

Rx/Museum: 52 Essays on Art and Reflection in Medicine

Lyndsay Hoy
and Aaron Levy,
Editors

Barnes Foundation, Philadelphia Museum of Art,
Slought Foundation, Penn Medicine, and
Health Ecologies Lab, Philadelphia

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Cover image: Edgar Sorrells-Adewale, *The Laying On of Hands is a Time Honored Ritual*, 1997. Photograph provided by Edgar Sorrells-Adewale.

We wish to acknowledge the School of Arts and Sciences at the University of Pennsylvania, the Sachs Program for Arts Innovation, and the Office of Academic Affairs at the Perelman School of Medicine in supporting this publication.

Library of Congress Cataloging-in-Publication Data

Names: Hoy, Lyndsay, 1985- editor. | Levy, Aaron, 1977- editor.

Title: Rx/Museum : 52 essays on art and reflection in medicine / Lyndsay Hoy and Aaron Levy, eds.

Other titles: Rx Museum

Description: Philadelphia : Barnes Foundation : Philadelphia Museum of Art : Slought Foundation : Penn Medicine : Health Ecologies Lab, [2022] |

Includes bibliographical references and index. | Summary: "Rx/Museum brings the museum experience to the clinician with 52 artworks from the collections of our partnering arts institutions-the Barnes Foundation, Philadelphia Museum of Art, and Slought Foundation. An invitation to find meaning through the everyday ritual of arts engagement, this publication seeks to galvanize deep and sustained reflection about the power of the arts and humanities in times of crisis. In these pages, the arts reveal themselves as integral to fostering humanistic learning and growth in medicine, as well as meaningful connection and shared experience within medicine and beyond"-- Provided by publisher.

Identifiers: LCCN 2021062067 (print) | LCCN 2021062068 (ebook) | ISBN 9781936994137 (paperback) | ISBN 9781936994144 (ebook)

Subjects: MESH: Medicine in the Arts

Classification: LCC RS123.A2 (print) | LCC RS123.A2 (ebook) | NLM WZ 331 | DDC 615.1074--dc23/eng/20220113

LC record available at <https://lccn.loc.gov/2021062067>

LC ebook record available at <https://lccn.loc.gov/2021062068>

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For every way of life that fails in its democracy limits the contacts, the exchanges, the communications, the interactions by which experience is steadied while it is also enlarged and enriched. . . . The task of democracy is forever that of creation of a freer and more humane experience in which all share and to which all contribute.

—John Dewey, *Creative Democracy: The Task Before Us* (October 20, 1939)

Foreword

The task is to restore continuity between the refined and intensified forms of experience that are works of art and the everyday events, doings, and sufferings that are universally recognized to constitute experience.

—John Dewey, *Art as Experience* (1934)

Rx/Museum is a weekly prescription of art and reflection for clinicians. In July 2020, we launched the initiative as an online medical humanities experience to support clinicians amid the COVID-19 pandemic. The project began as a communal effort to bring together like-minded individuals at the Barnes Foundation, Penn Medicine, Philadelphia Museum of Art, and Slought Foundation who share a commitment to the medical humanities.

A central conceit of Rx/Museum is that the arts occupy an essential role in supporting physician well-being through lifelong learning. In collaborating with a healthcare system, museums, and other civic institutions to work toward this shared vision, Rx/Museum brings the museum to the physician

with 52 thoughtfully curated artworks and accompanying essays in an effort to embed the arts into our daily lives.

We draw inspiration from the insightful writings of John Dewey, a prominent American scholar in the early twentieth century whose work sought to reshape the relationship between education and civil society. Dewey understood the arts and humanities to be integral to democratic life, and recognized the capacity of aesthetic experience to engender transformation and critical inquiry—ideas that are essential to each of our institutions and, in particular, the establishment of the Barnes Foundation. In his seminal book *Art as Experience* (1934), Dewey suggests that art attunes us to the meaning inherent in everyday experience and can be a pathway to joy and delight. “[Art] quickens us from the slackness of routine,” he writes, “and enables us to forget ourselves by finding ourselves in the delight of experiencing the world about us in its varied qualities and forms.”

Just as Dewey advocated for “refined and intensive forms of experience,” he also sought to understand the place of art in a world replete with suffering. He was cognizant of the limitations of museums and other educational institutions to facilitate democracy and, more pointedly, to bring

aesthetic experience to individuals in ways that benefit their lived reality and everyday struggles. Dewey recognized that museums are not neutral entities, both in terms of interpretation and audience; today, we are similarly attentive to how hospitals and healthcare systems are often marked by systemic inequity. Dewey could not, however, have anticipated the unique challenges to arts engagement in a digital era and amid a global pandemic, which have drastically altered how we understand experience itself and the potentialities for individual and societal transformation.

The Rx/Museum website launched during a time of pervasive upheaval and isolation that abruptly upended traditional ways in which museums and hospitals interface with the public, and further revealed how museums have historically struggled with accessibility. At a moment of immense precarity, educators across disciplines were compelled to think more expansively about diversity, equity, and inclusion and how to connect with learners in a virtual format.

In moving beyond the museum and in-person classroom as conventional sites of arts encounters, we sought to position reflection and humanistic learning through the arts as an essential component of continuing medical education and profes-

sional development for physicians, akin to online training and maintenance of certifications modules. In turn, physician well-being and durational arts engagement emerged as complementary aims in our work, aligned with Dewey's philosophy that "education is life itself." Though beset by constraints and contradictions inherent to its digital mediation, Rx/Museum is an effort at democratizing the role of the arts in clinicians' lives.

Our project is at once a critique and a commentary on the perennial chasm between the hospital and the museum, entities traditionally disengaged from one another in the civic landscape—the former a place of intense trauma, the latter of detached contemplation. Yet we believe this long-standing dialectic can lay the groundwork for a collaborative ethos of care to emerge, one that "restores continuity," as Dewey urges, between the arts and medicine.

If Rx/Museum seeks to interweave oftentimes disparate institutions and disciplines, it is also an opportunity to reimagine the role and responsibility of our respective organizations to one another and our communities. We hope the many artworks and essays gathered in these pages galvanize deep and sustained reflection about the power of the arts and humanities and enable necessary cultural

transformation within the spaces and disciplines
we inhabit.

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Aaron Levy, PhD, Slought Foundation

William Perthes, Barnes Foundation

Adam Rizzo, Philadelphia Museum of Art

A Prescription for Healing in Medicine

Physicians have the extraordinary privilege to care for the lives of others. Yet this privilege comes with profound personal and emotional costs, as we intimately engage with the rawness, finitude and fragility of the human condition. The ever-increasing demands of modern medicine on its practitioners often diminish the possibility of self-care and physician well-being. In the face of a global pandemic, systemic racism, and health inequity, a sense of insurmountable individual and collective *anomie* and hopelessness has emerged. Ubiquitous stress, depression, substance abuse, resignations, and, in some cases, even suicide among physicians speaks to the growing crises of communication and connection felt by many.

Looking to the arts and humanities in these moments can offer a vocabulary to navigate our burdens and help us to create intentional space to spur introspection, and externalize inner grief and private suffering. Although they are not a silver bullet solution to the innumerable challenges fac-

ing physicians, the arts remain a vitalizing portal into a universe of shared experience, revealing the capacity for perspective, growth and presence within us. An immersive, if ephemeral, arts experience is an antidote to languishing and isolation, a necessary recalibration from the loneliness and disquietude that is becoming more pervasive in medicine.

What began in 2020 as a grassroots effort between an art historian and a physician advocating for the essential role of the arts for those in extremis quickly engendered a virtual community of over 1,200 clinicians, trainees, and students across the Philadelphia region and throughout the country. Over ensuing months of disruption and upheaval, our subscribers received a weekly dose of art and reflection in their inbox. This durational dispatch forged a community of caregivers, geographically dispersed and largely anonymous, yet all turning to the arts for a meaningful if momentary reprieve.

We now offer this compendium of ten reflections from our artworks and essays. Composed of an expanding series of questions, what follows are meditations on the inherent value and applicability of the arts and humanities to medicine and its practitioners.

1. The arts are an intercessor between one's own pain and the burdens of the world; they help us to mediate despair and hope, the intimate and universal. How can the arts commemorate the extraordinary grief carried by some and the transformation likely experienced by all of us throughout the COVID-19 pandemic? Marked as we may be by scars and loss, how can we rely on the arts to give representation to otherwise invisible struggles and, in so doing, help us heal?

2. The arts are an antidote to disillusionment and a means to reaffirm the meaning and dignity inherent to dedicating one's life to the care of others. How might we creatively apply the arts and humanities in medicine, to encourage more thoughtful ways of thinking, working, and healing? How can they strengthen one's tolerance for spontaneity in both professional and personal realms and become a wellspring for thriving and well-being? For physicians who may feel disillusioned, what creative or unconventional pursuits can bring renewed meaning to one's work?

3. At a moment when health systems and institutions are increasingly committed to racial justice, the arts are essential in visualizing society's contradictions, inequalities, and forms of oppression. How can the arts help us

think differently about representation in society and healthcare? How can we cultivate, in subtle or unacknowledged ways, more space for love and sanctuary in the arts, healthcare, and society? From revisiting institutional portraiture to strategic communications about diversity, how can we democratize visibility and question the processes that regulate who is seen?

4. The pursuit of meaning and fulfillment through the arts can be transformative in itself. An out-of-oneself experience is essential to a meaningful life, yet many of us exist, or subsist, in a survival mode. How might physicians turn to the arts, dialogue, or other forms of interaction and exchange, to replenish, illuminate, or find meaning and value in the face of the extraordinary and the ordinary? How can we create intentional space and opportunities to cultivate our intrinsic need for meaning, hope, and dreams?

5. The arts and humanities reveal the continued tension between reason and irrationality, certainty and uncertainty, that is endemic to this moment and medical practice more generally. Healthcare providers often struggle with extreme dichotomies in their work: privilege and suffering, empirical rigidity and inherent ambiguity. How might practitioners facilitate critical

dialogue centered on the sharing of success and failures, anxiety and unknowns, fear and shame?

6. The arts and humanities help us strive for agency and forge communities of support in times of crisis or in hostile circumstances.

What has the COVID-19 pandemic revealed about the various types of support and stability in our institutions? Where have you found unexpected forms of community amongst peers and colleagues or others? What networks of support have persisted or newly emerged?

7. Just as a painting is incomplete without its viewer, so too a society and a culture are without art. As our gaze shifts to a more intimate scale—our immediate surroundings, relationships, the passing of time—how has the reflective value of art become heightened? In times of struggle, how are we all forced into our own intimate and private worlds, and how can this newfound focus on quotidian moments be transformative?

8. The arts help us become more comfortable with the public expression and reception of grief and pain, both as a medical community and as a society. Art conveys a profound melancholy that embodies the loss, isolation, and burdens of those who provide frontline care and

service. How can we find solace in the expression of our discomfort? If the hospital is often a site of grief and loss, how can it also serve as a site of existential reflection?

9. Artworks are visual analogs of care. How can physicians humanize and overcome the oftentimes depersonalized, mechanical conditions of clinical medicine such as the electronic medical record, automated messaging, or a telemedicine visit? Beyond a medical diagnosis or history of present illness, how can physicians imbue the patient encounter with a sense of personhood and individualized care? How can we more fully embrace and incorporate the arts—with its ability to represent human relationships, illness, suffering, joy, and lived experience—into spaces of caregiving?

10. The arts and humanities foreground vulnerability and presence as key elements of authentic connection. In an era where touch has become distanced and the typical ways in which we communicate are often compromised—especially throughout a pandemic that has changed our relationship to tactility and proximity—how do we reintroduce attentiveness as a transformative, ritualistic component of caregiving? How can we more thoughtfully imbue patients, as well as our colleagues, with the comfort of having been

seen and touched with care?

*

Alongside its tendency for loss and grief, inequities and challenges, ours is a profession grounded in kindness and solidarity—caregiving in its truest distillation. At our loneliest and most vulnerable, and at our most communal, the arts can provide a lens to intimately explore the work of caring for the human condition. In so doing, we foster a mutuality of healing and are continually reminded to be compassionate to one another and ourselves.

We believe passionately that interdisciplinary projects across the arts and medicine are essential to the support of personal transformation and institutional change, in times of moral distress and in all times. Remembering, too, that the breadth of suffering from the COVID-19 pandemic (and future pandemics) has yet to be realized, Rx/Museum is at once a model for how this integration can occur and an invitation to seek meaning through the everyday ritual of arts engagement. Encounters with an artwork—much like our encounters with patients and with each other—may catalyze connection and become a wellspring for healing and shared joy to unexpectedly emerge.

52 Essays

Week 1

Some years ago, commenting on his work about mercury poisoning in Minamata, Japan, the photojournalist W. Eugene Smith states, “to cause awareness is our only strength.”

—Bill Ravanese, *Breath Taken The Landscape and Biography of Asbestos* (1991)

While I Breathe

Once home to one of the largest asbestos mines in the world, Asbestos, Quebec, declined alongside its namesake industry. In the photo that follows, a flat, sepia-toned building set against an over-cast sky reminds us of the material's invisible and devastating pervasion: we see it in the name of the cinema and imagine it in the sheen of the pavement and the cement walls of the building. Toxicity is inescapable in this place and so many others, the right to breathe almost entirely foreclosed. If the photograph's banality mimics the claustrophobia of life in the post-industrial town, it also reminds us of the lack of corporate accountability and failings of government regulation, which have cumulatively led to the deaths of hundreds of thousands of people.

Asbestos, derived from Greek *asbestos* meaning inextinguishable or unquenchable, was once a ubiquitous construction and manufacturing material, valued for its indestructible physical

This essay explores themes such as economy, education, and grief.

Originally published on July 20, 2020.



Bill Ravanesi, *Asbestos Road Pavement and Cinema*, 1988

Photograph provided by Bill Ravanesi

properties. However, as early as the 1920s, the United States Bureau of Labor Statistics published insurance reports of unusually early deaths in American asbestos workers. Those who worked directly with asbestos-containing materials—and their family members—were at significant risk of inhaling the thin silicate filaments and developing mesothelioma, an invariably fatal cancer. Many insurance companies then refused to issue life insurance policies to asbestos industry workers. Lawsuits filed against some of the largest asbestos companies in the nation led to a decades-long cover-up of a “national public health disaster of unparalleled magnitude.”

Artist and activist Bill Ravanese's *Breath Taken: The Landscape and Biography of Asbestos* (1991) catalogues the immense scale of tragedy and suffering inflicted by the North American asbestos industry. Ravanese's own father, Anthony, died from mesothelioma in 1981 after working in Boston shipyards during World War II. Despite its ongoing existence on the order of thirty million tons in buildings, automobiles, and water pipes, Ravanese believes the danger of asbestos has largely and inexplicably fallen out of our collective consciousness. Through an immersive assemblage of visual and oral narratives, industry advertisements, contemporary and vintage images, and objects, *Breath*

Taken creates “a landscape of awareness” that is both a memorial to those lost and a platform for environmental justice.

Reflections

The right to breathe is foundational to life, yet is continually jeopardized by innumerable health crises, including asbestos, lead contamination, and, as has become more recently visible, state violence and the COVID-19 pandemic. What can we do to better protect the right to breathe? How can it become everyone’s burden?

How can art help us make sense of the massive scale of ongoing health crises, and one’s place within them?

As Ravanese’s project demonstrates, art can play an essential role in bringing awareness to seemingly invisible public health crises. How does the longitudinal duration of a threat like asbestos render it seemingly insurmountable? How can art help us make sense of the massive scale of ongoing health crises, and one’s place within them?

Known national public health disasters of unparalleled magnitude like today's COVID-19 pandemic are often racially and economically determined. The slow violence of longer-term epidemics such as lead or asbestos, which continue to disproportionately contaminate at-risk communities, has been further exacerbated by contemporary deregulation efforts. How can the arts help us acknowledge and contest the insidious ways in which racism continues to predispose certain populations to repeated exposure, and lend medical expertise to activists and community groups who are advocating for health justice today?

This entry is derived from curatorial language written by Elizabeth Ambler, Anastasia Colzie, Colin Foley, Aaron Levy, Arthur Sabatini, and Olivia Terzian originally published on the Slought Foundation website.

Week 2

If a man knows nothing but hard times, he will paint them, for he must be true to himself.

—Horace Pippin

Supper Time

Painted on bound, repurposed planks, *Supper Time* is an intimate vignette of everyday African-American family life. Horace Pippin singed prominent horizontal and vertical lines into the wood with a hot poker, creating a strikingly balanced, grid-like composition. The labor of the painting process replicates the labor it depicts: a coal or wood burning stove at the right of the frame is topped with a sputtering frying pan. Frost gathers on the window panes and the door is slightly ajar, highlighting the warm and perhaps even hot interior. Frayed laundry dries against mismatched wooden planks with visible lath.

Two figures are seated at the table, a steaming coffee pot, glass of milk, and cup with saucer before them. The unpainted wooden grain of the woman's forearm and elbow blends seamlessly into the scene outside the window panes and offsets her crisp white apron. Her cerulean dress is purposefully darkened near the underarms, suggesting

This essay explores themes such as Philadelphia, the quotidian, and relationships.

Originally published on July 27, 2020.



Horace Pippin, *Supper Time*, 1940

Barnes Foundation, Philadelphia (BF985)

perspiration and repetitive wear. The coral hue of the seated man's shirt compliments and counterbalances the woman's blue dress.

A descendant of slaves and born into a family of domestic servants, Pippin was a native of West Chester, Pennsylvania. Pippin served as a member of the famed all-African-American 369th infantry in France during World War II, where he sustained a bullet in his right arm. Painting became a means of physical therapy for his paralyzed extremity. He was never classically trained and eventually drew the attention of Albert Barnes who was particularly interested in the self-taught artist.

Painting became a means
of physical therapy for his
paralyzed extremity.

Pippin's artistic success is remarkable given the fraught racial tension in the United States at that time and the many barriers facing Black artists, particularly in museum and gallery representation. An art world outsider intent on portraying "the landscapes and the life of the Negro people," Pippin was uniquely poised to depict Americana folklore and a disquieting literalism of inequality

and poverty. His oeuvre remains a noteworthy visual narrative—part autobiography and memoir, part historical and socio-political commentary, infused with a modernist sensibility.

Reflections

Pippin's work was routinely referred to as "primitive art." A 1995 review in *The New York Times* of the Metropolitan Museum of Art's exhibition, *I Tell My Heart: The Art of Horace Pippin*, states: "African art and American primitive art are relatively recent arrivals to the world of fine-art museums and their status feels uneasy." The review goes on to discuss the "exotic" elements of "tribal art," both categorical qualifications that imply unsophistication, bias, and social inferiority.

Consider clinical terms such as 'noncompliant' or 'unmotivated.' How do these designations connote a similar stigmatizing bias in the clinical setting? Are physicians inadvertently propagating bias and health inequity by using them? What responsibility do medical educators have to critically examine biases implicit to clinical language and to educate trainees accordingly?

Rigorously incorporating critical reflection into

various aspects of medical education curriculum has been proposed as a new theoretical framework to better understand implicit bias. How can the medical humanities facilitate challenging conversations amongst medical trainees about issues of disparity, controversy, self-awareness, and agency?

Week 3

Turning a person into a thing—
a cadaver on a dissecting table, a
specimen in a jar, an illustration
in a textbook—demands labour.

—Richard Barnett, *The Sick Rose: Disease
and the Art of Medical Illustration* (2014)

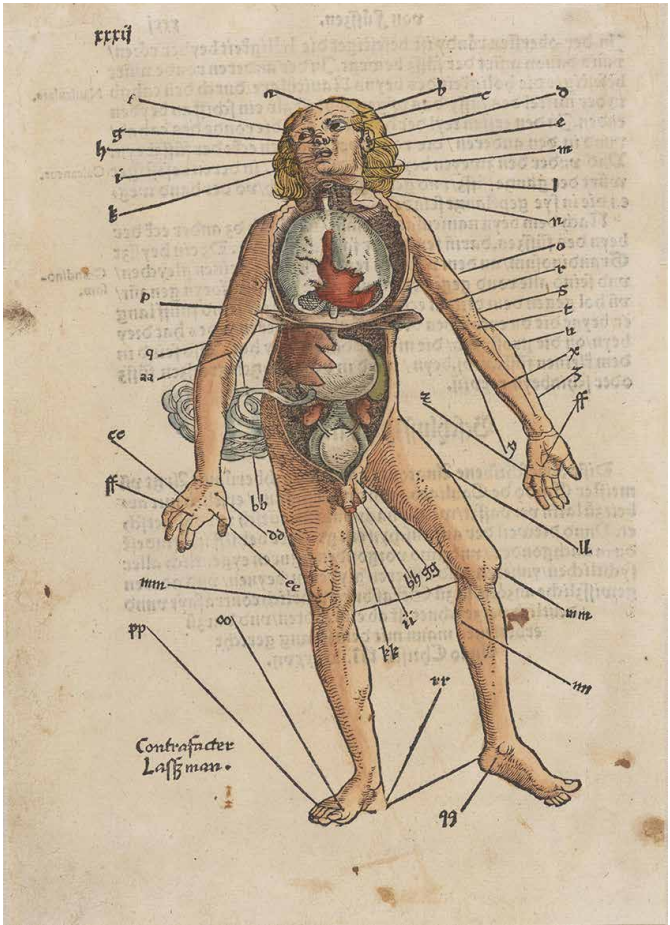
Body Disarticulated

Nestled within *Feldtbuch der Wundartzney* (*Field-Book of the Wound Doctor*), a portable manual for military surgeons by Hans Gersdorff, *Viscera and Bloodletting Man* is one of twelve chiaroscuro woodcuts by German Renaissance artist Johannes Wechtlin. This diagram was intended to guide doctors through the process of bloodletting, an antiquated practice founded on the belief that illness and maladies resulted from a disequilibrium of the four humours: blood, phlegm, yellow bile, and black bile. A patient's health could thus be restored, the day's medics believed, once he or she achieved balance among the four.

Though functionally instructional, *Viscera* evokes a pious Renaissance aesthetic and recalls *vanitas*, a genre of still-life that featured symbols of death—skulls, rotting fruit, dying plants—as a reminder of the transience of life and inescapability of death. That is, the diagram is both an educational document and a work of art, in turn mediating

This essay explores themes such as Philadelphia, power, transformation, and *vanitas*.

Originally published on August 3, 2020.



Johannes Wechtlin, *Viscera and Bloodletting Man*, 1517

Philadelphia Museum of Art (1949-97-11b)

between its subject as *specimen* and as *person*.

The identity of the depicted individual was indeed fraught: *Viscera* depicts the body of a hanged criminal in Strasbourg. During the Renaissance and Enlightenment, executed criminals were highly sought after corporeal commodities. The poor and marginalized, the unclaimed dead in public hospitals, jails, and workhouses, and those who could not pay for burial insurance were uniformly targeted for dissection and medical education. In this way, depersonalization and exploitation formed the historical backdrop for the study of gross anatomy.

One art historian posited that the evolving depiction of the anatomical body in the Renaissance and Enlightenment represents a movement from artistic style toward an emergent “scientific non-style . . . designed to guarantee objectivity and clarity.” In other words, Wechtlin’s *Viscera* reminds us that the contemporary dissection atlas remains historically rooted in a hybrid of art and anatomy. *Viscera* balanced aesthetic rendering with objective disarticulation, and dehumanized anonymity with humanistic empathy.

Reflections

Practiced well into the late nineteenth century by European and American medical schools, particularly in Philadelphia, body snatching was the lucrative enterprise of procuring 'raw material' from prisons and African-American cemeteries. The authoritative anatomy text, *Gray's Anatomy*, initially published in the late 1850s and still widely circulated in medical schools today, employed body snatching; the sources and identities of the eight bodies of men, women, and children prominently displayed in the anatomy atlas have never been identified. Here, we see the socio-racial inequities foundational to modern American medicine: the academic and material advancement of mostly wealthy White men predicated on stolen corpses of the incarcerated, the indigent, and ethnic minorities.

Today's cadaver customs embody a significant, and increasingly humanist, cultural shift over the past century. What was once a post-mortem violation of the body is now deemed a venerable contribution to society and education. For many first-year medical students, cadaver dissection is a formative experience. Some institutions go as far as to invite the deceased's family to meet the

students and share a meal at the onset of anatomy lab. The semester may culminate with a cremation ceremony to honor the donations of the deceased. Often regarded as the first step in cultivating a lifelong practice of empathy in the clinical encounter, students are humbled to realize the donor was their first patient.

Experience with a dead body is central to the formation of a physician's professional identity. However, some universities now offer virtual gross anatomy curriculums for graduate, nursing, dental, and post-baccalaureate students (though this is generally considered a supplement for medical student gross anatomy lab, and not a replacement). What fundamental elements of clinical education, tactile memory, and professional development might be forfeited with an online anatomy platform?

Does the process of viewing anatomical illustrations require deliberate contextual looking across time and cultures? As practitioners progress beyond the anatomy lab in their education and training, how can they remain mindful of the complex origins of dissection atlases and its contributions to medical education?

Week 4

These are my people and this is
my home.

—Devin Allen

A Beautiful Ghetto

On a wide boulevard in downtown Baltimore, police in heavy riot gear encroach on a lone protester cloaked in a bandana. This photograph, from Devin Allen's series *A Beautiful Ghetto*, captures a key moment in the beginning days of the Baltimore uprising of 2015, following the murder of Freddie Gray by members of the Baltimore Police Department. Allen positions himself as a photographer in the middle of the scene, in solidarity with the protesters and in the trajectory of the incoming police. "When people . . . say my pictures are passionate," Allen explained in a talk at Slought in 2018, "it's because these are my people and this is my home."

As the civil unrest pictured here made national headlines, it was mostly accompanied by sterile and dehumanizing imagery on breaking news of destruction and looting. Allen, who grew up in West Baltimore in the community in which Freddie Gray lived and died, instead offers an

This essay explores themes such as community, education, and power.

Originally published on August 10, 2020.



Devin Allen, from the series *A Beautiful Ghetto*, 2015

Photograph provided by Devin Allen

intimate and compassionate visual narrative of his friends and neighbors before, during, and after the uprising and the pain and promise they have experienced over many decades. This fleeting moment of a young activist standing up to state power, posted to his social media feed, suddenly became iconic when it was featured on the cover of *TIME* magazine.

This photo, and the series of which it is a part, offers an opportunity for those in medicine to bear witness to the longstanding struggle and trauma of over-policing, urban segregation, and other racialized health crises. Allen's work embodies the power of citizen activism to contest social injustice in an era of social media. A self-taught photographer, he harnesses the power and beauty of photography to educate and inspire the next generation of artists, activists, and citizens.

Reflections

Allen works in the traditions of both activism and documentary photography, and has chosen his own community as the subject matter of his practice. How can care providers similarly prioritize the necessity of working to end racial health disparities within their communities and the insti-

tutions they work within? How might clinicians draw inspiration from the work of artists such as Devin Allen to enact sustained interpersonal, structural, and institutional change for underrepresented minority groups in medicine?

How does visual representation inform our understanding of the communities we care for?

How does visual representation inform our understanding of the communities we care for, as well as acknowledge generations of pervasive racial inequity, neglect and systemic trauma within the health care paradigm and outside of it? As physician, scholar and activist Eugenia South, MD, MS, asks, how can we strive to create a culture of anti-racism in health care? In recognizing that exposure to abuse, neglect, discrimination, violence, and other traumatic experiences may increase a person's lifelong potential for serious health problems and engaging in health-risk behaviors, how can we rigorously integrate a foundation of trauma-informed caregiving into everyday clinical practice?

This entry is derived from curatorial language written by Aaron Levy, Eduardo Cadava, and Anastasia Colzie originally published on the Slought Foundation website.



Devin Allen, from the series *A Beautiful Ghetto*, 2015

Photograph provided by Devin Allen

Week 5

My wife only cares for Switzerland
and lemonade.

—Paul Cézanne

Madame Cézanne

Wife and muse Marie-Hortense Fiquet Cézanne remains an opaque, diminished figure in the art world. *Hortense* means “hydrangea” yet this saturnine sitter appears composed, motionless, and bored in over forty of Paul Cézanne’s portraits, drawings, and watercolors. Here, she is painted in a predominantly cool palette of blues and greens, complemented by warmer hues of umbers and pinks that vertically cap and contain the figure. Her signature tight bun (there is only one portrait of Madame Cézanne with her hair down) elongates pictorial height. Crossed arms enclose the figure, emphasizing an overall pyramidal form. Her face is mask-like and anonymous.

The couple first met in 1869. She was nineteen years old and working as a bookbinder, Cézanne eleven years her senior. Claiming his authoritarian father would disown him, Cézanne insisted their relationship and eventual child remain hidden from his family for over a decade. They married

This essay explores themes such as complexity, the quotidian, and relationships.

Originally published on August 17, 2020.



**Paul Cézanne, *Madame Cézanne (Portrait de Madame Cézanne)*,
1888–1890**

Barnes Foundation, Philadelphia (BF710)

after more than fifteen years of secrecy, likely to legitimize their son as heir to the Cézanne estate, but continued their baseline marital separation; Madame Cézanne remained in Paris with Paul Jr. while Cézanne lived in Aix-en-Provence.

Nicknamed “la boule” or “the ball” for her notoriously orb-shaped head, Madame Cézanne was ridiculed and belittled by Cézanne’s friends for her sullen, matronly visage and taciturn demeanor. Baseless rumors such as her absence at Cézanne’s deathbed due to a pressing dressmaker appointment in Paris further maligned her as discontented and self-possessed. At the time of his death in 1906, Cézanne had written her out of his will.

Madame Cézanne would pose for hours while her husband—known for his distinctly “anti-biography” approach to portraiture and agonizingly slow painterly process—painstakingly deliberated every detail, sometimes pausing for over twenty minutes from one brush stroke to the next. Yet the time-intensive portraits reveal little about her true nature or the emotional tenor of the marriage. Like Mont Sainte-Victoire, another of Cézanne’s favorite subjects, Madame Cézanne is as an abiding presence, a landscape rendered without affectation—form over flesh, identity subsumed into objectivity.

Reflections

In 1889, Sir William Osler delivered his now canonized speech entitled “Aequanimitas” to the graduating medical school class of the University of Pennsylvania. He stressed that “a certain measure of insensibility is not only an advantage, but a positive necessity in the exercise of calm judgment.”

Does Cézanne’s detached, restrained approach to portraiture embody a similar spirit of equanimity? Does this method reflect a callous lack of sentimentality and *joie de vivre*, or a desire for seeking a deeper truth?

Do healthcare providers walk a similarly fine line of acknowledging personhood while maintaining clinical equanimity in the patient encounter? Does that balance tip in any one particular direction depending on the clinical course of the patient or duration of time spent caring for them?

Week 6

Everyone succumbs to finitude. I suspect I am not the only one who reaches this pluperfect state. Most ambitions are either achieved or abandoned; either way, they belong to the past. The future, instead of the ladder toward the goals of life, flattens out into a perpetual present. Money, status, all the vanities the preacher of Ecclesiastes described, hold so little interest: a chasing after wind, indeed.

—Paul Kalanithi, MD, *When Breath Becomes Air* (2016)

Dust

In the posthumous memoir, *When Breath Becomes Air*, Paul Kalanithi, MD, is diagnosed with stage IV lung cancer during his final year of neurosurgical residency. Likening his new reality to quenching interminable thirst with salt, Kalanithi struggles to find comfort in realms beyond scientific pragmatism and prognostication. He turns to his love of great writers—Tolstoy, Kafka, Frost, Nietzsche, Hemingway—for solace, underscoring the palliative nature of literature and the humanities for grief and reflection. Poignantly invoking Samuel Beckett’s antiphon, “I can’t go on. I’ll go on,” as he returns to the operating room before his death, Kalanithi imparts on his reader an indelible message of learning how to live while dying.

The work of American painter and sculptor Paul Thek considers similar notions of life’s materiality and specificity amid the ephemerality and perpetuity of death. Thek arrived on the New York art scene during the counterculture movement of the

This essay explores themes such as *ars moriendi*, autonomy, and grief.

Originally published on August 24, 2020.



Paul Thek, *Dust*, 1988

Philadelphia Museum of Art: Purchased with the Hunt Corporation (formerly Hunt Manufacturing Co.) Arts Collection Program, 1992 (1992-128-1)

© Estate of George Paul Thek

1960s. After several years abroad in Europe, Thek returned to the United States in the late 1970s to find the avant-garde community had mostly forgotten him. Until his death from AIDS in 1988, Thek struggled with depression and turned his focus to sculpture and small paintings, composed of perishable material: candles, flowers, eggs, and newspapers. For Thek, such mediums reflected worldly pursuits, preceding our eventual passing into an elemental eternity.

In *Dust*, Thek uses a spread from *The New York Times* as a delicate foundation for his painting. Swirling blues redolent of a velvety midnight sky are layered on a background of white. The visible, encroaching white in the periphery alludes to slow, inevitable decay. At the center of the newspaper, “dust” is written faintly in lowercase cursive. The word is a whisper, barely perceptible on the dark background, obscured by a smattering of particles. *Dust* is a plaintive meditation on death, the transience of art, and the relentless progression of time.

Reflections

Ars moriendi, or “The Art of Dying,” are two fifteenth-century Latin texts that provided comfort to the dying and guidance to the clergy. A dialectic manual of how to die well, the texts contained biblical meditations on grace and repentance, and affirmations of faith to prepare the individual on their deathbed. In this way, Kalanithi and Thek crafted their own renditions of these texts.

How do historical constructs of dying well diverge from a contemporary perception of a good death with respect to autonomy, control over destiny, and connection and proximity to loved ones? How can physicians intentionally explore their own attitudes and beliefs toward death and what it means to die well in order to respond respectfully to the needs and desires of their patients?

Robert Klitzman, MD, explores the duality of “the physician as patient” in his book, *When Doctors Become Patients*. He asks: as physicians living with a chronic or fatal illness negotiate the transformation from doctor to patient, what are some of the moral dilemmas they might face? Consider the toll of cutting short a decades-long career after

years of preparatory study and training; coming to terms with a career that may lack the luster once imagined; erosion of job stability; coming out as a patient to colleagues; confrontations with loneliness, anger, frustration. What impactful strategies could be implemented to relieve these dimensions of suffering? How might these doctors view and approach patient care or scientific data differently?

Week 7

It's not a matter of if clinicians are going to experience trauma while providing care, but when and how often.

—Albert W. Wu, MD, Johns Hopkins Medicine

Ambulance

Mohamed Jabaly, a young man from Gaza City, aspires to make films despite the lack of water, electricity, and freedom he experiences under the seven-year Israeli blockade of Gaza. As the war begins with no foreseeable remedy for his country, Jabaly decides he cannot merely “wait for death” and joins an ambulance crew to capture the ensuing violence on film.

Ambulance begins with hand-held footage of the last war in Gaza from the perspective of its crew. Jabaly comes of age among broken bodies, terrified families, and the constant risk of sudden death. He had never before witnessed the effects of violence up close, yet within the first days of the war, he finds himself helping victims of a massacre. The viewer is there with Jabaly, hearing his ragged breath as he runs to the aid of four 9-year-old boys hit by a missile on Gaza Beach. The turning point comes when Jabaly and his team are bombed while inside a building. Abo Marzouq,

This essay explores themes such as community and trauma.

Originally published on August 31, 2020.



Mohamed Jabaly, film still from *Ambulance*, 2016

Photograph provided by Mohamed Jabaly

the captain of the team, is injured. Jabaly despairs; he wants to run away.

The image seen here captures that pivotal moment: the abandoned ambulance, riddled with bullet holes. Labeled “Civil Defence,” the ambulance symbolizes survival and safety but it is nevertheless a casualty of trauma, with flattened tires, shattered windows, and debris falling from its vertiginous structure. A man seen to the right of the image carefully distances himself from the scene: if this agent of good-will could be a target, so could anyone else.

Ambulance embodies the human element behind the camera, and speaks to the power and responsibility of social documentary film and photography. Jabaly’s raw account of physical and emotional trauma lends authenticity and a bleakness to the horrors of war. To make the film, he must work through events and images of unprocessed pain, ultimately hoping to forge a human connection with his viewers.

Reflections

In the film, Jabaly poses the question: *Would you risk your life to save others?* Twenty years ago,

Albert W. Wu, MD, Professor of Health Policy and Management at the Johns Hopkins School of Public Health, coined the term “second victim” to describe health care providers who are traumatized on the job. “It’s not a matter of if clinicians are going to experience trauma while providing care, but when and how often,” Wu said.

How can medical training programs and institutions systemically address and mitigate psychological sequelae from second victim trauma? How can we ensure that providers are prepared for the peculiar position of being both caregiver and second victim?

The ongoing COVID-19 pandemic has similarly placed physicians and other health care providers in unprecedented, devastating situations with limited resources at their disposal. The 2020 suicide of Lorna Breen, MD, medical director of the Emergency Department at New York-Presbyterian Allen Hospital, has brought the pandemic’s emotional and psychological toll on health care providers to the forefront. In the wake of her death, her father, Philip Breen, MD, stated, “As of Sunday, she took her own life because I think she was tired. . . . She was like the fireman who runs into the burning building to save another life and doesn’t regard anything about herself. So she has

paid the price and she's been in the trenches.”

How do we remain cognizant of the extreme mental and emotional burdens that frontline health care workers continue to face, and find ways to offer peer support? How can the arts and humanities make visible the everyday suffering and vulnerability of front line workers? In circumstances of immense trauma, how can people form solidarity out of necessity, kindness, and an ethic of mutual aid?

This entry is derived from curatorial language written by Mohamed Jabaly and Nehad Khader originally published on the Slought Foundation website.

Week 8

The way we die is a mirror of the
way we live.

—Takumi Nakazawa

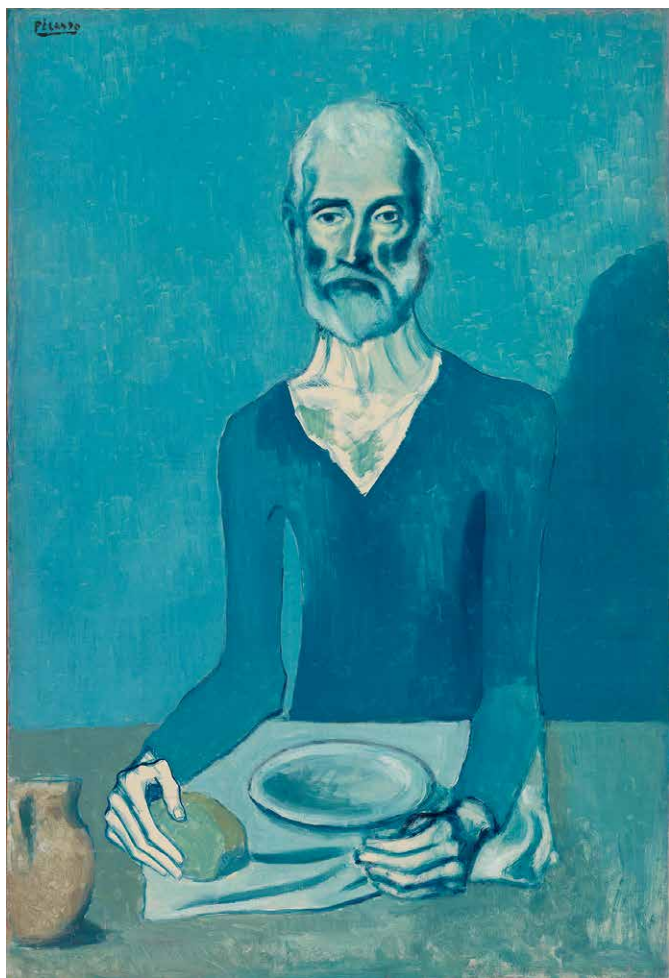
The Ascetic

During his aptly named Blue Period, Pablo Picasso struggled with severe depression and grief following the death of a close friend. His resultant compositions pursued themes of suffering and alienation with somber palettes of blues, greys, and greens, often featuring the sick, blind, imprisoned, and indigent. In *The Ascetic*, Picasso masterfully combines artistic approaches and plastic choices that create unsettling outcomes—in particular, an unresolved combination of three and two-dimensional elements. The face, neck, and hand on the right of the figure are strongly modeled in a robust three-dimensionality. Yet the torso, arms, and hand on the left are relatively unarticulated, reading as flat color areas. At far left, the back edge of the table appears pushed up against the wall, leaving the figure to reside in an extremely shallow pictorial space.

In a modern context, *The Ascetic's* solitude is redolent of *kodokushi*, or the rising epidemic of

This essay explores themes such as autonomy, community, and loneliness.

Originally published on September 8, 2020.



Pablo Picasso, *The Ascetic* (*L'Ascète*), 1903

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Artists Rights Society (ARS), New York

“lonely death” in a rapidly aging Japanese population. Misaligned between generations and disarticulated from communal and filial ties, many Japanese elderly living alone subsist in an interminable state of semi-absence. The post-war capitalist ‘golden age’ of Japan ushered in burgeoning industrialization and urbanization at the gradual expense of multi-generational family homes. Massive economic stagnation, a declining national birth rate and cost-prohibitive private health care have now rendered many senior citizens uncared for. In a country with one of the world’s largest geriatric populations, longevity poses a problem: quality of life.

The deaths of these solo-dwellers, conservatively estimated at 30,000 per year, contribute to a haunting cultural narrative of societal neglect. The bodies are discovered weeks or sometimes months later in various states of putrefaction surrounded by remnants of a life in solitude: half eaten pots of food, piles of soiled rubbish, a neglected pet. They die from starvation, self-neglect, underlying health conditions, and loneliness. Predicted to peak by 2040 at approximately 1.7 million deaths with one in four occurring unwitnessed, *kodokushi* contests the meaning of home and the “ethics of dwelling.” While these statistics may be unique to Japan, the concept of *kodokushi* extends globally to our care

of the elderly and how we conceive of and fulfill filial and communal responsibility.

Reflections

Both *The Ascetic* and *kodokushi* speak to the prevalence of loneliness and dis-belonging in capitalist societies, and the ways in which the value and dignity of individual lives are often denied. In response to this existential plight of what anthropologists have called “ordinary suffering,” many elderly in Japan preemptively self-alienate to avoid burdening others with their eventual dependency.

How do we better define the
ethics and ecology of care,
the meaning and value of
connectivity and belonging,
and the repercussions of social
abandonment?

Is choosing to be alone and perhaps even embracing solitude an unavoidable byproduct of modernity? In what ways do physicians bear witness to variations of this narrative of loneliness in the clinical encounter? How can we remain mindful of the psychological burden and pain of dis-

belonging in its myriad forms as it pertains to the patients and communities we care for?

How do we better define the ethics and ecology of care, the meaning and value of connectivity and belonging, and the repercussions of social abandonment as it pertains to the elderly, the disabled, the vulnerable, and public health more broadly? How has our failure to care for the vulnerable become particularly apparent during the COVID-19 pandemic? As clinicians, what is our role in mobilizing and proactively leading our communities to build more cohesive, caring, and socially responsible relationships among one another?

Week 9

All I was trying to do was picture the
soul of a great surgeon.

—Thomas Eakins

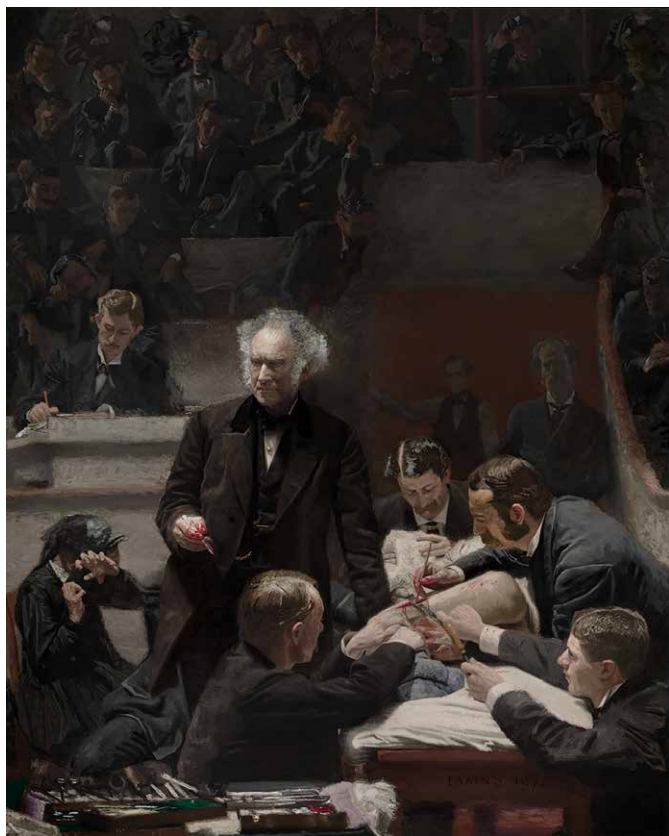
The Gross Clinic

Standing tall and center in Thomas Eakins's *The Gross Clinic* is Dr. Samuel Gross, an internationally esteemed surgeon and one of the first graduates of Thomas Jefferson University in Philadelphia. In the nineteenth-century surgical amphitheater of Jefferson Medical College, a surgical team treats osteomyelitis of the femur, a severe bone infection, with a technique pioneered by Dr. Gross. Bloodied scalpel in hand, Gross slightly angles his stance to lecture medical students seated in the rafters. Known as “the emperor of American surgery,” Gross seems beatified with sunlight streaming through a skylight above. (Surgeries like this were only possible during daylight.)

To the left of Gross, a distressed woman—comparatively dwarfed in stature, usually assumed to be the patient's mother—recoils in horror with clawed hands and a burrowed head. Identifiable features of the patient on the table are similarly obscured by the anesthesiologist's chloroform

This essay explores themes such as autonomy, education, and Philadelphia.

Originally published on September 14, 2020.



Thomas Eakins, *Portrait of Dr. Samuel G. Gross (The Gross Clinic)*, 1875

Philadelphia Museum of Art: Gift of the Alumni Association to Jefferson Medical College in 1878 and purchased by the Pennsylvania Academy of the Fine Arts and the Philadelphia Museum of Art in 2007 with the generous support of more than 3,600 donors, 2007 (2007-1-1)

cloth, exposing only a mound of milky flesh for the procedure. Eakins strategically uses red to draw the viewer's eye from the opened leg of the patient, to the scalpel in Gross's hand, to the pencil held by a medical student in the gallery just above the surgeon's right shoulder. The glowing red light in the tunnel behind Gross brings the eye full circle and leads to Eakins himself, cast to the right of the tunnel railing, sketching or drawing.

The Gross Clinic was created just prior to the advent of aseptic surgical technique. The day's sanitary practices are accurately represented: bare hands, no masks, overcrowding of the surgical table, no white coats or gowns. In stark contrast, Eakins's later work, *The Agnew Clinic* (1889), highlights clean linens and adherence to sterility, demonstrating a growing awareness of bacteria and infection. While Gross never published his postoperative infection rates, general reported mortality in late nineteenth-century Philadelphia was a staggering twenty-five to thirty percent for infected amputations.

From the late eighteenth century, Philadelphia was regarded as one of two epicenters (the other was Edinburgh) for education of physicians and surgeons. A Philadelphia native, Eakins understood

the vitality and excellence of his hometown's scientific community. He completed *The Gross Clinic* in time for Philadelphia's 1876 Centennial Exhibition to solidify the city's presence on the international medical stage. The unveiling of the piece was ensconced in controversy, with critics and viewers alike lashing out at the "powerful, horrifying" and inartistic subject-matter. While ultimately rejected for display, *The Gross Clinic* is now regarded as an invaluable artifact of Philadelphia medical history and one of Eakins's most ambitious works.

Reflections

Consider the striking contrast between Dr. Gross and the female figure. What do their respective size and body language symbolize in relation to each other? Did Eakins purposefully juxtapose them to embody a deeper existential struggle? Are rationality and emotionality at odds with one another in the acute clinical setting, as Eakins seems to suggest?

In the spring of 2017, *The New Yorker* cover featured four female surgeons' faces as seen from the perspective of a patient lying down in the operating room. A social media #ILookLikeASurgeon

whirlwind ensued, garnering hundreds of posts from surgeons around the globe. As Susan Pitt, MD, the endocrine surgeon who spurred the trend, said, “Women surgeons are saying to other women surgeons, ‘I see you,’ and to the world, ‘See us.’”

Does Eakins’s portrayal of Dr. Gross typify a historical or modern perception of the surgeon, or both? How does *The Gross Clinic* contribute to a visual, oral, and written culture of hypermasculinity and hierarchy in the operating room? What are potential ethical harms of propagating the surgeon stereotype with respect to gender, racial or ethnic minorities in medicine? How might the surgeon stereotype exert influence on the patient-physician dynamic or a patient’s behavior?

Week 10

I wanted to challenge individual and collective hope, whether it is grounded in reality or mere wishful thinking.

—Basim Magdy

13 Essential Rules

This still frame is from *13 Essential Rules for Understanding the World* (2011), a film by Basim Magdy released in the aftermath of the Arab Spring, in which Egyptians came together to depose President Hosni Mubarak. The uprising sparked immense hope for the possibility of democratic change, but was followed by the brutal repression of those who participated. This turn of events accounts in part for the film's cryptic style.

A poetic sequence of encounters with nature and the world—a star flyer, a woman balancing on a rock, and repeating images of faces drawn on tulips—punctuates a series of coded prescriptions, while the noisy hum of a Super 8 projector plays in the background. The film becomes a platform for Magdy to destabilize rationalist constructions of “knowledge” and question the use of reductive language and didactic communication.

In this way, the narrator of Magdy's film wryly

This essay explores themes such as absurdity, complexity, and loneliness.

Originally published on September 21, 2020.



6. NEVER LET YOURSELF FALL ASLEEP.



8. NEVER USE LOGIC.

Basim Magdy, film stills from *13 Essential Rules For Understanding the World*, 2011

Photographs provided by Basim Magdy

subverts relentless Western faith in scientific advancement, progress, and action. “Never try to make a point,” he says in a monotone voice. “No one will ever care.” And yet, the film never fully embraces nihilism, even as it verges on the melodramatic and absurd. Mirroring the complex fate that befell the uprising itself, the film at once invites us to engage in the urgent work of understanding and changing the structures we inhabit, and reminds us of the extraordinary difficulty of achieving lasting social change. “Life,” the narrator reminds us, “is a tangled web of unexpected events.”

Reflections

Magdy’s narrator uses coded language, dark humor, and sarcasm to cope with senseless tragedy and the anxiety of uncertainty. He references a universe that simultaneously straddles hope and hopelessness, reality and fiction, futurism and obsolescence. Do the extreme opinions and harsh, defeatist statements in the film provoke a reconsideration of our acceptance of a specific understanding of the world we currently live in?

How is this perspective reflected in the casual and depersonalized language often used in medical

peer interactions to cope with repeated exposure to pain and suffering? How does the continued experience of suffering impact how we feel, communicate with, and care for others and one another?

Magdy's work also questions assumptions about progress and truth that are essential to Western thought, and which bear heavily on medical practice. What lessons can we learn from Magdy's skeptical worldview in rethinking the clinical encounter—particularly, the assumption that the physician will know everything? How does the expectation that physicians offer unwavering truths to patients conflict with medicine's many uncertainties and unknowns? How can clinicians be transparent about ambiguity while continuing to offer care and support?

This entry is derived from curatorial language written by Orchid Tierney originally published on the Slought Foundation website.

Week 11

What makes Henri Rousseau different from his popular fellows . . . is his tendency to fantasy, and especially his almost nostalgic passion for the sights and life of exotic lands . . . that overflowed into many immense compositions in which the grotesque is joined to the touching, the absurd to the magnificent, and totally distorted objects to things undeniably beautiful and poetic.

—Ardengo Soffici, *La Voce* (1910)

The Exotic Forest

A woman mysteriously emerges from the wall of dense green vegetation. She inexplicably appears into the clearing as a visual focal point, dwarfed and partially hidden by larger-than-life flora. Her modified hourglass figure is echoed in the tall, gathered verdure within the deeper landscape. Repetitively aligned foliage creates rhythmic patterns with symmetrical clusters of grasses, splayed leaves and fronds, and radiating flower petals. Oranges set within the canopy of trees add syncopated variety to the scene. The elegant attire and formal posture of the woman exist in tension with the verdant landscape to an almost absurd degree, as if her Parisian stroll has suddenly brought her into direct proximity with the French colonies. An eerie sense of calm and unnatural stillness lingers, suspending the woman and viewer in an incongruous, lush, colonial reverie.

Henri Rousseau painted twenty-six variations of his iconographic jungle vistas, each a distinct,

This essay explores themes such as complexity, identity, and power.

Originally published on September 28, 2020.



Henri Rousseau, *Woman Walking in an Exotic Forest (Femme se promenant dans une forêt exotique)*, 1905

Barnes Foundation, Philadelphia (BF388)

dramatic narrative rendered in a kaleidoscope of enchantment. Rousseau was not concerned with botanical accuracy or scientific acumen. Rather, he sought to portray a novel pictorial experience solely for viewing pleasure. While he never traveled internationally, his compositions were inspired by visits to the Jardins des Plantes in Paris, the cinema, zoological exhibits of taxidermy, and world fairs, and reflected the popular desire for the byproducts of colonialism in his time. The distant, mysterious lands he portrayed were fantasized, and feared, conveniently depopulated of indigenous peoples; perhaps Rousseau's jungle motifs are an allegory of Paris and its anxieties of the other and the unknown, or a reflection of his own desires to escape the confines of urban life. As one critic wrote, "[Rousseau's forest] is the virgin forest with its terrors and its beauties, that we dream of as children . . . the virgin forest as a creation of fantasy."

Reflections

In Rousseau's romantic vision of a French colony, the violence of colonialism has been erased in favor of an uninhabited landscape. How do Rousseau's jungle vistas resemble an exotic botanical garden of sorts and convey an expression of

imperial power? How have such works contributed to a slanted narrative of colonialism that is divorced from its genocidal realities? How can formal medical education today better acknowledge the legacy of colonialism in the history of medicine—specifically, the ways in which medicine has been wielded against colonized communities?

Despite poverty, older age, anonymity, and lack of formal training, Rousseau's intuitive skill and blatant ambition propelled him into the upper echelons of the avant-garde art world. He forged his own version of success when hierarchical social and academic connections dictated artistic merit. Critics initially derided Rousseau's art as "naïve," a term connoting lack of traditional expertise. And yet, because of this, Rousseau's compositions were immediately noteworthy at the Salon for their powerful imaginative perspective and striking color palette. His highly individualistic style and disregard for convention paved the way for modern, progressive artists.

In contrast, medicine strives to be evidence based. Physicians want to avoid an ethos of individualism wherein care is guided by feeling, intuition and idiosyncratic proclivities. This emphasis, however, on conformity and standardization may inflict significant cognitive and emotional dissonance for

physicians and trainees. Recent research demonstrates that many trainees feel they are being trained as “robots,” divested of humanistic qualities and parts of their identity in favor of developing a new all-consuming professional identity. This erosion of individual identity may result in a loss of cultural capital and diversity that training programs initially seek in applicants.

How can training programs and institutions better integrate support of cultural, ethnic, and experiential resident diversity? How can they reimagine a more thoughtful and inclusive educational approach that respects difference even as it cultivates adherence to shared biomedical principles and values integral to the rigorous corpus of medical training? How might humanistic curricula and critical reflection contribute to this dialogue?

Week 12

Here is a fruit for the crows to pluck,
For the rain to gather, for the wind to suck,
For the sun to rot, for a tree to drop,
Here is a strange and bitter crop.

—Abel Meeropol, "Strange Fruit" (1937)

Strange Fruit

Strange Fruit was exhibited at the Philadelphia Museum of Art in 1998. Artist Zoe Leonard began to assemble the installation shortly after the death of fellow artist and friend David Wojnarowicz as a means of personal consolation amid the AIDS crisis. A prominent AIDS advocate and supporter of queer liberation in the 1980s and 1990s, Leonard works in multimedia to explore mortality and displacement within the urban landscape. Invoking the 1937 Abel Meeropol anti-racist protest song of the same name popularized by Billie Holiday and Nina Simone, *Strange Fruit* is unique in composition, thematic focus, and a personal politics of justice for the marginalized. A friend of Leonard's explained: "When Zoe started making this work, our friends were dying—daily, weekly, relentlessly. Wasting in front of our eyes."

Strange Fruit is at once a meditation on loss and a testament to needless suffering from government complacency. Leonard purposefully abstained

This essay explores themes such as absurdity, grief, and memory.

Originally published on October 5, 2020.



Zoe Leonard, *Strange Fruit* (detail), 1992–1997 (photograph by Graydon Wood)

Philadelphia Museum of Art: Purchased with funds contributed by the Dietrich Foundation and with the partial gift of the artist and the Paula Cooper Gallery, 1998 (1998-2-1)

© Zoe Leonard, courtesy the artist, Galerie Gisela Capitain, Cologne and Hauser & Wirth

from a preservation technique, contesting the notion that art should be maintained. The fruit skins—emptied, dried, faded, repaired, ornamented—have the aura of religious reliquaries. Despite the futility of sewing and adorning rotting fruit, Leonard's delicate mending quietly illuminates that the effects of time are as unpredictable as they are inevitable. The discordance between the fruits' slow decay and the rapid, innumerable deaths from AIDS extends into themes of mourning and memory, absurdity and pain. As described by then Philadelphia Museum of Art curator Ann Temkin, "Maybe this is not a universe without wounds, reconstructions, scars, or death. Sometimes we are ready to know there can be beauty in cracks and in loss."

Reflections

Preserving impermanent works is a fundamental practical challenge for museums. Although they are institutions intended to care for static objects, they are often unaccustomed to archiving organic, disintegrating works. By introducing fragility and decay into the museum setting, *Strange Fruit* raises questions about the permanence and narrative of art, and whether it resides in objects, ideas, or people's experiences and memories.

We might say that these challenges similarly implicate the clinical setting. While museums are often predicated on archiving the past, hospitals are institutions of transience. Yet both share in the ongoing repercussions of traumas, pain, and struggles of their communities and society. To what extent can such institutions founded on colonialism, racism, sexism and other forms of inequality and oppression, strive for objectivity in their narratives or conversely, commemorate and give voice to quietly extinguished lives and lay bare the systemic injustices at fault?

Zoe Leonard and decaying fruit. Jerome Caja and human ashes. Barton Lidice Beneš and red ribbon. Félix González-Torres and empty pillows. How do these artistic renderings of the body force us to acknowledge the roles of societal homophobia and government indifference in exacerbating the AIDS epidemic and resultant preventable deaths? Similarly, how do such pieces give voice to the communities most devastated by HIV and the deeply entwined, intergenerational struggles of poverty, racism, and sexism?

AIDS activist and writer Theodore Kerr recalls:

“In June of 1983, at the Fifth Annual Gay and Lesbian Health Conference in Denver, Colorado, a group of

about a dozen gay men with AIDS from around the U.S. gathered to share their experiences combating stigma and advocating on behalf of people with AIDS. . . . They wrote out a manifesto, now known as 'The Denver Principles,' outlining a series of rights and responsibilities for healthcare professionals, people with AIDS, and all who were concerned about the epidemic. This was the first time in the history of humanity that people who shared a disease organized to assert their right to a political voice in the decision-making that would so profoundly affect their lives.

The first statement reads: 'We condemn attempts to label us as 'victims,' a term which implies defeat, and we are only occasionally 'patients,' a term which implies passivity, helplessness, and dependence upon the care of others. We are 'People With AIDS.''"

How does the medical establishment perpetuate the narrative of patient as victim, and how is this problematic? How does stigma from society and/or clinicians oppress patients who are suffering from certain value-laden illnesses? How can clinicians create intentional space for advocacy, in community and solidarity with patients?

Week 13

Over the course of making this film I witnessed what I truly believe is not only a threat to abortion access, but also a threat to our democratic ideals.

—Dawn Porter, on making *Trapped* (2016)

Trapped

This film still from Dawn Porter's 2016 documentary *Trapped* represents the ideals of democracy, concretized here in tender solidarity. The image juxtaposes the sterilized trappings of a clinical environment with a moment of compassion and support—of accessible care in the fullest sense. Here, we see the fundamental tension and trauma of American abortion embodied: the most intimate of decisions publicly scrutinized, controlled, and criminalized at the ever-present hand of partisan politics. Yet the hands are clasped in a silent validation of vulnerability and compassion—care-giving reified within a gesture of trust and shared presence.

Porter's film documents the rise of TRAP, or Targeted Regulation of Abortion Providers laws, during a three-year period of restrictions imposed on abortion and reproductive healthcare access in the United States. *Trapped* follows clinic workers and lawyers, including those taking their cases to

This essay explores themes such as autonomy, economy, and power.

Originally published on October 12, 2020.



Dawn Porter, film still from *Trapped*, 2016

Photograph provided by Dawn Porter

the Supreme Court, as they fight to keep abortion safe and legal for millions of American women, most of whom are poor, uninsured people of color. Indeed, nearly fifty percent of Hispanic women and approximately seventy percent of Black women live in states without public coverage of abortion, which are often considered “hostile” due to newer state restrictions, such as those *Trapped* highlights.

Southern clinics in particular fight to survive. In Texas at the time of the film’s release, fewer than half of the clinics open in 2013 were still functioning. In Alabama, a handful of clinics struggled to keep their doors open. And in Mississippi, just one abortion clinic remained. Because clinics must comply with state requirements that the American Medical Association has deemed medically unnecessary, poor women of color are continually stripped of basic medical care. And as legal scholar Dorothy Roberts contends, to strip swaths of the population of control over their bodies is to threaten civil rights and democracy itself.

Reflections

We increasingly find ourselves in an ongoing fight to protect women’s reproductive rights. How can

clinicians uphold an ethos of justice and protect access to comprehensive reproductive healthcare, including contraception and abortion, particularly to serve the needs of economically disadvantaged patients and patients of color? How can we leverage this moment of pervasive uncertainty to illuminate the ways in which choice, power, and autonomy are always threatened or non-existent for low-income women and women of color, like those featured in *Trapped*?

Following Porter's lead, how can physicians similarly amplify their voices to change the narrative and fight the stigma and mischaracterization of women seeking abortions? How can we work to validate all abortion stories as equally worthy of the compassion and care embodied in the *Trapped* film still? How can training programs and medical institutions re-contextualize abortion as part of the full spectrum of female reproductive health care and most importantly and urgently, as a fundamental hallmark of a democracy?

This entry is derived from curatorial language written by Aaron Levy, Katty Otto, and Judy Walker originally published on the Slought Foundation website.

Week 14

He who conceals his disease cannot
be healed.

—Ethiopian proverb

Lazarus

This small painting by a Westphalian master, made for private prayer, illustrates the canonized parable of Lazarus and Dives from the Gospel of Luke. The artist conflates multiple moments from the story within a single image. Dives was a rich man, Lazarus a beggar. After both men die, two devils drag the rich man into the flames of hell while the soul of Lazarus is carried by angels to Abraham, to join in the celestial banquet. Surrounding Lazarus and Abraham are ghostly figures of music-making angels who perform the hymns of heaven.

Here, Lazarus is both the pitiful beggar and the heavenly infant, embodying spiritual rebirth and purity. The pictorial space is visually divided by the recumbent Lazarus. The upper field is gilded in resplendent gold, a nod to Byzantine iconography. The landscape below has a characteristic tapestry-like quality, redolent of this highly prized fifteenth-century medium.

This essay explores themes such as autonomy, dis-belonging, spirituality, and transformation.

Originally published on October 19, 2020.



Westphalian Master, *Healing of Lazarus*, c. 1400

Barnes Foundation, Philadelphia (BF853)

Theologians and philosophical treatises have ascribed various interpretations to the parable of “The Rich Man and Lazarus” and in particular, the physical ailment of Lazarus. Scholarship pre-dating the eleventh century diagnosed Lazarus with a myriad of conditions including paralysis, blindness, starvation, the plague, and most frequently, leprosy. Though weeping skin lesions in medieval artistic convention and vernacular literature do not necessarily connote leprosy, historical inertia beatified Lazarus as the patron saint of lepers. In fact, *lazaretto*, a fifteenth-century Venetian refuge for lepers, traces its name from *lazzari*, or lepers. Further confounding the clinical diagnosis is the object clasped in Lazarus’s right hand, the leper wooden clapper, a warning to passers-by to maintain distance and a symbol of marginalization.

Closer study of the Old Testament and classic medical texts reveals that Lazarus’s lesions are most likely generic sores, abrasions, and skin breakdown. Thus, the parable and painting were not intended to reference or stigmatize any one disease. Rather, they served as spiritual engagement and moralistic assurance of salvation for earthly suffering and eternal damnation for the merciless. *Healing of Lazarus* persists as compelling iconography that conveys both medieval socio-re-

ligious constructs of illness and the potential for artistic imagery to propagate a misrepresentation of disease over millennia.

Reflections

In the day of this painting, leprosy was perceived as a morally corrupt malady—a disease of the lecherous soul begetting physical deterioration. Unique in their ability to “spur salvation” as sufferers of preemptive purgatory, lepers were simultaneously regarded as social pariahs and liminal entities. The stigma of leprosy persists into the twenty-first century, as patients continue to suffer from the repercussions of social marginalization and discrimination according to one 2019 study in *Scientific Reports*. Recent research at the Penn Center for Neuroaesthetics has similarly found that individuals with visible facial disfigurements are associated with negative attributes and are more vulnerable to stigmatization.

Initiatives such as the New Face of Leprosy Project are working to dismantle harmful constructs of leprosy. Through empowering stories and striking portraits of dynamic individuals living with and beyond leprosy, the project, led by Alexander Kumar, MD, reframes a millennia-old



Alexander Kumar, MD, *Tulu, merchant of spiritual objects*, 2019

Photograph provided by Alexander Kumar, MD

"I am Tulu and I am 38 years old. When I first got ill, it was so difficult. I was the only one in my family and community affected by this disease. My face, ears, and arms had many small lumps . . . when I was told it was leprosy I felt so much anger, and so tried to kill myself twice. With medication, I saw great improvement. I and my family feel so much happier, but we went through a lot of stress. I have remarried, my second wife, Messay, had leprosy. We are both treated. I am proud of my successful business. I feel proud to take part in community life at church and at home. I earn enough to also help my family in the rural area."

disease through a contemporary lens. Each profile is a testament to the power of visibility; the initiative embodies the intersection of art and activism and validates the diversity of lived experiences of those impacted.

What are other instances of impactful artistic works actively de-stigmatizing value-laden diseases, disfigurements, and disabilities? How can clinicians help to foster this supportive space for patients and work in alliance as advocates, as Kumar has done? How can we better understand the relational social context and culture-bound influences of stigmatized conditions, particularly as they pertain to international communities, immigrants, and refugees?

Week 15

Draw not the curtain, if a tear
Just trembling in a parent's eye
Can fill your gentle soul with fear
Or arouse your tender heart to sign
A child lies dead before your eyes
And seems no more than molded clay
While the affected mother cries
And constant mourns from day to day.

—Charles Wilson Peale, painting
inscription (1782)

Rachel Weeping

Mrs. Peale Lamenting the Death of Her Child was originally a posthumous solo portrait of artist Charles Willson Peale's recently deceased daughter, Margaret. A victim of smallpox and the fourth deceased Peale child, Margaret lies ready for burial, her sepulcher-like complexion absent disease. Her mouth is held closed by the strap anchored under her chin, arms softly bound together by a ribbon. The white garments and bed linens evoke spiritual purity and rebirth.

Mrs. Rachel Peale, who later died during the birth of their tenth child, was added into the composition four years after its initial completion. Her strong verticality contrasts with the horizontality of the child. Christian iconography of Madonna and Child is intentional, embodying the sanctity of this familial bond in a final moment of mourning. Peale uses a somber palette of muted, desaturated colors and concentrates light and shadow to emphasize specific areas of the composition for

This essay explores themes such as *ars moriendi*, grief, memory, and Philadelphia.

Originally published on October 26, 2020.



Charles Willson Peale, *Mrs. Peale Lamenting the Death of her Child*, 1771, enlarged in 1776, repainted in 1818

Philadelphia Museum of Art: Gift of The Barra Foundation, Inc., 1977
(1977-34-1)

dramatic effect. The woman's dark hair frames and offsets her face against the shadowed background, illuminating her visage in full, cool light. A pool of light gathers in the lower right corner and silhouettes the medical bottles on the table.

In Peale's day, it was common for a child to live and die without visual recording. Pre-dating photography, posthumous portraiture ensured the child's continued presence within family life, and became a vibrant genre of American painting in its own right. Deceased children were often portrayed as enlivened and animated, partaking in pleasurable pastimes to conjure pleasant memories for the family in the private home. That is, the portraits conveyed some semblance of who the child was in life. Here, we have no such insight—Margaret's corpse lies before us divested of identity, her anonymity a foregone conclusion.

Reflections

A quintessential showman, Peale dramatically displayed *Mrs. Peale* behind a dark curtain in his museum of curiosities, The Peale Museum, one of the first museums in America. Alongside taxidermy and portraits of founding fathers and accompanied by an inscription penned by Peale to

warn viewers of its sensitive nature, *Mrs. Peale* is an exploitive rendering of childhood death. We are left to ponder the intent of this painting and consider whether it was created for private mourning or public exhibition and entertainment, or both, at varying stages of completion.

How do Peale's intentional gallery theatrics convey a shocking, even perverse, exhibit of a dead child, likening this scene to that of a pile of mastodon bones, also exhibited at this museum? Conversely, does Peale succeed in tenderly memorializing the brief life of his young daughter? Next, consider the weeping Mrs. Peale, irises upturned in lamentation with pearlescent droplet tears redolent of Le Brun's *tristesse*. How does Peale fetishize bereavement in this painting?

Do sensationalized or contrived plays on the drama of suffering and mourning offer a form of consolation, or do they simply further the appeal and spectacle of tragedy and melodrama? As medical professionals, how do we witness or partake in similar paradigms of grief within the clinical setting? How can we reconcile our proximity to intimate loss with ornate renderings of anguish?

How does *Mrs. Peale* embody the enterprising nature of grief as a commodity or exhortation

for charity? How might the painting represent a precursor of sorts to the visual rhetoric utilized by children's hospitals, non-profit foundations, and crowdfunding campaigns for various gains? Consider the prominent whiteness of the emblematic mother-child dyad in *Mrs. Peale* and in many contemporary, commercialized images of ill or dying children. Does this prompt us to reconsider 'worthy' images of grief? In other words, how do we determine the images we care about and perhaps more importantly, the ones we don't? How does this speak to the significance of visual representation as it pertains to inequity, systemic racism, and social determinants of health in pediatric disease and death?

Special thanks to Bryanna Moore, PhD, for her contributions to this essay.

Week 16

One day in early July, sixty-five migrants were found floating in the Adriatic Sea off the coast of Croatia. Squeezed onto a boat without fuel, they were only interested in landing in an EU country. . . . Some days later, nearby in Mediterranean waters about fifty people die in a similar attempt to reach Italy. A little further south at August's End, a boat was carrying four men, one woman, and two children. None survived.

—Iva Radivojevic, *Evaporating Borders* (2014)

Evaporating Borders

The photograph is striking for its minimalism: we see a precarious small boat with a green hood. The boat is solitary and vulnerable, adrift in vast, dark waters with no shore in sight. A somber tone pervades the scene, though the bright upper right corner, toward which the boat is sailing, offers a faint glimmer of hope. The serenity of this image belies one of the starkest human rights violations of our lifetimes. We do not know the boat's destination or the fate of those aboard though we idealize opportunity in their flight.

Iva Radivojevic's essayistic documentary, *Evaporating Borders*, takes us to the front lines of the European Union refugee crisis through a series of vignettes. Guided by the filmmaker's personal reflections, the film investigates the effects of large-scale immigration on a sense of national identity, passionately weaving together themes of migration, tolerance, and belonging. Radivojevic explores how the erosion of borders—

This essay explores themes such as memory and uncertainty.

Originally published on November 2, 2020.



Iva Radivojevic, film still from *Evaporating Borders*, 2014

Photograph provided by Iva Radivojevic

both physical and metaphorical—defamiliarizes the narratives of selfhood through which identities take shape and reproduce themselves. Shots of a boy swimming in the ocean evaporate boundaries between ‘us’ and ‘them.’ Is he a refugee swimming to shore, or a tourist in Dubrovnik? Is this survival or leisure?

The film begins and ends as we peer through a window, gazing at the sea. Radivojevic’s intentional framing implicates the viewer as an outsider, distanced, as permanently stateless populations proliferate across the globe and at home. Yet communities, both domestic and international, have responded with aggressive xenophobic rhetoric and policy—or even indifference—while families are separated and lives are undone. The film still speaks to our current moment and raises fundamental questions about our desire to impact the lives of others, our ability to grieve for those we don’t know, and our understanding of the true costs of displacement.

Reflections

Our civic and health care landscapes are rife with ubiquitous borders that multiply in pernicious ways, obstructing entry to those in extremis. For

example, a now repealed mandate dating to the nineteenth century initially known as the “Public Charge Rule” utilized pre-immigration health screenings to determine eligibility for green cards and visa status. Broadly implemented under the Trump Administration to exclude refugees and asylum seekers with physical and mental disabilities from establishing permanent residence and becoming “public burdens,” it was decried by the National Immigration Law Center as a rule that has “a dire humanitarian impact . . . with damage that will be felt for decades to come.”

This archaic practice has similarly fallen under intense scrutiny in the medical community for its haphazard delivery and biased, non-evidence-based standard of care—for example, people with HIV were denied green cards until recently. Those presenting with mental health and substance use disorders could similarly be rejected. Further, the infiltration of law enforcement within health care settings deters immigrants, both legal and undocumented, from seeking appropriate care. More troubling still is the less visible involuntary medical repatriation of undocumented immigrants who receive emergency medical care and are then forcibly returned to their country of origin.

Burdened with the humanitarian toll of the border crisis, physicians around the world are frequently confronted with compromising ethical and clinical dilemmas in the care of immigrant populations. How can we better train, educate, and support physicians in the care of and advocacy for undocumented immigrants, refugees, and asylees?

As suggested in a recent *New England Journal of Medicine* article, should medical schools be required to provide human rights education? Similarly, what is the role and responsibility of professional medical organizations, associations, and medical institutions in supporting physicians who care for undocumented immigrants and speak out against the border crisis both here and abroad? How can clinicians work in alliance with policy makers and human rights activists to fortify health care delivery to immigrants and refugees? How can we support continuity of care and eradicate barriers in obtaining necessary medical and social services for immigrants and refugees within our local communities?

This entry is derived from curatorial language written by Iva Radivojevic, Anastasia Colzie, and Aaron Levy originally published on the Slough Foundation website.

Week 17

To paint, not the thing, but the effect
it produces.

—Stéphane Mallarmé, in a letter to Henri
Cazalis (1864)

Young Woman Writing

Pearlescent grey light streams through the window in this daytime scene in Paris. Wavy, linear brushstrokes give the interior space a gauzy, atmospheric quality. The walls and furniture at the far side of the room—the armoire, wall, window, and chair—seem to melt into one another. We see an intensely focused woman seated alone at a long crimson covered table. While her actions are specific, the figure herself is largely undefined: she writes hunched over, face anonymous, hidden behind her hair. A keen sense of dislocation and intrusion pervades the scene.

Our slightly elevated vantage point accentuates the plane of the table top with its large expanse of red. The table extends both beyond the left side of the picture and horizontally across the composition. The woman and her chair complete the forefront and cut off the viewer from the rest of the room. Scattered papers across the tabletop create rhythmic punctuations across the

This essay explores themes such as healing, memory, and the quotidian.

Originally published on November 9, 2020.



Pierre Bonnard, *Young Woman Writing (Jeune femme écrivant)*, 1908

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field of red, skittering out of the picture frame on the left. As Cindy Kang, a curator at the Barnes Foundation explains, “Bonnard’s placement of the papers seems purposeful. The artist left gaps in the red tablecloth that he later filled in with saturated, urgent strokes of white paint that have a messy, impasto quality. . . . He conveys a sense of urgency in this ephemeral moment of daily life.” There is a tangible immediacy and intimacy to the composition, not unlike the first draft of an impassioned letter.

Young Woman Writing was painted in 1908 after the artist Pierre Bonnard took several trips to the Netherlands, where he was inspired by seventeenth-century Dutch paintings of letter writing. A common subject of genre painting, letter writing symbolized the interior of a person, the process of capturing one’s innermost thoughts onto the page. Known as an Intimist painter, Bonnard presents a universe of the familiar through the lens of his own recollection.

Reflections

“Bathed in the afterglow of memory,” Bonnard’s compositions imbue emotionality and subjectivity to the seemingly mundane. In *Young Woman*

Writing, the artist tenderly distills the quotidian into a muted abstraction. There is depth and richness, even mystery, to be found in the prosaic, he implies, if we slow down. The domestic interiors of the Intimist tradition compel us to take notice of the beauty of our daily rituals—“to paint,” as French symbolist poet Stéphane Mallarmé wrote, “not the thing, but the effect it produces.”

The domestic interiors of the Intimist tradition compel us to take notice of the beauty of our daily rituals.

Jason Han, MD, similarly expounds on actively absorbing the present moment in all its nuanced subtleties to glean insight from clinical encounters. “A reflection is a habit of looking at someone or something in a way that transforms a passive experience into an active, meaningful one. It is a form of alchemy that we all possess,” writes Dr. Han in *The Philadelphia Inquirer*. As Dr. Han advocates, how can clinicians more intentionally pause to reflect and derive greater meaning and satisfaction from everyday tasks?

There is a rich history of creative writing by physicians, from twentieth-century icons William

Carlos Williams and Somerset Maugham to contemporaries such as Abraham Verghese and Rafael Campo. Despite a prolific output, using narrative and story as tools to receive and process patient and physician experience has only recently gained solid footing in medical education. Rita Charon, MD, founder of the Program in Narrative Medicine at Columbia University, has added depth and method to this endeavor through instruction in close reading, study of literature and other narrative forms, and reflective writing.

The woman's intensity and focus as depicted in *Young Woman Writing* brings to mind the kind of immersion for which Charon advocates. How might this perspective enhance the patient-physician relationship in the clinical encounter? Novelist and narrative medicine scholar Nellie Hermann states, "Writing is, at root, an externalizing act. When we write, we bring what is inside to the outside; we put words, however indirectly or metaphorically or imperfectly, to what's inside of us, feelings or experiences that previously were not concrete." What do physicians stand to gain from "externalizing" our experiences into words? How might this help build a stronger sense of meaning and purpose in doctoring? Can writing be a way to strengthen empathy and connection?

Week 18

How can the free gaze that medicine, and, through it, the government, must turn upon the citizens be equipped and competent without being embroiled in the esotericism of knowledge and the rigidity of social privilege?

—Michel Foucault, *The Birth of the Clinic* (1963)

L'Ange anatomique

In this mezzotint print known as *L'Ange anatomique* (*The Flayed Angel*) or *Muscles of the Back*, a woman's body unfolds like wings as she demurely looks over her shoulder. Seated as if posing for a portrait, she transforms from artistic sitter to anatomical specimen with exquisitely rendered bone and musculature. *Muscles of the Back* was featured in French Enlightenment anatomist Jacques-Fabien Gautier-d'Agoty's notable book of human musculature, *Myologie Complète en Couleur et Grandeur Naturelle*, or *Complete Scientific Study of Muscles in Color and Life-Size*, known for its dramatic imagery and scientific accuracy.

Anatomist, painter, and printmaker, Gautier-d'Agoty pioneered the four-plate color mezzotint method seen in *Muscles of the Back*, an engraved steel and copper print with striking tonal pigmentation. The rich color saturation and delineation of the intercostal and paraspinal musculature is a stunning example of Gautier-d'Agoty's precision.

This essay explores themes such as education and power.

Originally published on November 16, 2020.



Joseph Guichard Duverney and Jacques-Fabien Gautier-d'Agoty,
Muscles of the Back, 1746

Philadelphia Museum of Art: Purchased with the SmithKline Beckman
Corporation Fund, 1968 (1968-25-79n)

While this time-consuming and expensive technique fell out of favor after the French Revolution, the rapid expansion of medical education during the Enlightenment was a profitable endeavor for Gautier-d'Agoty. He abandoned mezzotint production in favor of less expensive, mass reproductions of scientific objects of interest and anatomical models for medical schools. Gautier-d'Agoty's corporeal prints artistically meld his discipline of observation with a scrupulous pursuit of anatomic reality.

An elected member of the French Academy of Sciences, Gautier-d'Agoty engaged in prosperous partnerships with physicians and scientists, including the renowned surgeon Joseph Guichard Duverney. In fact, Gautier-d'Agoty signed Duverney's name on every mezzotint in *Myologie* to acknowledge the surgeon as the 'inventor' of the images. The book was then dedicated to King Louis XV with the following inscription: "Your majesty would not deign to cast his eyes on these marvels from too close and affecting a distance. I present them to you faithfully printed after nature. My burin* will save you the horror that nature itself would inspire in you."

* A steel cutting tool for engraving

Reflections

Muscles of the Back melds person and anatomical subject, as seen through the penetrating lens of a physician. We might think of this work as embodying philosopher Michel Foucault's notion of the "medical gaze," in which the patient is reduced to their disease and biological functions. The act of seeing in the clinical encounter thus became synonymous with visual interrogation of the body and an implicit power dynamic. How does *Muscles of the Back* speak to the distinction between the seer and the seen?

For some contemporary medical specialties, radiology and pathology in particular, the physician functions at a high degree of abstraction, encountering a likeness or representation of the patient and rarely the patient themselves. How does this approach introduce yet another degree of separation in the clinical encounter, rendering the physician invisible to the patient and vice-versa? How does the invasiveness of *Muscles of the Back* enable us to at once visualize the patient in her entirety and not at all?

In the history of art, there is a long tradition of envisioning an elaboration of the body as medi-

ated by technology. The Italian Futurists, for example, painted cyclists whose bodies became indistinguishable from the vehicles they rode. In *Muscles of the Back*, we see a body intrusively revealed and transformed, mimicking the mechanics of a medical procedure or imaging, and conjuring the notion of human-as-machine. What is the purpose of viewing anatomical dissections as works of art? As Gautier-d'Agoty implied in his inscription to the king, how does art render nature more palatable to our viewing or elevate the experience of visual consumption of the body?

Week 19

The nest is a caressing form. I like the sphere of feeling and I think it is very important for us now . . . this sphere of feeling which we are losing every day. . . . Everyone in their lives searches for the sphere that's lost when they are born.

—Olga Chernysheva

Anabiosis

Fisherman-Plants from Olga Chernysheva's *Anabiosis* series tells a story of care. At first blush, these monochromatic photographs offer a visceral embodiment of Moscow's atmosphere and weather, and evoke an existential loneliness and alienation. Solitary plants appear to subsist in frigid, barren conditions near Red Square in Moscow, Russia. To the astute viewer, the eerie human-like forms of the wrapped plants are reminiscent of solitary fishermen in this region, cloaked in fabrics and plastics to weather the extreme elements. And yet, swathed in hessian, the plants also resemble newborn infants or young children, bound in an intentional act of ecological care. *Anabiosis* derives from the Greek *anabioein*, meaning "a temporary state of suspended animation." Perhaps this is not a portrayal of desperation, but rather an effort at conservation and rest, which in time may give way to renewal.

One of the last generation of artists to come of

This essay explores themes such as loneliness, the quotidian, and uncertainty.

Originally published on November 23, 2020.



Olga Chernysheva, *Anabiosis. Fisherman-Plants*, 2000

Photograph provided by Olga Chernysheva

age in the Soviet Union, Chernysheva gained prominence as a contemporary artist exploring the aftermath of communism. Her oeuvre is situated amid a shifting geopolitical landscape in the broader region, where individuals once held together by the state suddenly found themselves unprotected by any social apparatus and left behind by the promises of democracy itself. Responding to this climate of disillusionment, Chernysheva's works demonstrate an affinity for the mundane and articulate universal ambiguities: the penetrating coldness, the need for protection, the loss of simple pleasures.

Here, haunting “images of dreams, death, peace” speak to adaptation in an era of disruption and disappointment, in which the instinct to turn inwards becomes a way to anticipate and hope for an eventual thaw. *Fisherman-Plants* embodies at once self-preservation and recovery—a *mise-en-scène* of dormancy during the winters of life.

Reflections

In what ways has the COVID-19 pandemic been marked by a sense of “anabiosis,” or stasis, in which our lives feel as if they are on hold? How have first responders—clinicians, but also service

workers in all sectors—been excluded from this “anabiosis” as they are continually exposed to various risks, mental health and financial strains? How has COVID-19 exacerbated and revealed anew the divide between those who have the privilege to lead suspended lives, and those who do not?

During a recent Association of American Medical Colleges virtual plenary, journalist Ann Curry remarked on the similarities between medicine and journalism: “[Our work] often involves witnessing human suffering in forgotten places.” In response, Javeed Sukhera, MD, PhD, tweeted: “How do we endure what we witness? How do we heal and reinforce the cracks that open up in us? And rise to face the challenge . . . again, and again, and again?” He continued: “Creating space for healing is necessary—carrying the emotional burden of others’ trauma and doing the emotional work of our own healing.”

The subjects of Chernysheva’s work are forced to adapt to a space that does not accommodate them. Similarly, the COVID-19 pandemic is a pivotal moment that requires constant adaptation to an evolving narrative and ever-changing conditions. How does the ability or inability to do so become a defining characteristic of our personal and pro-

fessional identities? In what ways has the current moment exposed deficiencies in the so-called hidden curriculum that have socialized us to eschew compassion and self-care for ourselves and by extension, others? How can physicians, like Chernysheva's exposed fisherman-plants, learn to endure and self-preserve as a form of self-care and recognize that the struggle to adapt is an inherent challenge? How can we nurture our own healing when basic needs such as personal safety in the workplace feel compromised?

This entry is derived from curatorial language written by Aaron Levy and Xenia Vytuleva originally published on the Slought Foundation website.

Week 20

Where there is doubt, let me bring faith.
Where there is despair, let me bring hope.
Where there is darkness, let me bring light.

—Prayer of Saint Francis

Saint Francis

This devotional aid was produced by El Greco in his Toledo workshop as part of a series of replicas destined for use in convent cells or private chapels. A revered thirteenth-century religious icon lauded for reducing the time of souls in purgatory, Saint Francis was the preferred subject of El Greco's devotional paintings. Of his thirteen variations on Saint Francis, four of them include friend Brother Leo as a companion.

Here, Saint Francis kneels at the entrance to a cave, meditating on a human skull while Brother Leo clasps his hands in prayer. The figures are luminous against an otherwise monotone palette. Cloaked in heavy robes, the pronounced drapery with its multiple folds and creases adds weight and volume to the figures' otherwise delicate frames. Symbols of mortality and redemption are ever-present: hands bear the mark of crucifixion, finely tapered fingers gently cradle a barren skull. The painting is a juxtaposition, if not a reconcili-

This essay explores themes such as fulfillment, spirituality, and *vanitas*.

Originally published on November 30, 2020.



El Greco (Domenikos Theotokopoulos), *Saint Francis and Brother Leo Meditating on Death*, 1600–1605

Barnes Foundation, Philadelphia (BF873)

ation, of dualities—light and dark, life and death, absolution and despair.

Born Doménikos Theotokópoulos in Crete, El Greco spent his career as an outsider, working first in Venice then Rome before settling in the Iberian Peninsula. Byzantine iconography and Greek Orthodoxy, the Italian Renaissance and Spanish mysticism are simultaneously present in nearly all of his works. Perhaps this cultural pluralism explains El Greco's grappling with the notion of identity and the search for an equilibrium between influence and individualism. Like Saint Francis ascending from mortal constraints, he, too, found himself at the intersection of two existences, uncertain if he belonged to either.

Reflections

The visual dualities seen in *Saint Francis* echo the inherent polarities of clinical care. In an essay published in *Academic Medicine*, Parul Sud, MD, explores reconciling tensions between confidence and fallibility in medicine. He writes: "We live much of our lives under a duality of emotions—failure and success, diffidence and confidence, despair and elation. . . . Hubris and humility are constantly at odds. Sometimes, it feels like the

patient you work the hardest to save slips away, while the one you least expect to survive defeats the odds and walks away. Yet, somehow, we feel responsible for both patients.” He then asks: “Is this duality a rite of passage or a yoke we must bear?”

In other words, clinicians encounter tragedy and triumph, sometimes in rapid succession. How can we maintain emotional equilibrium in the face of radically polarizing patient outcomes? How can physicians offer emotional support and empathy to suffering patients while maintaining a degree of detachment for self-preservation? How might the medical humanities facilitate critical dialogue centered on the sharing of success and failures, anxiety and uncertainty, fear and shame?

We can assume the location depicted in El Greco’s painting to be Eremo delle Carceri, the cave in Assisi that Saint Francis is thought to have turned to for hermetic reflection in the thirteenth century. For Francis and other friars, the cave was both a site of cathartic prayer and a kind of isolating prison, as its name suggests.

In what ways can we understand the hospital as a kind of cave? For many patients and providers, the hospital similarly equates to withdrawal from

society—a place that is neither public nor private, where alternately difficult, intimate, and exuberant experiences take hold. For doctors in particular, how do the cave-like confines of the hospital symbolize a hermetic-like commitment to a life of devotion and even solitude, at times? If the hospital is a site of grief and loss, how can it also be—as it was for Saint Francis—a site of existential reflection and clarity?

Week 21

I didn't see life as a picnic in the grass. I wasn't happy like Renoir.

—Alice Neel

Last Sickness

Last Sickness is one of four portraits that Alice Neel painted of her ill mother, Alice Hartley Neel, while they lived together in New York, completed a few months before her mother's death in 1954. A tender mother-daughter dynamic is captured as Neel lovingly, if awkwardly, documents this encounter and renders it public.

Her mother's countenance is disarmingly wry with raised eyebrows, off-kilter eyes, and crooked glasses hinting at reluctant participation and skeptical amusement. The vibrant citrus in the background evokes youth and vitality, contrasting with the sitter's physical resignation to the effects of time. Sagging discolored cheeks, wispy white hair, papery translucent veins, and warped arthritic joints are reminders of the body's slow decay.

Neel is both sensitive to and frank about her mother's condition; she does not impose judgment or affectation. Rather, she invites the viewer to see

This essay explores themes such as autonomy, memory, and relationships.

Originally published on December 7, 2020.



Alice Neel, *Last Sickness*, 1953

Philadelphia Museum of Art: 125th Anniversary Acquisition. Gift of Hartley S. Neel and Richard Neel, 2003 (2003-148-1)

© The Estate of Alice Neel

Courtesy The Estate of Alice Neel and David Zwirner

her mother with dignity, and to confront old age, writ large, head on.

Born in the suburbs of Philadelphia in 1900, Neel spent her career as a shunned and iconoclastic female portrait artist in a male-dominated art scene. She sympathized with the dispossessed and was committed to visualizing real people and the plight of being female in the modern world at a moment when many artists favored abstraction. Neel often painted single mothers, pregnant women, the poverty-stricken, elderly, and sick, as well as supporters of the women's movement and left-wing activists more generally. She was steadfast in depicting the world around her with compassion, acuity, and freedom. The candor and warmth of her paintings, like *Last Sickness*, reflect a deeply psychological approach to her sitters. With an unwavering commitment to capturing the full breadth of life in her portraits, Neel's work offers a penetrating yet tender gaze into the human condition.

Reflections

Last Sickness is a poignant study of Neel's mother's final weeks and perhaps the last visual recording of her life, rendered with great care. There is

a tangible intimacy even as the artist confronts her own relationship with aging, death, and dying. Painting allowed Neel to process and work through pending loss, to record memory and document relations.

In what ways does *Last Sickness* model a humanizing paradigm of care for the elderly?

Are there ways in which beautiful and thoughtfully rendered portraits and artworks can function as visual analogs of care? How can physicians humanize and overcome the oftentimes depersonalized, mechanical conditions of clinical medicine such as the electronic medical record, automated messaging, or a telemedicine visit? Beyond a medical diagnosis or history of present illness, how can physicians imbue the patient encounter with a sense of individualized care? As Neel has done, how can we more fully embrace and incorporate the arts—with its ability to represent human relationships, illness, suffering, joy, and lived experience—into spaces of caregiving?

In what ways does *Last Sickness* model a humanizing paradigm of care for the elderly and those approaching or receiving end-of-life care? Amid

the COVID-19 crisis, how have we witnessed the emergence of a highly utilitarian and practical rhetoric regarding the “benefit-maximizing allocation” of resources, particularly at the outset of the pandemic? Could this reverberate beyond our present moment and have a lasting impact on how we value and treat our elderly and vulnerable populations, both within healthcare and society? How have the extreme circumstances of the pandemic enabled or exacerbated ageism in various forms?

Week 22

There's a certain Slant of light,
Winter Afternoons –
That oppresses, like the Heft
Of Cathedral Tunes –

Heavenly Hurt, it gives us –
We can find no scar,
But internal difference –
Where the Meanings, are –

—Emily Dickinson, from "There's a certain
Slant of light" (320)

Slant of Light

Someone, perhaps the individual pictured, has placed medical gloves on their feet. We do not know whether this is a playful gesture, or if some sort of grief, pain, or anxiety has precipitated this discomfiting scene. Here, the photographer provides a glimpse of intimacy and internal monologue—an embodied sense of isolation from the life of another. The obscure and reductive visual field is devoid of people and signs of community, contributing to the pervasive disquietude. The work's ambiguity leads us to assume only that something has gone awry.

Taking both its title and composition from Emily Dickinson's poem, Elizabeth Pedinotti Haynes's photograph centers around a narrow "slant of light," delicately illuminating the subject's feet. A strange and stark beauty emerges from the nondescript setting, which is enveloped in shadow and darkness. Whether signaling the imprint of this or that particular moment, or the extremities of

This essay explores themes such as loneliness and the quotidian.

Originally published on December 14, 2020.



Elizabeth Pedinotti Haynes, *There's a Certain Slant of Light*, 2010

Photograph provided by Elizabeth Pedinotti Haynes

the body, the photograph calls our attention to a minor moment in an otherwise impenetrable life.

Pedinotti Haynes's photographs often stage everyday experiences of solitude and melancholy. Playing with light and shadows, time and perspective, her work invites viewers to reflect on the relationship between photography and loss. As photographers try to capture a person or moment, preserving or fixing a memory for posterity, they inevitably reduce their subject to a particular moment in time. In attempting to visualize that which evades representation, Pedinotti Haynes has presented us with a meditation on the nature of photography itself.

Reflections

Pedinotti Haynes's subject has taken a pair of medical gloves and dismembered them from familiarity. Although they have a defined function in a medical setting, here the gloves have been assigned a less determined meaning. What can a decontextualized medical object teach us about the medical gaze more broadly? What kinds of assumptions do medical professionals make when visualizing everyday scenes and even artworks such as this one? Is the subject in this photograph,

for instance, positioning or playing with their extremities in a non-normative manner, or are they exhibiting an abnormality? Does this photograph depict a work of performance art, a distressing condition, or both? How does this photograph invite us to reflect on the tendency in medicine to pathologize beyond the clinical encounter, and the ways in which the medical gaze frequently ascribes values and assumptions upon others?

How can we become more comfortable with the public expression and reception of feelings of grief and pain?

This photograph gives form to a melancholia that reflects loss and severe isolation. As a medical community and a society, how can we become more comfortable with the public expression and reception of feelings of grief and pain? How can we, like Pedinotti Haynes and her subjects, find solace in the expression of our suffering?

The staggering scale of loss of the COVID-19 pandemic has touched families in innumerable ways. Many have found themselves acutely aware of someone who is missing. In what ways do images—even those simply remembered—persist?

How does this photograph embody the solitude and despair depicted in Emily Dickinson's "There's a certain Slant of light" and help us reflect on the despondency of this moment?

This entry is derived from curatorial language written by Eduardo Cadava originally published on the Slought Foundation website.

Week 23

And the Riffian! How splendid he is,
this great devil of a Riffian, with his
angular face and his ferocious build!
How can you look at this splendid
barbarian without thinking of the
warriors of days gone by?

—Marcel Sembat (1913)

The Riffian

Seated Riffian is one of two paintings by Henri Matisse portraying young men from the Rif mountains of the Kabylia region in Northern Morocco. Matisse completed *Seated Riffian* while visiting Tangier in 1912—a year marked by political upheaval as France undertook colonization of Morocco. It is significant, then, that Matisse, a Frenchman, chose to paint this particular sitter.

Although Matisse was generally disinterested in sociocultural and political matters, focusing more on formal and aesthetic concerns, the painter's attitude toward his subject is suggested by a color postcard he sent to his son Jean on January 10, 1913. The note reads, "I am sending you a chap from the village of Raisuli [sic], a well-known bandit, who robbed travelers in the Tangier region some years ago. To quiet him down the Sultan gave him a province to govern. In that way he has become an official thief who bleeds those under him."

The sitter, represented on the postcard and in the

This essay explores themes such as autonomy and power.

Originally published on December 21, 2020.



Henri Matisse, *Seated Riffian (Le Rifain assis)*, 1912

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Society (ARS), New York

painting, is characterized primarily by his resplendent costume. In this way and others, the work typifies Orientalism, a term famously coined by the late cultural critic Edward Said to describe the central role that the 'East,' both imagined and real, played in the development of Western society. Said wrote in particular about the tendency of Western artists to represent the 'East' as mystic and its people as debauchurous, pointing to the dually romanticized and materially violent nature of the relationship of the West to the East. These power dynamics are implicitly painted into *Seated Riffian*, with Matisse determining how this unnamed other will be represented and, in turn, perceived.

As much as Matisse tried to distance himself from a troubling historical reality with a tendency toward Modernist abstraction, *Seated Riffian* does not fully evade a political reading. As art historian Roger Benjamin writes, "For Matisse, the authenticity of representation depended on what the artist sees and how plausibly his imagination transforms it rather than on any 'reality' of documentary observation."

Reflections

Much of the painting's expressive power results

from its complex engagement with the Orientalist tradition of portraiture. Matisse was primarily concerned with aesthetic questions, particularly the confrontation of his own formalism with the Orientalist tradition in Western art. His presentation of the Riffian, and the importance given to the man's costume, suggest that he did not fully escape a cliché of the Orientalist gaze: the half-length depiction of a ferocious Arab warrior in traditional regional dress.

How does the way in which medical providers perceive patients compare to Matisse's interpretation of his subject in *Seated Riffian*? In medicine, do we rely on and prioritize distanced viewing rather than engagement? How can we create relationships that are less essentializing than Matisse's?

In contrast to Orientalism's reliance on imagining the other, the study and practice of medicine depends on objective, evidence-based science. Yet, the delivery of healthcare and the clinical encounter are embedded with subjective interpretation, bias, and socioeconomically and culturally-determined notions of race. Physicians are often tasked with providing medical recommendations and treatment strategies weighted heavily by racial optics. Social constructs, as opposed to

innate, genetically determined risk factors, are frequently operationalized in a biomedical context, potentially driving patient outcomes and racialized health disparities. How can those in medical education, research, and clinical care better recognize—as Matisse and other European artists in colonial Northern Africa were perhaps unable to—that their fields are inherently entwined with complex social and political contexts?

How do we critically examine
and evaluate the representation
of race in undergraduate
medical education and beyond?

This thwarted “authenticity of representation” of race as a biomedical entity is pervasive in pre-clinical medical education and extends into clinical training and practice. A 2016 *Academic Medicine* article summarizes: “The inaccurate portrayal of race in medical education as biologic reifies its legitimacy as a biomedical variable despite the imprecisions of this premise. This may cause physicians to employ racial signifiers as clinically meaningful without full examination or understanding of their complex formation.” Medical students are taught to associate specific medical conditions with race, effectively pathologizing race

to a White standard. The article also notes that medical school lectures and standardized licensing exams are fraught with diagnostic ‘hints’ in which race functions as an illness signifier. The authors further contend that “using race without social contextualization may serve to strengthen existing stereotypes and misconceptions of genetic immutability.”

How do we critically examine and evaluate the representation of race in undergraduate medical education and beyond? How do we implement structural change at an institutional and cultural level and ultimately work to address racial disparity in medical curriculum? How do we underscore the necessity of racially-informed medical education and recognize how racial signifiers in the clinical encounter can, like Orientalist tendencies in modern art, be reductive?

Week 24

I wanted to rethink customized thinking in society. Why do we use color as a form of gender identity?

—JeongMee Yoon

The Pink and Blue Project

Intrigued by her daughter's fixation on all things pink at an early age, contemporary mixed-media Korean artist JeongMee Yoon embarked on *The Pink and Blue Project*, a critique of binary gender identity as determined by and reflected in rampant consumerism. In 2005, Yoon began to stage photo shoots of young children in Seoul and New York to convey the cross-cultural phenomenon of gender color preference and further probe the relationships between gender and globalization, societal values, and material culture. Each photograph in the ongoing portrait series features a solitary child situated amid a meticulously curated, massive catalog of possessions. Yoon intentionally scales the objects by size and color to convey an unsettling and almost frightening sense of material excess. "I am fascinated by the accumulation of things," explained the artist.

In the fifteen years since the project's inception, Yoon has captured over seventy children in their

This essay explores themes such as consumption and fulfillment.

Originally published on January 4, 2021.



JeongMee Yoon, *Seohyun and Her Pink Things*, 2007

Philadelphia Museum of Art: Purchased with the James D. Crawford and Judith N. Dean Fund, 2008 (2008-107-1)

Courtesy of JeongMee Yoon



JeongMee Yoon, *Jimin and His Blue Things*, 2007

Philadelphia Museum of Art: Purchased with the James D. Crawford and Judith N. Dean Fund, 2008 (2008-108-1)

Courtesy of JeongMee Yoon

homes and revisited several at various intervals to document their evolution from childhood to teenage years. When viewed in series, a secondary theme emerges beyond the binary color coding. Confectionary pink toys and dresses emphasize domesticity and fashion for girls, whereas technology and science-related blue toys surround the boys, echoing Yoon's experiences browsing children's sections in mega-stores like Walmart and observing the pre-codified toys and clothing.

To further intensify the "objectification" of gender expectations, the children in Yoon's portraits were instructed to sustain a blank, doll-like expression for the shoot. In doing so, Yoon turns a critical eye to the mechanisms of mass consumption and over-determined gender imposed at a young age, an articulation of what scholar Judith Butler has termed the "performativity" of binary gender. Yoon notes that by third or fourth grade, girls' gravitation toward pink begins to fade. Portraits like that of Seohyun and her "pink things" shift to a rainbow of color four years later, yet the behavioral patterns instilled at a young age persist.

Reflections

The Pink and Blue Project provides a window into

the unfettered consumption and materialism of upper-class Korean society in the early 2000s—a scene that clashes obscenely with the reality of unemployment, poverty, and material scarcity faced by many in the United States. In this way, Yoon joins a multi-generational lineage of cultural commentary about class difference and consumerism. In the 1980s, for example, cultural anthropologist Arjun Appadurai posited that our things have “social lives,” and that an individual’s material culture tells us something profoundly important about who they are and the values their society espouses. More polemically, the French artist Guy Debord famously argued in *The Society of the Spectacle* (1967) that in a capitalist society such as ours, all life revolves around the consumption of objects.

To what extent do we recognize ourselves in Yoon’s pictures and do they challenge or reinforce consumer-driven tendencies? How does a similar, ongoing tension between excess and scarcity exist in the healthcare sector? American hospitals, in particular, are sites of extraordinary expenditure and mass consumption. How do clinicians negotiate a profit-driven, incentivized system and the extravagance of institutional spending, in relation to the millions of uninsured people who cannot access basic care?

Doctors often have complex professional and personal relationships to matters of compensation and consumption. Just as physician and healthcare team relations may be encumbered by compensation stratification across subspecialties and scope of practice, patient care is frequently marked by profound class differences. How do these divisions overshadow peer and team dynamics as well as the patient encounter, potentially creating barriers to connection and effective care? How can physicians become more self-aware about class identity to foster a collegial working environment and provide more empathetic care?

How can we better motivate students and trainees to pursue traditionally less lucrative fields such as primary care and pediatrics by reframing the concept of success in medicine? How might a tuition-free model for medical school, such as the one in place at the New York University Grossman School of Medicine, extricate the burden of medical student debt driving subspecialty consideration and reshape the pipeline for diverse applicants entering into various fields?

As *The Pink and Blue Project* illustrates, gender identity is a process of development and socialization. So too is professional identity formation (PIF) in medical education, or the complex

transition from lay person to physician, which is gradual and shaped almost entirely by instruction, reinforcement, and external contexts. Once deemed innate, characteristics such as the capacity for reflection, communication, and self-awareness are now regarded as core proficiencies in medical education. In this way, PIF is foundational to self-transformation and a key-driver in the development of a humanistic physician. The question of “How do medical students and trainees come to think, act, and feel like a physician?” echoes Yoon’s visual treatise on customized thinking and the lasting impact of continuous, reinforced exposure to external influences during formative periods.

How can medical educators rise to the challenges of longitudinal engagement with students and residents to help actively construct their evolving professional identity across the continuum of training? How do we better support and assess the transition from learner to practitioner through various pedagogical methods that embody and embrace the essential elements of PIF?

Week 25

They survive in perpetual crisis.
Their everyday physical and psychic
pain should not be allowed to remain
invisible.

—Philippe Bourgois and Jess Schonberg,
Righteous Dopefiend (2009)

Righteous Dopefiend

This photograph is taken from the Slought exhibition, *Righteous Dopefiend: Homelessness, Addiction, and Poverty in Urban America*, a gripping photo-ethnography by photographer Jeff Schonberg and anthropologist Philippe Bourgois highlighting twelve years in a community of homeless heroin addicts and crack smokers. Haunting black-and-white photographs deftly interwoven with edited recorded conversations, detailed field notes, and critical theoretical analysis portray the lived experience of homelessness and addiction.

Here, a bearded man with a syringe crouches next to an exit ramp in a highway embankment, presumably within the shooting gallery known as “the hole.” An oncoming car whizzes by to the right. Within this matrix of bustling Silicon Valley freeways—conduits that lead to some of the highest-paying jobs and most expensive real estate markets in the country—lies what Bourgois calls “a classic inner-city-no-man’s-land of invis-

This essay explores themes such as community, economy, and power.

Originally published on January 11, 2021.



Jeff Schonberg, photograph from the series *Righteous Dopefiend*, 2009

Photograph provided by Jeff Schonberg

ible public space.” Those who inhabit this space are invariably trapped by the very infrastructures that facilitated economic growth and exacerbated the stark juxtaposition of wealth and poverty. Mounted at Slough in 2009, *Righteous Dopefiend* attested to the entwined crises of addiction, financial destitution, segregation, housing shortages, and over-policing and compelled viewers to interrogate the systemic and socioeconomic etiologies of addiction.

In a warehouse district known as Edgewater, on the edge of the city’s defunct shipyards, Bourgois and Schonberg employed participant-observation fieldwork among two dozen homeless heroin and crack users. In the decade of research that ensued, Bourgois and Schonberg sought to humanize the Edgewater homeless as a community upheld in part by gift-giving and networks of reciprocity. Abandoned by the formal economy, the community navigates a complex nexus of mutual obligations and boundaries, victimization, betrayal, violence, predation, abuse, generosity, camaraderie, hustling, and shifting power dynamics—all in order to survive. *Righteous Dopefiend* reveals the internal social logics and nuanced perspectives that homelessness and addiction impose on a practical level, as well as the unintended consequences of public policy, cultural, political and

economic structures, all of which exacerbate the levels of suffering faced by the indigent across the United States.

Over the past century, the visual presentation of violence and poverty has provoked intense debate about the tendency to aestheticize suffering. Critics have argued that social documentary photography, in foregrounding empathy for those represented, often fails to provide adequate sociopolitical context for images. By failing to distinguish between perpetrators and victims, the broader social structural forces that constrain the lives of the poor are obscured. *Righteous Dopefiend* brings anthropology's longstanding engagement with forms of human suffering to bear on challenges of representation, objectification, and analytical framing. In positioning the aesthetic component of their work within an anthropological framework, *Righteous Dopefiend* illuminates a broader social understanding of the practical experience of addiction, and the daily struggle to survive in the face of pervasive structural violence.

Reflections

Bourgeois and Schonberg contend that those who subsist “at the margins” are largely invisible to

society, rendering their lives a “public secret.” How are we socialized to ignore or neglect structural violence and the suffering it imposes, despite its pervasiveness? And when it is seen, how is it then essentialized through a process of othering? Rather than casting Bourgeois and Schonberg’s subjects as societal anomalies or outcasts of an otherwise prosperous society (i.e., Marx’s “lumpenproletariat”), how can we normalize their plight and recognize its ubiquity, regardless of class or culture? What do we share with those in “perpetual crisis”?

In November 2020, OxyContin manufacturer Purdue Pharma pleaded guilty to felony charges for its role in fueling the opioid epidemic. As *The New York Times* reported, at the advice of consulting firm McKinsey & Company, Purdue used “aggressive marketing tactics to convince doctors to unnecessarily prescribe opioids—frivolous prescriptions that experts say helped fuel a drug addiction crisis that has ravaged America for decades.” Further, prominent cultural institutions and biomedical research centers have historically received significant financial support from the Sackler family, owners of Purdue Pharma. The Metropolitan Museum of Art, Guggenheim Museum, and Whitney Museum, alongside many research universities including Yale’s Sackler

Institute for Biological, Physical and Engineering Sciences, have indirectly relied on the profits of what we might call “the pain economy.”

How can we better understand the destitution of the subjects of *Righteous Dopefiend* as the byproduct of a capitalist, resource-laden society? How has over-prescription intentionally reduced people to their addictions and function to consume? How can arts and medical institutions contest the violence of the profit-driven pharmaceutical industry, even as they are oftentimes intertwined or complicit with its patronage?

What can physicians learn from Bourgois and Schonberg’s longitudinal relationship with their subjects, which unfolded over nearly twelve years? How might their durational engagement with the Edgewater homeless challenge and inspire physicians to leverage their unique clinical vantage to drive social change?

Now more than ever, medicine is increasingly challenged to broaden its biomedical gaze and concretely engage with the sociocultural and political-economic dimensions of disease. Structurally-imposed suffering is frequently unacknowledged in the clinical encounter, and as Seth Holmes, MD, Paul Farmer, MD, PhD, and others have

argued, “when physicians use only biologic or individual behavioral interventions to treat diseases that stem from or are exacerbated by social factors, we risk harming the patients we seek to serve.” Bourgois and Schonberg go on to describe how the Edgewater homeless were generally not interested in “friendlier, culturally appropriate” treatment, preferring stable access to resources and quality care.

How does well-intentioned “friendliness” on the part of a practitioner, dispensed within an economically-driven and inaccessible system, prove wholly ineffective in the face of structural violence? Despite a genuine desire to serve homeless populations, deficiencies in medical education have rendered many trainees unaware of bureaucratic and structural barriers impeding access to and delivery of resources to those most vulnerable. How can medical education learn from fields such as photo-ethnography and public anthropology in teaching principles of social medicine?

This entry is derived from curatorial language written by Philippe Bourgois, Jean-Michel Rabaté, and Aaron Levy originally published on the Slought Foundation website.

Week 26

We perceive only what we have
learned to look for, both in life
and in art.

—Albert C. Barnes, MD

Room 14

With its yellow walls, double rank of paintings, and hand-crafted furniture, Room 14 at the Barnes Foundation in Philadelphia does not resemble a conventional public museum. Fifty-six paintings and seventy-six objects from diverse traditions, of dissimilar subjects, in different media, are densely and meticulously displayed here in an unconventional arrangement known as an “ensemble.” In the center of the gallery, a painting by nineteenth-century French artist Honoré Daumier, *The Ribalds* (1848–1849), is displayed atop a Pennsylvanian German chest over drawers (1770) set. Our attention is called to their similar color palettes, full figuration of design, and pairing of the Daumier figures mirrored in the two hearts of the chest. Flanking the Daumier are Henri Rousseau’s *Four Fisherman* (1909) and John Kane’s *Along the Susquehanna* (c. 1928), both in predominantly cool greens. The prominent red of the foreground figure in the Daumier piece highlights a hue in the fifteenth-century French panels

This essay explores themes such as complexity, education, Philadelphia, and relationships.

Originally published on January 18, 2021.



Albert Barnes, Barnes Foundation, Room 14 ensemble

Photo © 2021 The Barnes Foundation

on the extreme left and right, alongside two chairs and andirons.

The visual orchestration of this gallery, and all galleries at the Barnes, is unrelentingly challenging and may induce discomfort in the disarray. The notable absence of captions or accompanying descriptions foregrounds the ensembles as experiential, complex, and relational—the dissimilar artworks cannot be fully grasped without considering their proximity to one another. The ensembles embody central tenets of a unique approach to teaching visual literacy—now known as the Barnes Method—that applies the scientific method to the arts through close looking and prolonged engagement with original artworks.

Albert C. Barnes was an 1892 graduate of the University of Pennsylvania medical school. In lieu of pursuing a career in clinical medicine, he amassed a fortune in pharmaceuticals and embarked on a lifelong mission of arts acquisition and arts education. Deeply impacted by the American Pragmatist philosopher John Dewey, who asserted the arts were fundamental to democracy, Barnes went on to charter the Barnes Foundation in 1922 as an educational institution. Barnes stated, “John Dewey’s philosophy of education rests on the axiom that the indispens-

able elements of the democratic way of life—scientific method as intelligence in operation, art, education—are all bound together in A SINGLE ORGANIC WHOLE. To put the matter in other terms, all genuine experience is intelligent experience, experience guided by insight derived from science, illuminated by art, and made a common possession in education.”

The Barnes Method was rigorously deployed through year-long foundational courses and seminars, engaging students with the dynamic ensemble configurations to juxtapose various visual, historical, or cultural relationships. This marked a significant deviation from traditional pedagogy, which often considered a work’s literary, historical, or moral significance and its technical proficiency. Conversely, the Barnes Method prioritized experience and accessibility over educational background or cultural expertise. Until Barnes’s death in 1951, the ensembles remained in flux, as Barnes continuously rearranged works to explore various visual, historical, or cultural relationships.

Reflections

As art historian Rika Burnham wrote, the ensembles were intended to activate students and

visitors: “The works of art hang intimately like eccentric neighbors, in solitude and in constant conversation. To the first-time viewer, the installation consumes the art; to the dedicated Barnes student, the installation frees the works of art.” Barnes’s ensembles compel viewers to eschew discrete meanings in favor of more challenging and ambiguous forms of interpretation. The Barnes Method was particularly attentive to matters of form, focusing on visual consonance of color, light, line, and space between culturally dissimilar works and a gradual recognition of emerging commonalities. The experience of viewing mirrors the ensembles themselves: a non-static entity in constant evolution, requiring a certain attentiveness to navigate a series of relationships relative to a singular object. In this way, visual competency at the Barnes is achieved through varied and sustained exposure to deeply nuanced, infinite levels of complexity.

Medicine navigates a similarly elaborate relationship between form and context, objective assessment and subjective interpretation. A focus on empiricism and anatomical form in the foundational years of medical education then shifts to accommodate personhood and the individual once physicians begin engaging with patients. Just as the Barnes ensemble artworks emerge from differ-

ent cultures, centuries, and geographies to exist in tandem, clinicians are similarly charged with caring for patients who present in radically different situations. They must rely on an expanding body of experiential knowledge to seek out fundamental similarities and divergences and to delineate a discrete plan of action. How do the visual and intellectual challenges of responding to a Barnes ensemble parallel the complexities of the clinical encounter, as well as the social experience of being a physician more generally? How does the Barnes Method, which accounts for both form and context, offer a conceptual model for approaching complexity in medical education and practice?

Barnes's remarkable strides in unconventional, durational, and accessible arts education perhaps stipulate what is most needed now to heal a "soul-sick nation," amid the extraordinary circumstances of our current moment. In addition to courses held at his Foundation, Barnes offered arts, philosophy, and close-looking opportunities at his racially-integrated pharmaceutical factory in West Philadelphia. Occasionally, he brought collection artworks directly into the factory for group discussion. Preceding his death, Barnes entrusted the historically Black Lincoln University to appoint the museum's trustees after all current trustees passed away.

As medicine engages in broad conversations across disciplines so as to improve patient care, how can we continually reimagine ways to build upon and articulate a foundational common language among the arts, humanities and medicine? How might we utilize the Barnes ensembles as a vehicle to galvanize deep and sustained self-directed and collective reflection on race, diversity, and inclusion in medicine and society to enable necessary cultural transformation? Can we look to the ensembles and the Barnes method and its integration of “the many forms of knowing” as a best practices model for humanistic learning in medicine? How might Barnes respond to skepticism today regarding the value of the arts to medicine, and to those who dismiss the arts as irrelevant to clinical care?

Week 27

the scent of jacaranda on the hospital
grounds a sudden twist her long braid
swinging her bones the loyal scaffolding

*swan & smooth me, gather me at different
speeds, and love*

this beauty this genius of flaw

—Stefi Weisburd, from “Spastic Walking” (2005)

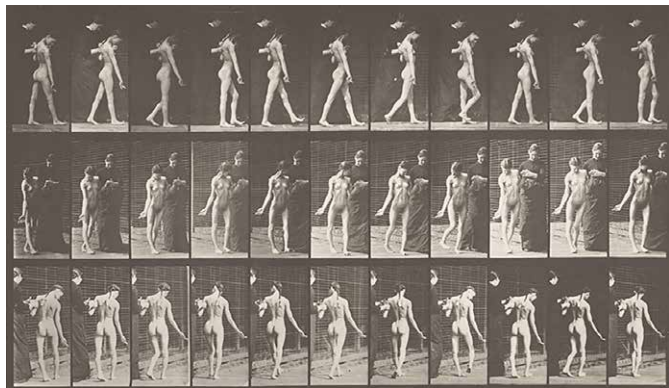
Spastic Walking

“Spastic Walking” is featured in Eadweard Muybridge’s 1887 landmark publication, *Animal Locomotion: An Electrophotographic Investigation of Consecutive Phases of Animal Movements*. The work is one of many included in a monumental archive of eleven volumes, 781 plates, and 19,731 photographs depicting novel perspectives in human and animal movement and anatomy. An unprecedented and financially exorbitant undertaking, *Animal Locomotion* was sponsored by the University of Pennsylvania alongside a cadre of influential and prominent Philadelphians, among them artist Thomas Eakins, Penn Provost William Pepper, and neurologist Francis Dercum.

The publication revealed groundbreaking ways of conceptualizing time, space, and motion, while implicitly supporting tenets of social Darwinism, the now-discredited theory of genetic and racial superiority. *Animal Locomotion* was organized in a pseudo-evolutionary hierarchy, beginning with

This essay explores themes such as consumption, Philadelphia, and power.

Originally published on January 25, 2021.



Eadweard Muybridge, "Spastic Walking," Plate 541 from *Animal Locomotion: An Electrophotographic Investigation of Consecutive Phases of Animal Motion*, Vol. 8, 1887

Philadelphia Museum of Art: Gift of The Philadelphia Commercial Museum, 1962 (1962-135-242)

men engaged in athletic feats, women performing household work or posing with various objects, and children playing, followed by a cohort of disabled individuals, and ending with animals.

This photograph is plate 541 from Volume 8, a revelatory educational archive of prevalent neurological conditions in the late nineteenth century, including poliomyelitis, tabes dorsalis, lead encephalopathy, athetotic cerebral palsy, multiple sclerosis, congenital hydrocephalus, and others. At Dercum's insistence, Muybridge photographed over twenty patients from neurology clinics at the University Hospital and Blockley Almshouse, later known as Philadelphia General Hospital.

The nude woman in "Spastic Walking" was photographed using over twenty adjacent cameras in Muybridge's outdoor studio, located at the northeast corner of 36th and Pine Streets on Penn's campus where the Rhoads Pavilion now stands. She appears dystonic, or unintentionally postured, with her head turned aside and her arm outwardly extended. As the series progresses, her head turns from right to left, then right again. Hips similarly shift side to side as she staggers with an uncoordinated, ataxic gait and circumduction of the right leg. Her imbalance contrasts with the attendant to her side, who steadily guides her. Muybridge's

presentation of his subject obscures her personhood, which is eclipsed by her condition.

Reflections

Animal Locomotion solidified Muybridge's legacy as a pioneer of cinematography at the nexus of technology, medicine, and industrial expansion. The iconicity and technical ingenuity of *Animal Locomotion* for its time are irrefutable; its motion studies were foundational to both twentieth-century art and medicine, influencing everything from Duchamp's interest in temporality to Warhol's seriality, to the work of Arthur W. Goodspeed and W.N. Jennings, who jointly developed the first x-ray image at Penn shortly after *Animal Locomotion*. Muybridge heralded a larger moment in which photography and imaging became essential tools for intimately examining and documenting the body for physicians and the artistic avant-garde. Strategic affiliations with scientific institutions and patronage from the intellectual elite lent further credibility to Muybridge's reputation and his appeal to empiricism.

Yet *Animal Locomotion* demonstrates how scientific inquiry and cultural advancement may also mask subjective and subversive agendas advanced

by those wielding financial and cultural capital. Challenging the social conventions and proprieties of the anti-vice era, the collaborators produced tens of thousands of images of nude individuals pole-vaulting, leaping, crouching, and lounging in hammocks. Muybridge purposefully sought out Penn athletes for their “ideal” physique, presenting them as specimens of athletic prowess. As such, the images of neurologic patients in Volume 8 assume a decidedly anthropometric, exhibitionist slant. They raise questions about the ethical representation of neurological conditions and the abilities of bodies that deviate from supposed norms.

How can we appreciate the collaborative and interdisciplinary ethos of projects like *Animal Locomotion* while also being cognizant of the sociocultural context and power dynamics that shaped its production? How can we be attentive to the ways in which sponsorship and/or institutional affiliation can normalize otherwise morally compromised endeavors? How can the arts and sciences both intentionally and unintentionally provide legitimacy for, and, at times, advance suppositions that raise profound bioethical concerns? While there is a tendency today to valorize collaborations across the arts and humanities to advance compassionate caregiving and well-being, work

such as Muybridge's reminds us that this intersectional approach has also historically dehumanized patients and human subjects. How does our attentiveness to the moral underpinnings of *Animal Locomotion* allow us to be more thoughtful about medicine and arts collaborations in the present?

Contemporary writer and curator Lucy Lippard has critiqued Muybridge, particularly his lesser-known work in the American West, pre-dating *Animal Locomotion*. The United States government commissioned Muybridge to photograph indigenous land devoid of its inhabitants so as to naturalize colonization and further a genocidal agenda. When indigenous people were included in the photographs, the imagery was often disseminated as racist propaganda, essentializing the subject as a savage.

Quoting the Hopi photographer Victor Masayesva, Lippard "sees the camera as a weapon" that can be wielded to erase, rather than to represent. She writes, "Photographers were called 'shadow catchers' by some tribes (the shadow referring to death, or the soul of the dead). The transfer of a black-and-white likeness to paper meant to some that a part of their lives had been taken away, to others that their vital power had been diminished."

How does *Animal Locomotion* similarly encourage visual consumption in the name of technological innovation, rather than visibility and awareness? In other words, images of invisibilized people, such as the patients of Blockley Almshouse, have the potential to be empowering. When does that visibility become reductive, exploitative, or dehumanizing?

Week 28

The amazing thing about graffiti is that it exists to market only itself. You see something in a place where it doesn't belong—your mind starts to wonder how it got there, who was that person and what motivated them to climb that rooftop to do that thing, to make it beautiful, to avoid the law, to avoid being seen, to get down from the roof, to get back to their house safe and sound. . . . You're seeing an adventure, and it's not a Kool-Aid ad, it's not a cigarette ad, it's something that's giving you strength and life and vitality and it's telling you something about the lengths that people will go to make you aware that they're there.

—Steve "ESPO" Powers

Love Letter

Best viewed from Philadelphia's elevated Market-Frankford rail line, Steve Powers's *Love Letter* is an iconic mural project adorning fifty rooftops and walls across West Philadelphia. Here, an enlarged painted Post-it note at 4915 Market Street disrupts an urban landscape inundated with corporate advertising. Instead of imploring viewers to "buy," this mural asks them simply to "remember."

As it snakes around storefronts and residential facades, *Love Letter's* visual language variously recalls 1950s vernacular signage and '90s R&B. Spanning 45th to 63rd Streets, each unique, massive "love letter" delivers uplifting, pithy, and, at times, even sentimental declarations (such as "Miss you too often not to love you," and "Meet me on fifty-second, if only for fifty seconds," the latter a reference to the 52nd Street retail corridor) in bold typography and punchy colors. *Love Letter* foregrounds love—between lovers, an artist and his hometown, residents and their commu-

This essay explores themes such as autonomy, community, Philadelphia, and transformation.

Originally published on February 1, 2021.



Steve "ESPO" Powers, from the series *Love Letter*, 2009

Photograph provided by Steve Powers

nity—as “a letter for one, with meaning for all.”

Former graffiti artist turned muralist Steve “ESPO” Powers used his native West Philadelphia neighborhood as an illegal canvas in his early years. Of the area’s graffiti scene in the eighties and nineties, he recalled, “People literally were painting people’s houses with express or implied permission of the residents of the house and owners of the house. So it was an army of community projects that was happening organically, without the city and local support or city and financial support from grants.” Powers went on to study at the University of the Arts and the Art Institute of Philadelphia, eventually emerging in the nineties scene under the alias “ESPO,” or Exterior Surface Painting Outreach, at a moment when elected officials were focused less on muralism than “beautification” and anti-graffiti efforts.

In 2009, when the City of Philadelphia’s Mural Arts project commissioned *Love Letter*, Powers pivoted from illegal graffiti writer to grant-funded muralist. This transformation hinged on a recognition that institutional power lent legitimacy to the artist and the team of young graffiti writers hired and trained to execute the project. *Love Letter*, then, contrasts public art that is criminalized and considered undesirable (i.e., graffiti) from that

which is sanctioned and embraced by those in power (i.e., murals and other forms of public art). Likening his art to public service and reclamation, Powers renders visible the sentiments and ethos of a community through an empowering visual lexicon.

Reflections

Love Letter murals offer transient, if recurrent, visual encounters for commuters—whether suburbanites passing through, or West Philadelphians traversing their own neighborhood. Within these ephemeral moments on the way to somewhere else, Powers creatively repurposes time and perspective with artworks. In spaces of caregiving, how can we similarly become more attentive to the ways in which patients and visitors experience the passing of time? Are there opportunities to reimagine and repurpose routine, empty, or anxiety-ridden periods—the time, for example, spent in exam rooms alone, or in a holding area before a procedure—by intervening with artworks that offer reflection, education, and healing?

Encountering art in unexpected places can elicit joy. At the same time, works such as *Love Letter* remind us these experiences can and should be

empowering, transformative, and democratizing. Public art specifically has the capacity to thoughtfully represent and serve those who have historically been excluded or underrepresented within the cultural establishment. Artists like Powers are uniquely positioned to leverage public art as a tool for greater equity—to delight, but also to render visibility, navigate complex histories, and foster stronger communities—“to make you aware that they’re there,” as Powers said.

In spaces of caregiving, how can we similarly become more attentive to the ways in which patients and visitors experience the passing of time?

Similarly, hospitals have increasingly deployed the arts into spaces of caregiving, albeit with inconsistent consideration for the communities and spaces they are surrounded by and physically inhabit. From private hospitals like Cedars-Sinai Medical Center in Los Angeles housing thousands of famous works by modern and contemporary artists including Marc Chagall, Andy Warhol and Jasper Johns, to Harlem Hospital in New York which embarked on a nearly \$400 million restoration in 2002 of 1930s murals depicting everyday

Black life, the representation and implementation of works varies widely by geography and institution. The aptly named Mural Pavilion at Harlem Hospital went on to acquire an eighteen-paneled mahogany relief depicting the trans-Atlantic slave trade in Liberia, including the portrayal of freed slaves returning home from America. In 2017, hospital chief executive officer Eboné M. Carrington told *The New York Times* that Harlem Hospital “had long understood ‘the power of art in healing,’” gesturing to the work’s portrayal of sacrifice and survival and its ongoing resonance within the community.

Another example of academic medical centers supporting healing through the arts can be found in the Cleveland Clinic’s in-house arts program, the Arts and Medicine Institute, which applies a “patient-centered curatorial practice . . . to lift spirits and affirm lives and hopefully comfort.” More recently, Penn Medicine commissioned Maya Lin, the architect of the Vietnam Veterans Memorial, to design a large-scale helical installation tentatively titled “DNA Tree of Life” for its new patient pavilion. Winding branches are meant to evoke the contours of the Schuylkill River and represent the connection of science to the natural world.

These varied approaches raise fundamental questions concerning the purpose of art in healthcare settings. Who do these works represent and who ultimately benefits? Is it possible or necessary to commission public art that is universally legible as well as therapeutic, relevant, empowering, and decorative? Consider the ways in which the murals at Harlem Hospital foreground cultural narratives that visibilize and affirm the communities they serve. How can institutions elsewhere be similarly thoughtful and creative in their curatorial selections? How should healthcare institutions curate or even uninstall works from a previous era that fail to represent the diversity of those who enter the hospital setting?

This entry is derived from curatorial language written by Mural Arts Philadelphia originally published on the Slought Foundation website.

Week 29

Cézanne's are records of the experience of continuous movement through space in time. Cézanne's paintings 'change without ceasing' and the painter himself was the first modern artist to create an image of time.

—George Heard Hamilton

Still Life

Paul Cézanne's *Still Life With Skull* was completed two years before the turn of the century, a period that would mark a significant shift in the artist's personal life and the trajectory of twentieth-century painting. In Cézanne's final years, he suffered from strained familial relationships and lived alone in Aix-en-Provence, where he hermetically pursued studies of color and depth in still life series and landscapes. The resultant paintings break down static scenes into dynamic geometric forms with bold, directional brushstrokes and juxtaposed colors that form spatial planes.

Still Life with Skull is an example of his ability to portray familiar objects in unexpected and animated ways, striking a balance between abstraction and illustration. Here, a human skull sits atop loosely folded drapery. The curvature of the skull echoes the strewn fruit, its scale differentiating it from the other forms. The peach on the tilted plate or the pear set at the edge of the table

This essay explores themes such as complexity, the quotidian, transformation, and *vanitas*.

Originally published on February 8, 2021.



**Paul Cézanne, *Still Life with Skull* (*Nature morte au crâne*),
1890–1893**

Barnes Foundation, Philadelphia (BF329)

convey tension and precarity. Cézanne provides a slightly distorted view of the table on which the skull and fruit rest. On the left, the table is directly in front of the viewer whereas on the right, the view is from slightly elevated. The drapery separates the disjunction between these two planes.

The classic *memento mori* tableau of rotting fruit and a human skull reveals disruption in its details. A bright line of orange paint runs across the eye socket and the wall paper depicted behind the skull—likely the result of the artist stacking up paintings before they were completely dry. Cézanne opted not to remove the orange paint before sending the work to Ambroise Vollard's gallery for sale. At the painting's right edge, the white of the canvas emerges from an abandoned blue colorfield. The exaggerated dark outlines of the fruits reveal that the artist never sought to reproduce static reality, as many of his predecessors had.

Cézanne recognized that painting, in its flatness, was inadequate to mimic the depth and contours of space. In intentionally exposing the limits of the medium, he, like later Modernist painters, broke conventional rules of perspective to fully embrace the challenge of representing lived experience. Widely thought to have occasioned the turn to abstraction, Cézanne's late works, includ-

ing *Still Life with Skull*, innovated new modes of representation and, in turn, new ways of seeing.

Reflections

Historians have remarked on the resounding consonance between Cézanne's work and that of French philosopher Henri Bergson, who released his landmark *Creative Evolution* (1907) the year following Cézanne's death. Bergson posited that each living moment is neither finite or fixed, rather the culmination of all that has happened before and the anticipation of all that will happen next—a perspective that Cézanne conveyed in his late work. As art historian George Heard Hamilton wrote, Cézanne's work is the “pictorial equivalent of the Bergsonian concept of space as known only in and through time.”

We are reminded of the fruit in varying stages of ripeness in *Still Life With Skull*. The spoiled fruit in the center caves in, contrasting dramatically with the unblemished pears flanking the table. The painting depicts not one thing in one moment but “a timeless substance . . . gradually discovered . . . in a process of becoming which involves memory, the memory of successive experiences of space.” With an eye toward Bergson's work, how might

we recognize the dimensions of grief, particularly for frontline clinicians during the COVID-19 pandemic who have continually endured and witnessed extraordinary pain and suffering? Though each passing moment may not be marked by loss, trauma, or illness, our collective reality continues to be defined by all that came before and all that will come after. How can clinicians be attentive to a similar dynamic at play for patients, as their life experiences come to bear on a momentary clinical encounter? How can we better acknowledge individual struggles in our communication and empathy with one another? Just as Cézanne and Bergson were committed to the study of duration, how can we create ongoing space for self-care and grace amid this pandemic and beyond?

Many of Cézanne's works have an apparently unfinished quality; he was known to intentionally leave parts of the canvas unpainted. Heard Hamilton wrote, "There could be no 'finished' signed and dated masterpieces in this process which being in itself incomplete prohibited the artist from ceasing at any given point." In *The New York Times Magazine*, Hisham Mater similarly asserts that a painting, in its "becoming," is never finished, "that it must continue to do its work long after it has been hung on the gallery wall, that a picture relies on us to complete it."

A Cézanne still life is, in fact, a dynamic encounter. It is incumbent on the viewer to actively engage with the work, to see it as a constellation of experiences, perspectives, and memories. Matar goes on to describe the dynamism and dialogue of artworks with the unfolding of history, questioning what happens—to art and to us—when art is not seen, particularly in times of upheaval and uncertainty. He argues that just as a painting is incomplete without its viewer, so too is a society without art.

Just as a painting is incomplete
without its viewer, so too is a
society without art.

As our gaze shifts to a more intimate scale and we consider our immediate surroundings, our relationships to one another, the passing of time, how has the reflective value of art become heightened? How are we all forced into our own kind of intimate formal study, akin to Cézanne's, and how can this newfound focus on quotidian moments be transformative, a form of continual "becoming"?

Week 30

An addict is someone who uses their body to tell society that something is wrong.

—Stella Adler

Morphinomaniac

On the heels of the Franco-Prussian War of 1871, *fin-de-siècle* France was enmeshed in collective existential anxiety about the degeneration of national health and the proliferation of social ills. As morphine addiction exploded to epidemic proportions amid a rampant drug culture across all strata of society, so too did representations of its users in the visual arts. Eugene Grasset was one of several printmakers of the Belle Époque era to characterize the “morphinomanes,” an Art Nouveau archetype of female moral bankruptcy.

At a time when *Japonisme* in the arts was also popular, *Morphinomaniac* was inspired by a Japanese woodcut of the Yamauba, a popular folklore character. Identifiable by her unruly mane of dark hair and filthy kimono, the Yamauba is a woman of the wilds, known for catching children to nurse and eventually consume. Her one weakness was a flower, purported to contain her soul. The woman in Grasset’s vibrant, if putrid, lithograph falls prey

This essay explores themes such as consumption, dis-belonging, and healing.

Originally published on February 15, 2021.



Eugene Grasset, *Morphinomaniac*, 1897

Philadelphia Museum of Art: Purchased with the SmithKline Beckman Corporation Fund, 1983 (1983-99-1)

to a flower of a different sort: the opium poppy.

Grasset's *Morphinomaniac* depicts a crazed, desperate woman at the peak of opioid withdrawal, plunging a hypodermic needle into her thigh. The lurid yellow and green reverberate the illicit and exoticized nature of her actions. With swaths of ebony hair, porcelain skin, coquettishly exposed thigh and stocking, and agonized, frenzied expression, Grasset explicitly associates female sexual proclivity with drug addiction. Notably absent are scars or abscesses, common dermatologic afflictions wrought by repetitive use from the hypodermic needle.

An audience in late nineteenth-century France would have instantly assumed this woman was a prostitute; at once fetishized and moralized by her sexuality and drug use, her erotic appeal alternates between repulsion and attraction. The print can be read as a counterpoint to more 'respectable'—read, *bourgeois*—depictions of femininity from the period, such as Mary Cassatt's paintings and etchings of women drinking tea or even prints of wealthy women using opium themselves. The distinction between these archetypes, then, was not drug use or lack thereof, but that well-to-do women consumed in moderation, while lower-class women resorted to excess.



Albert Besnard, *Morphine Addicts (Morphinomanes)*, 1887

Courtesy of the RISD Museum, Providence, RI (81.206)

As art historian Abigail Susik writes, the rise of commodity culture and socially stratified, recreational drug habits at the turn of the century can be understood as intertwined phenomena. Much of Grasset's work, for example, was intended as advertising, and his logo work was occasioned by the birth of commercial graphic design. Even his fine art practice was embraced by the Jugendstil and Vienna Secession, two arts and crafts movements whose visual style was predicated on decadence and excess. In this print, however, Susik contends that "Grasset seems to purposefully

pursue the dark alternative to his successful advertising images of women consuming commodities with either healthy satisfaction or jubilant freedom.”

Reflections

In accordance with the prevailing moralizing tendencies of the day, Grasset’s visual language implies that his subject’s addiction is a matter of personal choice and indeed, failing. What might a more historical or structural perspective imply about the origins of her drug use? And what role does Grasset’s oeuvre play in a system of visual culture amid the rise of industrial capitalism, the popularization of recreational opioids, and their shared dimensions of consumption?

Contemporary critic Charles Shaw, who was incarcerated for drug possession, wrote:

“Industrial civilization—and its end product, consumerism—has disconnected us from nature, the cycle of life, our communities, our families and, ultimately, ourselves. This unnatural, inorganic, materialistic way of living, coupled with a marked decline in society’s moral and ethical standards—what the French call *anomie*—has created a kind of pathology that produces pain and

emptiness, for which addictive behavior becomes the primary symptom and consumption the preferred drug of choice.”

In other words, drug addiction—and by extension, addiction of any kind—is indicative of a deeper existential crisis of our time and the failures of a disconnected society to support those most vulnerable. How can clinicians and communities internalize Shaw’s perspective that an atomized, socially alienated society induces a “pain and emptiness,” thereby facilitating the architecture for addiction? What might recovery look like if healthcare recognized addiction as the failing of a society and not the individual?

Consider the plan for a recently opposed safe-injection site in Philadelphia, which would have brought opioid users from Kensington, an epicenter of the opioid epidemic, to a more centrally located facility to receive supervised care. The plan was modeled in part on InSite, a safe-injection site in Vancouver which addresses the invisibility of addiction in its very design. As *The Architect’s Newspaper* reported, “Designing for anonymity and privacy, unfortunately, is paradoxical to health and well-being in the context of addiction. There is no hiding at InSite, but this is a good thing. Within the injection room, there

are 13 booths, which line the interior perimeter, allowing nurses a clear line of sight into each.”

The small, three-sided, mirrored booths “provide moments of self-reflection in addition to helping users inject safely.” In this way, the safe-injection site recognizes that being seen, intimately and without judgment, is essential to caregiving and community. How can clinicians and clinics be conscientious of the relationship between visibility, kindness, and recovery?

Once addiction becomes visible—whether within families, communities, or the clinical encounter—how does it begin to shed its personal, affective, and emotional dimensions, simultaneously becoming everyone’s and no one’s problem? While addiction touches many of us in deeply personal ways, if we find ourselves or a loved one struggling with addiction or recovery, how does rendering illicit activity visible create tension within a society that wishes to maintain distance and assign stigma? How can clinicians help those impacted better navigate recovery and reclaim identity and a sense of belonging amid deeply rooted aversion?

Week 31

The fact of being at a crossroads, at the frontier of two separate identities, underlies all my work on film.

—Adrian Paci

Turn On

This film still is taken from Albanian multimedia artist Adrian Paci's 2004 work of video art, *Turn On*. Unemployed men in Albania wait on the steps of the city square in Shkodra, Paci's hometown. Left behind by the country's political and economic turmoil, these men render themselves visible as they wait for work. In this staged scene, Paci visualizes the material conditions of everyday life in Shkodra. Electrical generators, a necessity in a country with daily rolling blackouts, serve as a reminder of the region's instability and in turn, its citizens' personal precarity. The collective noisy hum of the generators, almost catalytic in its interminability, undercuts an equally pervasive sense of deprivation and hardship. As the generators turn on and the camera withdraws, the men's faces are illuminated and the steps become aglow. Each man is at once isolated from and tethered to the other by this delicately shared line of electric current.

This essay explores themes such as community, economy, and the quotidian.

Originally published on February 22, 2021.



Adrian Paci, film still from *Turn On*, 2004

Photograph provided by Adrian Paci

The collapse of the Soviet Union in 1991 initiated an uneven and disorienting transition from late socialism to capitalist democracy, one that is still unfolding. Civil society across the affected region continues to face a myriad of challenges. While other threats and transformations have further reshaped daily life and undermined the promise of democracy, many attempt to forge new ties and nurture collective identity and belonging through informal economies and networks of interdependence. As political extremism, barriers to mobility and opportunity, and defunding of the cultural sector fray progressive networks of people and institutions, Paci's *Turn On* visualizes one form of mutual connection that persists.

They possess, like democracy, a
promise that is to come and is
always in the coming.

Paci left war-torn Albania in 1997 with his family and fled to Italy. His work is informed by a culmination of personal experiences shaped by geo-political forces and the infiltration of modernity in the former Eastern Bloc. In many ways, Paci's artistic philosophy embodies socialist anthropologist Alexei Yurchak's concept of "being *vyne*," or a condition of simultaneously living inside and

outside state systems. Like Yurchak's notion, this yearning for alternatives is a hallmark of many dissident artistic and intellectual circles across the former Eastern Bloc, which have historically flourished underground through informal gatherings in domestic spaces. In asserting their right to exist, and to exist beyond the control of the state, these groups are politically unpredictable in their non-alignment. They possess, like democracy, a promise that is to come and is always in the coming.

Reflections

Although captured within the context of post-Soviet Albania's radical socio-political and economic shifts, the scene Paci has intentionally recreated here, marked by the condition of waiting, without control and without guarantees, may feel familiar to many of us amid the COVID-19 pandemic. In the case of *Turn On*, Paci's subjects are the victims of an imposed cultural transition and infrastructural upheaval that left many without viable opportunity, entire networks of support uprooted. The decimation of public services in the United States over the last thirty years has induced a similar reality of abandonment during the pandemic for many. Even those Americans who benefit from

any remaining forms of stability—healthcare, housing, basic income—are nevertheless besieged by a sense of waiting for a better post-pandemic future that feels increasingly out of reach.

What does the condition of waiting illuminate? How can *Turn On* remind us that this state of precarity is interminable in the lives of many individuals, both during the pandemic and beyond? By gesturing toward the often unjust power of environmental factors and external forces to shape and reshape our lives, how does Paci urgently call into question the meaning of agency and possibility? Is it tenable to salvage or strive for agency in hostile or even absurd circumstances while attempting to forge communities of support?

Noticeably, the men in Paci's film are not illuminated by one streetlight, but by multiple, individual, handheld bulbs. The effect, whether intended or not, is that they each seem to create their own self-image, shedding light upon themselves as a form of self-promotion for day labor and validation within the body politic. The formal construction of *Turn On* reflects the political tumult of the context in which it was produced; this is a new and uncomfortable capitalism, marked by the vestiges of socialism. The men, thrust into a free market economy, are atomized in their existential

dislocation, struggling to retain or reconstruct identity and a semblance of community.

In times of upheaval, how do we negotiate the needs of the individual and that of the community? How does the medical profession navigate this tension of prioritizing the needs of the patient, and by extension the community, over self-interest and, at times, at the risk of peril to oneself? What has the COVID-19 pandemic revealed about various types of support and stability in the private versus public domain? If you are a clinician, where have you found unexpected forms of community amongst peers and colleagues or others in this time of crisis? What networks of support have persisted or newly emerged?

This entry is derived from curatorial language written by Aaron Levy and James Merle Thomas originally published on the Slought Foundation website.

Week 32

We have learned from Chardin that a pear is as living as a woman, that an ordinary piece of pottery is as beautiful as a precious stone.

—Marcel Proust

The Water Urn

In a cool, dark basement room, a woman fills an earthenware jug with water from a large copper urn. We see an array of buckets and pans, some firewood, a leaning broomstick, a hanging rack of sinewy, fatty meat. This domestic scene provides a glimpse into the daily “below stairs” life in a wealthy eighteenth-century French household.

Note the range of textural elements—the hanging meat casting a shadow on the urn; the reflective vase; the fabric of the subject’s dress gathering as it hangs. Painter Jean-Siméon Chardin was particularly well known for his handling of white paint, mainly concentrated here in the subject’s bonnet and jacket. The white paint contrasts with an otherwise dark brown palette, and is set off against cool colors like the blue apron and her red and blue striped skirt. The painting’s granular texture evokes starched and coarsely woven cloth; the dense application of paint with a loaded brush conveys a sense of the artist’s labor, which mirrors

This essay explores themes such as economy and the quotidian.

Originally published on March 1, 2021.



**Jean-Siméon Chardin, *Woman Drawing Water from a Water Urn*
(*The Water Urn*), 1732–1740**

Barnes Foundation, Philadelphia (BF2544)

its depiction of the subject's labor.

In the background, an open wooden door reveals another woman sweeping next to a small child. *Doorkijkje*, or view through a doorway, is a classic Dutch technique, deftly utilized here to demonstrate both artistic mastery and to honor the communal effort and production-line nature of everyday tasks. Perhaps the most profound gesture of this work resides in the contrast between the two rooms depicted. The dark, below-ground work room gives way to a clean, light living space just a few steps above. As the broom leaning against the urn tilts rightward, its counterpart emerges in the hands of the woman sweeping in the background, creating continuity between the otherwise distinct spaces.

Chardin's oeuvre emphasized *la vie silencieuse*, or the silent life. His nuanced light and dark palettes emanate a visually dignified richness to otherwise rote motifs of domesticity. In many ways, his artistic practice mirrored the labor of his subjects; he worked slowly and methodically on a painting over many years, producing only about four works annually. His fascination with genre scenes contrasted with the large-scale history paintings that were a staple of the annual Salon exhibitions and prized by the French academic painters. At a mere

fifteen by seventeen inches, the diminutive *Woman Drawing Water from a Water Urn* is often paired with another Chardin of similar proportions, *The Washerwoman*. The two hang alongside one another in Room 3 at the Barnes Foundation.

Reflections

Chardin's portrayal of the home can be understood as a microcosm of eighteenth-century culture and moral values, and in particular, a woman's place within this realm. For some, *The Water Urn* might call to mind the outsized and unacknowledged role that women—particularly mothers, working women, and women of color—continue to play in the United States today. Consider the following portraits of working mothers during the COVID-19 pandemic by Brenda Ann Kenneally, published in *The New York Times* under the title *Three American Mothers, On the Brink*. The series similarly, if inadvertently, utilizes *doorkijkje* to provide glimpses into private domestic life—a contemporary commentary on *la vie silencieuse*.

How do these intimate representations of the home cast light on dynamics in the professional realm, such as the unacceptably high attrition rate for women in academic medicine? A 2014



Brenda Ann Kenneally, *Mercedes and Husband in Their Offices* from the series *Three American Mothers, On the Brink*, 2021

Photograph provided by Brenda Ann Kenneally

Association of American Medical Colleges study, for example, found that women have made up about half of all medical school graduates. But they account for only nineteen percent of medical school full professors and eleven percent of medical school deans. An October 2020 study demonstrated a proportional deficit of manuscripts submitted by younger cohorts of women academics during the first wave of the COVID-19 pandemic.

Although Chardin's is an idyllic, romanticized portrayal of domesticity and Kenneally's is documentary, how do the two artists advance similar

or distinct narratives about the role of women in society in public and private spaces? How do these two portrayals convey or fail to convey the ways in which society betrays its mothers and working women, at the same time as it expects them to shoulder such monumental burdens? How do the doorways in *The Water Urn* and in *Three Mothers* probe questions about visibility and how we assign or deny the value of domestic labor in society more generally?

The open door in *The Water Urn* provides a visual entryway into the painting, situating the subjects within the context of a larger domestic space, which we imagine to be just outside of frame. Writing in *The Philadelphia Inquirer*, Jason Han, MD, utilizes *doorkijkje* as a metaphorical portal of connection to his patient. Han reflects:

“After dinner as lights were dimmed and bedtime was nearing, I returned to the patient’s room. He was speaking to a family member on the phone, so I waved hello and stayed in the doorway until he could finish his call. . . . As I observed, I began to notice the details I had missed earlier. His hair was neatly combed, and he wore wire-rimmed glasses that made him look like a college professor. His gaze was perceptive and analytical. He spoke in resonant, pear-shaped tones as he brought up thoughtful concerns to his wife.”

Chardin's room within a room view invites the viewer to consider a more contemplative perspective; here, Dr. Han intentionally pauses at a doorway to be more attentive to his patient. How might a similarly thoughtful gaze afford greater recognition and dignity to all individuals in the clinical encounter, whether the patient, caregiver, or those performing essential yet invisibilized labor such as environmental service workers? Like Chardin, how can we honor the communal effort of caregiving in a hospital setting, such that the contributions of each member of the team are valued and the continuity between our otherwise distinct spaces along the spectrum of care is made more visible? If Chardin were to paint the modern hospital, what unseen labor might his doorways reveal and whose lives might he illuminate?

Week 33

Imagination abandoned by reason
produces impossible monsters;
united with her, she is the mother
of the arts and the source of their
wonders.

—Francisco Goya

The Sleep of Reason

Often regarded as a self-portrait and personal manifesto, this print conveys the struggle between reason and imagination that shaped much of Francisco Goya's artistic vision. This image appeared in the Spanish artist's seminal *Los Caprichos* series of eighty aquatints accompanied by the aphorism, "El sueño de la razón produce monstruos," or "The sleep of reason produces monsters." At the turn of the eighteenth century in Spain, Goya's contemporaries would have recognized the watchful lynx and swarming bats and owls as symbols of ignorance and evil surrounding the reposed subject. Amid the allegorical and nightmarish imagery, the figure's head hangs despondently over his paper, paint brush, and pen.

As court painter to four successive rulers of Spain, Goya witnessed decades of political turmoil and social upheaval. Unlike his royal commissioned paintings, *Los Caprichos* chronicles moralizing scenes of daily Spanish life interspersed with

This essay explores themes such as absurdity, trauma, and uncertainty.

Originally published on March 8, 2021.



Francisco Goya, *The Sleep of Reason Produces Monsters (El sueño de la razón produce monstruos)*, Plate 43 from the series *The Caprices (Los Caprichos)*, c. 1799

Philadelphia Museum of Art: Purchased with the SmithKline Beckman Corporation Fund, 1949 (1949-97-9)

supernatural visions, interweaving documentary realism and expressive invention. *Capricho*, which translates to “whim” or “invention,” suggests the prints were inspired in part from Goya’s imagination. Many of his images of prostitution, witchcraft, and political corruption reveal the impact of the Enlightenment, which espoused that reason should govern thought and behavior. With recurring themes such as the frivolity of courtship rituals, the dangers of ignorance, and the absurdity of superstition, Goya critiqued the bourgeoisie by satirizing human folly and exposing institutional corruption.

Regarded today as a powerful and deeply humane social critic, Goya recorded a turbulent era in Spanish history from a complex vantage both within and outside spaces of power. An advertisement for *Los Caprichos* from 1799, for example, read, “the artist has selected from the extravagances and follies common to all society . . . those which seemed most suitable for ridicule and stimulating as images.” After two days, the advertisement was removed for fear of censorship. Toward the end of the artist’s life, a series of power struggles befell Spain, resulting in successive reigns of terror and violence against citizens. Goya chronicled his nation’s atrocities in his haunting *Disasters of War* series, even as he fell into reclusive despair

and disenchantment. The first group of completed etchings for this series were ominously entitled, “Sad forebodings of what is going to happen.”

Reflections

Goya’s art reflected his proximity to power and social suffering. He sought to find some degree of reconciliation in his art, which at times bordered on surrealism. Healthcare practitioners also struggle with extreme dichotomies in their work: privilege and suffering, empirical rigidity and inherent uncertainty. If Goya’s artistic practice allowed him to process and critique social ills, what medium, figuratively or literally, could clinicians turn to to reconcile opposing tensions and turmoil?

As philosopher Alexander Nehamas writes of *Los Caprichos*, the series “may praise reason, but they do so only as works of the imagination. It is only on the basis of the imagination that we realize that reason is ‘asleep.’ . . . It is only when both [imagination and reason] work together that each is fully awake.” While *Los Caprichos* embodies Enlightenment ideals on the supremacy of reason, Nehamas’s interpretation reminds us that Goya intentionally paired rationality with creativity. Likewise, the viewer must rely on reason to inter-

pret the scene, but defer to imagination to grasp its full meaning. Indeed, throughout Goya's career, his relationship with Enlightenment ideals of truth and reason evolved as relentless encounters with reality led to disillusionment and, eventually, hopelessness and chaos. As embodied in *Los Caprichos* and *The Disasters of War*, times of crisis reveal the baser impulses of human nature: cruelty toward one another, fear fueling superstition and mistrust.

For clinicians, repeated exposure to suffering—particularly suffering inflicted by a society that seems asleep to reason—can lead to a loss of faith in certain ideals or institutions. Feeling like the sole or one of the few bearers of reason can produce feelings of anguish and detachment, common sentiments experienced during the COVID-19 pandemic as scientific institutions are frankly ignored or undermined. How do we cope with and even embrace the continued state of conflict between reason and irrationality, certainty and uncertainty, that is endemic to this moment and medical practice more generally? And if, as Nehamas posits, reasoned thought is made more “awake” by compassion and human vulnerability, how can we more effectively appeal to both?

Week 34

The first time, ever I saw your face
I thought the sun rose in your eyes
And the moon and the stars
were the gifts you gave
To the dark and the endless skies
my love

—“The First Time Ever I Saw Your Face,”
lyrics by Ewan MacColl (1969), performed by
Roberta Flack (1972)

The First Time

At The Colored Girls Museum (TCGM), a memoir museum in Germantown, Philadelphia that honors “the stories, experiences, and history of ordinary Colored Girls,” Christen Harvey holds a painting of herself by her mother, artist Channell Phillips. With a girlish visage, a dress that no longer fits, and stuffed cat in hand, Harvey, at ten years old, sits for a portrait at her mother’s request. Commissioned by TCGM as part of the exhibition, *The first time, ever I saw your face*—a reference to Roberta Flack’s iconic 1972 rendition of the same name—the painting lovingly captures a fleeting moment of Black girlhood. Originally slated for March 2020 but delayed by the COVID-19 pandemic, this exhibition of portraits of Black girls ages six to twenty-five opened for the first time at Slought in February 2021.

As time passes since this portrait was painted, these girls are no longer the girls they were—a bittersweet realization that endures for Phillips as

This essay explores themes such as community, identity, memory, and Philadelphia.

Originally published on March 15, 2021.



Channell Phillips, *The Muse: Christen Harvey*, 2020. Photo by Zamani Feelings. From *The first time, ever I saw your face*, a collaboration between the Colored Girls Museum and Slought, curated by Michael Clemmons, Vashti DuBois and Ian Friday with video installations by Erica Hawkins

Photograph provided by The Colored Girls Museum, Philadelphia

she reflects on her own girlhood and observes her daughter maturing before her eyes. The exhibition at Slought offers an alternate view of young Black girls that society tends to deny—one that preserves tenderness and intimacy through a maternal lens. Remarking on the portrait of her daughter, Phillips said, “I wanted it to seem like she was from a different time. From a time when young ‘colored girls’ weren’t necessarily seen or really got to experience childhood as she does.”

“Black girlhood is not a protected space.” TCGM Executive Director Vashti DuBois explains that this assertion was the impetus for the exhibition: to elevate a particular way of seeing Black girls through the eyes of Black women artists. *The first time, ever I saw your face* is a love letter to the ordinary colored girl, an exercise of Black women looking at Black girls to elevate their girlhood. “Black girls are not ascribed the humanity that we provide for other people’s children. No matter how young she is, she is evaluated through the lens of adulthood,” DuBois states. She goes on:

“Black girlhood is a site of great triumph and sometimes trauma. This portrait project focuses on their intersection in a visual narrative which takes a classic museum artifact, ‘the portrait,’ as its primary subject. Black girls, while often looked at, are seldom seen. This

project creates space for Black girls in their girlhood to see themselves through the caring and loving gaze of an artist, and for us to see and affirm Black girls as well. So different from a selfie or a photograph, this project offers the portrait of the ordinary Black girl as a monument and invites us to reflect on how being chosen and elevated might be transformative. The series, which we have envisioned as a traveling experience, also emphasizes the importance of Black girls and Black women expanding her boundaries and moving about the world while simultaneously highlighting the tension and danger inherent in her movement.”

The first time, ever I saw your face is the first TCGM exhibition designed to travel throughout Philadelphia and beyond. This translational movement seeks to bring awareness to the stories of ordinary and extraordinary Black girls, and to take part in a larger conversation about humanity and empathy. The exhibition asks the viewer, “What are Black girls going through right now? What can we see when we look with love? What happens to us when we look long enough at someone to see them? What happens when we look long enough to see ourselves?”

Reflections

The first time, ever I saw your face models a kind of attentive looking with duration. We can think of this gaze as a form of caregiving and sanctuary. In commissioning the portrait series, DuBois sought to model a community that emerges from the ritualistic practice of painting, which is itself a form of caregiving and healing. The portraits exist side-by-side, echoing and affirming each other's presence in a mapping of kinship and love. How can we scale and translate this love to traditionally less welcoming spaces, such as the clinical encounter? How is the exhibition an opportunity to fundamentally change our gaze of Black girlhood, in the medical community and beyond?

In her essay "Without Sanctuary," Michelle Ogunwole, MD, a Black doctor, recalls a traumatic encounter with a Black patient from her first year of residency. After a nurse suspected that the patient was taking unauthorized medication to manage chronic pain, security guards called a team of police officers to search the patient's room. The patient was subsequently pinned to the ground despite her platelet count being "low enough for her to bleed spontaneously." As Ogunwole writes, "Even in her hospital room, where Ms. A. came to



Channell Phillips, *The Muse: Christen Harvey*, 2020

Photograph provided by The Colored Girls Museum, Philadelphia

find healing and relief, she could not escape White supremacy, police violence, or White indifference. Like many Black people in the United States, she had no sanctuary.”

At a time when Black girlhood is in crisis, immersive exhibitions such as *The first time, ever I saw your face* aim to provide sanctuary from the conditions Ogunwole describes. In seeing and honoring the “ordinary colored girl,” the gallery, in some respects, ceases to be a traditional gallery and becomes a structural embodiment of care, offering an alternative model to conventional diversity, equity, and inclusion frameworks. Rather than forcing minority representation upon White spaces, the exhibition forges a space of its own, by and for women of color. DuBois asks, “How can one’s work be sanctuary work?” Likewise, how can we cultivate more space for love and sanctuary in the arts, in healthcare, and in society?

This entry is derived from curatorial language written by Michael Clemmons, Vashti DuBois, Ian Friday, and Melina Gooray originally published on the Slought Foundation website.

Week 35

A faithful friend is a strong defense,
and he that hath found such an one
hath found a treasure. . . . A faithful
friend is the medicine of life.

—Ecclesiasticus

The Postman

When Vincent van Gogh moved from Paris to Arles in 1888, he likely did not anticipate the extent of isolation and loneliness this relocation would incur. During these emotionally turbulent two years before his death, the artist struggled with poverty, mental illness, and eviction threats from fellow Arles residents. One of his few reprieves was found in a postmaster by the name of Joseph-Étienne Roulin, an ardent socialist and devoted husband and father to his wife and three children. The two men quickly forged a close friendship over shared political ideals.

The Postman may have been created from memory after Roulin and his family moved from Arles to a nearby town. In his absence, van Gogh seems to have exalted Roulin as a paternal sage of sorts. In each of Roulin's six portraits, he is shown wearing his dark blue postal uniform and cap, emblazoned with the word *Postes*. This intentional declaration likely reflected Roulin's political beliefs and

This essay explores themes such as dis-belonging, loneliness, memory, and relationships.

Originally published on March 22, 2021.



Vincent van Gogh, *The Postman (Joseph Étienne-Roulin)*, 1889

Barnes Foundation, Philadelphia (BF37)

signaled that portraiture was no longer reserved for aristocracy. Roulin is squarely centered in this decorative composition, shown from shoulders up, his gaze meeting the viewer.

In what van Gogh described in a letter to his brother Theo as a “modern portrait,” he portrayed Roulin through the vivid independent life of color. Unusual hues and color choices unify the composition—the acidic green of the background that unexpectedly appears in Roulin’s mustache and beard, for example. Thick lines of green, bright blues, and lavender swirl around one another, each stroke distinct and unblended. A floral design explodes in the background. van Gogh accentuates Roulin’s distinctive facial features with great care—the ruddiness of his nose and cheeks, the slight irregularity of one drooping eyelid, his lopsided nares. Slightly raised eyebrows convey a gentle inquisitiveness. As Martha Lucy, Deputy Director of the Barnes Foundation explained, “In the palpable energy and nurturing spirituality emitted by the sitter, we recognize the connection between this man and the artist depicting him.”

Their friendship deepened following an altercation with artist Paul Gauguin in 1888, which prompted van Gogh to slice off part of his ear in a manic episode. It was Roulin who remained a

constant and provided solace to van Gogh in the aftermath, including visiting him in the asylum. van Gogh came to idealize Roulin's kind nature in letters to Theo, describing him as "a man who is not bitter, not melancholy, not perfect, not happy, and also not always perfectly honest. But such a good fellow, so wise, so feeling and so faithful."

Reflections

van Gogh asks us to gaze with duration and tenderness at his friend, and at friendship itself. That van Gogh painted such a dignified and honorary portrait of an ordinary working class man—in his uniform, no less—affirms the elevated role that Roulin occupied for the artist. As philosopher Jacques Derrida posited, friendship is transformative to identity and a vehicle for human flourishing. It is also an intimate arrangement and investment, inherently bound by ethical obligations; in a lifelong friendship, one will likely bury the other. This portrait survives both Roulin and van Gogh—a tribute to their amity. "We continue to know our friend, even when they are no longer present to look back at us," Derrida wrote.

The Postman is, at its core, a representation of a caring relationship, a model for caregiving and

caring for others. In this way, friendship is portrayed as indispensable to our individual well-being and to a democratic society—it can move through adversity and expand communities, cross class and racial divisions, contest hate and segregation, and provide an alternate form of kinship and solidarity. Now, more than ever, it is essential to value and uplift the bonds that sustain us. How can we better position and acknowledge friendship as integral to the moral fabric of society, and a nidus for fostering empathy and compassion at the most intimate scale?

Friendship is portrayed as
indispensable to our individual
well-being and to a democratic
society.

Roulin's friendship gave van Gogh a sense of belonging when he felt otherwise adrift. While in Arles, van Gogh wrote to Theo about his troubles: "What am I in the eyes of most people? A good-for-nothing, an eccentric and disagreeable man, somebody who has no position in society and never will have." He later wrote that one finds in the "very sincerity of love . . . a kind of armor against the opinions of other people," likely a testament to the affirming nature of his friend-

ship with Roulin. We are reminded of the ways friendship sustains us in moments of vulnerability—providing groundedness and comfort—and that small acts of kindness become monumental in times of personal or widespread crisis. Indeed, bearing witness to one's suffering or grief is itself a form of support; authentic presence can hasten healing and fuel clarity.

The value of friendship, particularly in an academic medical context, is ill-defined despite its significant role in career development and individual well-being. A 2012 article describes friendship as “counterspaces that promote positive self-concepts among marginalized individuals through the challenging of deficit-oriented dominant cultural narratives and representations of these individuals.” In other words, friendship plays a powerful role in creating a sense of belonging and helping individuals thrive. What are other meaningful ways in which friendship can be transformative and empowering, personally and professionally? How can medicine better recognize and foster critical informal networks of support for individuals traditionally isolated, excluded, or marginalized by the academy? How can these “counterspaces” become fertile ground for driving organizational and institutional change?

Week 36

When I'm looking at things, the only way I understand them is when I really look very closely. I understand the world around me in bits and fragments and when you really zoom into things, the surface and texture of things become very obvious. And that is where my study of material and color started developing.

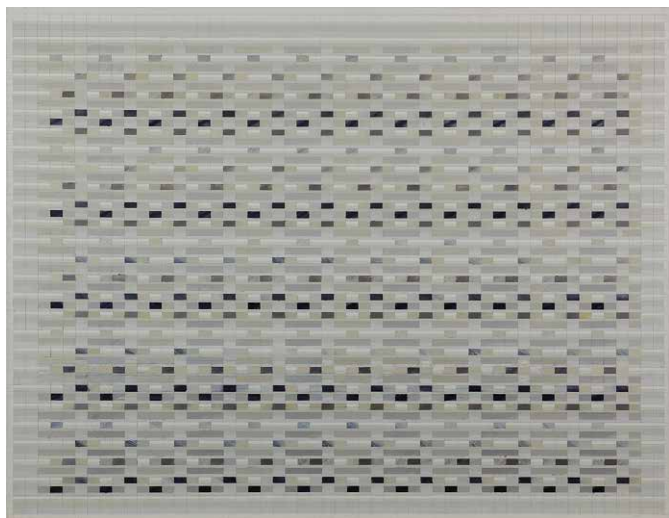
—Tanya Goel

Notation

notation in x, y, z features grids of demolition refuse. Produced in the midst of New Delhi's disorienting mass modernization, contemporary artist Tanya Goel's paintings intimately combine remnants of architecture and the built environment. In a burgeoning metropolis of over twenty million people, old buildings are torn down and new ones are erected at breakneck pace. The structural remnants from this rapid turnover form the basis of Goel's work. The artist laboriously pulverized limestone, charcoal, soil, concrete and other found materials into handmade pigments, which she used in place of paints. The work, then, is a geological snapshot of the urban stratum—an almanac of debris. Upon close inspection, viewers can identify the texture of the abstract composition where, as Philadelphia Museum of Art curator Amanda Sroka explained, "each color is marked with Goel's scribbled inscriptions to denote the geographic coordinates of her findings."

This essay explores themes such as complexity, economy, and transformation.

Originally published on March 29, 2021.



Tanya Goel, *notation in x, y, z*, 2015

Philadelphia Museum of Art: Gift of Bernhard and Ranjana Steinruecke, 2016
(2016-193-1)

As Sophie Kovel wrote in *Artforum*, “New Delhi’s Housing for All scheme, a beautification and infrastructural effort intended to create shelter for the poor and marginalized, has ironically resulted in demolitions, forced evictions, land grabs from indigenous communities, and, ultimately, homelessness. Goel’s deceptively cool abstractions take on an ethical bent as records of displacement.” In New Delhi and beyond, urbanization is often linked to structural inequity and economic injustice, whether it reinforces or counters these processes. As Goel creates what Sroka terms “an alternative blueprint to the city’s rapidly changing structures,” she pauses to visualize and interpret these transformations.

How can we humanize data?

notation in x, y, z belies its minimalism, literally preserving and transporting the material ecology of South Asia to the gallery. Although informed by global transformations to architecture and ecology that have taken hold in the twenty-first century, Goel’s work draws aesthetic inspiration from the past. “In so many cultures abstraction is everywhere—on the borders around traditional Mughal paintings, in Islamic architecture and tiles, in silk weavings,” explained Goel. Her turn to a traditional medium such as painting is particularly

meaningful in an era “with so many screens and moving images around us,” she said. “Painting has the ability to hold time still.”

Reflections

In light of New Delhi’s rapid urban change catalyzed by environmental, socioeconomic and political forces, Goel pauses to take stock of the landscape. As she sifts through urban detritus, there is a certain attentiveness to granularity. Enacting a process of abstraction, the artist transforms lived experiences and material conditions into aesthetic forms and patterned visualization. In performing this translational work, Goel invites us to consider what is gained and lost as lives become data points and data points become a system to understand the world.

How can we begin to grasp the ways in which individual lives are impacted and determined by the structures and spaces we live within? What happens to the complexity and texture of lives as our perspective expands from micro to macro? How is *notation in x, y, z* at once a Modernist approach to bring order to ecological chaos and a reconciliation of individual lived experiences and big data? As Goel brings a representation of data

into an inherently humanistic space, such as the museum, she implicitly asks: how can we humanize data? How do spaces like the hospital and clinical encounter similarly translate and mediate between the individual and larger systems?

Similar to urbanization, technology is transforming many of the interpersonal aspects of medicine into more objective, data-driven approaches. Names and faces of patients give way to diagnoses and binary codes flashing across screens. Electronic medical record (EMR) platforms have transferred the delivery of care from the bedside to computer hubs. At a glance, modern medicine resembles the syncopated patterns created by Goel—orderly, repetitious, almost algorithmic, like an Agnes Martin painting. Just as Goel laboriously strives to give each box texture and identity, how can providers strive to retain the humanistic aspects of care even as technology is rapidly changing medicine? How can the EMR become a space for humanizing patient data?

Week 37

Before this, [the Western media and Westerners] never showed great interest in Chinese people. Now their eyes beam, and they smile strangely when they talk about them. But this will pass soon, and will eventually become a legend about a crazy man bringing 1,001 crazy people to this place. Even though it has been given widespread acclaim from the press, the true meaning of *Fairytale* has not been understood and I have to clarify things every time. People will understand in time.

—Ai Weiwei

Fairytale

In 2007, Chinese artist and activist Ai Weiwei initiated *Fairytale*, a massive conceptual and logistic undertaking that brought 1,001 people from Mainland China to Kassel, Germany. The objective was to view and participate in Documenta 12, a global art convening that occurs every five years in Kassel. The 1,001 chosen individuals were selected through a series of interviews, after which they traveled to Germany in groups of two hundred during the summer of 2007. They lived together in communal housing, briefly experienced life in Kassel, and visited Documenta 12 where Ai Weiwei had installed 1,001 wooden chairs as a physical instantiation of *Fairytale*. Ai Weiwei explained the piece as “1,001=1,” signifying the fundamental relationship between the collective and the individual.

Like all of Ai Weiwei’s works, *Fairytale* instigates meaning on multiple levels. Kassel is the heart and birthplace of the fairytales authored by the

This essay explores themes such as dis-belonging, fulfillment, and transformation.

Originally published on April 5, 2021.



Ai Weiwei, *Fairytale*, 2007

Photograph provided by Ai Weiwei Studio

Brothers Grimm. Ai Weiwei intentionally selected those who could not travel otherwise; a laid-off worker, farmer, or villager from the countryside found themselves on an airplane, participating in cultural exchanges that, under normal circumstances, would have been impossible. As a collective, the 1,001 briefly transformed the body politic of Kassel. As individuals, each brought back distinct experiences to China. This notion carries particular significance for those living in a country where the collective takes precedence over the individual and one's own hopes and desires are subordinate to the state.

Four years after Documenta 12, Ai Weiwei, Hong Kong-based curator Melissa Lee, and Aaron Levy of the Philadelphia-based Slought Foundation began collaborating on Fairytale Project, a research project revisiting *Fairytale*. The effort brought together a volunteer community to translate, archive, and curate documents collected by the artist over the course of the initial project. In particular, they translated interviews that Ai Weiwei conducted in which participants responded to a series of simple questions (e.g., “What is a dream?,” “What have you gained from traveling?,” “What would you like to tell the West?”). The answers, preserved and translated on a website (fairytaleproject.net), profoundly assert

and interrogate the universality of culture, ethnicity, and society. *Fairytales Project*, like the original *Fairytales*, embodies another form of cultural inscription and exchange, wherein participants reflect on identity, memory, love, dreams and the possibility of a cross-cultural dialogue.

Reflections

We might begin to appreciate *Fairytales* in the way Ai Weiwei intended if we see it as an unfolding, future-oriented story—a real life fairytale—extending into the present day. The memories and experiences of traveling to and moving through new and unfamiliar spaces have remained with and transformed each individual long after their time in Kassel ended.

This movement through unfamiliar space invokes Michel Foucault's concept of "heterotopia," or a place outside of normal life. Heterotopias are generally "privileged or sacred or forbidden . . . reserved for individuals who are, in relation to society and to the human environment in which they live, in a state of crisis: adolescents . . . pregnant women, the elderly." A heterotopic space—the school, the museum, the hospital—holds a mirror to society at large, contesting and

transforming the world around it. Thom Collins, Executive Director and President of the Barnes Foundation, contends, “all who enter heterotopias might be said to participate in a progressive reordering of contemporary social structures and a modeling of new social relations.”

Fairytale is its own heterotopia insofar as it establishes a radical, if momentary, alternative to normal life for the travelers. Individuals found themselves existing outside of their daily routine, while Kassel became a slightly different version of itself with a new population and new discursive potential. In this way, *Fairytale* facilitates not only an out-of-country displacement but an out-of-oneself experience, reminding us that dreams and hopes are essential to a meaningful human experience.

Ai Weiwei suggests that by seeking out possibilities beyond the ordinary, the very pursuit of meaning and fulfillment can be transformative. This concept is in contrast to the stark realities of the COVID-19 pandemic, as clinicians, front-line workers, and so many others have existed, or subsisted, in survival mode. As the pandemic continues, how do we create intentional space and opportunities, a liberatory heterotopia of our own as Ai Weiwei has done, through the arts, dialogue,

or other forms of interaction and exchange, to cultivate our intrinsic need for meaning?

In medicine, conversely, “heterotopia” means “out of place” and refers to ectopic tissue “at a non-physiologic site, but usually co-existing with original tissue in its correct anatomical location.” The term implies a retention of origins expressed through movement and migration. How does *Fairytales* remind us of the challenges of identifying with and reconciling pluralities, of being “other”?

Ai Weiwei stated his project would be viewed as novel, and nearly magical in its transformative aspect for the participants. His questions aim directly at the notion of dreams and individual growth. However, experiencing foreignness is bidirectional. Just as the travelers move through a new environment, their presence will simultaneously be perceived as heterotopic by the existing community. Their identities will be defined both at the individual and collective levels. In the context of anti-Asian hate and violence in the United States that is fueled by discriminatory rhetoric related to COVID-19, how do we protect vulnerable individuals from being stigmatized and profiled? How is this moment particularly traumatizing for those with multiple marginalized identities within

a heterotopic space, such as Asian-Americans who are also frontline workers?

This entry is derived from curatorial language written by Melissa Lam and Aaron Levy originally published on the Slought Foundation website.

Week 38

At the Barnes I spend more time in front of Soutine than anyone else. . . . Hands, in Soutine, break in a thousand different ways. They curve wildly, both at and straying from the knuckles, as though they were slammed in a door a couple dozen times over. A half-dozen tortured hands at a time, I wander the museum staring just above the knees, watching fingers flit from place to place, unshattered or unbroken or squared or narrow . . .

—Talia Gordon, *ArtBlog* (2021)

Woman in Blue

Chaim Soutine consistently distorted his subjects, dramatically twisting, bending, and disfiguring their form. He did so to flowers and landscapes, but this inclination is most discernible when applied to his human figures. Gaunt eyes, enlarged appendages, swollen joints, and contorted torsos characterize his subjects. Soutine's so-called "flesh paintings" employ unusual color choices and thick, gestural paint application. *Woman in Blue's* face, for instance, is modeled in intermingling shades of blue, green, violet, and mustardy yellows. Attenuated hands display bulbous knuckles, elongated digits, and talon-like fingernails. Slashing brushstrokes of luminous blue construct her form. These harsh, active strokes have led critics to understand Soutine's work as a precursor to later abstract expressionists, namely the Dutch-American painter Willem de Kooning.

Born in a small town in the Russian Empire, Soutine was the tenth of eleven children in a

This essay explores themes such as grief, transformation, and uncertainty.

Originally published on April 12, 2021.



Chaim Soutine, *Woman in Blue (La Femme en bleu)*, c. 1919

Barnes Foundation, Philadelphia (BF886)

family of menders. A series of patronages brought the young artist to Paris in 1913, where he fell in with a circle of painters enrolled at the *Ecolé des Beaux-Arts*, including Amedeo Modigliani. Under threat of German invasion, however, Soutine temporarily relocated to the small town of Céret in the French Pyrenees. He produced *Woman in Blue* during the particular angst of the interwar period.

The identity of Soutine's sitters is rarely known, but we can assume they posed for free; Soutine was poverty-stricken throughout his life. Occasionally referred to as a "servant painter," his portraiture included wait staff, a pastry cook, a hotel page, maids, and sometimes people he encountered on the street. He notably never painted family, love interests, or anyone with whom he had demonstrably sentimental attachment. In spite of the sitters' anonymity, many of his portraits, including *Woman in Blue*, have a searing psychological intensity. Wretched caricatures of sorts, these exaggerated portraits simultaneously confer pathos and absurdity; they are as melancholy as they are excessive. The personality and idiosyncratic presence of the sitter is sensitively and abstractly captured within a pictorial moment. There is no attempt at satire or personal grievance from Soutine, rather a peculiar mingling of the real and unreal, antipathy and empathy.

Reflections

Soutine's artistic practice, bodily afflictions, and world-historical events were intimately connected. When he returned to Paris in 1921, Soutine began to paint slaughtered animals. Hanging the carcasses in his studio, he continually doused them in fresh blood to maintain their vibrancy. Soutine often fasted before painting; he thought his hunger would sharpen his work, though sometimes, he simply could not afford food. With Paris under German occupation, Soutine's anxiety and stomach troubles worsened. He died following a failed surgery for perforated ulcers. Writing in *Art in America* in 1984, critic Gary Indiana elaborates on Soutine's human and animalian portraiture:

“In his portraits, Soutine breaks different taboos. Nearly all his subjects are captured in antisocial, nonportraitlike attitudes. Some look as though the painter had rudely yanked them from a private meditation; some are asleep; others are just plain sullen or downright goofy—defying the intrusion of the artist or mocking his seriousness. Many appear to have relinquished consciousness altogether, and in their handling these pictures bring Francis Bacon's work strongly to mind. Most of Soutine's portrait subjects, however, struggle with a fathomless personal sorrow. They wear

masks of skepticism and petulance, but this is makeup dusted over intense discomfort. Even the dead animal and vegetable presences in Soutine's still lifes look distressed, flustered at being painted, anxious to get on with their private decomposition."

We might think of Soutine and the inexplicable suffering of his subjects as visceral embodiments of socioeconomic ailments and the trauma of the interwar moment more generally. In manifesting suffering as pathology—bulbous joints, slaughtered geese, a flayed ox or rabbit—Soutine lays bare the otherwise intangible, collective unease of traumatic global events through "the body in pain," as termed by Elaine Scarry.

Soutine's oeuvre takes on newfound resonance amid the COVID-19 pandemic as many of us have doubtlessly felt a similar ennui or angst. Often, this feeling manifests in physical or psychiatric forms: anxious stomachs, skin irritation from N95 masks, sleepless nights, loneliness or depression. Rates of domestic abuse have increased significantly during this time. Seventy-five percent of health care workers under the age of thirty reported some level of mental health distress; fifty-five percent reported burnout.

As ubiquitous as suffering is in this moment,

these pathologies remain largely veiled in our visual lexicon. Conversely, Soutine does not shy away from the painful and the grotesque, instead bringing those feelings and experiences to the foreground. He forces us to acknowledge an unpleasant reality unfolding within ourselves, to intentionally sit with 'personal sorrow' and develop a tolerance for confronting it.

In what ways have we witnessed transformation, both inwardly and outwardly, during this pandemic? How can we grow to accept these changes, not as an aberration, but as a part of the process of healing from immense trauma and hardship? How do the arts give representation to the pain and pathology of the COVID-19 pandemic?

Week 39

Tanner's characteristic light is sweet and soft. Whether it emanates from a lantern or fire, the sun or moon, it is always a source of goodness. It promises not clarity but acceptance and protection; even just touched by it, people are safe. The light is never wrathful or destructive. For Tanner, as for van Gogh, whose father was also a clergyman, light was love.

—Michael Brenson, *The New York Times* (1991)

The Annunciation

In this late nineteenth-century depiction of the Annunciation, American painter Henry Ossawa Tanner gives a familiar narrative unconventional treatment. Mary, portrayed here as a young Jewish girl in Palestine, is remarkably unassuming—she wears peasant clothing and is without a halo or other holy attributes. The archangel Gabriel appears before her as a luminous shaft of light to announce that she will bear the Son of God. Mary looks on with reverential contemplation as the celestial beam illuminates her provincial abode with a sacred presence. In this extraordinary yet intimate meeting of the secular and the divine, Gabriel's presence evokes a powerful other-worldliness, while Mary conveys an informality often missing in other artistic depictions of this moment.

Light is a central theme in many of Tanner's religious works that portray holy messengers, including *Daniel in the Lion's Den* and *The Resurrection*

This essay explores themes such as fulfillment, Philadelphia, quotidian, and spirituality.

Originally published on April 19, 2021.



Henry Ossawa Tanner, *The Annunciation*, 1898

**Philadelphia Museum of Art: Purchased with the W. P. Wiltach Fund, 1899
(W1899-1-1)**

of *Lazarus*. Tanner intended his light suffused works to serve as a locus of sustained contemplation, comfort, and spiritual replenishment for the viewer. In illuminating the ordinariness and simplicity of his religious scenes, he intimates that all individuals have the ability to commune with one another and the divine.

Light was as much a reverent subject matter for Tanner as it was a personal inspiration. Fascinated by Nikola Tesla's recent innovations in electricity and illumination, Tanner imbued this sacred moment with reference to modern technology. Scholars have also speculated that he may have found solace in visual mysticism and the comforting warmth of light—an analogy for God—given his conflicts with a secular world “disjointed” by racial injustice and inequality.

In 1879, Tanner enrolled as the only Black student at the Pennsylvania Academy of Fine Art (PAFA) where he trained with Thomas Eakins. Of his time at PAFA, he wrote, “I was extremely timid and to be made to feel that I was not wanted, although in a place where I had every right to be, even months afterwards caused me sometimes weeks of pain. Every time any one of these disagreeable incidents came into my mind, my heart sank, and I was anew tortured by the thought of what I had

endured, almost as much as the incident itself.” Like many Black American artists and writers at the turn of the century, Tanner eventually moved to Paris in 1891, maintaining that he could “not fight prejudice and paint at the same time.”

Reflections

Light, as signified in *The Annunciation*, can herald profound personal transformation. For some, it merely illuminates. For others, it inspires and revitalizes. For Tanner, it was divine. In spaces of caregiving such as the hospital, light can be healing. Numerous studies over recent decades have demonstrated the benefits of proximity to light in the hospital, such as a window or skylight, including decreased narcotic use post-operatively and shortened length of stay for inpatients. In Tanner’s painting, we see light symbolically bring vigor to Mary’s room, and her life’s course, for that matter. How can we reimagine and redesign the hospital setting accordingly in ways that would render it equally powerful and transformative for patients and practitioners?

Extraordinary circumstances often find us, figuratively, in the humblest of spaces—casual and unprepared, not yet dressed for the occasion, and



Artist/maker unknown (active Ferrara, Italian), *The Annunciation*, c. 1530

Philadelphia Museum of Art: John G. Johnson Collection, 1917 (Cat. 245)

not yet confident enough to embrace the task without reservation. Some of the most arduous callings appear before physicians and other healthcare providers. Our psychological or emotional reactions may mirror the complexity and hesitation captured in Mary's posture and facial expression. Perhaps Tanner intentionally emphasized those moments in our lives that transcend individual experience. While it is intimidating to be enveloped by the light, we are just as transfor-

matively bathed in its warmth if we find the faith to pursue that calling—whether it be medical, spiritual, or artistic.

Yet many healthcare workers may feel that they are being challenged or tested in unprecedented ways. COVID-era writing frequently appeals to physicians' sense of duty and commitment with phrases like "This is who we are" and "We run toward a fire." As a recent Hastings Center report found, the virtuous dedication of medical professionalism during the COVID-19 pandemic has also become a vulnerability that has predisposed many to repeated psychological trauma and moral injury.

Art historian Kelly Jeannette Baker writes of Tanner, "Light was Tanner's expression of God that radiated in his paintings to provide guidance and safety for humanity and offered comfort in the face of struggle and oppression. . . . When art became a 'drudge,' Tanner saw light that reinvigorated the process that he loved." How might physicians likewise replenish or illuminate meaning and value in the face of the extraordinary and the ordinary?

Week 40

What I intended to create was a counter-model and propose a counter-stance to the existing, dominant thought. I recall, for instance, that *Casual Passer-by* on the Boulevard Saint-Germain Des Prés in 1971 was, statistically, seen by five million people a day as they walked by. About five of them understood what it was all about. The ambiguity that lies between the five and the five million is interesting. Five million people minus five were perturbed by the fact that there was a portrait there.

—Braco Dimitrijevic, Interview with Jean-Hubert Martin (2005)

The Casual Passer-by

In 2007, a photo portrait of an unknown person was unveiled on the facade of Fisher-Bennett Hall on the campus of the University of Pennsylvania. Displayed in a manner typically reserved for a celebrity or public figure, *The Casual Passer-By I Met at 3.01 pm, Philadelphia, April 9, 2007* instead memorializes a fleeting social encounter. While visiting Philadelphia, the conceptual artist Braco Dimitrijevic met Michael Howard, a Penn student, at the corner of 34th and Walnut Streets. Dimitrijevic asked for the student's permission to be photographed, and, shortly thereafter, hung the portrait on a facade at the same intersection where they first met. Anonymous and magnified, the imposing scale of the "casual passer-by" elevates the everyman within the landscape of the university.

Dimitrijevic initiated the *Casual Passer-By* series in 1968 when he began to photograph people he met by chance in his hometown of Zagreb. In the

This essay explores themes such as Philadelphia, power, and transformation.

Originally published on April 26, 2021.



Braco Dimitrijevic, *The Casual Passer-By I Met at 3.01 pm, Philadelphia, April 9, 2007, 2007*

Photograph provided by Braco Dimitrijevic

process, the city streets transformed into a sort of museum of the arbitrary pedestrian. He has since repeated this process in cities worldwide, utilizing the facades of public buildings or cultural institutions, billboards, banners, and public transit vehicles for display. This archive of urban life celebrates the vagaries of chance, the whims of history, and the fickleness of celebrity. In so doing, Dimitrijevic charts the perpetual transformations of city spaces and calls our attention toward the unrecognized or overlooked passer-by.

Dimitrijevic's other works explore similar themes of participation, monumentality, and commemoration. In *Painting by Krešimir Klika* (1968), Dimitrijevic placed a bag of milk in the middle of a busy street; when a motorist drove over the bag, creating an abstract splatter on the asphalt, Dimitrijevic deemed him the co-author of the collaborative work. In another instance, Dimitrijevic installed plaques in city squares with conditional phrases such as "This could be a place of historical importance" that speculate about potential histories to come. By working furtively within urban spaces saturated with "messages of culture and dominant ideologies," Dimitrijevic injected "ruptures of perception" by displaying a public image without explicit purpose or function.

Reflections

Dimitrijevic's work hinges on chance. He chooses the first person who accepts his invitation to be photographed; likewise, the co-producer of his participatory street art is whoever happens to drive by. During COVID-19 and social distancing, the chance encounters and casual interactions that form the basis of Dimitrijevic's work have become less common. Many feel nostalgic over the loss of these casual communities, formed at the photocopier or on the street. In what ways are aleatory encounters with friends, colleagues, and strangers fundamental to human flourishing, and how can we foster them during and beyond the pandemic? How can we find an analogous experience within the physician-patient dynamic, in which two individuals who might never have encountered one another, connect—and often have an indelible impact on each other?

In elevating the “unnamed passer-by,” Dimitrijevic calls attention to the outsized role that certain individuals, institutions, or corporations are accorded in an urban or cultural landscape. Why, he asks, should one person or group in a democracy be ascribed “historical importance” that is withheld from most individual citizens?



Braco Dimitrijevic, *Painting by Krešimir Klika*, 1968

Photograph provided by Braco Dimitrijevic

Dimitrijevic's provocation indirectly challenges how we respond to inequality in society and healthcare—both its representation and its reality. From revisiting institutional portraiture to strategic communications about diversity, what can we learn from Dimitrijevic's efforts to democratize visibility and question the processes that regulate who is seen? How can we recognize the cumulative power of minor gestures to “perturb” us toward social change?

Week 41

It was towards the close of the fifth or sixth month of his seclusion, and while the pestilence raged most furiously abroad, that the Prince Prospero entertained his thousand friends at a masked ball of the most unusual magnificence.

—Edgar Allan Poe, “The Masque of the Red Death” (1842)

The Masque

In this unfolding scene of chaos, an unwelcome guest intrudes. Set against an ominous black background, crimson stained glass windows portend an ill-fated fête. Foreshadowed by inauspicious facial lesions at bottom right, figures that were carousing moments ago acrobatically contort in agony. As the ebony clock at top left tolls midnight, the cloaked figure of the Red Death emerges, heralding the revelers' sudden demise.

American watercolorist Charles Demuth often painted interpretations of literary scenes, such as this painting. Produced during the 1918 Spanish Influenza, it depicts Edgar Allan Poe's short story, "The Masque of the Red Death," in which a prince holds extravagant balls for his inner circle who are left untouched by a plague that "raged most furiously" among the rest of the population. Demuth captures the final scene in the story, when the revelers find that the costumed performer dressed as the Red Death is in fact an incarnation

This essay explores themes such as power and uncertainty.

Originally published on May 3, 2021.



Charles Demuth, *The Masque of the Red Death*, c. 1918

Barnes Foundation, Philadelphia (BF2009)

of the plague itself:

“And now was acknowledged the presence of the Red Death. He had come like a thief in the night. And one by one dropped the revellers in the blood-bedewed halls of their revel, and died each in the despairing posture of his fall. And the life of the ebony clock went out with that of the last of the gay. And the flames of the tripods expired. And Darkness and Decay and the Red Death held illimitable dominion over all.”

Raised in Lancaster, Pennsylvania, Demuth was afflicted by Perthes disease, a rare childhood disorder affecting the hip joints. Confined to the home for much of his childhood, he took up watercolor painting, with much of his oeuvre focused on performance and acrobatics—movement which his disability prevented him from engaging. He went on to study at the Pennsylvania Academy of Fine Arts (PAFA) and made several study trips to Paris.

In Philadelphia, he developed close friendships with Albert Barnes and physician-poet William Carlos Williams, then a medical student at the University of Pennsylvania. As Michael Brenson has written of the poet-painter friendship, “the interest that each had in the other was partly the interest he had in crossing artistic boundaries.” Both men worked at the intersection of the visual

and the literary—whereas Demuth illustrated books and painted theatrical scenes, Williams viewed his writing as a kind of painting itself.

Reflections

Demuth's milieu was influenced by interdisciplinary relationships, such as those with Barnes and Williams, in which one translated his knowledge to the benefit of the others. Barnes advised Demuth on his illnesses and purchased several of his watercolors, forty-four of which remain in the collection of the Barnes Foundation. The three men moved fluidly between their respective disciplines of visual arts, poetry, and medicine, and Demuth's friendships with Barnes and Williams offered him insight into his artistic practice, health, and livelihood. How can cross-disciplinary relationships engender identity formation and innovation that may not have been otherwise realized? How can institutions intentionally seek to foster these generative, translational relationships?

Just as Demuth learned from his contemporaries, he and many other Modernists also derived inspiration from Poe's work. In the early twentieth century, Poe's 1842 "Masque" offered both a stylistic model for writers and a cautionary tale from

pandemics past. Demuth understood the parable not merely as a subject for representation, but a prescient perspective during his own pandemic. In Demuth and Poe's work, we see human irrationality coming into tension with scientific rationality. How can a historical figure such as a writer or artist help us to negotiate challenges of contemporary life, as Poe did for Demuth, and perhaps Demuth can do for us? As the irrationalities and inequities of pandemics past persist, how can we be more attentive to history, and the history of suffering, as conveyed through the arts and humanities? How can contemporaneous engagement with the arts reveal fundamental truths about human nature and help us navigate the suffering that emerges?

Demuth's *Masque of the Red Death* performs a number of translations. First, an epidemiological phenomenon is transformed into Poe's allegorical work of literature; then, nearly a century later, that work of literature becomes a painting. Perhaps furthering this process, a contemporary viewer will doubtlessly translate the painting to their own experience, recognizing its parallel to the current COVID-19 pandemic.

The Masque of the Red Death is a visual representation of the ways in which a plague, even if it may appear to not touch certain circles initially, can be

an unpredictable equalizer of all human beings. It infiltrates. It spreads, like watercolor across canvas. Similarly, COVID-19, which has been taken more lightly by some than others, may ultimately come to affect all of us with as much force and devastation, before it ends. How can representations of pestilence such as *The Masque of the Red Death* convey the universality of the pandemic experience, no matter how different the context and demographics of those portrayals may be?

Throughout the COVID-19 pandemic, people have been impacted to varying degrees, with certain groups more vulnerable than others (e.g., the poor, the elderly, and those without access to healthcare). Compassion can help us understand the suffering of others. As Sandro Galea, MD, writes in *The Lancet*:

“Compassion extends beyond empathy. It does not motivate our action because we may too be harmed. Compassion motivates action because the phenomena we observe are unjust . . . and pushes us to understand how we have structured the world, and to ask how we can structure it better, not because we may suffer but because others are suffering and that is not how the world should be. . . . Would our approach to COVID-19 have been different were we accustomed to seeing health through the lens of compassion?”

Demuth similarly visualizes the differential impact of pandemics, and the crises of empathy they can engender. How can compassion motivate us to uphold the social contract and support others?

Week 42

Over the years of HIV and AIDS, caring for ourselves and each other, I had noticed that these preparations for the day had become a poignant and focused time for us.

—David Lebe (1996)

Morning Ritual

In the mid-nineties, photographer David Lebe and his partner Jack Potter left Philadelphia for upstate New York. With no effective AIDS treatments available, the couple sought personal refuge and pastoral tranquility, caring for one another on what Lebe described as their “last adventure.” Lebe produced the *Morning Ritual* series over the course of 1994 when, as Philadelphia Museum of Art curator Peter Barberie wrote, “Jack came very close to dying, and David also declined, but amazingly they rallied with new drug combinations that became available after 1995.”

They spent their days quietly—resting, reading, and gardening. *Morning Ritual* emerged from such small, private moments. This intimate portrait of an emaciated Potter injecting a homeopathic treatment seems to represent an attempt to assert control over his health, even if by placebo. “In this photograph Jack is injecting himself, as he did each morning, with a homeopathic wacko sub-

This essay explores themes such as *ars moriendi*, autonomy, memory, and relationships.

Originally published on May 10, 2021.



David Lebe, *Morning Ritual No. 29*, 1994

Philadelphia Museum of Art: Gift of the artist, 2016 (2016-30-115(29))

© David Lebe

stance we had little faith in," said Lebe, "because it felt better to be doing something than nothing." While their move to the countryside was initiated by a kind of desperation and darkness (in Philadelphia, "one couldn't go anywhere without passing the doorways or seeing the apartment windows of the sick or dying, or coming upon the places of friends already gone," wrote Lebe), the series *Morning Ritual* is inspired by and infused with light. As they wash, shave, and embrace, Jack and David are bathed in the gentle quietude of early morning.

In 1996, with a newfound hope for their future in the form of effective treatment, Lebe began making prints of the negatives he'd produced two years prior. "To get what I wanted," wrote Lebe, "I found I needed to make several unique and intricate burning and dodging tools for each negative. Each print involved numerous steps and it became necessary to create a special notation form to keep track of how each image was printed just to be able to go back and make adjustments a day or two later." The artistic process itself became a kind of ritual, and the resulting series a documentation of a time when the photographer thought there was no future: "It was during this time together, suspended from the world, that I made these photographs." Now in their seventies, David and Jack

continue to reside in upstate New York.

Reflections

Small gestures and fleeting moments, as captured by Lebe—feet on a bath mat, water droplets on bare skin—are lovingly elevated in *Morning Ritual*. The series emerges as a testament to the stabilizing nature of routine amid uncertainty, and to time spent together without the urgencies of a future to attend to. A sense of impending loss and grief is intertwined with tenderness; ritual persists as recourse and remedy. Lebe recalled, “Somehow though, those were not unhappy times and felt less anxious than the present.”

How can desperation be clarifying, even liberating, and permit us to derive meaning from mundane, repetitive actions that over time, may come to define the rhythm of our lives? In what ways might routines and rituals assert agency for those suffering from chronic illness and/or incurable conditions? Conversely, how can habitual patterns be destructive or belie underlying angst and fear? Many people felt a similar gratitude mixed with sadness or anxiety, even nostalgia, when pandemic restrictions were lifted. Can the routines cultivated during the COVID-19 pandemic continue to be

meaningful in the years to come? How might they help us live with chaos, cope with suffering, and forge continuity between the past, present, and future?

Art historian Michael Stone Richards wrote, “The collapse of social compacts and values has produced an equally radical awareness of mutual interconnected-ness with environments, nature, and people. Care is the name for this exposure.” Stigmatized and medically abandoned by societal and government indifference, Lebe and Potter were left to the mutual care of the other. Although the clinical encounter tends not to be reciprocal in this way, the physician-patient relationship is similarly characterized by vulnerability, trust, and a commitment to not abandon those in need of care. Just as Lebe and Potter turned to the other, when and how does mutuality occur in both informal and formal caregiving paradigms? How does *Morning Ritual* foreground the value of reciprocal exchanges, interconnectedness, and emotional support in the caregiving relationship?

Week 43

Museums are built on loss and its recollection. There is no museum without the threat of erasure or incompleteness.

—Thomas Keenan, "The End(s) of the Museum" (1996)

Commercial America

Located for nearly a century on the site of what is today part of the Penn Medicine campus, the Philadelphia Commercial Museum was built in 1899 to preserve industrial artifacts and materials from world's fairs. Feathered headdresses, Polynesian oars and spears, baskets, dioramas, figurines, jars of dry food, and more constituted its collections. Since its closure in 1991, the Commercial Museum's holdings of cultural ephemera have been lost, abandoned, or re-dispersed; remnants of the collection (last stored in a Water Department facility) were discarded by the City in 2010. Slought recuperated and displayed many of these artifacts in *Commercial America*, an exhibit predicated on an unusual gesture: an invitation to take objects home, with the hope they might find renewed meaning and stewardship in the private domain. The objects on display in *Commercial America* were shown without captions, in acknowledgment of their lost provenance.

This essay explores themes such as autonomy, economy, Philadelphia, and trauma.

Originally published on May 17, 2021.



Installation shot of *Commercial America* at Slought, 2010

Slought Foundation, Philadelphia

Founded by William Wilson, a botany professor at the University of Pennsylvania, the Commercial Museum was inspired by the 1893 Columbian Exposition in Chicago. It went on to become an official repository for world's fair artifacts at a time when global colonialism sought to catalogue, order, and manage the world and its commodities. In this way, the Commercial Museum functioned both as a tourist destination as well as an educational resource on foreign commerce and industry. The museum also distributed a monthly publication, *Commercial America*, from which the Slought exhibition took its name. It is particularly ironic that the museum's history reflects late nineteenth-century optimism about commerce given the museum's inability to adapt to changing conditions over the course of the twentieth century leading to its subsequent dissolution.

In posing an alternative to institutional processes of collecting, the Slought exhibit, *Commercial America*, raised questions about storage and preservation, and the presumption that institutions store artifacts in perpetuity. The project also responded to the work of Michel Foucault, who challenges us to privilege moments of rupture in order to interrupt institutional modes of thought. The eventual closing of the Commercial Museum is one such instance of discontinuity. *Commercial*

America, then, sought to reveal museums as sites of contradiction and struggle around the systems we entrust to care for, preserve, and honor the past.

Reflections

Consider the ethos, methodology, and deployment of care, as it pertains to preservation in museums and caregiving in hospitals. How do these institutions share a similar imperative to navigate, recuperate, and reconcile historically fraught relationships and patrimonies? How might they develop more intimate practices of preservation and caregiving that are mindful of histories of abandonment and honor an individual's or group's lived experiences? When might people, objects, and histories be better cared for in the personal or domestic domain, as *Commercial America* suggests? As Michel Foucault implores, how might we approach this "moment of rupture . . . to interrupt institutional modes of thought"?

Distrust of public institutions' ability to respect and care for cultural artifacts and human remains resurfaced on the occasion of the thirty-sixth anniversary of the MOVE bombing. In 1985, Philadelphia police intentionally bombed a resi-

dential street in West Philadelphia, killing eleven members of the Africa family. In May 2021, the Philadelphia Department of Health revealed that its former commissioner, Thomas Farley, MD, ordered the cremation of several members of the Africa family without consent. In addition, the Penn Museum, located immediately adjacent to the former Commercial Museum and the current Hospital of the University of Pennsylvania, retained the remains of Tree and Delisha Orr Africa, two young members of the Africa family, also without consent. Activists and scholars have recently called attention to the controversial ethics of professors and anthropologists at the Penn Museum utilizing remains of the Africa family's children as didactic tools, again without permission or knowledge from the family. Moreover, the proximity of a museum and hospital within the same academic landscape further underlies fraught practices of collecting, displaying, or disposing of histories, human remains, and cultures across institutions.

Activist Abdul-Aliy Muhammad wrote in an opinion piece for *The Philadelphia Inquirer*:

“Black people, our bodies, and our remains are not academic ‘strange fruit.’ We are not playthings nor instruction devices for anthropologists. Our sacred

vessels deserve to rest in peace and be respected. There needs to be a broad reckoning for this kind of academic depravity that has left deep wounds. Healing and reconciliation can only happen when the demands of the harmed—particularly the MOVE family—are met.”

The Penn Center for Experimental Ethnography similarly asked: “Why do so many people end up in museums? Within a forensic framework, the stated objective is to restore personhood to remains, but how is this possible when they are still held and addressed as specimens (which abstracts them from personhood)? What guidelines exist to support ethical practices in fieldwork and with collections? What could a community-led approach to research and repatriation look like?”

Week 44

The world of play, to which art belongs, stands in most important and interesting contrast with the stern realities of life.

—Karl Groos

The Card Players

Visitors to the Barnes Foundation encounter Paul Cézanne's *The Card Players* almost immediately upon entering the collection's main gallery. Life-size figures occupy the massive painting, hung on the west wall; the empty fourth side of the table invites the viewer to sit down and join in. Indeed, it appears as if we've happened upon a gathering of field hands—assumed to be employed at the Cézanne family estate in Aix-en-Provence—focused intently on a game of cards. Unlike earlier depictions of card playing, such as Caravaggio's *The Cardsharps*, the players are not active or animated; they exist, endlessly, in anticipation of their next move, which we imagine immediately follows this scene. The stoicism and monumental scale of the piece ennoble its humble players to a status usually reserved for grander subjects like religion or mythology.

“Without the usual moral lesion, extraneous realist details and gestural expressivity,” writes

This essay explores themes such as identity, the quotidian, and uncertainty.

Originally published on May 24, 2021.



Paul Cézanne, *The Card Players (Les Joueurs de cartes)*, 1890–1892

Courtesy of Barnes Foundation

art historian André Dombrowski, card playing is “instead condensed by Cézanne into grave and concentrated action and form.” This meticulously crafted composition of pictorial setness and counterbalance (note, for example, the voluminous gold drapery at far right and bright red kerchief on the standing figure) was prefaced by several preparatory works and sketches, including single-figure studies of each model. Technical analysis of a related *Card Players* painting performed by The Metropolitan Museum of Art revealed Cézanne likely artificially constructed these scenes; this game presumably never took place. This work is instead an intentional study of architecture and geometry.

Cézanne painted this commanding work, believed to be the second, and largest, in a series of five, when he retired from Paris to Aix. The Provençal artist often took inspiration from local peasants, such as those depicted here, and from nearby landscapes—Mont Sainte-Victoire was a favorite—which he painted constantly throughout his life. Unlike the burgeoning metropolis of late nineteenth-century Europe, Aix, where he produced much of his later oeuvre, appealed immensely to Cézanne for its slower, simpler way of life. Eliding action or narrative, this solemn, unromantic scene conveys the rituals of a peo-

ple and place that, for Cézanne, would remain timeless.

Reflections

Cézanne's card playing motif reveals an interest in the role of chance and contingency in everyday life, building upon seventeenth- and eighteenth-century genre painting traditions. As art historian Margaret Iversen writes, "One might plausibly maintain that since the game involves a mixture of chance and choice, accident and skill, it models perfectly Cézanne's manner of painting." We might say the same of medicine in that some combination of logic and luck often determines the course of patient care. This can be a challenging truth to reconcile, as our society, and medicine in particular, strives for certainty and control. That entities like cancer can be stochastic and aleatory, and despite best efforts such as lifestyle modification and risk factor prevention, the worst can still happen; in other words, sheer randomness can find anyone. As Barbara Boggs Sigmund said of her metastatic melanoma diagnosis, "Evil, illness, accident, injustice and bad luck strike the self-improved and unimproved alike."

How can physicians and patients learn to embrace



Caravaggio (Michelangelo Merisi), *The Cardsharps*, c. 1595, Oil on canvas. 37 1/16 x 51 9/16 in. (94.2 x 130.9 cm), AP 1987.06

Photograph provided by Kimbell Art Museum, Fort Worth, Texas

the sizable role of chance in clinical care? How might explicitly incorporating chance into diagnosis conversations help address patient anguish, set realistic expectations, and still leave room for hope?

As Dombrowski argues, around the time Cézanne produced *The Card Players* in the 1890s, anthropologists and psychologists theorized that play and games were a central component of human socialization. Although Cézanne was likely unaware of these developments, “the existence of

this body of thought underscores that the very profundity and nobility that Cézanne gave to the card game . . . as a central and indispensable (qua ‘instinctual’) preoccupation in life. . . . Cézanne . . . can be said to emphasize that play is not a mere frivolity and leisure activity, but a central tool of human consciousness, learning and association, on the same level as art.”

Indeed, Cézanne depicted a representation of workers partaking in leisurely after-work scenes, at the tavern playing cards. We might think of the card players as resisting modern industrial life, including its demands of constant productivity and efficiency. In focusing on the simple act of *being*, Cézanne elevates and imbues dimensionality to identity beyond one’s vocation. How can we apply a similar lens to healthcare workers, particularly at this moment when chaotic scenes of caring for the critically ill permeate our visual lexicon? In other words, how might representing the clinician experience as confined to the intensive care unit or the wards ultimately be detrimental to healthcare worker well-being? How can we create space for a more holistic portrayal that affirms the meaningfulness of dedicating one’s professional life to the care of others? How can we avoid the tendency to romanticize caregiving as a heroic act of self-sacrifice?

Week 45

And where my youth was, now the
Sun in you grows hot, your day
is young, my place you take
triumphantly. All along
it's been for you, for this lowering of
your horns in challenge. She
had her will of me and will not

let my struggling spirit in itself be
free.

—Robert Duncan, from "Rites of Passage II"
in *Ground Work: Before the War* (1984)

The Sun: Tarot XIX

In this collage by the California “beat generation” artist known simply as Jess, human anatomical diagrams are interposed with lithographs of ancient civilizations and Tarot card iconography. With a postmodern irreverence, the collage resists dominant fine art sensibilities of the day such as Abstract Expressionism and Pop Art, replacing hierarchy and a minimalist aesthetic with randomness and excess. Jess was known for these “paste-ups” that could take years to produce. He utilized hundreds of images from found materials and ephemera—books, old magazines, puzzle pieces, steel engravings, newspapers—to produce a fantastical intermingling of science and mysticism.

Born Burgess Franklin Collins, Jess worked as a plutonium chemist for the Manhattan Project during World War II. After struggling with the moral implications of his career, he left nuclear energy to pursue art at the University of California, Berkeley and the California School

This essay explores themes such as community, identity, spirituality, and transformation.

Originally published on June 1, 2021.



Jess (Jess Collins), *The Sun: Tarot XIX*, 1960

Philadelphia Museum of Art: Purchased with the SmithKline Beckman Corporation Fund, 1984 (1984-78-1)

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of Fine Arts. He immersed himself in a radically different world that largely eschewed formal structure and empiricism in favor of social networks bound by creativity and mystic philosophy. Alongside his partner, legendary American poet Robert Duncan, Jess went on to become a transformative figure in the West Coast counterculture. Mutual interests in mythology, the occult, and the supernatural imbued their respective practices with an aesthetic irreverence that set them wholly apart from the mainstream. As friend of the couple, Christopher Wagstaff, recalled, “Jess’s collages and drawings were often published to accompany Duncan’s writing, acting as springboards or counterpoints for specific poems and essays. Duncan’s poems and ideas in turn permeated the complex imagery of Jess’s sensitive works.”

Theirs was a vitalizing and harmonious relationship that spanned nearly four decades and fostered a local community of writers and artists in San Francisco. Even the Victorian Mission District home Jess and Duncan shared flourished as a collaborative space, a testament to the intimate artistic community they created for themselves and close friends. The four-story artistic “wonderland” was filled with original fairytale editions, Greek mythology, Greek mythology, writings of Gertrude Stein, and art by Helen Adams,

Wallace Berman, George Herms, and more. Jess, Duncan, and their artistic circle created for their own enlightenment and enjoyment, not for the market and rarely for public display. Jess once described envisioning elaborate tapestries from hundreds or thousands of collage elements: “For most of us—certainly for me—the mythic imagination carries a level of reality that can be equal to or greater than logic and the scientific method. I try to bring together many story possibilities that will trigger more stories and more possibilities. . . . It’s all about the romantic imagination and creating something that does not stop where my imagination leaves off.”

Reflections

Jess and Duncan’s vibrant artistic community may invoke nostalgia or yearning for collaborative and dynamic in person working environments, which can often be fertile ground for innovation and exploration. Although their social world formed organically, Jess and Duncan’s community begs the question: during a pandemic when in person gatherings are fraught with risk, how can institutions foster or even incentivize informal exchange and creative communities centered on shared interests and mutual goals? Similarly, what other

factors might prevent the organic formation of such networks in a contemporary academic or medical context? Consider networks as varied as women in medicine, journal clubs, narrative medicine, and diversity, equity, and inclusion groups. What benefits do these communities engender, from participant well-being, belonging, and purpose, to research opportunities and mentorship?

How can we better position
medicine and the arts as
complementary to clinician
well-being?

Although perhaps antithetical to a conventional career path in the sciences, might we think of Jess's mythical pursuits in the arts as a natural progression of his intellectual and spiritual awakening? In other words, a job in engineering extended into an artistic exploration of the immaterial, yet both driven by an interest in and reverence for the unknown. For physicians who may feel disillusioned, what novel, creative, or unconventional pursuits can inject new meaning into one's personal and professional life? How can we foster creativity as an antidote to clinical disillusionment and better position medicine and the arts as complementary to clinician well-being?

Week 46

Stars—spectacular representations of living human beings—act out various lifestyles or sociopolitical viewpoints in a *full, totally free manner*. They embody the inaccessible results of social labor by dramatizing the byproducts of that labor which are magically projected above it as its ultimate goals: power and vacations.

—Guy Debord, *The Society of the Spectacle* (1967)

Kim Kardashian is Dead!

In the fall of 2019, Slought and the Social Justice and Arts Integration Initiative at the University of Pennsylvania presented *Kim Kardashian is Dead! And Other Stories*, an exhibition of photographic and filmic works by artist-activist Indrani Pal-Chaudhuri engaging issues of social justice and human rights. The exhibition's works were produced in collaboration with foundations, community activists, artists, and celebrities such as David Bowie, Serena Williams, and Alicia Keys, among others.

The title derives from the 2010 Digital Death campaign in which Pal-Chaudhuri photographed a deceased Kim Kardashian in a coffin with the caption declaring, "Kim Kardashian is Dead!" Other celebrities similarly posed for the campaign, their abstention from social media constituting a fictional death. The campaign asked for donations to 'revive' or return the stars to their social media platforms. In six days, *Kim Kardashian is*

This essay explores themes such as absurdity and consumption.

Originally published on June 7, 2021.



Photo by Indrani Pal-Chaudhuri and Markus Klinko, produced by GK Reid, for Keep A Child Alive, TBWA\Chiat\Day, New York

Photograph provided by Indrani Pal-Chaudhuri

Dead! raised six million dollars for individuals afflicted with AIDS in Africa and India. Daphne Guinness—herself a celebrity and heir to the Guinness fortune—noted, “This campaign is so striking and draws attention not only to the AIDS disaster in Africa but also to how we have lost our way in what we care about.”

Kim Kardashian is Dead! And Other Stories provoked dialogue on the ethics of leveraging fame and fantasy to promote and inspire social change. Similar projects included David Bowie’s *Valentine’s Day*, a music video starring the musician exploring the mind of a high school mass shooter; the short film *Girl Epidemic*, featuring media hysteria as men in hazmat suits quarantine girls in a pandemic metaphor for the millions of girls disappearing because of sex slavery, child labor, and infanticide; and a conventional public service announcement, *Crisis in the Central African Republic*, featuring Mandy Moore advocating for equitable health care and distributing mosquito nets to protect against malaria. Such experimental approaches to advocacy and social justice embody the ethos of Pal-Chaudhuri’s work: the mobilization of celebrity to further ethical imperatives. The exhibition remains a striking commentary on the unprecedented power of social media and celebrity, its complexities and complicities.

Reflections

Physicians have taken on a kind of transient celebrity status during the COVID-19 pandemic. Anthony Fauci, MD, in particular, has assumed a degree of cultural iconicity rarely occupied by public health experts, as a pandemic weary nation looks to a leader for evidence-based guidance and authoritative reassurance. In many ways, Fauci has become the voice of reason and bastion of science against a tidal wave of misinformation that has culminated in a global pandemic and the deaths of millions of people.

We recently asked Pal-Chaudhuri for her thoughts on the Fauci phenomenon, his role in the COVID-19 pandemic, and how he has become a polarizing figure. Pal-Chaudhuri responded, “Celebrity is a way of symbolizing something. As a person becomes an icon, they become a text that speaks to all the things they’ve done. Celebrities are not people anymore. They’re representations or even fetishes in a way.” How did Fauci’s ascension to celebrity status complicate the objective of vaccinating all Americans, and perhaps most concerningly, fail to instill confidence in the medical establishment within the national conscience? What can healthcare practitioners and

local governments learn from *Kim Kardashian is Dead!* to positively impact discourse on public health and motivate or inspire people to engage and uphold the social contract itself? How might health systems, medical organizations, and local governments more creatively appeal to compassion and empathy through thoughtful social media campaigns and publicity tactics?

The strategy of Pal-Chaudhuri's project was two-fold: the spectacle of the 'deaths' of Kardashian and others from AIDS and their disappearance from social media, and the implicit assertion that the arts are an indispensable means of advocating for social change. In effect, Pal-Chaudhuri's photographs wryly gamified the aesthetic of celebrity and cultural capital to support a dire humanitarian crisis. *Kim Kardiashian is Dead!* then begs the question: is spectacle necessary to incentivize people to act and care about precarity, suffering, and death? How did Pal-Chaudhuri's gesture in this project expose our desire to be seen and have proximity to power within an economy of prestige—which is to say, confront our expectation of reciprocity and the limits of our own altruism?

Consider crowdfunding efforts or mass philanthropy campaigns for other medical causes, such as the viral 2014 ALS Ice Bucket Challenge, which

similarly relied on social media spectacle and generated a staggering \$115 million for medical research. Despite this unprecedented success, it ultimately failed to reproduce comparable results the following year. How do such fundraising tactics reflect the outsized role of impactful, efficient visuals to appeal to the public's attention span and willingness to engage (i.e., donate)? How might the arts facilitate emotional connection and convey the urgency of sustainably supporting social and medical causes? In other words, how can the arts universalize the human experience and inspire us to care and love more for one another, however distanced we may initially feel from the cause? If the arts produce spectacle, how can we forge a commitment to giving beyond transient moments of entertainment? How can we make meaningful space in our lives to help others in subtle, unacknowledged, or less spectacular ways?

This entry is derived from curatorial language written by Indrani Pal-Chaudhuri, Eduardo Cadava, Aaron Levy, and GK Reid originally published on the Slought Foundation website.

Week 47

When a physician speaks to you of aiding, assisting, and supporting nature . . . he just tells you the romance of physic. But when you come to the truth and experience, you find nothing of all this; and it is like those beautiful dreams, which, on awaking, leave nothing but the regret of having believed in them.

—Molière, *The Imaginary Invalid* (1673)

The Hypochondriac

In this chiaroscuro scene, popular caricaturist Honoré Daumier transforms French playwright Molière's popular play *The Imaginary Invalid* (1673) into a severe representation of the doctor-patient relationship. Most striking is the dramatic contrast of light and darkness. The two figures are illuminated against the shadowy background, and contextual details are sparse aside from a small side table to the right with bowls, a spoon, and bottle. Light contours discrete areas of the physician's head, jabot, and hands. His dark cloak disappears into the black interior of the room. Wispy, translucent brushstrokes lend a ghostly pallor to the patient, Argan. Hand limp in the physician's firm grasp, Argan's listless head drops back onto the chair with mouth agape and hollow eyes falling into shadows.

The overall effect is stark and almost hallucinatory; we have been offered an eye into the hypochondriac, who appears unwell or even dead but

This essay explores themes such as absurdity, relationships, and uncertainty.

Originally published on June 14, 2021.



Honoré Daumier, *The Hypochondriac (Le Malade imaginaire)*,
1860–1863

Barnes Foundation, Philadelphia (BF75)

who we know, from the painting's title, is only imagining his ailment.

Within the main gallery ensemble at the Barnes, *The Hypochondriac* is paired with another work by Daumier, *Two Drinkers*. The latter evokes a similar stylistic composition, with an emphasis on design at the expense of context. This work shows a pair of hard-bitten men stooped over a small table in shadow. Both paintings are suspended in the ambiguity of a brief moment of intense interaction. Deep space engulfs the individuals in the paintings, and the artist infuses the canvas with somber colors, dramatic highlights, and dark contrasts. Like *The Hypochondriac*, *Two Drinkers* explores the dynamic of a relationship once all else is stripped away.

An astute observer of the world around him, Honoré Daumier was a nineteenth-century French painter and satirist who created thousands of works targeting corruption, unfair taxation, and pretension. His oeuvre became synonymous with humorous, biting commentary of Parisian bourgeoisie, the justice and education systems, and race and gender roles. Other depictions of the hypochondriac—a subject to which Daumier returned repeatedly—are more aligned with the artist's satirical reputation. In *The Imaginary Illness*,



Honoré Daumier, *The Imaginary Illness*, c. 1860–1862

Philadelphia Museum of Art: Purchased with the Lisa Norris Elkins Fund and with funds contributed by R. Sturgis Ingersoll, George D. Widener, Lessing J. Rosenwald, Henry P. McIlhenny, Dr. I. S. Ravdin, Floyd T. Starr, Irving H. Vogel, Mr. and Mrs. Rodolphe Meyer de Schauensee, and Mrs. Herbert Cameron Morris, 1954 (1954-10-1)

a work housed at the Philadelphia Museum of Art, for example, the physician and patient are more clearly defined as caricatures and an assistant carries a comically oversized enema. Unlike these comedic iterations that imply feigned symptoms, this harrowing version of *The Hypochondriac* at the Barnes is seen from the perspective of the patient. Here, the viewers inhabit the fearful state of the patient as Daumier conflates the mind and the



Honoré Daumier. *Two Drinkers (Les Deux buveurs)*, c. 1858

Barnes Foundation, Philadelphia (BF1197)

body, the fictitious and the real.

Reflections

In the Barnes version of *The Hypochondriac*, Daumier captures a moment in French medicine, during the second half of the seventeenth century, when physicians relied on bloodletting and purging to recalibrate the humors. Absent this historical context, Daumier's composition conveys intensity with daunting obscurity. Hung on the east wall of the Main Gallery at the Barnes alongside works by Rembrandt and Cézanne, *The Hypochondriac* occupies a central position in the collection of Albert Barnes, himself a physician.

Is the piece comedic and absurd, or does it portray affliction and pain? Do we empathize with or fetishize the patient's distress? Does the ambiguity of the work limit its capacity to be cathartic? What happens to caregiving and the search for meaning absent catharsis? Does ambiguity and uncertainty surrounding the state of one's health similarly prevent catharsis? When do we in modern medicine tend to be dismissive of a patient's physical suffering (i.e., "the worried well") and deem it psychological, distorted, or even a farce? How can we learn to acknowledge a patient's lived

experience and perceived vulnerabilities as real, irrespective of etiology?

Daumier establishes relationality between the doctor and patient in both versions of this scene. Whereas the Philadelphia Museum of Art caricature emphasizes an imbalance between the hovering doctor and subordinate patient, the Barnes painting enshrouds both figures in darkness. How has the COVID-19 pandemic similarly plunged practitioners and patients into ambiguity?

Particularly at the onset of the pandemic, both felt a heightened sense of precarity and fear of contagion, which at times obliterated any power differential and may have generated a sense of togetherness. Conversely, each may have regarded the other as a threat. How might *The Hypochondriac* help us to reflect on and acknowledge fears of uncertainty and loss of control as shared experiences in this moment? Similarly, how might it convey anxiety about the health or lack thereof of the body politic as the COVID-19 pandemic continues to unfold? What can we do to retain a sense of empathetic mutuality in the clinical encounter moving forward?

Week 48

I started to concentrate more upon how the viewer looks at photographs. . . . I would insert my own text or my own specific reading of the image to give the viewer something they might not interpret or surmise. . . . So I would start to interject these things that the photograph would not speak and that I felt needed to be revealed. But that couldn't be revealed from just looking at an image.

—Lorna Simpson

C-Ration

This monochromatic diptych by American artist Lorna Simpson accumulates layers of meaning with sustained viewing. The work's title, *C-Ration*, refers to the canned, precooked meals dispensed to U.S. soldiers during World War II, broadening the implications of the searing text, "Not good enough / But good enough to serve." One might notice visual similarities between the two photographs: the white platter on a black background on the left is inverted on the right, with a woman's dark collarbones and chest mirroring the curvature of the platter and her simple white shift. Then, the alternating black and white serif text that Simpson has imposed onto the images introduces a historico-political dimension to the work, gesturing toward the servitude of Black women in the United States.

Though they may seem uncomplicated in appearance, Simpson's work does not offer a straightforward interpretation. Instead, we are challenged

This essay explores themes such as economy, identity, and power.

Originally published on June 21, 2021.



Lorna Simpson, *C-Ration*, 1991

**Philadelphia Museum of Art: Gift of Marion Boulton Stroud, 2012
(2012-154-1)**

© Lorna Simpson

Courtesy the artist and Hauser & Wirth

to make our own conclusions and reconsider assumptions of gender, identity, race, and history. Art historian Gwendolyn DuBois Shaw writes that Simpson's Black female subjects "defiantly refused the gaze of the viewer, offering only turned backs and a few words of enigmatic text. When [Simpson] did photograph the front of a model, the head would be cropped out of the frame so that only the lips and chin were visible, denying access to the eyes and by extension the interiority of the subject." Simpson draws inspiration from writer bell hooks, who describes how "the politics of slavery, of racialized power relations, were such that the slaves were denied their right to gaze." The effect in *C-Ration* is a kind of atemporality. The intentional obscurity harkens back to the work's text and title; servitude, Simpson implies, is not only a historical condition.

The elusive figure in a simple white dress appears time and again in Simpson's work; she is photographed in fragments but her face is never revealed in full. In *Guarded Conditions*, for example, we see a woman from behind, overtly standing on an elevated platform, arms crossed behind her back. Below the series of images, the words "sex attack" and "skin attack" appear in rhythmic perpetuity. Art historian Huey Copeland interprets the work as evocative of the American slave

trade's auction block, which, he writes, reduced Black women to "circulating objects of sexual and pecuniary exchange." In a similar work, *Untitled (Two Necklines)*, Simpson uses the image of a Black woman's collarbone as seen in *C-Ration*, this time with the words "ring, surround, lasso" and "feel the ground sliding from under you." These works juxtapose the "antiportrait" of Black women with violent, provocative, or otherwise oppressive text, forcing a reconciliation in the viewer between the woman and that which she has been forced to endure.

Reflections

Invoking past and present day domestic labor, Simpson's photography engages the audience with a broad critique of servitude in its many forms. The elusive temporality of *C-Ration* invokes the question: what does the work reveal about our society that we cannot identify whether this woman is a contemporary of the viewer or a figure of the past?

Consider the kinds of low-paid labor within the care economy, including hospitals, nursing homes, and long-term care facilities, usually performed by women of color and immigrants. Historian

Gabriel Winant writes in his recent book, *The Next Shift: The Fall of Industry and the Rise of Health Care in Rust Belt America*, “poverty wages, understaffing, stress, precarious scheduling, and workplace disrespect often come with the job for people who wash and feed bodies, do laundry, change sheets, clean rooms, administer medication, run tests, provide therapies, and proffer emotional support.”

How does the intentional omission of the subjects’ faces in Simpson’s work reflect their anonymity in the eyes of the public and the government? In what way does Simpson’s aesthetic call our attention to the abuses that lack a public dimension? Why do millions of domestic workers and low-paid healthcare workers similarly remain “faceless” and “nameless,” despite their essential role in medicine and society?

A 2020 report published by the Economic Policy Institute estimates that over two million people in the United States are domestic or care workers. The vast majority of this population (ninety-one percent) are women, and just over half (fifty-two percent) are people of color. Moreover, the care industry remains under-regulated by the government, which has largely failed to incorporate these workers into federal labor and employment pro-

tections or enact measures to protect their rights, rendering them especially vulnerable to exploitation. One medical secretary interviewed for Winant's book described holding her urine during long shifts in an under-staffed unit, where she was not afforded bathroom breaks. Over time, she incurred lasting bladder damage from such inhumane working conditions. Winant writes, "Where there had once been a service ethic—exploitative but also with real resonance—there was now something more like servitude."

At a moment when health systems and institutions are increasingly committed to racial justice, how can the arts be instrumental in visualizing society's contradictions, inequalities, and forms of oppression? How can images like this one be an entryway into difficult conversations and ultimately materially benefit care laborers? How can the arts improve the care of those who do the work of caring for others?

Week 49

Since every way of seeing the world—past and present—excludes hundreds of alternatives from view, the power to define what particular version of history becomes the public history is an awesome power indeed.

—David Glassberg, *American Historical Pageantry* (1990)

The Yellow Book

In 2016, curator Haely Chang in collaboration with Slought presented “Sinking under the dark sea,” an online project about the 2014 Sewol Ferry Disaster and the contestation of memory in South Korea. The Sewol sank in the Yellow Sea in April 2014, killing 304 passengers including 261 Danwon high school students on their way to Jeju Island for a field trip. One year after the tragedy, four designers and fifty-nine illustrators of children’s books came together in collaboration and published *The Yellow Book*, a graphic novel that documents the disaster and its aftermath. “Sinking under the dark sea” was organized in the months leading up to the third anniversary of the disaster and featured a new English-language translation of *The Yellow Book*.

Since the events of April 2014, public understanding of the Sewol disaster in Korea has emerged at an intersection of two discrete sets of memories—the “official” and the “vernacular.” According

This essay explores themes such as absurdity, community, grief, and memory.

Originally published on November 8, 2021.



Multiple artists, page from *The Yellow Book*, 2015

Slought Foundation, Philadelphia

to historian John Bodnar, official memory is often shaped by governmental and corporate elites “for the purpose of stabilization of the status quo” and “to foster patriotism and civic duty.” In the case of the Sewol, the government sought to influence the collective memory and understanding of the disaster with the complicity of mainstream media. Unsupported and, at times, even fabricated aspects of the disaster circulated, both of which downplayed the scale of the calamity and concealed the government’s incompetence in handling the crisis. In this “official” reconstruction of the truth, the victims of the Sewol register as anonymous statistics and numbers of lives lost. In so doing, the victims are dematerialized and disembodied, at once inhibiting individual empathy and engendering a general societal apathy.

The Yellow Book records this contestation of memory surrounding the Sewol disaster. Short captions on each page reference “official” memories of the event as presented by the government, media, and laypeople. These are contrasted with vernacular accounts featuring voices and visual representations of survivors and families. The sixty-three artists and designers of *The Yellow Book* released their work online for free on the first anniversary of the disaster to enable its dissemination. As they had hoped, the images and text circulated broadly

in South Korea in print and across various Korean social media platforms. *The Yellow Book* itself has become a powerful political statement, one that “Sinking under the dark sea” extended by contributing to ongoing efforts of remembrance and memorialization within South Korea and abroad.

Reflections

Some years later, the Korean public remains divided on basic questions concerning what happened and how the disaster should be remembered. This interruption of tragedy resembles the Jeju Massacre (1948–54) and the Gwangju Democratization Movement (1980), wherein the government inhibited the process of mourning by urging the nation to move on. *The Yellow Book* conveys a distinct response to mass trauma as told by a collaborative. Here, the victims are represented not as anonymous figures but rather as daughters, sons, parents, and friends whose individual absences continue to be mourned. How might a collective approach, as enacted here, be highly therapeutic for both an inner public (e.g., the artists) and an outer public (e.g., the readers)?

The ethical imperative to mourn and to remember ultimately took precedence over any admonish-

ment to come to terms with the Sewol disaster. What happens to memory in a landscape of distrust when testimony itself is contested? Who controls the narrative of tragedy and how does this affect individual processes of mourning? How can art help us contest this instrumentalization of loss and bridge private and public expressions of grief? How can public displays of grief become the basis for a new politics built on shared vulnerability and loss?

In the case of the Sewol disaster, governmental violence took various forms—the government laid the groundwork for the crisis by not regulating the safety of the ferry; it could have done more to save the victims, and it sought to control the narrative and spread misinformation to protect itself. Under similar conditions of misinformation and in the absence of traditional memorialization, how do we create space for mourning and remembering those lost to the COVID-19 pandemic? How is loss memorialized in places of caregiving, which are often sites of grief, but rarely of commemoration?

Artist Suzanne Brennan Firstenberg's ongoing installation "In America How Could This Happen..." took one approach, dotting the National Mall in Washington, DC with 270,000 flags, each representing a life lost to COVID-19.

The number of flags grows over time as more Americans pass away. The wrenching installation offers an alternative to official government commemorations of the pandemic—itsself a kind of “vernacular memory” that creates space for grief while also holding people and systems to account, amounting to a call for justice. How do artists like Firstenberg and the contributors to *The Yellow Book* offer a more complex and intimate portrayal of mass tragedy? Further, how do such works serve as commentary on the role of governmentality in times of crisis, and the tendency for how systems that are meant to protect us, ultimately fail us?

This entry is derived from curatorial language written by Haely Chang originally published on the Slought Foundation website.

Week 50

When I stand before thee at the day's
end, thou shalt see my scars and
know that I had my wounds and also
my healing.

—Rabindranath Tagore

Bishops and Saints

This late medieval panel painting spotlights three saints who were believed to offer protection from the plague. At center, Saint Roch gestures to a scar from his own affliction, from which he recovered with the help of a faithful dog who licked his sores and brought him bread. An angel vouchsafes this miracle by extending a hand in blessing in reference to the Eucharist. To the right is the early Christian martyr Saint Sebastian, depicted in two different chronological moments. In the foreground, we see him in the afterlife holding a bow, symbolic of his martyrdom and immortality. In the distant hilly background, we witness his execution by a volley of arrows. The bishop to the left—likely Saint Remigius—suggests this panel was commissioned by church patrons to solicit the saints’ protection against plague or to express gratitude for their survival.

Sold in the nineteenth century without provenance, this panel’s origin is unknown. Certain

This essay explores themes such as iconography, meditation, renewal, and suffering.

Originally published on July 5, 2021.



Unidentified artist, *Bishop Saint, Saint Roch, and Saint Sebastian*, c. 1460–1480

Barnes Foundation, Philadelphia (BF418)

formal qualities informed by the Flemish tradition, such as the extensive detail in the figures and landscape, date the work to the late fifteenth century. Likely displayed in a side chapel, aisle, or other highly visible public location, the votive panel served as a devotional aide for churchgoers.

At the Barnes, this relatively diminutive painting hangs in Room 23, the final ensemble viewers experience before exiting the Foundation. Anchored by a Renoir and flanked by smaller paintings by Italian artist Giorgio de Chirico and Philadelphia painter Angelo Pinto, the ensemble juxtaposes modern and post-Byzantine religious works. The surrealist qualities of the modern pieces align with the supernatural elements of this medieval piece, in which two events from different historico-religious moments are conflated into a singular scene. At a time when literacy was rare and a resurgence of the bubonic plague was spreading across Europe, transmuting the stories of the plague saints in this way would have resonated strongly with viewers.

Reflections

In the post-Byzantine church, religious art was a vehicle to bear witness to the burdens of the world

and a means to navigate one's own suffering. The viewing experience was both cathartic and didactic, a demonstration that faith could be protective and restorative in illness and crisis. In moments of uncertainty, the arts similarly render visible the powerful forces that we faithfully hold to be protective. Like the saints in this panel, the arts function as an intercessor, mediating between despair and hope, the intimate and universal, particularly when scientific facts feel obscure and statistics too impersonal.

As we transition into new chapters of the pandemic, one less marked by disease and fear, how can the arts commemorate the extraordinary grief carried by some and the transformation likely experienced by all of us? How can the arts remain a means to navigate a new normal and help us collectively re-enter society? As depicted in this panel from plagues past, in what ways can the arts move us forward in hope, however marked we may be by scars and loss? How can the arts give representation to otherwise invisible struggles and, in so doing, help us heal?

Week 51

If we depend on sight—which seems to offer a frictionless domination over reality—we may avoid the pains and uncertainties of living, but we also lose our involvement with life.

—Gabriel Josipovici, *Touch* (1996)

The Laying of Hands

In this vibrant lithograph, coalescing blue, red, and yellow avian figures gather in the center, surrounded by spiraling patterns of punctuation-like forms. Blue cursive at bottom right reads, “The laying on of hands is a time honored ritual regarding the awakening of insight. Its motion is the inexorable twiness of the serpent and its wisdom is the ability to see what’s hidden in plain view.”

Carefully melding textual and expressive elements, Philadelphia-born printmaker and artist Edgar Sorrells-Adewale’s *The Laying On of Hands is a Time Honored Ritual* instantiates a ritual of its own. Notably, the handprints’ tactile relief calls to mind the iterative labor and care inherent to lithography, wherein the artist etches a design into limestone and then presses paper onto the stone. Because this print includes multiple colors, each layer would have been engraved and printed separately, overlaying atop one another to create the combination of elements we see. This “laying on of

This essay explores themes such as education, healing, and Philadelphia.

Originally published on July 12, 2021.



Edgar Sorrells-Adewale, *The Laying On of Hands is a Time Honored Ritual*, 1997

Philadelphia Museum of Art: Gift of the Brandywine Workshop,
Philadelphia, in memory of Anne d'Harnoncourt, 2009 (2009-61-81)

Photograph provided by Edgar Sorrells-Adewale

hands” may also evoke a priest or other spiritual figure who physically touches a person or object of concern in a symbolic or formal act of healing or blessing.

The Laying On of Hands exemplifies the aesthetic and ethos of the Brandywine Workshop, a center of contemporary African-American printmaking based in Philadelphia. Since its founding in 1972, the workshop has grown to become an internationally recognized center for the arts and a vital part of the Philadelphia community. Dedicated to creating prints and to broadening the public’s appreciation of this art form, the workshop fostered such artists as Howardena Pindell, known for her intricate paintings and video art about experiences of racism; Sam Gilliam, whose painted draped tapestries are a staple of postwar abstraction; and Isaiah Zagar, whose tile mosaic murals dot Philadelphia’s South Street and feature in the city’s Magic Gardens. Brandywine’s spectrum of artistic voices and diverse approaches to image-making was transformative for young artists of color, including Sorrells-Adewale.

In 2009, the Workshop donated one hundred prints to the Philadelphia Museum of Art. Three years later, the Museum presented the exhibition, *Full Spectrum: Prints from the Brandywine Workshop*,

showcasing a diverse selection of works from the Brandywine's first forty years. In the exhibition, artists explored themes of cultural identity, political and social issues, portraiture, and landscape, as well as patterning and pure abstraction.

Reflections

Sorrells-Adewale's handprint imagery may call to mind different acts of touch. For some, Sorrells-Adewale's handprint evokes the "time honored rituals" of spirituality. For others, its imprint might remind of the tactile nature of printmaking—a physical medium of text and image production that persists in a digital age. And for the clinician, the handprint summons the diminished element of touch in the clinical encounter, where computerization has all but estranged providers from the bedside. In lieu of "the laying on of hands," we have grown to rely on testing results and technological imaging, paradoxically seeing a patient who exists more so in their chart or on a monitor than in their body.

In a *New England Journal of Medicine* article, Abraham Verghese, MD, expounds on the primacy and ritual of touch within the clinical encounter: "Patients recognize how the perfunctory bedside

visit, the stethoscope placement, through clothing, on the sternum like the blessing of a potentate's scepter, differs from a skilled, hands-on exam. Rituals are about transformation, and when performed well, this ritual, at a minimum, suggests attentiveness and inspires confidence in the physician. It strengthens the patient-physician relationship and enhances the Samaritan role of doctors—all rarely discussed reasons to maintain our physical-diagnosis skills.”

Indeed, a physician's laying of hands on the patient is inextricably tied to healing, skilled touch rendering the clinical encounter with an immediacy and presence that is both intimate and attentive. Similarly, in Sorrells-Adewale's lithograph and the Brandywine Workshop, the care and time afforded to print production derives from tactility and ritual. In an era where touch has become distanced—and especially in a pandemic that has fundamentally changed our relationship to and comfort with tactility—how do we reintroduce touch as a transformative, ritualistic component of the clinical encounter? Just as the trace of the handprint registers in this work, how can we similarly imbue patients with the comfort of having been seen and touched with care?

Week 52

There is nothing more attractive and convincing than spontaneity whether it is to be found in a child, in an artist, or in those individuals who cannot thus be grouped according to age or profession. Most of us can observe at least moments of our own spontaneity which are at the same time moments of genuine happiness. Whether it be the fresh and spontaneous perception of a landscape, or the dawning of some truth as the result of our thinking, or a sensuous pleasure that is not stereotyped . . . or the welling up of love for another person— In these moments we all know what a spontaneous act is and may have some vision of what human life could be if these experiences were not such rare and uncultivated occurrences.

—Erich Fromm, *Escape from Freedom* (1941)

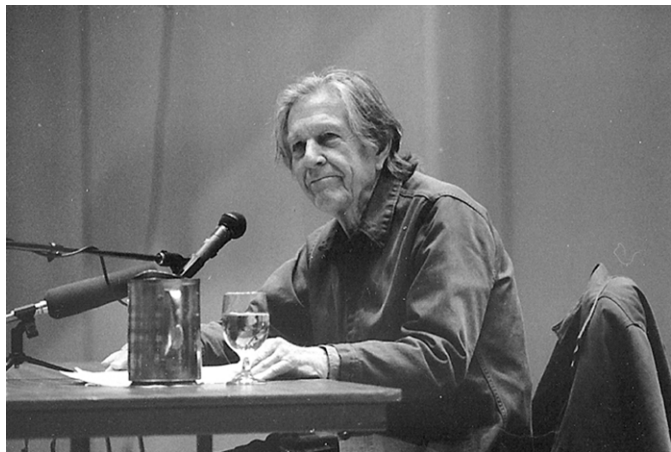
How to Get Started

John Cage conceived of *How to Get Started* almost as an afterthought. Minutes before going on stage at a 1989 sound design conference on director George Lucas's ranch in Nicasio, California, the avant-garde composer abandoned his planned performance. What he chose to do instead was a performance entitled *How to Get Started*, wherein he extemporized, in random order, on ten topics of interest such as silence, harmony, and time, each for a maximum duration of three minutes.

Each extemporization was recorded on tape, and then played back sequentially, in ever-increasing density. The piece grows in complexity from start to finish, so that at the end, the audience hears ten thought pieces simultaneously. The one-man performance became a meditation on the difficulty of initiating a creative process and the meaning of failure. Retrospectively, Cage realized that the audience served as co-producers of the work and “that the work takes as many forms as we are.”

This essay explores themes such as complexity, fulfillment, transformation, and uncertainty.

Originally published on June 28, 2021.



John Cage, photograph by Loren Robare

Provided courtesy of the John Cage Trust

Cage is regarded as the musical counterpart to a painterly avant-garde in the visual arts, and a foundational figure who inspired a generation of artists to embrace risk and experimentation. He rose to artistic prominence during and following World War II, finding community first among the European Modernists who fled to the United States during the war and later in a post-war counterculture scene. In the fifties and sixties, he began experimenting with sonic abstraction and “chance procedures,” or events that transpired by happenstance during a performance.

In his most famous composition entitled *4'33"*, Cage elides all instrumentation and vocalization in favor of pure ambient sound for four minutes and thirty three seconds; these sounds, then, constituted the work's score. Cage's interest in revealing creative potential within chance procedures coincided with his anarchic artistic tendencies. “The intention,” he explains in *How to Get Started*, “is to build up an orchestra one by one, so that gradually they will realize that they can get along without the conductor.”

Reflections

Twenty years after Cage's first and only performance of *How to Get Started*, the John Cage Trust and Slought created an interactive installation enabling the public to extemporize as Cage did—for anyone to be an artist. Today, visitors to Slought can write down ten topics of interest on a notecard and record themselves talking, each topic overlaid with those before it. Although participants speak to their own experience and create a wholly new work of art, they do so in the same model as, and in the shadow of, Cage's first performance.

What can we learn by engaging in experimental and discursive exercises like this? How can intentional creative practice, whether through spontaneous acts, however big or small, and the arts and humanities more generally, foreground vulnerability and presence as key elements of caregiving and forging connection? How might it lead to more thoughtful ways of thinking, working, and healing? Laura Kuhn, Director of the John Cage Trust, wrote:

“Cage's presentation was fully expressive of an adage by which he lived: If you find yourself in a situation in

which you feel dissatisfied, the appropriate thing to do is not to criticize, which is the purview of the critic, but to identify what it is you think you don't like, and then make something new in 'constructive response.' Which is, of course, the purview of the artist. But it was also emblematic of Cage's life-long devotion to that which is truly experimental, since at the seasoned age of 76, just three years shy of his death, he continued to question his actions and choices, to listen to others and to create new 'constructive responses,' and to strive always to take himself, and those around him, into surprising, unknown places and experiences."

Although much of medicine and surgery seems to rely on strict routines and preparation, Cage teaches us that there is always an element of chance in any performance or clinical encounter. Mastery of performance, then, is not about scripted instructions, but rather, when faced with the unexpected, the ability to adapt. Surgeons, similarly, may step into the operating theater, having prepared for a very specific sequence of events. Yet every surgery or clinical encounter is itself a chance procedure, a continuous mediation of order and randomness.

How can physicians similarly learn to "abandon the script" and embrace the indeterminate? At a moment when provider burn out and job resig-

nations are at an all-time high, how might Cage's artistic philosophy of "constructive responses" and experimentation apply, now perhaps more than ever, to those questioning a sustainable career in medicine? How might improvisation cultivate a greater creative capacity within clinicians, whose work is not often regarded as creative? How can the arts and humanities strengthen one's tolerance for spontaneity in both professional and personal realms and become a wellspring for thriving and well-being?

This entry is derived from curatorial language written by Laura Kuhn, Aaron Levy, and Arthur Sabatini originally published on the Slough Foundation website.

Coda: Art as Medical Education

“Collaborations such as Rx/Museum are incredibly difficult to coordinate and sustain but the demonstrated need for programs such as this is evident by its growing numbers of readers. We now know the importance of such projects from studies such as the National Academies of Sciences, Engineering, and Medicine’s 2018 consensus report on the urgency of integrating the arts and humanities in medical training; and the global evidence on the role of the arts in improving health and well-being. Rx/Museum is an important experiment demonstrating the arts and humanities link for wellness and recovery for emerging American physicians and those that they care for.”

–Maryrose Flanigan, Executive Director, The Alliance for the Arts in Research Universities

In December 2020, the Association of American Medical Colleges (AAMC) released *The Fundamental Role of the Arts and Humanities in Medical Education (FRAHME)*, an expansive report calling for the rigorous integration of medical humanities in medical education and continuing professional development. The report situates the unique challenges of medicine today within a landscape of widening health disparities and mounting physician demands. It also highlights the importance of lifelong learning, stating: “We contend that the arts and humanities are intrinsically connected to teaching and learning in medicine, and pedagogical approaches should be woven into the fabric of twenty-first-century medical students’ education, resident physicians’ training, and physicians’ ongoing development.”

With an eye toward acknowledging the value of nontraditional epistemologies in medical education, *FRAHME* contributes to a rapidly expanding body of medical literature eliciting the roles of socialization, hidden curricula, and informal teaching in learning and professional development. The report pointedly states that durational engagement with the arts and humanities can have a profound impact on empathy, resilience, and perspective-taking, critical thinking and identity formation in healthcare settings. In consonance with the

National Academies of Science, Engineering, and Medicine's (NASEM) 2018 consensus report, *The Integration of the Humanities and Arts with Science, Engineering, and Medicine in Higher Education: Branches from the Same Tree*, the AAMC further contends: "Professional growth and transformation occur when we adopt the perspective of others through acts of sustained attention so we can represent and reflect on what we see, hear, or read, as well as when we develop the ability to think critically and compassionately about human dilemmas. The cultivation of practical wisdom, or phronesis, leads to the ability to integrate one's deep fund of knowledge, ethical sensibilities, and emotional intelligence to know how to do the right thing in *this* circumstance, with *this* patient."

The AAMC and NASEM jointly advocate for the arts and humanities as instrumental to lifelong learning and in so doing, challenge conventional approaches to medical education and professional development. "Being a doctor," the AAMC states, "requires continuous learning, unlearning, and relearning and being able to formulate good questions, put disparate concepts together, and innovate. Arts and humanities learning in medical education may affect the ability to learn in a truly integrative fashion." In other words, it is insufficient for health systems and organizations to sim-

ply eschew so-called ‘soft’ curricula and competencies in favor of implementing more pragmatic interventions such as optimizing workflow efficiency. We consider *FRAHME* and *Branches from the Same Tree* to represent a paradigmatic shift in medical education and institutional priorities, one that authoritatively elevates the “practical wisdom” inherent to the arts and its implications for patient care and physician well-being. Moving beyond singular interventions, these reports prompt us to wholly reimagine the role of the humanities in addressing healthcare’s most pressing challenges, from the institutional to the individual.

This task has become all the more urgent at a moment when physicians and healthcare systems are struggling to confront the suffering and inequities wrought by the COVID-19 pandemic. The AAMC writes, “Now more than ever, physicians must learn to interweave their developing scientific knowledge with emotional intelligence, critical thinking skills, and an understanding of social context. The integration of the arts and humanities into medicine and medical education may be essential to educating a physician workforce that can effectively contribute to optimal health care outcomes for patients and communities.” In the aftermath of the murder of George Floyd and calls for racial justice, the arts and humanities are

uniquely positioned to advocate for more equitable care as well as organizational and societal transformation.

Rx/Museum takes its departure from these efforts, specifically the AAMC's recommendations for collaborative, cross-disciplinary curricula extending beyond medicine, and the integration of the arts and humanities into everyday clinical spaces. As an unprecedented collaboration between Penn Medicine, the Philadelphia Museum of Art, the Barnes Foundation, and Slought, Rx/Museum is a virtual curriculum that pairs reflective pedagogy with visual arts engagement. Rx/Museum brings the museum experience to the physician through thoughtful engagement with fifty-two artworks from the collections of our partnering arts institutions. The weekly arrival of an emailed artwork is intended to interrupt, if transiently, both the demands of incessant productivity, and the traditional mindset of the irrelevance of the arts and humanities within clinical spaces.

In our earliest conversations, building upon some of the foundational tenets of key thinkers in narrative medicine and the medical humanities, we reflected on the impact of trauma, pain, suffering and struggle—both one's own and that of one's community—on people's ability to express

themselves, stay positive, care for themselves and others, and contribute to the social life of their communities. We also considered how pre-pandemic challenges such as physician dissatisfaction and symptoms of burnout are now compounded by the emotional long-haul from the COVID-19 pandemic. In such moments, the arts and humanities can offer insight, meaning, solace, resilience, connection and much else. Underpinning our work is the assumption that one cannot have well-being without the humanities and humanistic practices of caring for ourselves and others.

As we considered our partner institutions' collections and perspectival approaches to arts education, we came to view our project as a translational effort. Rx/Museum is a partnership between four organizations in Philadelphia with distinct identities and educational methods; this institutional hybridity enabled us to challenge a more conventional repertoire of medical humanities collaborations and juxtapose methods of close looking and processes of observation with thoughtful dialogue about the socio-cultural and political foundations of modern medicine. From nineteenth-century Philadelphian Charles Wilson Peale's rendering of maternal grief, to contemporary Korean artist JeongMee Yoon's commentary on gender and consumerism, to Devin Allen's documentation of the

2015 Baltimore uprising against police violence, each artwork is a lens to reflect on the histories that precede us and the times in which we live.

The interdisciplinary and cross-institutional collaboration inherent to Rx/Museum demonstrates the AAMC and NASEM recommendations supporting non-traditional partnerships both within and outside of medicine to “translate an arts experience into relevant learning for clinical practice.” Indeed, in observing previous arts and humanities work, we have gleaned that many clinicians aspire to more fully engage the arts and humanities, as well as associated matters of equity and justice, but are often intimidated, unsure of where to begin, or lack validation and support. Through a weaving of art history with contemporary reflections within a medical context, we hope to democratize access to the arts and translate the humanities into useful and practical applications.

Our initial objective of integrating the arts into nontraditional spaces and accommodating physicians’ demanding schedules took on newfound resonance and urgency during the COVID-19 pandemic as physicians faced unprecedented trauma and museums and other civic institutions closed their doors. In response to these challenges, Rx/Museum’s durational online curriculum

modeled a ritualistic practice of self-care. Many of the artworks presented in this book poignantly parallel the isolation and uncertainty experienced during COVID-19, and our essays became for us a means to address these crises, both for ourselves and our community of readers. An essay on David Lebe's *Morning Ritual* series, for instance, affirms the comfort of routines and the healing power of intimate gestures amid the AIDS epidemic. Jean-Siméon Chardin's *The Water Urn*, a painting about domestic labor in an eighteenth-century French household, engendered conversation about the communal effort of caregiving. And El Greco's *Saint Francis and Brother Leo Meditating on Death*, a seventeenth-century devotional aid, led us to contemplate themes of mortality, redemption, and emotional equilibrium. Through these and other works, the arts reveal themselves as integral to fostering meaningful connection and shared experience, within medicine and beyond.

Amid the COVID-19 pandemic, Rx/Museum bloomed into a labor of love and became an intimate means for us, as educators and physicians, to cope, and to sustain connection to the world around us. The essays gathered here constitute a subjective archive and deeply personal chronicle of the pandemic as experienced by the authors. Our collaborative of faculty and stu-

dents, clinicians and museum educators, worked together virtually for a year. Each week, we convened virtually to examine a work of art from our partner institutions and collectively author the weekly pieces. This unique challenge required us to extend beyond our own academic socializations and the disciplines that have formed us. For the involved physicians and students, this collaboration brought renewed humanistic meaning to clinical work and patient care during an unimaginably challenging time. For the art historians and museum educators, the project introduced novel perspectives and practical applications for the arts, and an opportunity to engage non-traditional audiences.

If the arts and humanities remind us of the inherent limitations and contradictions in medicine today, they also help us reflect on the pathway to physician well-being, and give texture and meaning to silent and unacknowledged dimensions of healthcare. As famed scientist and novelist C.P. Snow famously remarked in his “Two Cultures” lecture, the enduring divide between the sciences and humanities calls for reconciliation. Similarly, moments of crisis are opportunities to embrace solidarity and collectively challenge the hierarchies that shape healthcare and society. When we engage with art, we are drawn out of ourselves, and we are

enlarged. We glean insight and clarity of a different magnitude and we are transformed. Moments that are often rendered banal in clinical practice are returned to us with an intimacy and emotional exactitude that might otherwise elude us.

For all the fortitude of evidence-based medicine and medical training, we are still humbled, humanized and made more whole by a cross-pollination of perspectives and disciplines. The arts illuminate the care we continually strive to provide others, and remind us that the pursuit of medicine remains a timeless arc toward healing and greater kindness. While a small gesture, Rx/Museum seeks to articulate a common language among the arts, humanities and medicine—one that we hope will, over time, contribute to a profound reshaping of the way care is delivered and received in healthcare.

Acknowledgments

The Rx/Museum Initiative is a pilot program of the Department of Anesthesiology and Critical Care at Penn Medicine and the Health Ecologies Lab at the University of Pennsylvania, in partnership with the Philadelphia Museum of Art, Barnes Foundation, and Slought Foundation

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Carolyn Chow, Pauline Colas, Sarah Finkelstein, Carmina Hachenberg, Millie Huang, Ivy Liu, Christine Kong, Sally Nijim, Aarushi Parikh, Armaun Rouhi, and students in Professor Levy's course, *The Literature of Care*, in the Department of English at the University of Pennsylvania (2020, 2021)

Special thanks

Lisa Bellini, MD, Justin Clapp, PhD, Katherine Cotter, PhD, Theresa Cunningham, PhD, Maryrose Flanagan, Lee Fleisher, MD, Mary Manfredi, James Pawelski, PhD, Miriam Stewart, MD, Bryanna Moore, PhD, the Sachs Program for Arts Innovation at the University of Pennsylvania.

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