding of emotion as an

almost sculptural image or figure which registered upon the passionate body in a totalising and fundamentally immobile manner, to emotion as a highly dynamic concept, typically neuro-electric and evolutionary in character, which could manifest itself both directly, and through indirect pathways such as anxiety, hysteria, trauma, and tremors.

This paper will survey a number of artists and concepts found across Europe in the late 19th and early 20th centuries, relating these performance and visual-art practices principally to the French school of neurophysiology (which directly influenced figures as diverse as Marcel Duchamp, the Swedish film director Benjamin Christensen, Russian dramaturg Konstantin Stanislavski, German Expressionists and Bauhaus artists, and others).

OHagan, Lucy, see Yates, Lizzi

Pugh, Gilly, see Yates, Lizzi

Ross, Jim

Creativity in Medical Education

I have been stimulated by reading an article by Salmon and Young on Creativity in Clinical Communication, which points out some of the deficiencies in Medicine's concept of communication as a 'skill' and suggests that clinical communication is inherently creative. They suggest therefore that medical education should learn from education theory and practice developed in explicitly creative disciplines.

The analogy between the clinical consultation and musical forms which emphasise improvisation (such as jazz) has often been made. Other forms of music also involve interaction between players and adaption to one another. This applies even to classical or art music, when for example chamber musicians jointly produce an interpretation in real time. This has clear parallels with the joint production by doctor and patient of a spoken encounter such as a medical consultation – or even a medical procedure like an operation, involving a team adapting to one another's actions.

Analogies with the visual arts are less obvious, but in conversation with a recent Fine Arts graduate I found several parallels with our own teaching and learning methods, if not necessarily their theory. She describes how she learnt basic techniques, with initial explanation and demonstration by tutors followed by a series of graded exercises to master the various aspects of each technique. This seems similar to the grounding in basic sciences and basic clinical skills in the early part of the medical course. The later part of her Fine Arts course consisted of making art works, receiving coaching by tutors as these were underway, and having regular sessions of constructive critique by tutors and other students. The ultimate goal was to develop her own style, which incorporated authenticity, individuality, coherence and beauty – and the teaching process did indeed lead substantially to this outcome, with a prospect of ongoing learning and development. Interestingly, along the way she

would often find she needed to refine her basic techniques, both through revision of previous written material and by seeking out teachers or working artists to offer advice. Through her engagement in the production of finished art works, she found she needed at times to extend her knowledge and abilities in technical issues.

In teaching clinical communication we often use a coaching model in which students stop and start with simulated patients while their colleagues and tutors offer feedback. Similar coaching can occur at the bedside or in the clinic. In the Department of General Practice in Dunedin my colleague has developed a teaching technique called the SECO clinic, in which more senior medical students are put into the position of undertaking entire consultations with simulated patients, effectively producing a complete 'artwork' (an integrated consultation) rather than doing a partial technical exercise such as 'taking a history', albeit in a simulated setting. This engagement with the finished product develops new skills in clinical reasoning and clinical problem solving, and this in turn can feed back to increased attention to and refinement of basic techniques.

Medical education theory seems to lag behind its practice of teaching and learning, and engagement with models developed in the creative arts might be productive and indeed creative.

Schmidt, Leoni

Body Construction and Representation on Three Axes: Anatomical Waxes in the Museo La Specola in Florence

The *Museo La Specola* in Florence houses a large collection of anatomical waxes, an art developed in that city under the patronage of the Medici family in the 17th century for the purpose of teaching medicine. This collection was created in the 18th century and is famous for the incredible accuracy and realism of the details, copied from real corpses. As a recent visitor to the museum, I was astounded – as many before me – by these details showing not only bones, muscles, arteries and veins, but even the lymph nodes of the body. The details pulled me close to the works and I could imagine the pedagogical value of the collection for medical students. However, the ontological status of the waxes is also ambiguous as they hover between being mere medical teaching tools and being sculptural art works. This ambiguity foregrounds their constructed nature; I was aware throughout that I was looking at a particular way of thinking about and of representing the human body: three-quarter size, molded in wax, autopsied without remorse, shown in gory detail, without pity.

This paper explores the waxes as representative of diachronically a key moment in the history of body construction, and specifically one where art and medicine interface; and also synchronically as a key strategy in body representation. In *Fragments for a History of the Human Body* (1989) Michel Fehler organizes body construction on three axes: top to bottom – proximities between divine and

human bodies; transversal – relationships between the inside and outside of bodies; and horizontal – connections between organs and the social functions of the body. The paper argues that the anatomical waxes in Florence display aspects of all three axes and that they do so in surprising ways which can only be experienced within the context of their presentation in the *Museo La Specola* as situated in Florence.

Sellars, Nina

Lumen: Bodies Constructed from Light

How does light affect what we see and experience in relation to the anatomical body, and how are these experiences articulated through image? With the magnification of sight and intensification of light, made possible through various technological advancements, it has allowed us to view what had previously lain invisible in the anatomical body. But just as importantly, if not more so, they have also provided us new ways to conceptualise these recently discovered structures, both intellectually and ideologically. This paper focuses on the role that light plays in the translation of flesh into image, presenting light as an instigator rather than a passive illuminator of anatomical knowledge, and thus also a transmitter of ideology with regard to the body, identity and subjectivity. The paper will discuss a selection of my recent artworks using them as a lens through which to explore and evaluate these ideas.

Smith, Chris, see Baillie, Louisa

Thomson, Jill

Art as the Community's Medicine

Artsenta celebrates its 25th anniversary this year. It is an enduring manifestation of the Creative Arts Trust's vision of a place where those within the mental health community can work in the arts with confidence and security. Artsenta still flourishes despite conflicting ideas about art, medicine, therapy and community, and the usual vagaries of politics, economics, and social attitudes with which it has had to share its life. A life spent equally (so far) between the 20th and 21st centuries.

We have drawn on philosopher R. G. Collingwood's often quoted (and debated) conclusion to *The Philosophy of Art*, which is alluded to in the title, to develop some suggested explanations for Artsenta's longevity. And we have made extensive use of illustrations from the life and work of all those who formed (and still do form) part of our history.

Trotman, Paul and Helen Nicholson

After Anatomy

At the Art and Science symposium I presented *Donated to Science*, a film that I had just completed in which we followed a group of medical students and the donors they dissected. We were lucky enough to be able to interview those donors when they were alive, and then follow them through the whole dissection process. At the time of the presentation the film had not yet been broadcast.

In this presentation I plan to talk about what happened leading up to the broadcast, how the film was received in New Zealand and around the world and what we are doing next.

The medical school had never before allowed cameras into the dissection room. Nobody had ever interviewed donors while they were alive and then intercut that footage with their actual dissection, and the students' reaction to it. The potential for an offensive and tasteless mess was huge... and the university was understandably nervous about the broadcast.

How was the film received? How did the public, the university, the reviewers and the donor's families receive the film? How did one of the film's biggest opponents become one of its fans? How did it affect the body bequest rates at the university? What has happened to the students since?

Expect some more clips from the film, some interesting insights into its reception and some absolutely amazing clips from the next film, following the students through their time on the wards as they come to terms with true life... and death experiences.

Yates, Lizzi, artist and writer, with **Lucy OHagan**, writer and performer and **Gilly Pugh**, writer, musician and performer: Silk Tent Theatre Co, Wanaka

Doctor X Patient Y

In 2009 we devised and performed a multi-media theatre piece on self-mutilation called *Girl With No Words - listening to the language of cutting*. This involved projected images, filmed documentary sequences, music and enacted narrative.

We wanted to open a conversation with our community about responses to suffering.

We were interested in voice, voicelessness, metaphor and image in communicating experience.

Patient X doctor Y, a new presentation, uses art in the form of visual image, song, words and metaphor to explore the different experiences of doctors and patients. It is thus a discourse around medicine using creative language. It is also a demonstration of the constraints of perspective and the liberation of seeing that one's perspective is just that.

PARTICIPANT BIOS

Baillie, Louisa

Louisa came to Otago to study Sciences. She graduated with majors in both Nutrition and Food Science, and then began post-graduate research. However being witness to the death of her mother in a road accident prompted her to reconsider her career direction. She then studied Fine Arts at the Otago Polytechnic, graduating with Honours in Sculpture in 1993. Then, for several years, she lectured in both sculpture and drawing. In 2010 Louisa recommenced Science post-graduate study, in Anatomy. Louisa has now begun PhD research within the topic 'Forensic Facial Approximation', evaluating current errors within a build of a face onto a skull. louisa.baillie@anatomy.otago.ac.nz

Blyth, Phil

Phil graduated from Auckland Medical School in 1995. Having worked in Hawkes Bay and Auckland Hospitals as an orthopaedic registrar, he spent a year as the Trauma Fellow at Auckland Hospital. Following this he began lecturing Anatomy at Auckland, while continuing clinical work in orthopaedics. His PhD was entitled "Virtual Reality Simulation of Orthopaedic Surgery", during which he created the Bonedoc simulator and proved that advanced trainees are better than 'playstation junkie' med students at virtual pinning of hip fractures. He is currently employed as a senior lecturer in "Elearning in Medicine".

Burgess, Hannah

Hannah Burgess is a PhD student at Otago University. Her main area of research interest is Early Modern anatomy and its illustration. burha352@student.otago.ac.nz

Caulton, Rosemary

Rosemary Caulton is a long-standing member of the Creative Arts Trust Board.

Cunningham, Julee

Julie's path has involved collaboration with artists and filmmakers in independent animation, dance, art performance and documentary production, as well as self-directed film and digital media projects, nurturing ideas from concept through development of design, script writing, storyboarding to production for film, animation and the web. Freelance work has included animation, design and illustration for book covers and logos. Over the last ten years her career has also involved part time teaching at TAFE and COFA UNSW. julee.cee@gmail.com

Dempster, Andrew

From 1999 until the present Andrew has been working as a Secondary School Art teacher. He started with a non-existent Art Department and thorough 'blood, sweat and tears' has grown and nurtured a highly successful Visual Arts course at Greymouth High School. Last year their students gained Excellences at every level in the externally assessed portfolios and brought in the highest number of excellence credits to their school for the second year running, with one of their students being the first ever Greymouth High School student getting 100% Excellences in Level 1 Art to Level 2 and 3 Painting over 3 years.

During this time Andrew has suffered from a complex layering of hidden pain. None of these were or are either life threatening on their own (except through self harm), nor serious but all of them combined to paint a portrait of pain that is not singular but multiple. While some of the experience of hidden pain was the same day after day others were not all the same.

When he was a young married man Andrew was an extremely fit sportsman through his youth until he had a series of work place accidents that left him with what the judge called: 'severe problems, which left him with a troublesome legacy' (Accident Compensation, Appeal, Authority, 29 April 1998, pp 14).

Over the past two years Andrew has studied part time by distance at AUT completing his first year of a Master of Art and Design. Through his studies at AUT Andrew has become aware that his work is not something he can do for himself in his own place but something that has wider potential as a tool to express the hidden pain of others. andyandbindydempster@xtra.co.nz

Doyle, Terence

Terence is Professor of Radiology, Department of Medicine, University of Otago. His medical specialty is diagnostic radiology in the hospital and he teaches in every year of the undergraduate medical course – with a particular emphasis on anatomy in the second and third years. He has an MA in Classics, also MLitt and PhD in English Literature – all of which has been channelled into History of Medicine. Terry.Doyle@southerndhb.govt.nz

Fisher, Tracy-lee,

Tracy-lee Fisher is a Professional Practice Fellow in the Department of Women's and Children's Health at the Dunedin School of Medicine.

Tracy-lee has over 15 years experience working within paediatrics since graduating from the Otago School of Nursing in 1989. Her main focus during this time has been: paediatric oncology, paediatric palliative care, and outreach to families with children with complex medical needs within the Otago region.

As a Professional Practice Fellow, Tracy-lee has been involved in the development of paediatric teaching for the recently revised medical school curriculum. She is also responsible for coordination of the 'Paediatric Longitudinal Case: The Child with a Chronic Condition', which provides medical students the opportunity to follow a child, and their family, for a year. tracy-lee.fisher@otago.ac.nz

Hall, Simon

Simon is a trainee Doctor and artist at Brighton and Sussex Medical and King's College London (United Kingdom) and will be working in Wellington, New Zealand, for several months as part of his medical elective. S.Hall1@uni.bsms.ac.uk

Huthwaite, Mark

Mark was appointed senior lecturer in the Department of Psychological Medicine at the University of Otago Wellington School of Medicine in 2008. He is the course convener of the 5th Year Medical Student module in Psychological Medicine.

Prior to his appoint he had been the convener of the 5th year Module in Psychological Medicine since 2004.

He is also a Consultant Psychiatrist with the Maternal Mental Health, Capital and Coast District Health Board and up until recently worked part time in private practice. In his role as consultant psychiatrist in Maternal Mental Health he advises other health professionals throughout many regions of New Zealand regarding the use of psychotropic medication in pregnancy and lactation.

Mark trained and qualified in South Africa and the United Kingdom and has lived and worked in New Zealand for last 13years. Prior to immigrating to New Zealand, he was a senior lecturer at the University of Natal, South Africa and was involved in drug trial research. His special interests and research are in the fields of Post Traumatic Stress Disorder (in particular Eye Movement Desensitisation and Reprocessing Therapy), Maternal Mental Health, Sleep Disorders in mental illness, Psychopharmacology and medical education. He supervises and lectures registrars in the Wellington RANZCP training program and is regularly invited to speak and lecture by a number of other training institutions. mark.huthwaite@otago.ac.nz

Lausch, Monika

Monica Lausch graduated with an Honours degree in Visual Arts and a History Major from Monash University in Victoria, Australia. She holds a PhD in Art History from the University of Melbourne, where she completed her dissertation on Julius von Schlosser and the Vienna School of Art History. Her research distinctions include support from the German Academic Exchange Service (DAAD) and the Austrian Academic Exchange Service (ÖAD). Her most recent paper delivered at the 2010 Art Association of Australia and New Zealand (AAANZ) conference in Adelaide explored bodily transformations within the tradition of anatomical museums. Monica currently works part-time for

Southern Health as the curator of its Historical Collections and is based at Monash Medical Centre Clayton in Victoria, Australia. monicalausch@artlover.

Marshall, Jonathan

Jonathan W. Marshall completed his PhD at the University of Melbourne looking at the work of fin de siècle neurologist Dr Jean-Martin Charcot. In 2009, Marshall relocated from his post as research fellow at the Western Australian Academy of Performing Arts, Edith Cowan University, Perth (2004-08), to take up his current position as lecturer in theatre and performing arts studies at the University of Otago. Marshall has contributed for the national arts magazines RealTime Australia & TheatreView NZ (2000-present), & has written academic & journalistic articles on all aspects of the arts—with a particular specialisation on issues of theatricality & how they interact with medical practice & its history. Marshall's research has appeared in such journals as Australasian Drama Studies (2001-03), Forum for Modern Language Studies (2007), Art Bulletin of Victoria (2007), Sound Scripts (2007, 2009), Modernity/Modernism (2008) & About Performance (2008). jonathan.marshall@otago.ac.nz

Nicholson, Hellen

Professor Nicholson is Dean of the School of medical Sciences at the University of Otago

OHagan, Lucy

Lucy is a general practitioner in Wanaka. lucyohagan@gmail.com

Ross, Jim

Jim is a GP, teacher, father, amateur musician and art lover with research interests in medical education and conversation analysis of health encounters. He teaches medical students about General Practice and Rural Health, and this seems to him to be very much a creative activity, as does medical practice itself. jim.ross@otago.ac.nz

Sellars, Nina

Nina Sellars is an Australian artist who is based in Melbourne. Sellars lectures in Drawing at the Faculty of Art & Design, Monash University, where she teaches Anatomical Drawing for both the Medical and Art Faculties (Melbourne, Australia and Prato, Italy) Sellars is a trained Prosector (dissector of cadavers for medical display) and often works collaboratively with scientists and artists on cross-disciplinary projects. Her artwork utilizes classical drawing, photography and installation, and has been exhibited nationally and internationally. Her research is focused on how 'light' affects what we see and experience in relation to the anatomical body, and how these experiences are articulated through image. Her work explores the idea that, with the advent of new technologies, which are able to emanate, record and capture light, our perception of the anatomical body alters and a new body is imagined. <http://www.ninasellars.com>

Smith, Chris

Chris is a trained Secondary School Teacher with 10 years experience in teaching and education, and a passion for the collection, teaching and preservation of history. Chris changed gears in 2005 to take up the role as Anatomy Museum Curator and Anatomy Department Photographer at the University of Otago. This role has led to many collaborative opportunities across a variety of disciplines; the Art-Science relationship being just one of these, in particular the *Still Life: The Art of Anatomy* exhibition at the Dunedin Public Art Gallery last year.

Thomson, Jill

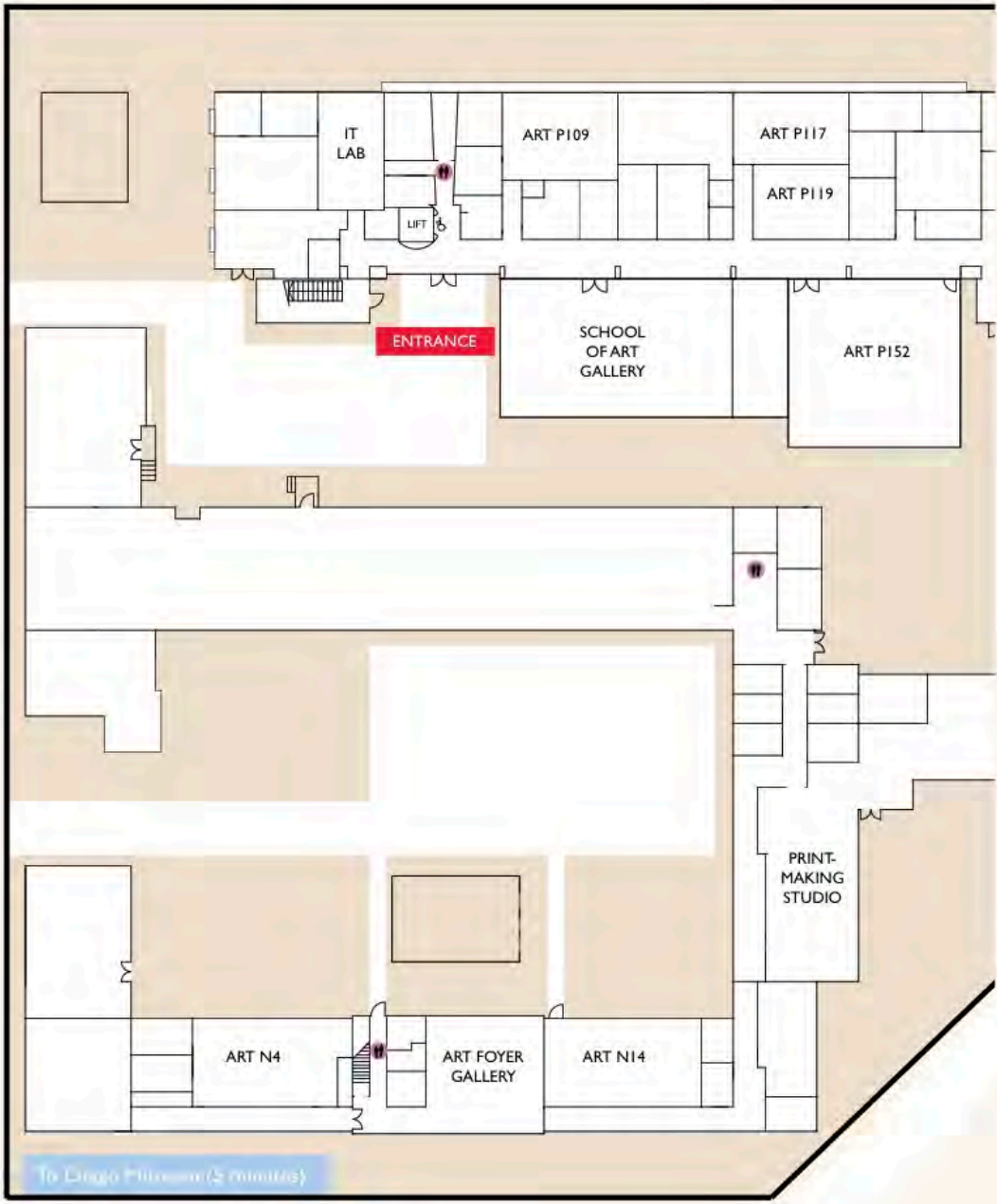
Jill Thomson has worked at Artsenta for eight years, the previous two as Director. director@artsenta.org

Trotman, Paul

Paul is a doctor, producer and film-maker, but not necessarily in that order. He specialises in making documentaries about medicine and communicating medical and science messages through film and the visual arts. He produced the award winning film 'Donated to Science' and is currently working on a sequel 'Real Doctors'. He also co-curated the Dunedin Art Gallery exhibition 'Still Life: The Art of Anatomy'. paul@prnfilms.co.nz

SCHOOL OF ART - GROUND FLOOR

Riego St



To Diego Museum (2 minutes)

Albany St