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Displaying the Dead: Encouraging ethical introspection through artistic intervention

Janse, Josefine

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Displaying the Dead

ENCOURAGING ETHICAL INTROSPECTION
TROUGH ARTISTIC INTERVENTION

MA-thesis
Josefine Janse
S2343479
j.l.janse@umail.leidenuniv.nl
Dr. Marika Keblusek
MA Arts and Culture (Art History)
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Figure 1 Detail from Aline Thomassen, Chimaera, 2024, watercolor on paper, 235 x 153 cm.

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Introduction

Human remains have been put on public display in museums for centuries already. During the Renaissance, they evoked wonder in the visitors of *Wunderkammers* all over Europe.¹ Throughout the subsequent centuries medical professionals, archaeologists and anthropologists accumulated human remains of all sorts. Their research artifacts, ranging from mummies, bog bodies and skeletons to war-dead trophies, shrunken heads and specimens, often found their ways to museums where they can still be viewed today.

In the last twenty years, this museological tradition has been scrutinized by scholars and museum professionals.² The lion's share of the academic literature is about the problematic collecting histories that have made human remains collections possible and whether they should be repatriated or (re)buried.³ The facilitating roles that colonialism and scientific racism have played are important recurrent themes. For example, scholars like Lisa O'Sullivan, Ross L. Jones and Marieke Hendriksen discuss the post-colonial legacies of collected fetuses and historian Samuel J. Redman sets out how indigenous human remains were collected to support racial hierarchies in the United States.⁴ Consent is another pillar in the discussion. While D.G. Jones, R. Gear and K.A. Galvin argue that the absence of consent does not justify the disposal of museums' archival collections of human tissue, scholars have drawn the line when museums disregard expressive wishes of the deceased.⁵

Scholars and museum professionals have also been considering whether and how human remains ought to be displayed, should they remain in Western museums.⁶ The public's opinion has

¹ Piotr Paluchowski et al., "Insight into the history of anatomopathological museums – Part 1. From casual assemblages to scientific collections," *Polish Journal of Pathology* 67, no. 3 (2016): 208.

² Hedley Swain, "Museum practice and the display of human remains," in *Archaeologists and the dead: Mortuary archaeology in contemporary society*, eds. Howard Williams and Melanie Giles (Oxford: Oxford University Press, 2016), 172.

³ Samuel Alberti et al., "Should we display the dead?," *Museum and Society* 7, no. 3 (December 2009): 133.

⁴ Lisa O'Sullivan and Ross L. Jones, "Two Australian fetuses: Frederick Wood Jones and the work of an anatomical specimen," *Bulletin of the History of Medicine* 89, no. 2 (2015): 243-266; Marieke Hendriksen, "The fate of the beaded babies: Forgotten early colonial anatomy," in *The fate of anatomical collections*, eds. Rina Knoeff and Robert Zwijnenberg (Farnham: Ashgate Publishing Limited, 2015), 179-194; Samuel J. Redman, *Bone rooms: From scientific racism to human prehistory in museums* (Cambridge: Harvard University Press, 2016), 5-6.

⁵ D.G. Jones, R. Gear, and K. A. Galvin, "Stored human tissue: an ethical perspective on the fate of anonymous, archival material," *Journal of Medical Ethics* 29, no. 6 (2003): 344-346; See for example Hannah Devlin, "‘Irish giant’ may finally get respectful burial after 200 years on display," *Guardian*, June 22, 2018, <https://www.theguardian.com/science/2018/jun/22/irish-giant-may-finally-get-respectful-burial-after-200years-on-display>.

⁶ Alberti, "Should we display the dead?," 133.

been treated like an important indicator on a few occasions. An early example of this is archaeologist Hedley Swain's evaluation of the exhibition *London Bodies* (Museum of London, 1998-1999) featuring visitors' commentary, followed by Leonore Barbian and Lisa Berndt's research on the appropriateness of exhibiting various types of human tissue in the National Museum of Health and Medicine.⁷ Although these examples show an interest for the views of museum visitors in the matter, philosopher Lia Tarle still speaks of a deficiency in the literature: "There has yet to be a comprehensive examination of ethical challenges and practices in museums relating to the display of human remains that incorporates public engagement."⁸

According to Tarle, generating introspection amongst museum visitors regarding the ethics of displaying human remains can make for a respectful display.⁹ I built on Tarle by exploring whether implementing an artistic intervention could prove to be an effective method of encouraging the public to reflect upon the ethical dilemmas of exhibiting human remains in museums. I primarily base myself on philosopher Claire Robins who states that artistic interventions have the power to make observers reassess the narratives that museums present as objective and authoritative by suggesting alternative readings of museum collections.¹⁰

As this research project takes the form of a practical thesis, I am able to complement Robins' theoretical evidence with an experimental case study, conducted in Rijksmuseum Boerhaave in Leiden.¹¹ The case study was made possible through collaborating with Rijksmuseum Boerhaave's collection manager Christel Schollaardt, curator of medical collections Mienieke te Hennepe, public and presentation manager Annelore Scholten and contemporary artist Aline Thomassen. Our efforts accumulated in the installation of the artwork *Chimaera* in close proximity to one of Rijksmuseum

⁷ Hedley Swain, "Displaying our ancestors," unpublished paper (1999) see Mary M. Brooks and Claire Rumsey, "The body in the museum," in *Human remains: Guide for museums and academic institutions*, eds. Vicki Cassman, Nancy Odegaard, and Joseph Powell (Lanham: AltaMira Press), 281; Leonore Barbian and Lisa Berndt, "When your insides are out: Museum visitor perceptions of display of human anatomy," in *Human remains: Conservation, retrieval, and analysis: Proceedings of a conference held in Williamsburg, VA, November 7-11th 1999*, ed. Emily Williams (Oxford: Archaeopress, 1999), 257-266; "National Museum of Health and Medicine," National Museum of Health and Medicine, accessed July 10, 2024, <https://medicalmuseum.health.mil/>.

⁸ Lia Tarle, "Exhibiting respect: Investigating ethical practice for the display of human remains in museums (PhD diss., Simon Fraser University, 2020), 3

⁹ Tarle, "Exhibiting respect," 86-87.

¹⁰ Claire Robins, *Curious lessons in museums: The pedagogic potential of artists' interventions* (Farnham: Routledge, 2013), 155-160.

¹¹ "Rijksmuseum Boerhaave," Rijksmuseum Boerhaave, accessed July 8, 2024, <https://rijksmuseumboerhaave.nl/>.

Boerhaave's collection items containing human material: an eighteenth century obstetrical manikin and an accompanying puppet resembling a baby (fig. 2.).¹²

Initially, the museum staff presumed that the manikin was made of wood, covered in leather. However, when curator Mieneke te Hennepe inspected the manikin in 2016 for restoration purposes, she noticed that the material underneath the leather looked very similar to bone. A CT-scan showed that the manikin contained human pelvic bones and a lower vertebra. Something that came as a complete surprise, was that the baby doll turned out have an almost complete baby skeleton inside of it (fig. 3., fig. 4.).¹³

The installation of *Chimaera* made for a setting in which I could investigate whether and how this artistic intervention effected the ethical beliefs of museum visitors with regards to the display of the obstetrical manikin. During the twelve days in which the manikin was accompanied by *Chimaera*, I distributed a questionnaire amongst the visitors of Rijksmuseum Boerhaave (appendix 1 and 2). The survey results are discussed in the final chapter of this thesis, after which I arrive at a conclusion.

¹² "Collectie Database," Rijksmuseum Boerhaave, accessed July 9, 2024, <https://mmb-web.adlibhosting.com/Details/collect/32531>.

¹³ "Oefenpop vol geheimen," Rijksmuseum Boerhaave, accessed May 4, 2024, <https://rijksmuseumboerhaave.nl/verhalen-uit-de-collectie/oefenpop-vol-geheimen/>.

Chapter 1. Imbalances of power

On October 12, 2023, president of the American Museum of Natural History Sean Decatur sent a letter to the museum's staff announcing the deinstallation of twelve display cases featuring human remains. He states:

“We must acknowledge that, with the small exception of those who bequeathed their bodies to medical schools for continued study, no individual consented to have their remains included in a museum collection. Human remains collections were made possible by extreme imbalances of power.”¹⁴

Decatur points out the root cause of the ethical debate around human remains on public display. In this chapter, I set out two examples of underlying imbalances of power and I explain how these can spur ethical criticism directed at museums.

The interplay between power and collecting human remains primarily manifested itself in colonialism. From the sixteenth century onwards countless objects, among which indigenous remains, were taken by European and American scientists after which they came to serve as items for sale, scientific study or display in museums.¹⁵ The subsequent (political) empowerment of formerly oppressed and colonized communities became the catalyst for discussions about the ownership and display of human remains by museums.¹⁶ Although this development started in the United States, Europe has been experiencing an increase in repatriation demands.¹⁷

Take for instance the recent controversy around three prehistoric human remains exhibited by the Dutch museum Naturalis.¹⁸ Paleoanthropologist Eugène Dubois (1858-1940) joined the Dutch colonial army in order to excavate in what was then still called the Dutch East Indies.¹⁹ Three finds, namely a skullcap, tooth and femur, proved to be of great scientific importance as they were the missing

¹⁴ “Human remains stewardship,” American Museum of Natural History, accessed July 8, 2024, <https://www.amnh.org/about/human-remains-stewardship>.

¹⁵ Margaret M. Bruchac, “Decolonization in archaeological theory,” in *Encyclopedia of global archaeology*, ed. Claire Smith (New York: Springer, 2014), 2071; Samuel J. Redman, *Bone rooms*, 6.

¹⁶ Swain, “Museum practice and the display of human remains,” 172; Lia Tarle, “Exhibiting respect,” 132; Alberti et al., “Should we display the dead?” 134.

¹⁷ Philip L. Walker, “Caring for the dead : Finding a common ground in disputes over museum collections of human remains,” in *Documenta archaeobiologiae* vol. 2, *Conservation policy and current research, yearbook of the state collection of anthropology and palaeoanatomy*, eds. G. Grupe, J. Peters (Rahden: Verlag M. Leidorf, 2004), 14.

¹⁸ Skullcap: RGM.1332450, tooth: RGM.1332451, femur: RGM.1332453; “Naturalis Biodiversity Center,” Naturalis Biodiversity Center, accessed July 8, 2024, <https://www.naturalis.nl/>.

¹⁹ Russel L. Ciochon and O. Frank Huffman, “Java man,” in *The encyclopedia of global archaeology*, ed. Claire Smith (New York: Springer, 2014), 4185.

link in the evolution from ape to man. Due to their great scientific value, the remains currently function as the center pieces to the museum's department *The Early Human*.²⁰ However, in 2022 Indonesia requested the repatriation of the entire Dubois collection, including the prehistoric remains.²¹ At the moment of writing, the matter has not yet been resolved.

Discussions about the ethical treatment of human remains collected in a colonial context in turn gave rise to a broader consideration of their role in museums in general.²² Subsequent research has shown that even though not every museum owning human remains was involved in colonialism, this does not mean that their collecting practices were not facilitated by different kinds of unequal power balances.

The case of Charles Byrne (1761-1783) provides a prime example. Byrne was known in life as the "Irish Giant" due to genetic giantism. He specifically requested a burial at sea so as to prevent anatomists from laying hands on his body after death. His final wish was completely disregarded. The papers published right after Byrne's passing describe how, as quoted by jurist Thomas Muinzer, "the body-hunters [...] are determined to pursue their valuable prey even in the profoundest depth of the aquatic regions."²³ In the end, anatomist John Hunter (1782-1793) gained ownership of Byrne's skeleton after which it was put on prominent display in the Hunterian Museum for 200 years.

The display of the skeleton has been criticized because the manner in which it was acquired is very much at odds with contemporary ethics in the United Kingdom. In the last twenty years, consent and the right of self-determination have gained importance in the United Kingdom when it comes to handling the dead. This was especially due to the Alder Hey scandal, named after the hospital in which dead children's organs were retained without the parents' consent. The scandal gave rise to the Human Tissue Act 2004, which now regulates the removal, storage and use of human tissue from the deceased in the United Kingdom.²⁴ With this societal context in mind, it is not strange that people like Muinzer argue that burying Byrne's skeleton is the "humane, sensible and ethical thing to do."²⁵

So what do examples like the skull cap in Naturalis and the skeleton in the Hunterian Museum teach us? They show that human remains and their public display can sometimes be reminders of

²⁰ "De vroege mens," Naturalis Biodiversity Center, accessed July 8, 2024, <https://www.naturalis.nl/museum/museumzalen/vroege-mens>.

²¹ Merijn van Nuland, "Indonesië eist Java-mens en andere topstukken terug van Nederland," *Trouw*, October 18, 2022, <https://www.trouw.nl/binnenland/indonesie-eist-java-mens-en-andere-topstukken-terug-van-nederland~be6860e9/>.

²² Swain, "Museum practice and the display of human remains," 173.

²³ Thomas L. Muinzer, "A grave situation: An examination of the legal issues raised by the life and death of Charles Byrne, the "Irish Giant," *International Journal of Cultural Property* 20, (2013): 26.

²⁴ Len Doyal and Thomas Muinzer, "Should the skeleton of "the Irish giant" be buried at sea?" *BMJ* 343 (2011): 2.

²⁵ Devlin, "'Irish giant' may finally get respectful burial after 200 years on display."

unequal power balances of the past, be it in the form of colonial domination of entire societies or the complete disregard for individuals' consent. Societal changes, such as the political empowerment of formerly oppressed communities, and new ethical standards can make that today's audience is not supportive of the public display of human remains because they deem it unethical.

As I have shown, ethical criticism can lead to deinstallation, repatriation and (re)burial. Looking at these implications begs the question of whether it is perhaps inherently wrong to display human remains, however, many scholars, museum professionals and members of the general public are actually in support.²⁶ One thing that is often emphasized is that being able to gaze upon the remains of the deceased can have important effects on the onlookers. As stated by professor and former curator Mary Brooks and Claire Rumsey, looking at a dead body from whatever period or culture, reminds us of ourselves and our own mortality.²⁷ According to archaeologist Mike Peter Pearson archaeology is the only medium by which many people will ever see or touch dead bodies because death is mostly hidden in contemporary society.²⁸ Moreover, human remains can educate people on other things than death. After all, it has been argued that human material gives people insight into their bodies, resulting in more knowledge of the self.²⁹ Lastly, gazing upon human remains does not only forge a deeper connection with ourselves. As historian Rina Knoeff argues, specimens can function similarly to religious relics. They are tangible remains that help people in commemorating the dead.³⁰ Therefore, in case there are no requests for repatriation by originating communities, displaying human material can be encouraged. *How* they ought to be displayed is an entirely different matter and will be discussed in the next chapter.

²⁶ Brooks and Rumsey, "The body in the museum," 280.

²⁷ *Ibid.*, 261.

²⁸ *Ibid.*, 279; Mike Parker Pearson, *The archaeology of death and burial* (Gloucester: Sutton Publishing Ltd, 1999), 183.

²⁹ The Leiden declaration on human anatomy/anatomical collections, concerning the conservation & preservation of anatomical and pathological collections, from: Participants, delegates and supporters of the international conference on 'Cultures of anatomical collections,' held at Leiden University, 15-18 February 2012; Samuel J.M.M. Alberti and Elizabeth Hallam, "Bodies in Museums," in *Medical museums: Past, present, future*, eds. Samuel J.M.M. Alberti and Elizabeth Hallam (London: The Royal College of Surgeons of England, 2013), 1; Paul Sledzik and Lenore Barbian, "From privates to presidents: Past and present memoirs from the anatomical collection of the National Museum of Health and Medicine," in *Human remains: Conservation, retrieval, and analysis: Proceedings of a conference held in Williamsburg, VA, November 7-11th 1999*, ed. Emily Williams (Oxford: Archaeopress, 1999), 227.

³⁰ Rina Knoeff, "Ball pool anatomy: On the public veneration of anatomical relics," in *The fate of anatomical collections*, eds. Rina Knoeff and Robert Zwijnenberg (Farnham: Ashgate Publishing Limited, 2015), 281-291; Brooks and Rumsey, "The body in the museum," 279.

Chapter 2. Displaying human remains

As discussed in the previous chapter, exhibiting human remains can clash with contemporary ethical values. In this chapter, I explain that museum visitors should be encouraged to reflect upon these ethical dilemmas by means of display. More specifically, I make the case that the original clinical presentation of the obstetrical manikin in Rijksmuseum Boerhaave can be enriched by an ‘affective artistic intervention’.

The ICOM Code of Ethics for Museums states that human remains are sensitive materials which need to be presented in line with the beliefs of its communities of origin and with respect for the feelings of human dignity by all peoples.³¹ Tarle has categorized museums’ attempts to create respectful displays based on literature review and personal communications (table 1).³² We should take away two things from this overview. First, Tarle considers “generating dialogue and introspection” to be one of the respectful display methods. This is important as it shows that the intention of this project, namely encouraging visitors to reflect on the ethics of exhibiting human remains, does not contradict the ICOM guideline for display in any way. If anything, facilitating engagement with ethical dilemmas should generate respect for the exhibited human material.

The second thing that stands out is the artistic potential of some of the methods listed by Tarle. Most importantly, “generating dialogue and introspection” can be realized by an artistic intervention. Philosopher Claire Robins defines artistic interventions as artworks that intend to change the ‘normative’ or dominant discourse of galleries and museums by suggesting alternative ways to interpret museum collections.³³ This is exemplified by one of the most well-known artist interventions of the last few decades: *Mining the Museum* (1992-1993) by Fred Wilson.³⁴ Wilson was invited to pick objects from the Baltimore based Maryland Historical Society (now the Maryland Center for History and Culture) and use them in his installation artwork.³⁵ According to curator Lisa Corrin, this intervention went hand in hand with introspection:

³¹ International Council of Museums, "ICOM code of ethics for museums," Updated in 2017, accessed July 8, 2024, <https://icom.museum/en/resources/standards-guidelines/code-of-ethics/>.

³² Tarle, “Exhibiting respect,” 87.

³³ Claire Robins, *Curious lessons in museums*, 155-160.

³⁴ Robins, *Curious lessons in museums*, 176-183.

³⁵ “Maryland Center for History and Culture,” Maryland Center for History and Culture, accessed August 8, 2024, <https://www.mdhistory.org/>.

“A self-study process implicit in the installation made the project not only different as an exhibition but an intervention [...] It examined commonly-held definitions of ‘museum,’ ‘history,’ ‘exhibition,’ ‘curator,’ ‘artist,’ ‘audience,’ ‘community,’ and ‘collaboration.’”³⁶

Not only was the museum’s staff challenged to rethink their meaning-making. Wilson employed traditional display techniques like labeling in such a way that ‘historical truths’ would be questioned by visitors.³⁷ For example, Wilson juxtaposed three white pedestals featuring the busts of Napoleon Bonaparte, Henry Clay and Stonewall Jackson with three empty black pedestals labeled “Harriet Tubman,” “Benjamin Banneker,” and “Frederick Douglass.” This display encouraged visitors to consider *why* the Maryland Historical Society’s collection features busts of three white men with no significant connection to Maryland while excluding three black historical figures who were born there.³⁸ Through suggesting an alternative African American history of Baltimore, Wilson exposed that the meanings produced and presented in museum collections today are shaped by the historical societal context in which the collection was acquired. If people were deemed inferior due to racist thinking at the time of collection acquisition it can result in them being excluded from the narrative told by a museum decades later.

Mining the Museum demonstrates how an artistic intervention can encourage museum visitors to question a narrative presented by a museum by presenting them with an alternative one. It begs the question whether an artistic intervention could also lead visitors of Rijksmuseum Boerhaave to look beyond the regular presentation of the obstetrical manikin and instead reflect upon the ethical dilemmas that come with exhibiting human remains. In order to specify what kind of alternative narrative ought to be implemented in Rijksmuseum Boerhaave, it is key to first pin down the currently presented dominant narrative, which I believe to be clinical. The word clinical can be defined as “relating to the medical treatment that is given to patients in hospitals [...]”³⁹ It is moreover used to denote lack of emotion.⁴⁰ Rijksmuseum Boerhaave’s presentation is clinical in both senses of the word due to the interior design of the surrounding exhibition space, the given information and the objects surrounding the manikin.

³⁶ Lisa G. Corrin, “*Mining the Museum: An installation confronting history*,” *Curator: The Museum Journal* 36, no. 4 (1993): 305.

³⁷ *Ibid.*, 306.

³⁸ *Ibid.*, 307.

³⁹ “Clinical,” *The Britannica Dictionary*, accessed July 9, 2024, <https://www.britannica.com/dictionary/clinical>.

⁴⁰ *Ibid.*

The obstetrical manikin and baby puppet have been displayed in the first section of the *Sickness & Health* department since 2016. The section is clinical in the sense that its interior design gives one the impression of being in a hospital-like environment. This association is created visually by the projection of historical photographs of hospital wards on the walls combined with white bed-frame like pedestals pushed up against the walls mirroring the layout of the photographed wards (fig. 5.). The interior design is complemented by interactive displays that play sounds one could expect to hear in a hospital like chattering, sneezing, footsteps and the beeping of a monitor.

In this space, childbirth is presented as a medical procedure that was formalized by means of education and the usage of special instruments. The main text panel positioned in front of the pedestal describes how, from the seventeenth century onwards, obstetrics came to be dominated by male physicians instead of the traditional midwives.⁴¹ The manikin is framed in such a way that it illustrates this development. The object label mentions its attribution to obstetrician Gottlieb Salomon (1774-1865) and highlights the formalization of obstetrical education as it is explained that the manikin served to train medical students.⁴² This clinical perspective on childbirth is moreover illustrated by the surrounding objects as the manikin is exhibited together with tools such as the forceps, dubbed the “secret weapon of man-midwife” on the main text panel, and an anatomical model of a pregnant woman (V04387) that once adorned the desk of an anatomist.⁴³

Something that lacks in this representation of childbirth is its personal and emotional side. Although historical ego documents are scarce, scholars such as Judith Walzer Leavitt show that there is enough material to be able to reconstruct individual experiences of pregnancy and childbirth.⁴⁴ Early modern sources show that pregnancies gave rise to feelings of anticipation mixed with great fear due to the high infant and maternal mortality rates. One should moreover not underestimate the feelings of gratitude and joy that accompanied childbirth.⁴⁵ The fact that patients’ voices and lives are not mentioned or represented anywhere in Rijksmuseum Boerhaave’s presentation of obstetrics is what Robins calls the “objectifying clinical gaze.”⁴⁶ She explains how emotion came to be shunned from medical specialist museums as it was believed that involving emotions was counterproductive in

⁴¹ Text panel, *Sickness & Health*, Rijksmuseum Boerhaave, Leiden, The Netherlands.

⁴² Object label, obstetrical manikin, *Sickness & Health*, Rijksmuseum Boerhaave, Leiden, The Netherlands.

⁴³ “Collectie Database,” Rijksmuseum Boerhaave, accessed July 9, 2024, <https://mmb-web.adlibhosting.com/Details/collect/12168>.

⁴⁴ Judith Walzer Leavitt, *Brought to bed: Childbearing in America, 1750 to 1950* (New York: Oxford University Press, 2017), 9.

⁴⁵ Joanne Begiato, “IV Life stages: ‘Pregnancy and childbirth,’ in *Early modern emotions: An introduction*, ed. Susan Broomhall (London: Routledge, 2017), 212-213.

⁴⁶ Robins, *Curious lessons in museums*, 167.

training surgeons and pathologists.⁴⁷ Robins argues that such a narrative can be uprooted by an artistic intervention by which emotion is invited back into museums.⁴⁸ I will henceforth refer to this specific kind of artistic intervention as an ‘affective artistic intervention.’

Actor Mat Fraser deliberately searched for the emotional and personal stories in the collection of eight different medical museums in the United Kingdom and Scotland. His efforts resulted in the performance *Cabinet of Curiosities: How disability was kept in a box* (January, 2014) that was performed live in all of the involved museums. The show critically assessed the way that the medical profession and its museums reaffirm the societal notion that physical and mental differences are inherently problematic and in need of fixing.⁴⁹ During his performance Fraser reinserted the people back into the history of disabilities so as to create a completely different reading of museum items. An example is the rather clinical video of a toddler called Terry Wiles, demonstrating the prosthetic legs and arms he wears due to his disability. Fraser enriched this clinical perspective by adding an audio voiced by Wiles as an adult, in which he mentions that he hated wearing the prosthetics but that nobody would take him seriously.⁵⁰ Testimonies like Wiles’ allow for an emotional perspective on the prosthetics rather than just seeing them as a medical innovation.

Fraser’s artistic intervention was awarded with the Observer Ethical Awards for Arts and Culture 2014 and has since been followed up by similar projects, such as theatre director Julie McNamara’s performance *Hold the Hearse* (June, 2016) featuring two characters heavily based on two real stories dug up in the Bethlem Museum of the Mind and Langdon Down Museum of Learning Disability.⁵¹ The audience witnessed the meeting of “Mad Mary” and Walter Riddle during Mary’s attempt to reclaim the bones of her deceased child from the anatomist John Hunter’s collection.⁵² The show makes one consider the tragedies behind collections such as Hunter’s and the harmful effects of categorizing individuals according to their mental differences.

Such an affective reading of specimens does not have to take place on a stage as proven by Karen Ingham’s *Narrative Remains* (October-December, 2009). Ingham paired historical research and

⁴⁷ Ibid., 164-165.

⁴⁸ Ibid., 163-171.

⁴⁹ “Cabinets of curiosities: How disability was kept in a box,” University of Leicester, accessed May 6, 2024, <https://le.ac.uk/rcmg/research-archive/cabinet-of-curiosities>.

⁵⁰ School of Museum Studies, “Excerpt from Cabinet of Curiosities: Terry Wiles Sequence,” Mat Fraser, February 28, 2014, video, 3:11, <https://www.youtube.com/watch?v=aje8aQfee1U&t=1s>.

⁵¹ “Bethlem Museum of the Mind,” Bethlem Museum of the Mind, accessed July 9, 2024, <https://museumofthemind.org.uk/>; “Langdon Down Museum of Learning Disability,” Landon Down Museum of Learning Disability, accessed July 9, 2024, <https://langdondownmuseum.org.uk/>; “The Lancet: Exceptional and extraordinary artists,” Vital Xposure, accessed May 6, 2024, <https://vitalxposure.co.uk/hold-the-hearse-the-lancet/>; “The Big Issue North: Interview on Hold the Hearse!” Vital Xposure, accessed May 6, 2024, <https://vitalxposure.co.uk/hold-the-hearse-bigissuenorth-blog/>.

⁵² Ibid.

artistic imagination and wrote semi-fictional first person narratives of six people and their body parts, exhibited in the Hunterian Museum.⁵³ The narratives give a whole other layer of meaning to the pale, 200 years old specimens, suspended in jars. For example, the visitor could view a larynx and trachea, affected by tuberculosis (fig. 6.). Ingham paired the specimen with a label as if written by the patient and renowned singer Marianne Dorothy Dalrymple herself, which makes for a heart wrenching read:

“Not a sound. Not a whisper. Nothing escapes the tortured confines of my diseased throat. Where once there was song there is now only rasping. [...] My young son will never experience the famed delights of his mother’s pure, clear, choral range, nor will hear me speak his name. [...] And now I am enclosed in a world of perpetual silence, my throat opened and displayed for all the world to see. All that is left of me. Not a song. Not a whisper.”⁵⁴

One could argue that an affective artistic intervention will not work in the case of the manikin and the puppet as Rijksmuseum Boerhaave lacks the personal information to reconstruct the lives of the woman and the child whose bones were used to produce them. Nonetheless, artists such as Wim T. Schippers have found ways to breathe life into specimens without relying on information about the specific individuals. When the Groningen University Museum asked Schippers to curate the exhibition *Sporen van het Spullenbeest* (2004) the artist chose to mine the museum and to exhibit objects out of their usual medical contexts. One of the exhibits consisted of a ball pit and seven infant skeletons, which were placed around and in the pit as if playing (fig. 7.).⁵⁵ Schippers appealed to collective associations with ball pits to give the deceased children a ‘typical’ child’s life.

The purpose of this chapter was to demonstrate the power of affective artistic interventions. Artists can use these to breathe life into human remains, regardless of the amount of information on the individuals from which they were derived. In the subsequent chapter I set out the process through which Rijksmuseum Boerhaave and I selected a contemporary artist in order to realize an emotional reading of the obstetrical manikin on display.

⁵³ Knoeff, “Ball pool anatomy,” 281; “Narrative Remains,” Hunterian Museum, accessed August 3, 2024, <https://hunterianmuseum.org/exhibitions/narrative-remains/>; “Narrative Remains (2009)” Karen Ingham, accessed October 3, 2023, <https://www.kareningham.org.uk/narrative-remains/>; Karen Ingham, *Narrative Remains* (London: Hunterian Museum, 2009), 31.

⁵⁴ Karen Ingham, *Narrative Remains*, 52.

⁵⁵ Knoeff, “Ball pool anatomy,” 277; “Sporen van het spullenbeest,” Rijksuniversiteit Groningen, accessed July 5, 2024, <https://www.rug.nl/museum/exhibitions/previous/2004/>.

Chapter 3. *Chimaera*

As was established in the previous chapter, there is reason to believe that the clinical display of the obstetrical manikin in Rijksmuseum Boerhaave could be enriched by an affective artistic intervention. I approached three Dutch contemporary artists with this assignment of which one was eventually chosen by the museum's staff to realize an artwork. In this chapter, I set out all of the considerations that went into this selection and I discuss how the chosen artist managed to create an emotional narrative around the obstetrical manikin through the artwork *Chimaera*.

First, the photographer Koen Hauser was presented with the assignment. His extensive history of collaborating with Dutch museums and archives was considered an asset and his portfolio contained multiple projects on the connection between the scientific and the emotional.⁵⁶ Koen Hauser suggested the production of a book containing stories from parents who has lost a child. The artist planned on incorporating images that reenacted the parents' stories but in which the babies were replaced by a baby puppets.⁵⁷ This would have established the idea that a puppet can symbolize a real human tragedy, which is also the case for the obstetrical manikin.

The second artist that was considered for the project was Juliette Hengst. She had shown a talent for turning old material into puppet-like objects in her graduation project *Neighboring tides and old currents* (2023), which made us curious to know how she would engage with the leather manikin and puppet.⁵⁸ Aside from that, the artist's views on the body aligned with the objective of the affective artistic intervention: "The body is a stage for empathy, a lens to view experiences, emotions and parts of daily life."⁵⁹ Juliette Hengst suggested a life-size statue holding a set of pelvic bones made from material that matched the brown leather of the manikin. The statue was meant to resemble the manikin material-wise, but by making it life-size and by dressing it in modern clothing items, it was also supposed to make museum visitors consider what it would mean to them had their own remains been on display.⁶⁰ In that way, the concept reflected both Juliette Hengst's focus on material and empathy.

Koen Hauser's and Juliette Hengst's concepts were both presented by curator Mienieke te Hennepe to Rijksmuseum Boerhaave's management team. It had been established from the

⁵⁶ "Koen Hauser," Koen Hauser, accessed July 9, 2024, <https://koenhauser.com/>.

⁵⁷ Koen Hauser, email message to author, December 8, 2023.

⁵⁸ "Juliette Hengst," KABK Graduation Catalogue, Koninklijke Academie van Beeldende Kunst (KABK), accessed July 9, 2024, <https://graduation.kabk.nl/2023/juliette-hengst>.

⁵⁹ Ibid.

⁶⁰ Juliette Hengst, email message to author, December 7, 2023.

start of the collaboration that this team would have the final vote in selecting the artist as the intervention was to be financed by and exhibited in the museum. Mienke te Hennepe summarized the considerations in a conversation with the author on January 16, 2024. With regards to Koen Hauser's concept, the medium of a book was thought not to be very effective because it would not be very noticeable amongst all of the museum objects. The management team preferred the medium chosen by Juliette Hengst due to its visual similarity to the obstetrical manikin, which was thought to make it easy for visitors to see their connection. In the end, however, neither Koen Hauser nor Juliette Hengst were selected. Annolore Scholten, a member of the management team and public and presentation manager, issued the opinion that the artistic intervention would be best realized through the concept of the third artist that had been approached by the author: Aline Thomassen.

The thing that made Aline Thomassen the right fit for the project is her ability to portray the interplay between the physical body and existential emotions. The team involved in this project considered the physicality of the manikin to be one of its most important aspects; not only because the manikin and the puppet were produced to look and feel as similar to anatomically correct bodies as possible, but even more so because they contain bones derived from real bodies. Upon seeing the manikin, one may wonder about the way the bones were retrieved from the corpses and the way the puppet used to be handled by obstetricians in training. Aline Thomassen's watercolors likewise possess a brutal physicality. Author Hafid Bouazza described this bodily quality of her work perfectly: "Lyrical and ferocious are the drawings, literally organic, because the women in her work are torn open, heart and womb ripped open [...]"⁶¹

However, the physicality of the manikin was not to stand on its own in this project as its objective is to suggest an emotional reading of the object and the bones it contains. As was stated in the previous chapter, the anonymity of the bones does not allow a reconstruction of the emotional life as was done by Karen Ingham. Aline Thomassen's rendering of bodies provided a suitable alternative. As much as the raw physicality of her female nudes may be the first thing that grabs the viewer's attention, they also transcend their physicality. They are vehicles of universal, existential experiences.⁶² As stated by curator Nathalie Macieszka: "The visible organs,

⁶¹ Hafid Bouazza, "Aline Thomassen's work is full of brutal tenderness," in *The ideal Muslim woman* (Den Haag: GEM, 2005).

⁶² Roel Arkerstijn, "Aline Thomassen: The ideal Muslim woman," in *The ideal Muslim woman* (Den Haag: GEM, 2005); Marietta Jansen, "Voorwoord," in *The wound is the place where the light enters you*, (Eelde: Museum De Buitenplaats, 2020), 3; Stijn Huijts, "Cherchez la femme," in *Aline Thomassen: Cherchez la femme* (Maastricht: Bonnefantenmuseum, 2014), 14.

thoughts, wounds and scars reflect experiences such as love, loss, pain and death.”⁶³ As we will never know the identities and individual experiences of the woman and child whose bones were incorporated into the manikin, we had to rely on existential emotions in order to create an emotional narrative. All in all, Aline Thomassen’s artistic vision fit the project beautifully as it combines the notion of raw physicality with emotions that today’s visitors can recognize and possibly even relate to.

A common thread in Aline Thomassen’s work is the duality of life. The women that she paints in lively colors emit beauty as well as tragedy. She recognized this duality in the obstetrical manikin. Its humanity, anatomical perfection and contribution to medical science are beautiful aspects of the manikin and the people whose remains are enclosed in it. All the same, there is a tragic dimension as well consisting of the lack of consent, deaths of which the circumstances are unknown and, as was already emphasized by Rijksmuseum Boerhaave, the male domination in obstetrics. Aline Thomassen wished to represent both of these sides in a watercolor rendering of the woman whose bones were incorporated in the manikin. By having the image emit opposing existential emotions such as power and vulnerability, joy and suffering, she hoped to represent the human life behind the bones in all its duality.⁶⁴

Even though Aline Thomassen’s concept was received with great enthusiasm, it was never realized due to a lack of budget. This experience exposed one of the most challenging aspects of organizing an artistic intervention in a non-art museum. Employing an artist will be a costly undertaking and unless the artistic intervention was announced years prior, chances are that most of the museum’s budget has already been divided over long-planned exhibitions. Even if the budget allows for the production of an original work, one should carefully consider how long the artwork should be exhibited as renting costs quickly add up. Lastly, it is worth the time and effort to establish good relations prior to such a collaboration, especially if it brings together two different disciplines such as art and science in this case. A limited budget makes it all the more important for all parties involved to be open about what is expected of each other, so a good relationship is essential.

In order to keep the costs as low as possible, we opted for using an already existing artwork from Aline Thomassen’s collection. The artwork was selected by the artist and I, based on the work’s material properties and content. With regards to the material, we aimed to select an artwork containing many of the characteristics that Aline Thomassen had proposed in her

⁶³ Nathalie Macieszka, “About,” Aline Thomassen, accessed July 9, 2024, <https://alinethomassen.com/about/>.

⁶⁴ Aline Thomassen, personal communication, December 15, 2023.

original concept. The artist believed that a watercolor painting would be suitable as its light and lively properties would balance out the heavy content.⁶⁵ We preferred a large-sized work as we feared that a small piece would disappear among the many museum items and interactive displays in the exhibition space. The work was to be installed without a frame to contrast the way that other museum items were encased by showcases, but also to emphasize the vulnerability expressed in the work. Lastly, Aline Thomassen believed that both the usage of watercolor and the lack of a frame would present the production of the painting as a craft. In that way, it is similar to the manikin which was also carefully constructed by hand.⁶⁶

The artwork's content perfectly suited the obstetrical manikin and the emotional perspective we wished to convey. It shows a female figure from the chest up, accompanied by an infant. The bones, drawn on the baby's body, express death. Artichokes surround the woman and child to symbolize the infinite cycle of life, death and rebirth (fig. 8.). By means of this work, Aline Thomassen expresses the universal experiences of motherhood and loss of life. The work received the title *Chimaera* to denote how multiple elements can fuse together into one, just like the bones of a baby and the bones of a woman were combined to produce the manikin.

The painting was installed on the wall behind the obstetrical manikin and was exhibited for twelve days (May 30 to June 10, 2024). During those days I carried out audience research in the exhibition space. I regularly approached visitors to tell them about the manikin and the bones that it contains. Moreover, I asked them whether the artwork added to or changed their views on the manikin. After hearing visitors' opinions, I invited them to scan a QR-code and register their views by filling in the online questionnaire. In my absence, two text signs informed visitors of the research and asked for their participation.

In conclusion, Aline Thomassen's *Chimaera* was selected to be the affective artistic intervention due the fact that it represents both the bodily and the emotional aspect of the obstetrical manikin. The artist was able to breathe life into the bones of the woman and child and express it via a medium that fit well within the exhibition space. It remains to be seen whether the artwork encouraged visitors to reflect on the ethical difficulties of exhibiting these bones. The results of the questionnaire ought to give us some insight in that matter and will therefore be discussed thoroughly in the next chapter.

⁶⁵ Ibid.

⁶⁶ Ibid.

Chapter 4. Survey results

The installation of *Chimaera* made for a space in which the visitors' reception of the manikin and the artwork could be registered by means of a survey. In this chapter, the results of the survey will be set out and discussed.

I designed the survey using the online survey tool *Qualtrics* and distributed it by means of a QR-code printed on two signs near the obstetrical manikin (fig. 9.). The original survey was written in Dutch (appendix 1) but I have translated the survey to English in order to discuss its results in this chapter (appendix 2).

I have collected 103 surveys responses in total. This sample size does not represent the entire body of yearly visitors, but that was not the main purpose of the research. My aim is merely to examine the data both quantitatively and qualitatively in order to get a grasp of the potential impact of artistic interventions on people's ethical considerations. I can only hope that the influence of art on ethical introspection will be more thoroughly examined in the future through even more grand scale and therefore statistically representative research.

The participants were presented with a short introduction about the research and then the manikin and the artwork after which they could answer a maximum of nine questions depending on their answers. The survey consisted of five multiple choice questions and four open-ended questions, some of which I based on Tarle's survey questions on the respectful display of human remains. I have also based myself on Tarle's approach for organizing and visualizing the results in tables and graphics, all which can be viewed in appendix 3.

The first part of the survey asked visitors whether they deemed it ethically responsible for Rijksmuseum Boerhaave to display the manikin, what factors they took into consideration and whether they thought *Chimaera* had influenced their views in the matter.

Question 1. Do you think it is ethically responsible for Rijksmuseum Boerhaave to exhibit this obstetrical manikin?

- Yes
- No
- It depends
- No opinion

Question 2. According to you, which factors should be considered when deciding between exhibiting or not exhibiting the obstetrical manikin? Select all factors you consider relevant:

- The scientific value of the obstetrical manikin for medical research
- Consent of the woman, whose remains were incorporated into the manikin
- When the woman and the baby were alive
- The religious beliefs and/or cultural norms of the woman and baby whose remains were incorporated into the manikin
- The manner of exhibiting
- The baby's cause of death, whose remains were incorporated into the manikin
- The educational value of the obstetrical manikin as a historical museum object
- Consent of the descendants
- The woman's cause of death, whose remains were incorporated into the manikin
- The way the bones were obtained by the maker of the obstetrical manikin
- Other (to be specified in the next section)

Question 3. According to you, which (other) factors are relevant to consider?

Question 4. Would you say your opinion is being influenced by the artwork on the wall?

- Yes
- No
- I do not know

Question 5. Could you clarify how your opinion is being influenced by the artwork?

Question 1 is a mandatory multiple choice question that asked the participants whether they found it ethically responsible for Rijksmuseum Boerhaave to exhibit the obstetrical manikin. The majority (n=87, 84%) found it ethically responsible (table 2., graph. 1). Although none of the participants disagreed, sixteen participants (16%) stated that "It depends."

Question 2 (mandatory, multiple choice) asked the participant to indicate what factors should be taken into account when deciding between exhibiting or not exhibiting the manikin. The participants were allowed to select as many answers as they wished so the responses are not mutually exclusive. The answers are visualized in descending order based on the frequency with which they were selected (table 3., graph. 2.).

Eighty-five participants (83%) thought that the educational value of the manikin as a museum item should be considered. The scientific value of the manikin for medical science was important to seventy-two participants (70%). The same amount of respondents (n=72, 70%) considered the “manner of exhibiting” to be relevant. Just fewer than half of the participants (45%) deemed it relevant to know how the bones were obtained by the maker of the manikin while thirty-one participants (30%) considered when the woman and the baby were alive. Twenty-five participants (24%) indicated that it should be considered whether the woman, whose bones were incorporated in the manikin, had given consent and twenty-three (22%) mentioned the woman’s and child’s religious beliefs and cultural norms as a relevant factor. Consent of descendants came as a close second to that of the woman herself (n=23, 22%.) Twenty-two participants (21%) selected the baby’s cause of death to be a relevant factor, which is the exact same amount of respondents that identified the woman’s cause of death as an important variable (n=22, 21%.) Lastly, three (3%) selected “Other.” Their answers will be discussed as a part of question 3.

Question 3 asked the respondents to clarify which (other) factors they deemed relevant in deciding whether the manikin should be on display or not. This open-ended question solely appeared if the participant had selected “Other” as an answer to question 2 and resulted in three survey results in total. The participant’s comments were categorized by theme in order to analyze and visualize trends (table 4., graph. 3.). Two participants (67%) remarked that one should take into account that the manikin was produced in another time period during which its manner of fabrication was not necessarily deemed unethical. One participant (33%) emphasized the presumed importance of the manikin for medical history.

Question 4 (mandatory, multiple-choice) asked participants whether the artwork by Aline Thomassen had influenced their previously stated opinions to which just over half of the participants (n=58, 56%) disagreed (table 5., graph. 4.). Thirty-one participants (30%) said that the artwork *had* influenced their views and fourteen (14%) chose the option “I do not know.”

Question 5 is an optional open-ended question that asked participants to clarify how the artwork influenced their opinion. The question solely appeared to the thirty-one participants that had indicated earlier that their opinion had been shaped by *Chimaera*. A total of thirty comments was collected and categorized according to theme (table 6., graph. 5.). Some participants addressed multiple themes so the answers are not mutually exclusive. Twelve respondents (40%) stated that the artwork humanized the manikin. The artwork led four participants (13%) to think about human experiences like the loss or the death of a child and/or mother. Four people (13%) stated that the artwork enriched their experience of the manikin in one way or another meanwhile

four (13%) called it a beautiful addition to the regular display. The artwork added an emotional value to the manikin according to four participants (13%), while two (7%) reported having a more positive attitude to the manikin. The artwork urged two people (7%) to wonder about the possible story behind the manikin. One individual (3%) thought that the piece honored the woman and baby meanwhile another person said that it brought about empathy (3%). One respondent (3%) said that the work is right for emphasizing and acknowledging the moral side to the object and lastly, one person (3%) stated that the work represents the cultural value of the manikin.

Regardless of the fact that, following Tarle's line of argumentation, this artistic intervention should demonstrate respect, I wished to ensure this as a respectful display is one of the only, and therefore essential, rules for exhibiting human remains in museums. This is why the second part of the survey asked the participants what a respectful display meant to them and whether they deemed the display by Rijksmuseum Boerhaave respectful. This part of the survey only appeared to those who had indicated in question 2 that their views on whether or not to exhibit the manikin (partly) depended on the manner of exhibiting.

You have indicated that your view on whether or not to exhibit the obstetrical manikin partly depends on the manner of exhibiting.

Question 6. According to you, what are suitable methods to display the obstetrical manikin in a respectful manner? Select all of the methods you consider suitable:

- Following the religious beliefs/cultural norms of the woman and the baby, whose remains were incorporated into the manikin
- Dark, quiet space
- Reminding visitors they are viewing the remains of the deceased
- Scientific/clinical manner of exhibiting
- Emphasizing the humanity of the bones (with personal details)
- Combining the obstetrical manikin with an artwork
- Other (to be specified in the next section)

Question 7. Please clarify what (other) methods you consider suitable to display the obstetrical manikin in a respectful manner.

Question 8. Would you say that the current display of the obstetrical manikin by Rijksmuseum Boerhaave is respectful?

- Yes
- No

Question 9. Please clarify your answer to the previous question.

Question 6 is a mandatory multiple choice question that asked participants to select which of the given display methods they found suitable for displaying the obstetrical manikin in a respectful manner. It was filled in by a total of seventy-one participants. They were allowed to select as many methods as they wished so the answers are not mutually exclusive (table 7., graph. 6.). The majority (n=55, 77%) found it respectful to remind visitors that they are viewing remains of the deceased. Forty-three participants (61%) selected a clinical and scientific manner of exhibiting as a respectful method of display and thirty eight (54%) considered it respectful to emphasize the humanity of the bones by means of personal details. Twenty-one participants (30%) saw the combination of human remains with an artwork as a respectful display method. Thirteen respondents (18%) indicated that the religious beliefs and/or cultural norms of the woman and baby should be adhered to and nine people (13%) liked the idea of a dark and quite space. Lastly, four participants (6%) wished to fill in an alternative respectful display method and selected “Other.”

Question 7 gave respondents the opportunity to mention alternative respectful display methods. This open-ended question solely appeared to the four respondents that had selected “Other” as their answer to the previous question and it was filled in by three people in total. The participants were allowed to leave as many comments as they wished so the answers are not mutually exclusive (table 8., graph. 7.). It was commented twice (67%) that the manikin ought to be placed into context. One individual (33%) deemed it respectful to be able to pass the artwork without having to see it and lastly, one respondent (33%) took this question as an opportunity to stress the need for a respectful space.

Question 8 (mandatory, multiple choice) asked the participants whether they found the current display of the obstetrical manikin by Rijksmuseum Boerhaave respectful. Sixty-nine participants answered the question in total of which the majority agreed (n=63, 91%) and the minority disagreed (n=6, 9%) (table. 9.. graph 8.).

Question 9 is an optional open-ended question that gave participants the opportunity to clarify why they believed Rijksmuseum Boerhaave’s display to be respectful or not. Forty-seven

participants chose to leave comments. Because they were free to leave as many comments as they wished, the answers are not mutually exclusive.

Due to the large amount of comments (sixty-three in total) I have chosen to divide the comments according to five themes (table 10.). When asked to clarify why they deemed the display respectful or not, the majority left a comment about the provision of information on the manikin (n=24, 51%). The second largest category of comments existed of visitors' observations regarding the display (n=14, 30%). Eight people (17 %) found the display respectful because it lived up to certain criteria. I have collected their comments under the heading "Depends on ...". Six people (17%) specifically commented on the artwork and five people (11%) left general comments.

Of all the people that commented on the information provision, seven (29%) indicated that the presence of human remains inside of the manikin should be better articulated (graph. 9.). There were also seven comments indicating (29%) that the necessary information was provided, but it is important to note that these comments were made during the week in which additional information was given by the researcher on site. Five people (21%) specifically stated that they liked this oral explanation. Three participants (13%) commented that the display contained too little information on the manikin. Lastly, two participants (8%) specifically suggested using visual aids to inform visitors on the presence of human remains inside of the manikin.

Of the fifteen people that made a comment about the display, three (20%) thought that the clinical display was well chosen (graph. 10.). The display was moreover described as sober (n=2, 13%) and neutral (n=2, 13%). It was said that the manikin was well protected because of its glass showcase (n=2, 13%) and two people (13%) complimented the appearance of the exhibition space as a whole. One individual described the current display as quiet (7%), meanwhile one person (7%) thought the manikin should be isolated from the rest of the collection. One participant (7%) found the clinical display inappropriate for showing human remains while another comment stated that there was nothing wrong with the display (n=1, 7%).

Twelve participants indicated that whether the display is respectful is dependent on certain variables (graph. 11.). Half of the participants (n=6) gave clarifications that could be boiled down to "the display is respectful because the manikin belongs in the museum." Two people (20%) said that it depended on how much we could learn from the object. Two participants (20%) took this question as an opportunity to stress the scientific value of the manikin and one individual (10%) said there is no disrespect when the truth is exhibited.

When asked to clarify, eight people referred to the artwork in particular (graph. 12.). Two people (33%) commented how, had the artwork and its explanation not been there, they would

have not found the display respectful. For two respondents (33%), the artwork humanized the remains and one participant (17%) commented on the emotional value the artwork added to the display. Participants moreover complimented the artwork (n=1, 17%) and saw it as an addition to the regular display (n=1, 17%). In contrast, one participant (17%) said they had not seen how the artwork and the object related to each other.

Three participants left comments that did not fit any of the previously mentioned categories. I have collected them as “General Comments” (graph. 13.). One participant (33%) found the alternative of putting the manikin in a depot less respectful than exhibiting it. One respondent (33%) stressed the importance of handling human remains in a respectful manner. Lastly, one comment did not relate to the given question but is nonetheless not disregarded as the respondent did leave relevant answers to the other questions.

Overall, the survey shows that visitors are generally supportive of exhibiting the obstetrical manikin. The educational and scientific value of the manikin as well as the way in which the manikin is exhibited were decisive factors. Although just over half of the visitors did not believe that the artwork had shaped their views in any way, there was also a considerable group of people that did believe their reception of the manikin was influenced by *Chimaera*.

When looking into the artwork’s effects on this group of people, one could say that the artistic intervention was successful in suggesting an alternative, more emotional reading of the manikin. None of these respondents thought of the manikin as a medical training dummy. Instead, the artwork added to their experiences of the manikin. It made visitors consider themes of death and loss but most of all, the artwork made participants think of the human lives behind the enclosed bones. For example, one respondents said: “It adds a more personal aspect to the exhibit. You are reminded that there is a real person behind this piece.”⁶⁷ Another participant describes it as the following: “It becomes a person. From manikin to human.”⁶⁸

With regards to what constitutes a respectful display, the respondents expressed a preference for a clinical and scientific manner of display in which visitors are reminded of the fact that they are watching human remains. Many also considered it respectful to humanize the remains by means of personal details. These criteria are perfectly in line with participants’ appreciation of Rijksmuseum Boerhaave’s current display. When asked why they thought it was respectful, many respondents either directly pointed out the clinical manner of exhibiting or based themselves on elements that I have identified as clinical in chapter 2 such as the general

⁶⁷ Visitor’s comment, June 3, 2024.

⁶⁸ Visitor’s comment, May 30, 2024.

look of the exhibition space *Illness & Health*. The main point of improvement is the provision of information. The survey shows that visitors appreciate receiving as much information as possible. The display by Rijksmuseum Boerhaave could especially gain from informing visitors of the presence of human remains in a clear and articulate manner.

Conclusion

In this thesis, I have explored whether art can motivate museum visitors to reflect upon the ethical dilemmas that accompany the display of human remains in museums. Chapter 1 features examples of museological human remains collections that have recently been met with criticism as they attest to collecting histories that clash with contemporary ethical values. Deinstallation, repatriation and (re)burial are not one fits all solutions, however, and one should also heed the scholars emphasizing the educational value of retaining dead bodies in museums. Still, the ethical complexities of showcasing human remains should never be swept under the rug. Displaying human material in a respectful manner means that museums should encourage dialogue and introspection amongst their visitors instead.

Implementing artistic interventions is one way to generate introspection as they present visitors with alternative readings of collections that help them critically assess the dominant narratives presented by museums. I have specifically tested whether a so called ‘affective artistic intervention’ could be of service in motivating visitors to consider the ethical debate around human remains through the means of a case study conducted in Rijksmuseum Boerhaave in Leiden. For the purpose of this research, the clinical presentation of an obstetrical manikin and baby puppet containing real human bones was juxtaposed with the watercolor painting *Chimaera* for twelve consecutive days. Its artist, Aline Thomassen, presented an emotional reading of the manikin by expressing universal, human emotions surrounding motherhood and loss of life. *Chimaera*’s effects were tested through a survey that I distributed amongst the visitors of Rijksmuseum Boerhaave.

The results of the survey show that *Chimaera* managed to encourage introspection among visitors. The artwork suggested an alternative, humanizing narrative that visitors picked up on. What is interesting is that, although visitors recognize this humanizing narrative, it does not seem to steer their moral judgements of the exhibit all too much. Factors related to the woman and child, such as their consent, cause of death and the time in which they were alive, are in no way the first thing people think of when deciding whether the human remains should be on display or not. This is an interesting contrast to the aforementioned case of Charles Byrne’s skeleton in which the lack of consent is considered vital. A second way in which this case study deviates from the contested human remains discussed in the first chapter, is the fact that the bones’ history of acquisition was also not considered a significant factor by the respondents. Meanwhile, the collecting history is exactly what gave rise to grand scale repatriation of Native

American human remains and the more recent demands for the return of Dubois' prehistoric collection to Indonesia.

This goes to show that the way people weigh up factors like consent, educational value and acquisition history is very case-dependent. It is an important reason why museums like Rijksmuseum Boerhaave should not blindly base their respective human remains protocols on what other museums are doing. Instead, I agree with Tarle that it is essential for museums to find ways to involve visitors in the complex ethical dilemmas at stake in their respective collections. This research is a step in that direction. Although the affective artistic intervention had a limited influence on the public's ethical judgement regarding the obstetrical manikin, the installation of the artwork provided an opportunity for visitors to get familiar with the ethical debate around the display of human remains in museums and to take a position themselves.

For future research, it would be worthwhile to continue an interdisciplinary approach and to find out how affective artistic interventions are received in museums other than science museums as human remains also function in museums of anthropology, antiquity, art and many more. How are human remains perceived there and does an emotional reading open up new sides to the debate for people? If anything, let us not just look at them as lifeless objects but be open to the stories they would tell us if we were to lend them our voices.

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Appendices

Appendix 1 Original Dutch questionnaire

Vraag 1. Vindt u het ethisch verantwoord dat Rijksmuseum Boerhaave deze baarpop tentoonstelt?

- Ja
- Nee
- Hangt ervan af
- Geen mening

Vraag 2. Welke factoren moeten er volgens u overwogen worden bij het wel of niet tentoonstellen van deze baarpop? Vink alle factoren aan die volgens u relevant zijn:

- De wetenschappelijke waarde van de oefenpop voor medisch onderzoek
- Toestemming van de vrouw, van wie resten in de pop zijn verwerkt
- Wanneer vrouw en baby leefden
- De geloofsovertuiging en/of culturele normen van de vrouw en de baby, van wie resten in de pop zijn verwerkt
- De manier van tentoonstellen
- Doodsoorzaak baby, van wie resten in de pop zijn verwerkt
- De educatieve waarde van de oefenpop als historisch museumobject
- Toestemming van nabestaanden
- Doodsoorzaak vrouw, van wie resten in de pop zijn verwerkt
- De manier waarop de maker van de baarpop de botten heeft verkregen
- Anders (aan te geven in de volgende sectie)

Vraag 3. Licht alstublieft toe welke factoren volgens u (nog meer) relevant zijn in de overweging.

Vraag 4. Denkt u dat uw mening is beïnvloed door het kunstwerk aan de muur?

Vraag 5. Kunt u toelichten hoe het kunstwerk uw mening heeft beïnvloed?

Vraag 6. Wat zijn volgens u geschikte manieren om de baarpop op een respectvolle manier tentoon te stellen? Vink alle methodes aan die volgens u geschikt zijn:

- Het volgen van de geloofsovertuiging/culturele normen van de vrouw en het baby, van wie resten in de pop zijn verwerkt
- Donkere, stille ruimte
- Bezoekers eraan herinneren dat ze kijken naar de resten van overleden mensen
- Wetenschappelijke/klinische manier van tentoonstellen
- Het benadrukken van de menselijkheid van de botten (door middel van persoonlijke details)
- Combineren met een kunstwerk
- Anders (aan te geven in de volgende sectie)

Vraag 7. Licht alstublieft toe welke methodes volgens u (nog meer) geschikt zijn om de verloskundige oefenpop op een respectvolle manier tentoon te stellen.

Vraag 8. Vindt u de manier waarop Rijksmuseum Boerhaave de verloskundige oefenpop op dit moment presenteert respectvol?

- Ja
- Nee

Vraag 9. Licht uw antwoord op de vorige vraag alstublieft toe.

Appendix 2 Translated English questionnaire

Question 1. Do you think it is ethically responsible for Rijksmuseum Boerhaave to exhibit this obstetrical manikin?

- Yes
- No
- It depends
- No opinion

Question 2. According to you, which factors should be considered when deciding between exhibiting or not exhibiting the obstetrical manikin? Select all factors you consider relevant:

- The scientific value of the obstetrical manikin for medical research
- Consent of the woman, whose remains were incorporated into the manikin
- When the woman and the baby were alive
- The religious beliefs and/or cultural norms of the woman and baby whose remains were incorporated into the manikin
- The manner of exhibiting
- The baby's cause of death, whose remains were incorporated into the manikin
- The educational value of the obstetrical manikin as a historical museum object
- Consent of the descendants
- The woman's cause of death, whose remains were incorporated into the manikin
- The way the bones were obtained by the maker of the obstetrical manikin
- Other (to be specified in the next section)

Question 3. According to you, which (other) factors are relevant to consider?

Question 4. Would you say your opinion is being influenced by the artwork on the wall?

- Yes
- No
- I do not know

Question 5. Could you clarify how your opinion is being influenced by the artwork?

Question 6. According to you, what are suitable methods to display the obstetrical manikin in a respectful manner? Select all of the methods you consider suitable:

- Following the religious beliefs/cultural norms of the woman and the baby, whose remains were incorporated into the manikin
- Dark, quiet space
- Reminding visitors they are viewing the remains of the deceased
- Scientific/clinical manner of exhibiting
- Emphasizing the humanity of the bones (with personal details)
- Combining the obstetrical manikin with an artwork
- Other (to be specified in the next section)

Question 7. Please clarify what (other) methods you consider suitable to display the obstetrical manikin in a respectful manner.

Question 8. Would you say that the current display of the obstetrical manikin by Rijksmuseum Boerhaave is respectful?

- Yes
- No

Question 9. Please clarify your answer to the previous question.

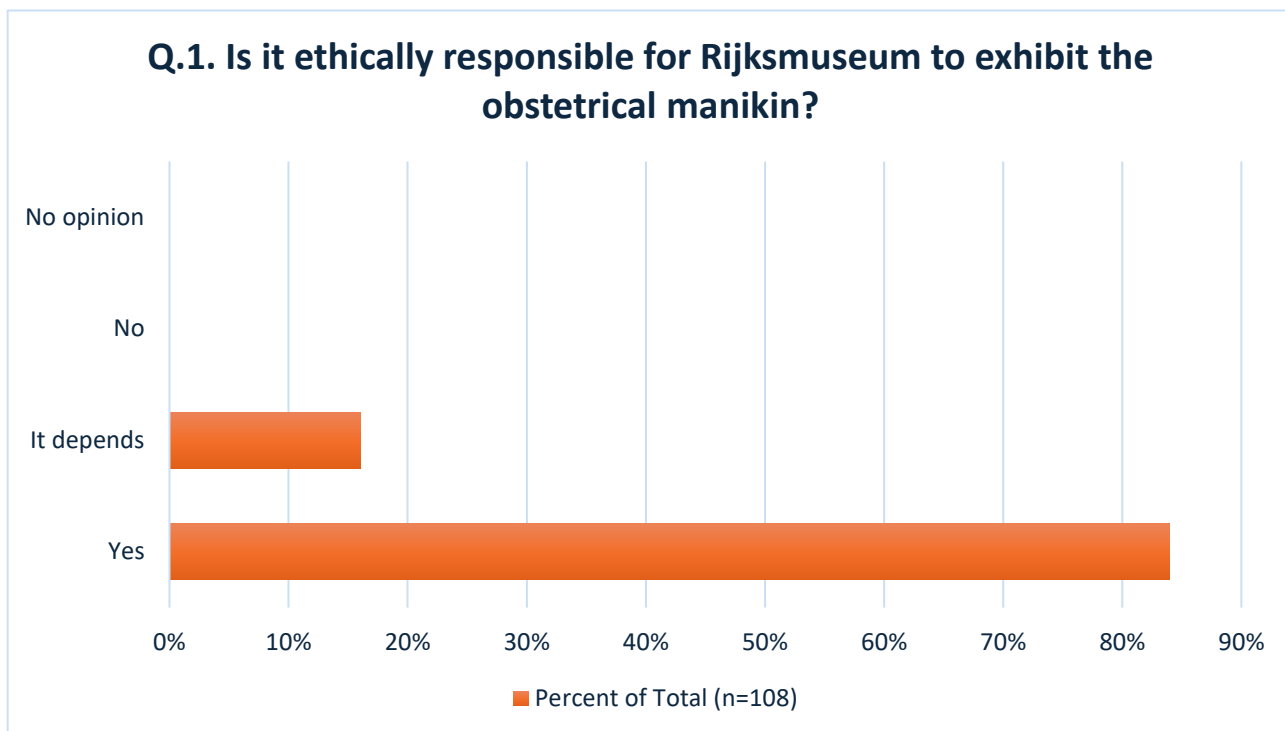
Appendix 3 Tables and graphics with survey results

Table 1 Respectful Display Methods. Adapted from Lia Tarle, "Exhibiting Respect: Investigating Ethical Practice for the Display of Human Remains in Museums (PhD diss., Simon Fraser University, 2020), 87.

Creating respectful encounters	Emphasizing humanity	Generating dialogue & introspection
Privacy e.g., -Dark/quiet space -Private room/alcove -Partially covering remains Warning visitors so they may prepare to show respect	Cultural context Facial reconstructions Intimate/personalizing details Names/biographical info Death prayers Time expressed in human generations v.s. years Reminding of humanity Divorcing remains from object labels/interpretation	Encouraging engagement with ethical dilemmas through: -Visitor comments -Covering up remains -Posing ethical questions outright in interpretation

Table 2 Question 1: "Is it ethically responsible for Rijksmuseum Boerhaave to exhibit the obstetrical manikin?"

Response	Number of Responses	Percent of Total (n=108)
Yes	87	84%
It depends	16	16%
No	0	0%
No opinion	0	0%
Total	103	100%

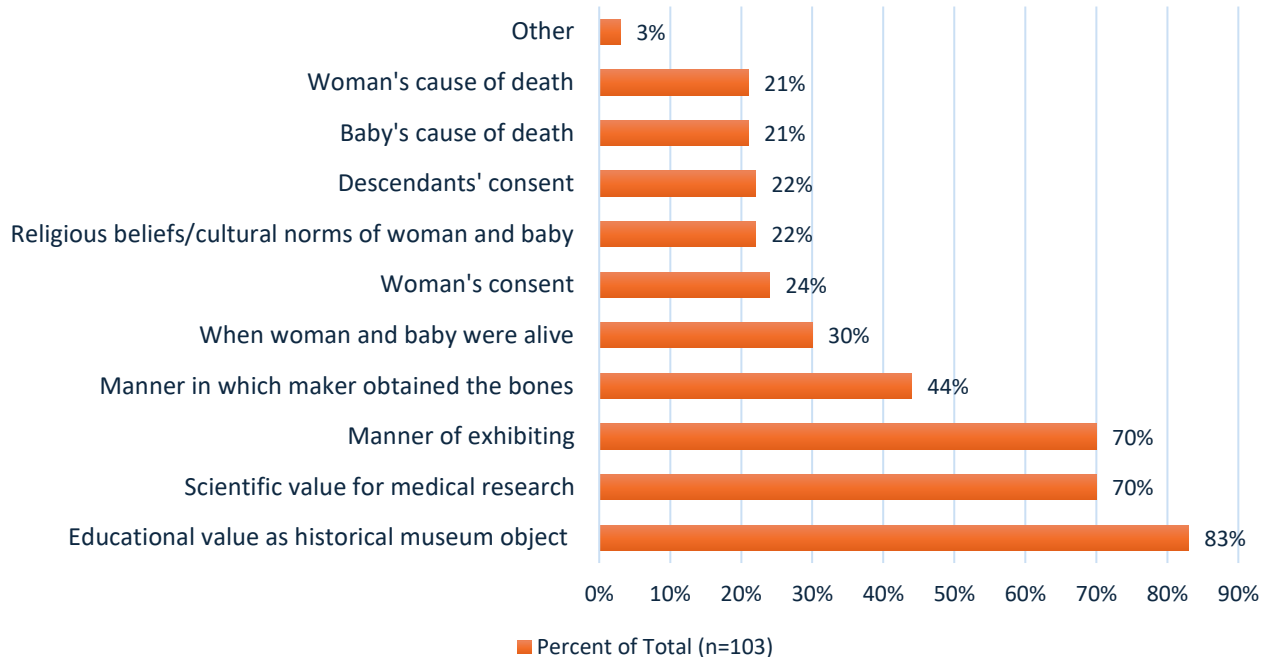


Graphic 1 Question 1: Is it ethically responsible for Rijksmuseum Boerhaave to exhibit the obstetrical manikin?"

Table 3 Question 2: "Which factors should be considered when deciding whether the obstetrical manikin should be exhibited?"

Response	Number of Responses	Percent of Total (n=103)
Educational value as historical museum object	85	83%
Scientific value for medical research	72	70%
Manner of exhibiting	72	70%
Manner in which maker obtained the bones	45	44%
When woman and baby were alive	31	30%
Woman's consent	25	24%
Religious beliefs/cultural norms of woman and baby	23	22%
Descendants' consent	23	22%
Baby's cause of death	22	21%
Woman's cause of death	22	21%
Other	3	3%
Total	103	N/A

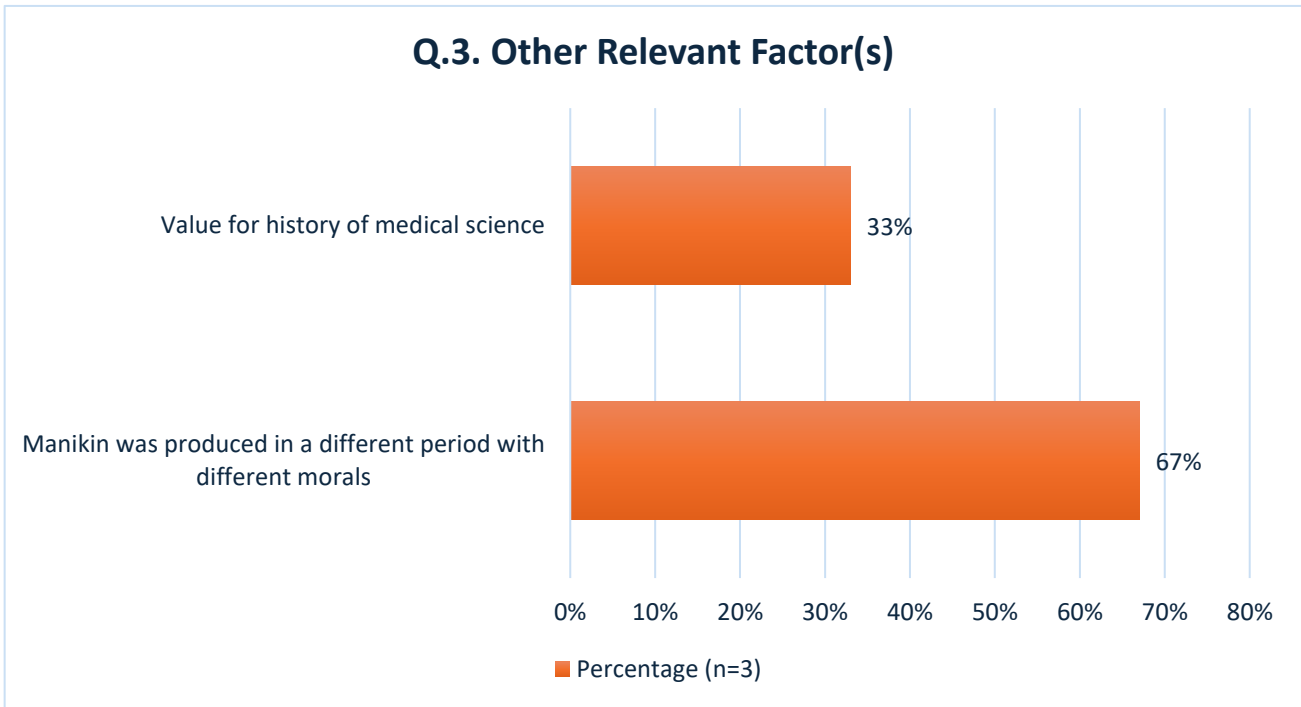
Q.2. Relevant factors



Graphic 2 Question 2: "Which factors should be considered when deciding whether the obstetrical manikin should be exhibited?"

Table 4 Question 3: "What (other) factors are relevant to consider?"

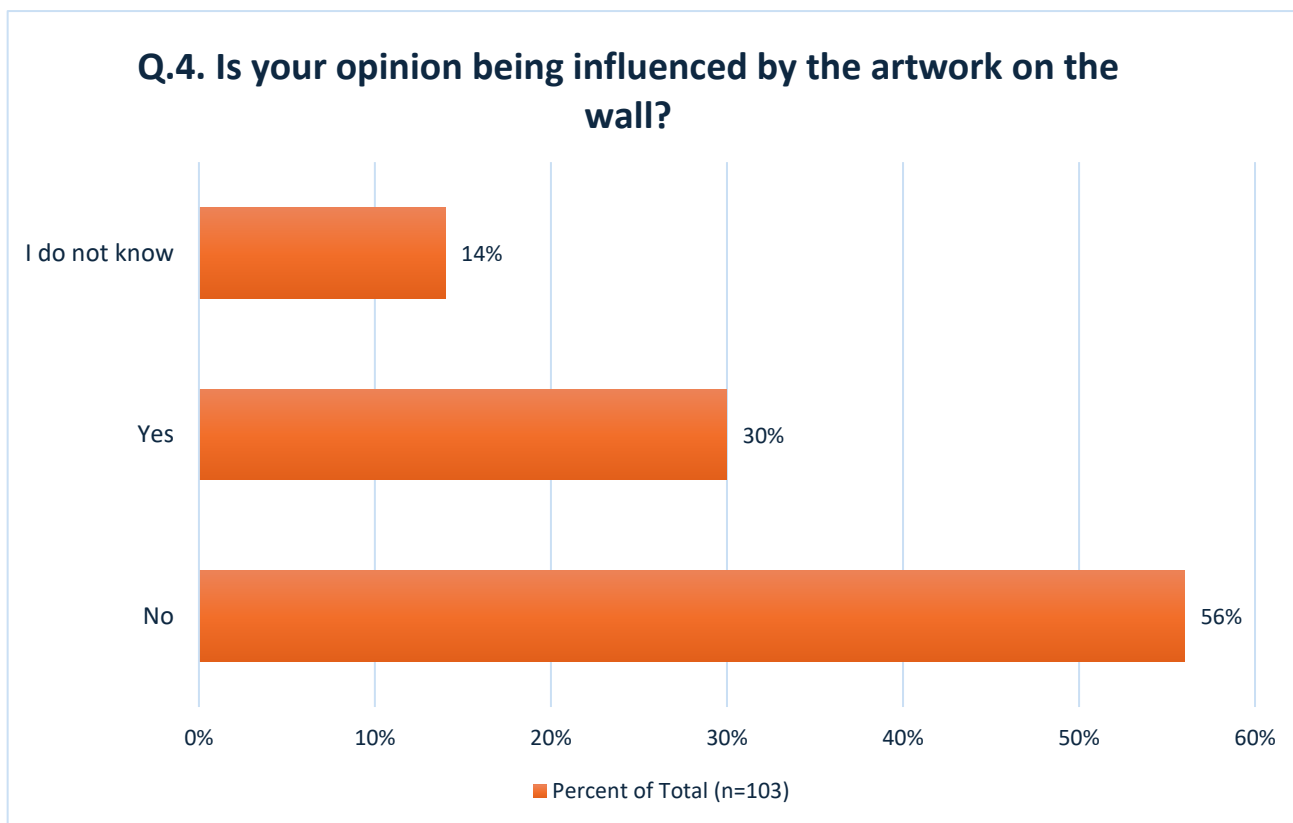
Comment Theme	Number of Responses	Percentage (n=3)	Percent of Total (n=103)
Manikin was produced in a different period with different morals	2	67%	2%
Value for history of medical science	1	33%	1%
Total	3	100%	3%



Graphic 3 Question 3: "What (other) factors are relevant to consider?"

Table 5 Question 4: "Is your opinion being influenced by the artwork on the wall?"

Response	Number of Responses	Percent of Total (n=103)
No	58	56%
Yes	31	30%
I do not know	14	14%
Total	103	100%

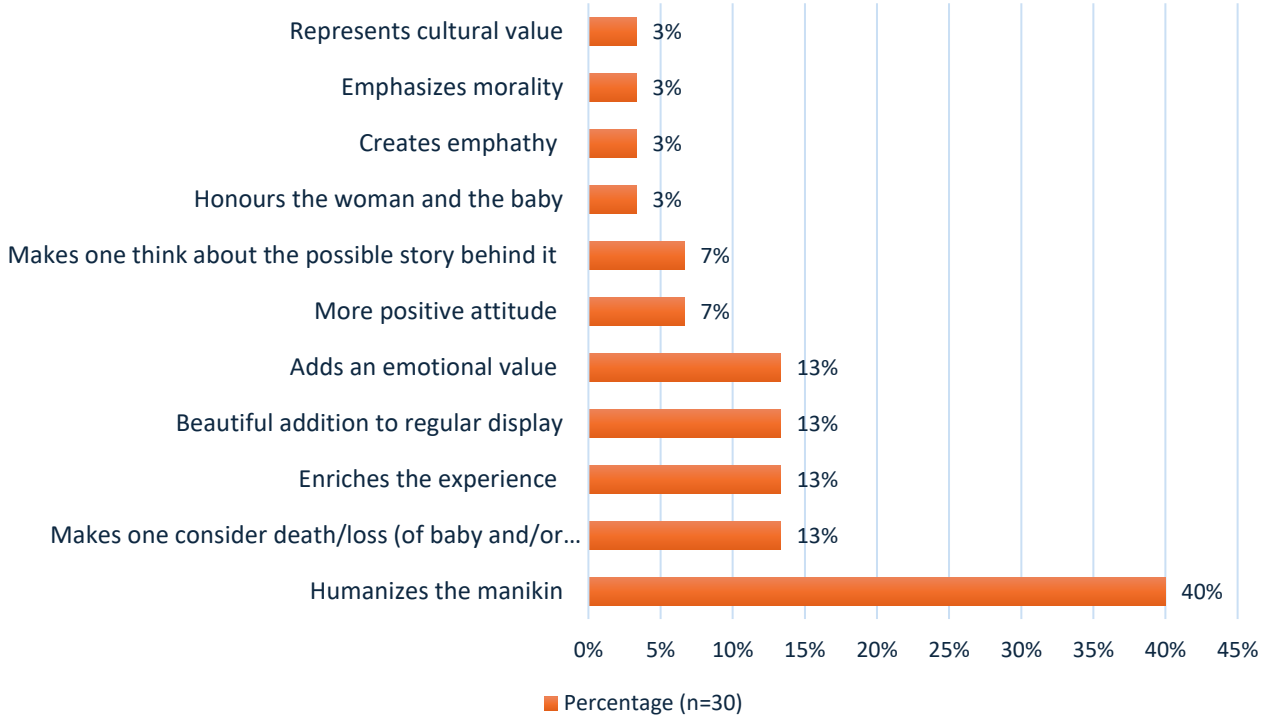


Graphic 4 Question 4: "Is your opinion being influenced by the artwork on the wall?"

Table 6 Question 5: "How is your opinion being influenced by the artwork?"

Comment Theme	Number of responses	Percentage (n=30)	Percent of Total (n=103)
Humanizes the manikin	12	40%	12%
Makes one consider death/loss (of baby and/or mother)	4	13%	4%
Enriches the experience	4	13%	4%
Beautiful addition to regular display	4	13%	4%
Adds an emotional value	4	13%	4%
More positive attitude	2	7%	2%
Makes one think about the possible story behind it	2	7%	2%
Honours the woman and the baby	1	3%	1%
Creates empathy	1	3%	1%
Emphasizes morality	1	3%	1%
Represents cultural value	1	3%	1%
Total	30	N/A	N/A

Q.5. How is your opinion being influenced by the artwork?

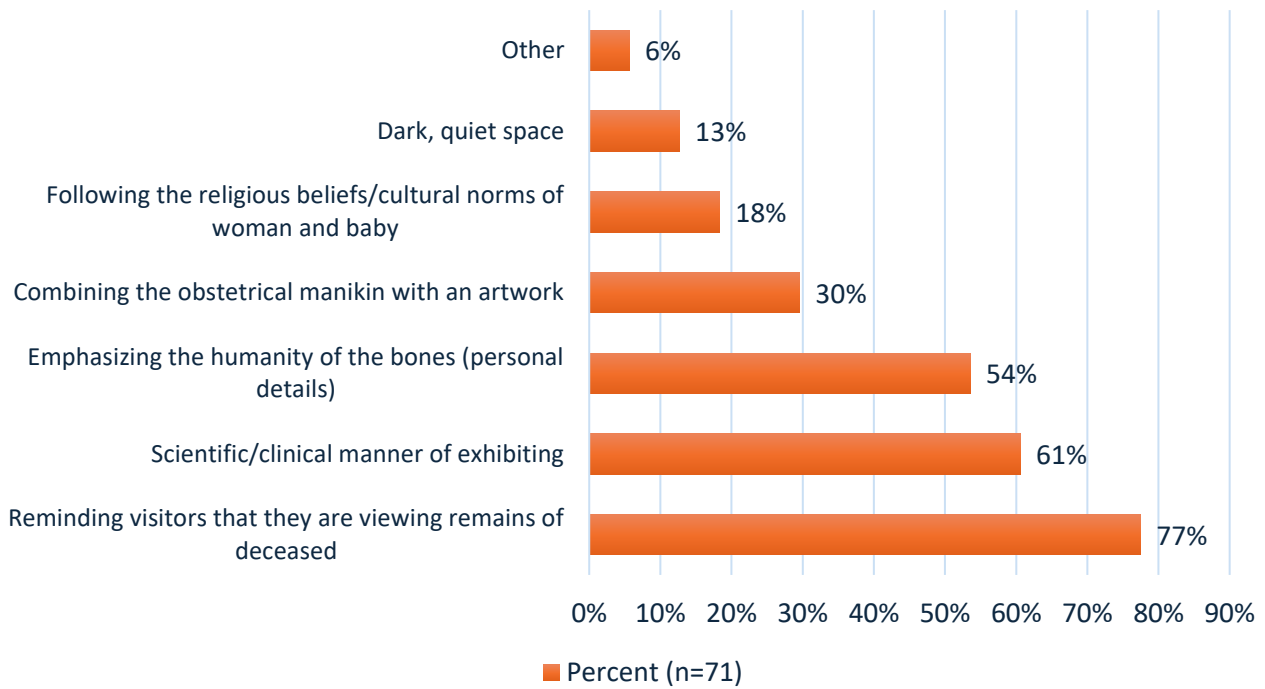


Graphic 5 Question 5: "How is your opinion being influenced by the artwork?"

Table 7 Question 6: "What are suitable methods to display the obstetrical manikin in a respectful manner?"

Response	Number of responses	Percent (n=71)
Reminding visitors that they are viewing remains of deceased	55	77%
Scientific/clinical manner of exhibiting	43	61%
Emphasizing the humanity of the bones (personal details)	38	54%
Combining the obstetrical manikin with an artwork	21	30%
Following the religious beliefs/cultural norms of woman and baby	13	18%
Dark, quiet space	9	13%
Other	4	6%
Total	183	N/A

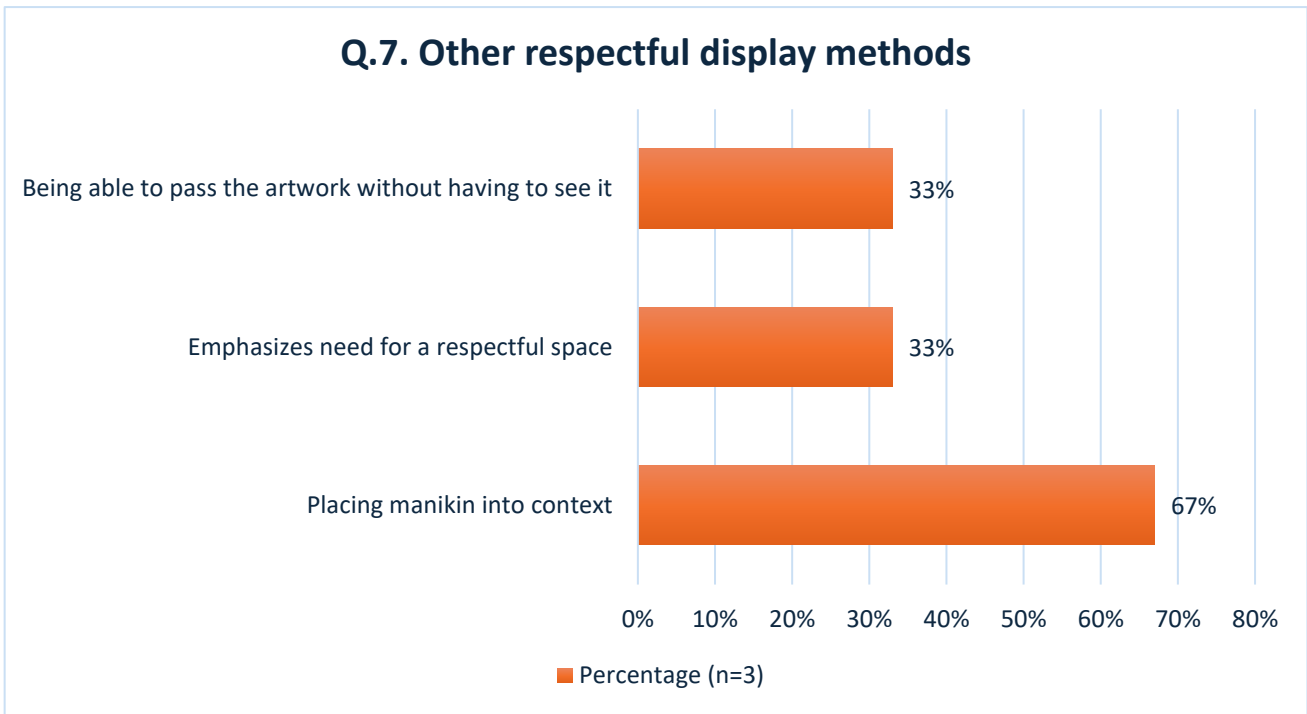
Q.6. What are suitable methods to display the obstetrical manikin in a respectful manner?



Graphic 6 Question 6: "What are suitable methods to display the obstetrical manikin in a respectful manner?"

Table 8 Question 7: "What (other) methods are suitable to display the obstetrical manikin in a respectful manner?"

Comment theme	Number of responses	Percentage (n=3)
Placing manikin into context	2	67%
Emphasizes need for a respectful space	1	33%
Being able to pass the artwork without having to see it	1	33%
Total	4	N/A

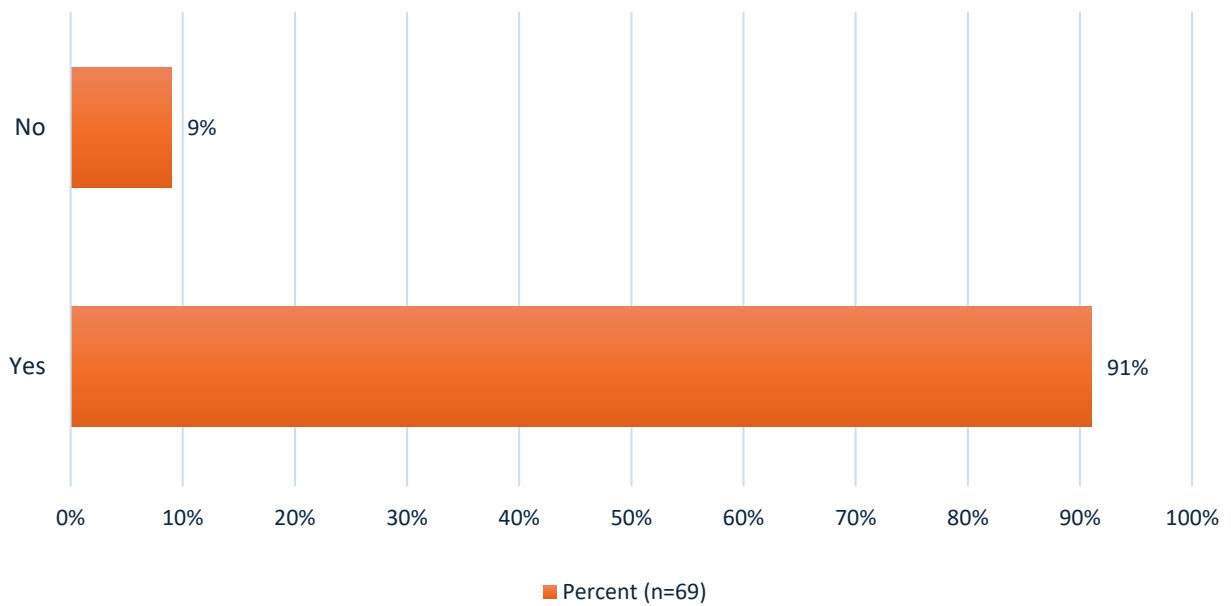


Graphic 7 Question 7: What (other) methods are suitable to display the obstetrical manikin in a respectful manner?"

Table 9 Question 8: "Is the current display of the obstetrical manikin by Rijksmuseum Boerhaave respectful?"

Response	Number of responses	Percent (n=69)
Yes	63	91%
No	6	9%
Total	69	100%

Q.8. Is the current display of the obstetrical manikin by Rijksmuseum Boerhaave respectful?

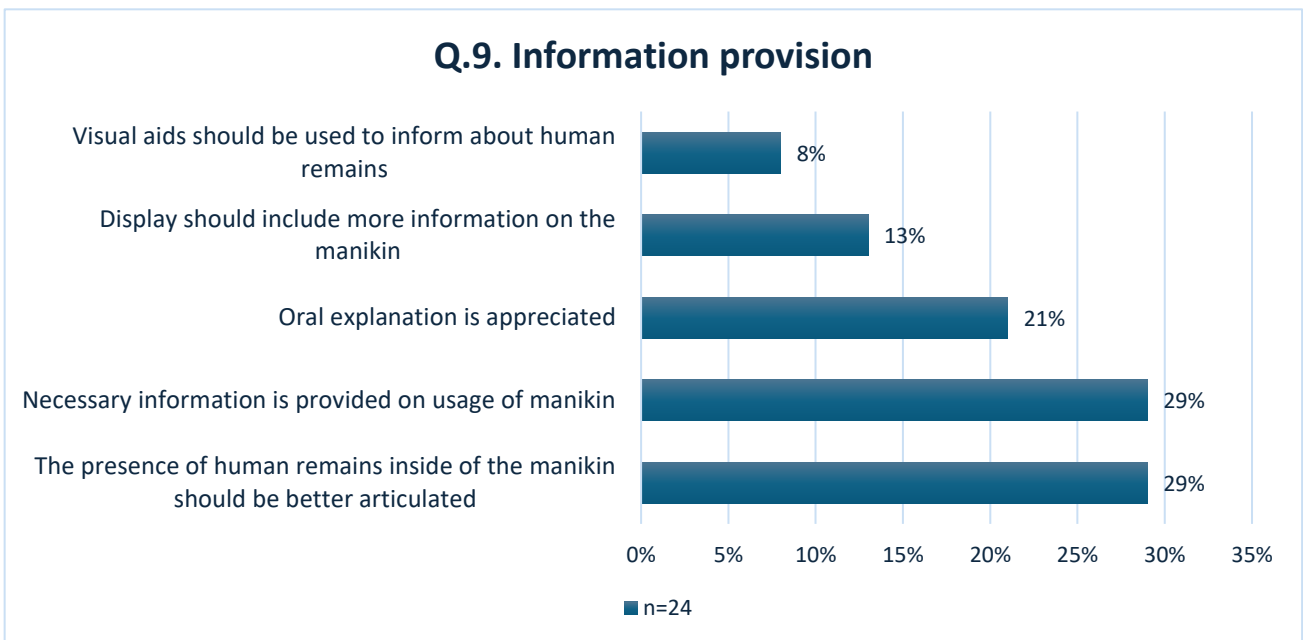


Graphic 8 Question 8: "Is the current display of the obstetrical manikin by Rijksmuseum Boerhaave respectful?"

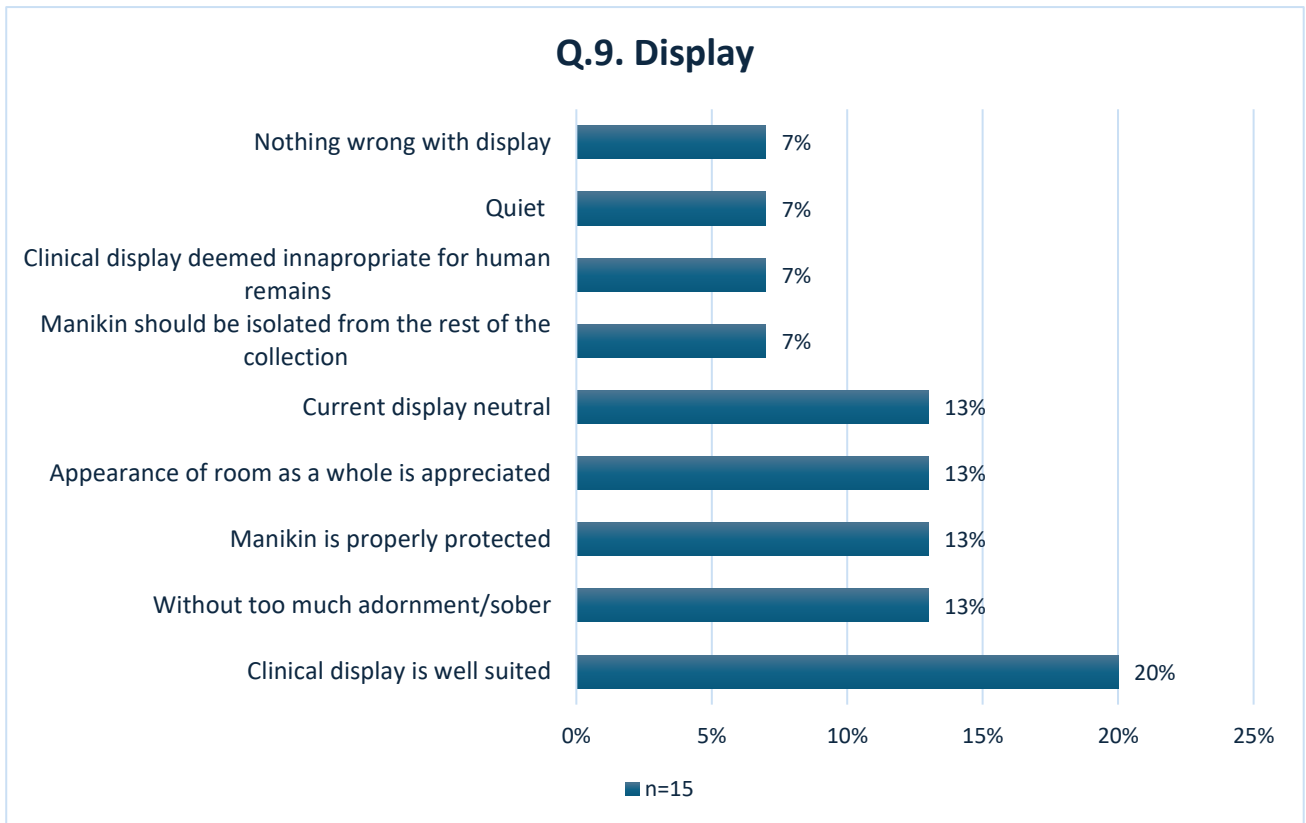
Table 10 Question 9: Open comments re: current display of obstetrical manikin by Rijksmuseum Boerhaave

Category	Number of Responses	Percentage (n=47)	Percent per Category
1. Information Provision			n=24
The presence of human remains inside of the manikin should be better articulated	7	15%	29%
Necessary information is provided on usage of manikin	7	15%	29%
Oral explanation is appreciated	5	11%	21%
Display should include more information on the manikin	3	6%	13%
Visual aids should be used to inform about human remains	2	4%	8%
Total	24	51%	
2. Display			n=15
Clinical display is well suited	3	6%	20%
Without too much adornment/sober	2	4%	13%
Manikin is properly protected	2	4%	13%
Appearance of room as a whole is appreciated	2	4%	13%
Current display neutral	2	4%	13%
Manikin should be isolated from the rest of the collection	1	2%	7%
Clinical display deemed inappropriate for human remains	1	2%	7%
Quiet	1	2%	7%
Nothing wrong with display	1	2%	7%
Total	15	32%	
4. Depends on ...			n=11
Whether manikin is well at place in the museum	6	13%	60%
Manikin's educational value	2	4%	20%
Manikin's scientific value	2	4%	20%
Whether the truth is displayed	1	2%	10%
Total	11	23%	
3. Artwork			n=8
Without the artwork and oral explanation, display would not be respectful	2	4%	33%
Artwork humanizes the remains	2	4%	33%

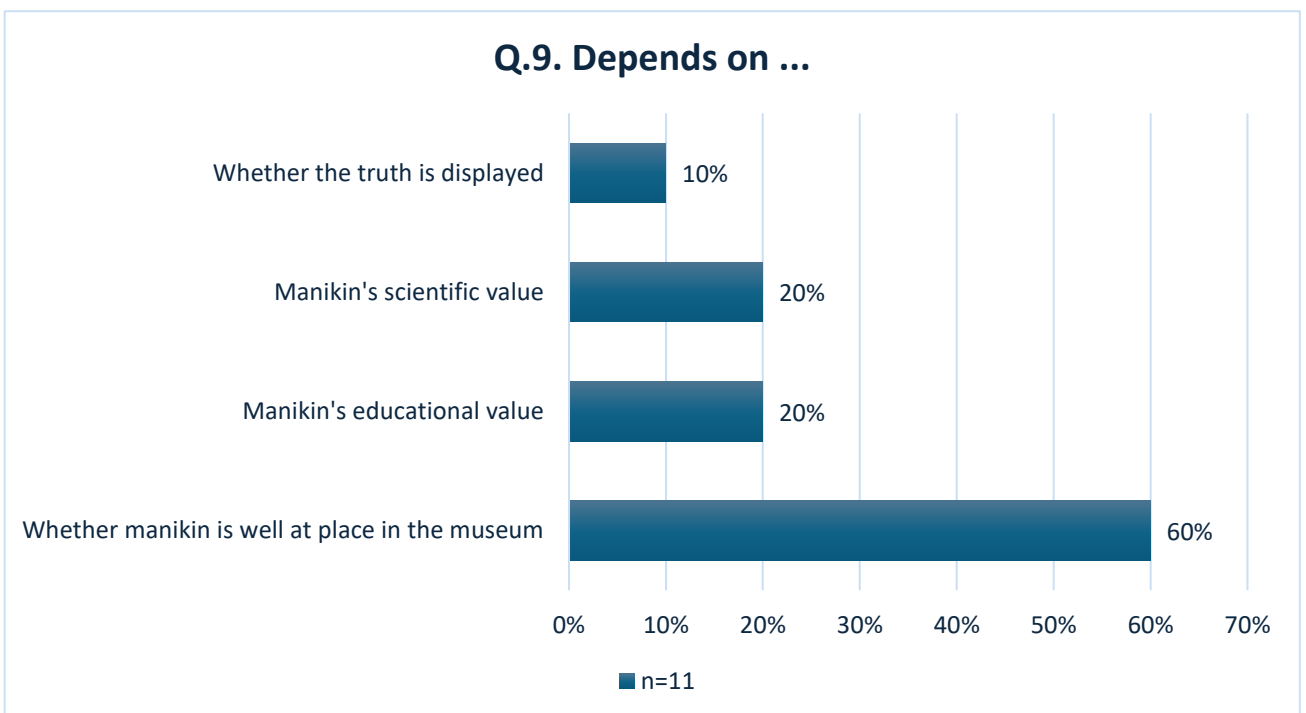
Category	Number of Responses	Percentage (n=47)	Percent per Category
Artwork adds emotional value	1	2%	17%
Artwork and its connection to the object went unnoticed	1	2%	17%
Compliment artwork	1	2%	17%
Artwork regarded an addition to the regular display	1	2%	17%
Total	8	17%	
5. General Comments			n=3
Alternative of putting it in a depot is less respectful	1	2%	33%
Emphasizes the need for respectful treatment of human remains	1	2%	33%
Unrelated comment	1	2%	33%
Total	3	6%	



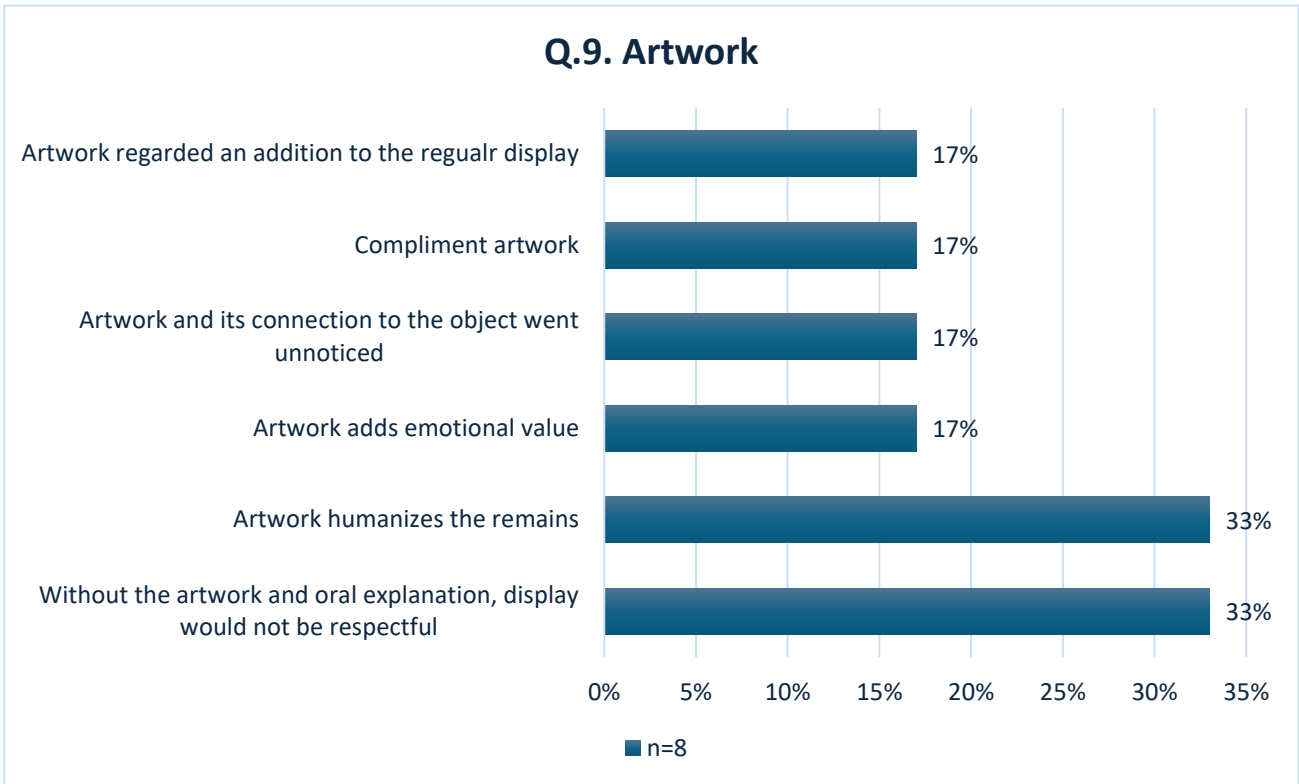
Graphic 9 Question 9: Open comments re: current display of obstetrical manikin by Rijksmuseum Boerhaave, focusing on information provision



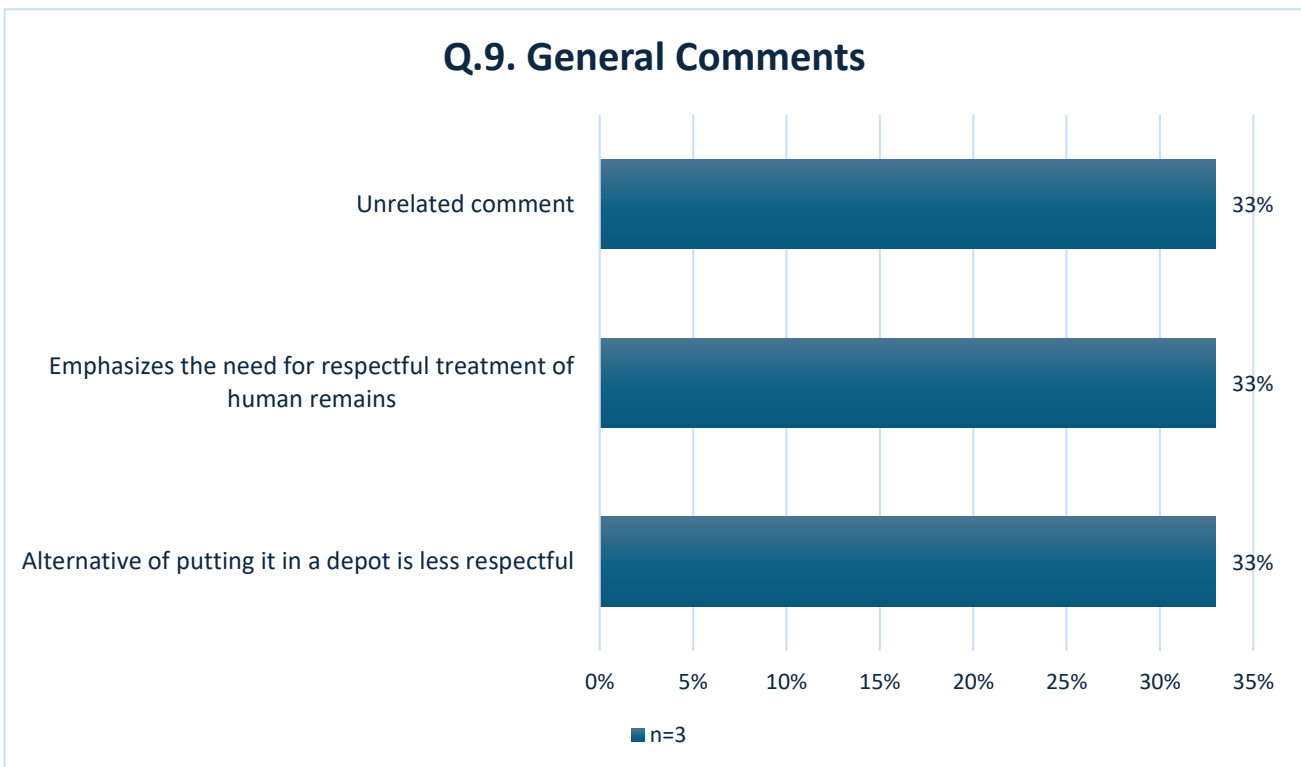
Graphic 10 Question 9: Open comments re: current display of obstetrical manikin by Rijksmuseum Boerhaave, focusing on display



Graphic 11 Question 9: Open comments re: current display of obstetrical manikin by Rijksmuseum Boerhaave, focusing on the criteria on which a respectful display depends



Graphic 12 Question 9: Open comments re: current display of obstetrical manikin by Rijksmuseum Boerhaave, focusing on the artwork



Graphic 13 Question 9: Open comments re: current display of obstetrical manikin by Rijksmuseum Boerhaave, focusing on general comments

Illustrations



Figure 2 Gottlieb Salomon, obstetrical manikin, 1790-1820, leather, chamois leather, wood, bone, 70 x 35 x 25 cm. Leiden (Rijksmuseum Boerhaave) inv.no. V29042



Figure 3 CT-scan of torso obstetrical manikin



Figure 4 CT-scan of baby puppet



Figure 5 First section of "Sickness & Health" in Rijksmuseum Boerhaave

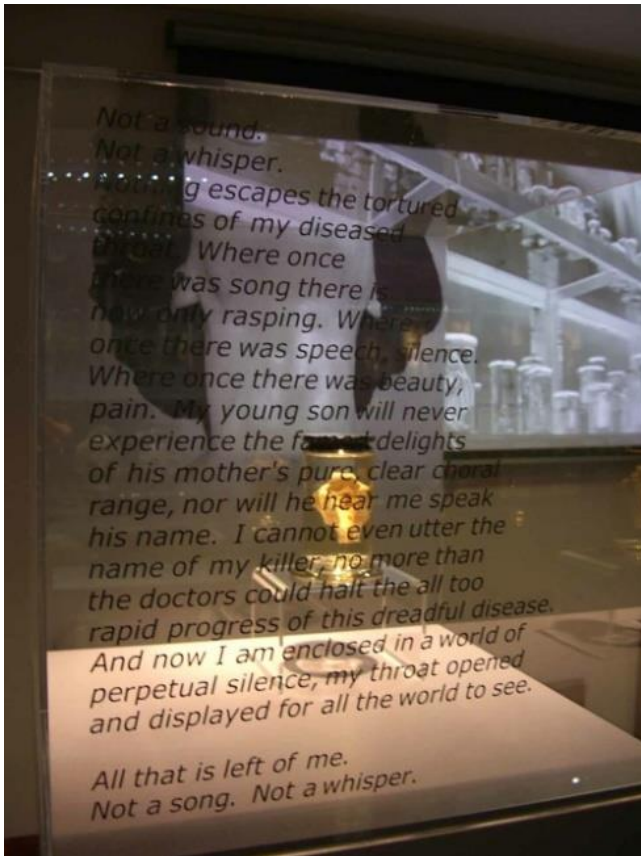


Figure 6 Karen Ingham, detail of *Narrative Remains*, 2009, London (Hunterian Museum) inv.no. larynx and trachea RCSHC/P 364



Figure 7 Wim T. Schippers, installation, 2004, Groningen (Universiteitsmuseum Groningen)

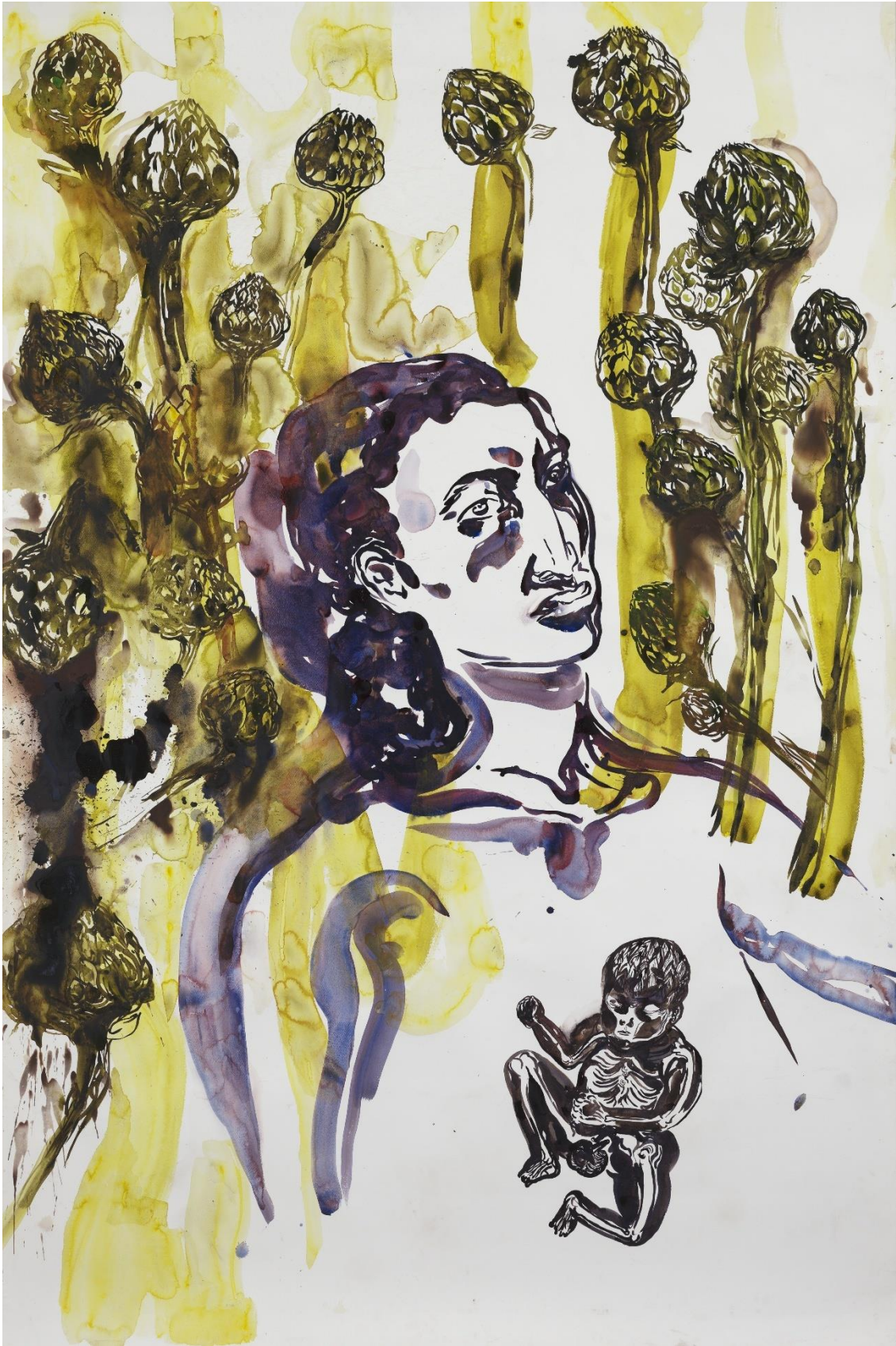


Figure 8 Aline Thomassen, *Chimaera*, 2024, watercolor on paper, 235 x 153 cm



Figure 9 Installation Chimaera in first section of "Sickness & Health," 2024, Leiden (Rijksmuseum Boerhaave)

Illustrations credits

Fig. 1. Photo: Eric de Vries, 2024.

Fig. 2. Downloaded 30 July 2024. <https://nos.nl/artikel/2145058-oefenpop-verloskunde-bevat-echte-babybotten>.

Fig. 3. Downloaded 30 July 2024. <https://www.demorgen.be/nieuws/ontdekking-in-nederlands-museum-oefenbaby-blijkt-echt-skelet-te-bevatten~b34a26a0/>.

Fig. 4. Downloaded 30 July 2024. <https://www.demorgen.be/nieuws/ontdekking-in-nederlands-museum-oefenbaby-blijkt-echt-skelet-te-bevatten~b34a26a0/>.

Fig. 5. Downloaded 30 July 2024. <https://rijksmuseumboerhaave.nl/te-zien-te-doen/ziekte-gezondheid/>.

Fig. 6. Downloaded 30 July 2024. <https://www.kareningham.org.uk/narrative-remains/>.

Fig. 7. Knoeff, 2015, Plate 9.

Fig. 8. Photo: Eric de Vries, 2024.

Fig. 9. Photo by author, 30 May 2024.