

# RE-FRAMING DISABILITY: EXHIBITING DIFFERENCE IN THE MEDICAL MUSEUM

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**Abstract:** The Royal College of Physicians' *Re-framing Disability* exhibition explored a group of rare 17th-19th century portraits depicting disabled men and women from all walks of life, many of whom earned a living exhibiting themselves in public. The prints formed the centre of the award-winning exhibition led by the responses of 27 contemporary disabled participants from across the UK who discussed the prints and their relevance to their own lives. The exhibition toured from 2011-15 and aimed to build on academic literature in addressing the lack of representation of disabled people in museums. This paper outlines the development and outcomes of the project as an example of best practice in using the social model of disability in museum displays and the later work of the Royal College of Physicians museum as a partner in the University of Leicester Research Centre for Museums and Galleries' acclaimed collaborative disability performance projects *Cabinet of curiosities: how disability was kept in a box* (2014) and *Exceptional and extraordinary: unruly bodies and minds in the medical museum* (2016).

**Keywords:** Disability, museums, history, portraiture, social model.

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## INTRODUCTION

On 14 February 2011 the Royal College of Physicians of London (RCP) launched an exhibition entitled *Re-framing Disability: Portraits from the Royal College of Physicians*. It was displayed at the RCP's headquarters in Regent's Park, London until 8 July 2011.

The exhibition showed a group of 17th-19th century portraits from the RCP's museum collections. They featured disabled men, women and children, many of whom exhibited themselves to earn a living. Some, such as conjoined twins Chang and Eng Bunker (1811-74) are still well-known today and others, like professional artist Thomas Inglefield (b1769) born without legs or hands, and Henry Blacker, «the tallest man who ever exhibited in England» in the 1750s — are forgotten<sup>1</sup>. Appendix 1 lists the historic prints and the individuals portrayed.

The exhibition's interpretation of these portraits was led by academic research and responses from 27 disabled people who were invited to be filmed, photographed and interviewed in group discussions. The exhibition comprised of the historical prints, contemporary photography, a film, audio commentary and a catalogue (see Fig. 1).

Acclaimed as «innovative»<sup>2</sup>, «challenging and inspired»<sup>3</sup>, the exhibition won the 2011 Ability Media International Visual Arts Award, created by Leonard Cheshire Disability «to identify outstanding creative projects that encourage a more inclusive world for disabled people». *Re-framing Disability* went on to tour ten venues across the United Kingdom and Ireland, culminating in a display at the Upper Waiting Hall of the Houses of Parliament, London in January 2015.



Fig. 1. The *Re-framing Disability* exhibition at the Royal College of Physicians, 2011  
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<sup>1</sup> TELFER *et al.*, eds., 2011: IX.

<sup>2</sup> SHAKESPEARE, 2011.

<sup>3</sup> LEONARD CHESHIRE, 2011.

## PROJECT AIMS

«It is often taken for granted that disability is something visible... well you can't tell that about me, unless I'm having a fit»<sup>4</sup>.

The *Re-framing disability* project tackled «largely uncharted territory in combining both historical and contemporary analysis of the prints by medical historians and disabled individuals»<sup>5</sup>. The relationships between medical science and the body; and between the scientific practitioner and the disabled individual have been defined by inequality and controversy historically and today, and the representation of disabled people's bodies, past and present, has been experienced as abusive and exploitative. *Re-framing disability* aimed to enhance public understanding of why and how disabled people were represented and understood in certain times and places, through research and the creation of a contemporary forum allowing disabled people control of their own histories and identities through discussion and debate. Appendix 2 lists the RCP's aims and outcomes for the exhibition in full.

The project consciously set out to «reduce the cultural invisibility of disabled people in traditional museum displays»<sup>6</sup> as a significant contribution to work by UK academics and museums in this area over the last twenty years which confirms that «very few museums display items relating to the lives of disabled people, or acknowledge the link when they do and even fewer consult disabled people when creating such displays»<sup>7</sup>. The situation has been slow to improve despite «more than 10 million people in the UK have a limiting long-term illness, impairment or disability»<sup>8</sup>. Disabled people are «under-represented within the arts and cultural sector workforce in all role types and levels of seniority»<sup>9</sup> and over a quarter of UK museums «currently provide no access information on their website for disabled visitors planning a visit» and thus potentially exclude up to 1 in 5 of the UK population from participation in their programmes<sup>10</sup>.

## THE ROYAL COLLEGE OF PHYSICIANS (RCP)

*Re-framing disability* also developed as a direct response to the collections and history of the RCP itself. Founded by King Henry VIII in 1518 to regulate and control the practise of medicine in London — the RCP is the oldest medical college in England. It retains its position at the heart of England's medical establishment despite five centuries of turbulent history. Today the RCP is a modern membership body with over 33,000 members and fellows in the UK and internationally, «spanning every career stage from

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<sup>4</sup> Allan Sutherland, *Re-framing disability* focus group participant (EVANS & ADAJI, 2011f).

<sup>5</sup> BOYD, 2011: 4.

<sup>6</sup> TELFER *et al.*, eds., 2011.

<sup>7</sup> TELFER *et al.*, eds., 2011: 5.

<sup>8</sup> TELFER *et al.*, eds., 2011: 15.

<sup>9</sup> ARTS COUNCIL ENGLAND, 2018.

<sup>10</sup> VOCALEYES, 2016.

medical student to consultant» and now delivers examinations, training, conferences, and clinical audits amongst other roles<sup>11</sup>. Physicians today are «doctors — consultants, registrars and doctors in training — who work across 30 medical specialties<sup>12</sup>. They care for millions of medical patients with a huge range of conditions, from asthma and diabetes to stroke and yellow fever»<sup>13</sup>.

## THE RCP MUSEUM COLLECTION

The RCP has had five homes in London since 1518 and is currently based in a Grade I listed building designed by Sir Denys Lasdun and opened by HM Queen Elizabeth II in 1964 (Fig. 2). An acknowledged architectural masterpiece — the heart of Lasdun's modernist building is a theatrical glass and marble atrium. This ceremonial staircase hall was created as a showcase for the extensive and important collections of medical portraits, sculpture, decorative art and medical artefacts gathered throughout the RCP's history<sup>14</sup>. Britain's most eminent physicians line the walls, depicted by the leading portrait artists of their age including Sir Peter Lely, Cornelius Johnson, Sir Joshua Reynolds, Johan Zoffany, Sir Thomas Lawrence and Philip De Lazlo. The staircase hall also holds the RCP's temporary museum exhibitions on the first and second floors.



**Fig. 2.** Exterior, Royal College of Physicians, London  
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<sup>11</sup> ROYAL COLLEGE OF PHYSICIANS, 2018a.

<sup>12</sup> ROYAL COLLEGE OF PHYSICIANS, 2018a.

<sup>13</sup> ROYAL COLLEGE OF PHYSICIANS, 2018b.

<sup>14</sup> CALDER, 2008.



Out of public view, the museum holds a substantial, but little-known archive of prints and drawings. This collection contains over 5,000 portraits of scientists and medical personalities, with representations ranging from Hippocrates to 20th century practitioners. The collection remained largely unexamined until 2005 when professional museum staff were employed to audit, catalogue and transform the private art and medical collections into a publicly accessible museum. The museum was accredited by Arts Council England in 2008 and opened free of charge to the public in 2009 and remains so to date (January 2018).

By 2007, the small group of prints which form the basis of *Re-framing Disability* had been brought to light. They were a fascinating group of 17th-19th century portraits showing the faces and bodies, not of clinicians and scientists, but of disabled men and women of all ages, walks of life and professions.

We don't know when the group came into the RCP collections or who donated them. Archive records do not show them arriving together, so they are most likely to have arrived as part of other donated print collections, collected and presented by fellows with an interest in the field. The prints had never been researched or displayed since their arrival at the RCP<sup>15</sup>.

## **RE-FRAMING DISABILITY — ORIGINS OF THE PROJECT**

The significance of the prints and appropriateness of the RCP to explore their history was immediately apparent to the RCP's museum team, as was the decision that the resulting exhibition would not solely focus on the historical prints, but would be led by contemporary responses and insights from disabled people gathered during focus groups designed for open dialogue and debate.

The project was led by RCP staff member Bridget Telfer, audience development coordinator. Telfer drew on museum studies research from the University of Leicester's Research Centre for Museums and Galleries (RCMG) by Professor Richard Sandell and RCMG director Jocelyn Dodd whose publications *Buried in the Footnotes* (2004) and *Rethinking disability representation* (2006-8) directly inspired and influenced *Re-framing disability*. *Re-framing Disability* was also informed by the legacy of decades of work by artists, activists and authorities «to improve the marginalised view of disabled people» — project academic Julie Anderson cites the work of artists Chris Rush, Doug Auld, Riva Lehrer and the high-profile sculpture of the pregnant artist Alison Lapper by Marc Quin installed in Trafalgar Square in 2005 as having built public awareness in the preceding decades<sup>16</sup>.

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<sup>15</sup> TELFER *et al.*, eds., 2011: IX.

<sup>16</sup> TELFER *et al.*, eds., 2011: 16.

It took Telfer two years to take the project from initial planning phases to exhibition opening. Critically the RCP was successful in gaining a Wellcome Trust People Award for £27,000 which allowed the recruitment of the team who could create the project. The disability-led organisation Shape Arts joined as a project partner. Shape «works to improve access to culture for disabled people by providing opportunities for disabled artists, training cultural institutions to be more open to disabled people, and through running participatory arts and development programmes»<sup>17</sup>. Shape's role on *Re-framing disability* was to advise on all aspects of the project, to plan, host and facilitate the focus groups, recruiting participants and providing equality training for RCP staff. Without the support and advice from this highly effective partnership the project would not have been successfully realised.

## CHALLENGES — THE MEDICALISATION OF DISABILITY

«You have to be slightly careful I think, in condemning doctors for their attitude to disability... doctors no more than anyone else, are a product of their culture»<sup>18</sup>.

The RCP museum team had to address the fact that many of the people who would create the project, and the audiences who would experience the exhibition — may have negative associations with the RCP as a medical institution. The medicalization of disability is an «often contentious» area<sup>19</sup>. As Mik Scarlett says in the *Re-framing disability* film: «From really early on in our lives we have this love/hate relationship [with the medical profession]. I would be dead without them, but yet at the same time, I've had stuff done that went profoundly wrong»<sup>20</sup>.

Tony Heaton, chief executive of Shape Arts writes in the exhibition catalogue: «For those whose lives are untouched by disability... there might be an assumption that our lives are inextricably linked to physicians, but for many people this is simply not true» Barriers to access are «potentially solvable by us all, particularly those of us who are providers of goods and services, or are in positions of power»<sup>21</sup>.

«I've got a million identities, one of which is my disability»<sup>22</sup>.

Many of the *Re-framing disability* focus group participants and exhibition attendees «described negative and damaging encounters with medical professionals throughout their lives»<sup>23</sup>. Penny Pepper, a focus group participant commented:

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<sup>17</sup> SHAPE ARTS, 2018.

<sup>18</sup> Tim Gebbels, *Re-framing disability* focus group participant (EVANS & ADAJI, 2011j).

<sup>19</sup> TELFER *et al.*, eds., 2011: 10.

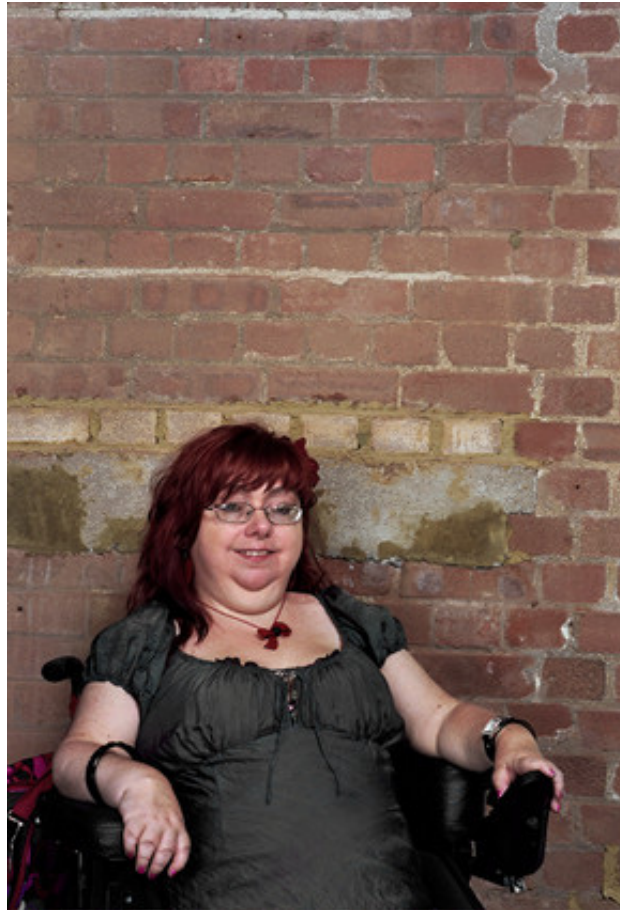
<sup>20</sup> EVANS & ADAJI, 2011g.

<sup>21</sup> TELFER *et al.*, eds., 2011: 10.

<sup>22</sup> Jamie Beddard, *Re-framing disability* focus group participant (EVANS & ADAJI, 2011b).

<sup>23</sup> TELFER *et al.*, eds., 2011: 8.

*On a weekly basis, I come up against... an assumption [from the medical profession] of how I am as a disabled person, [that] has no bearing on how I actually live my life. When I meet a new doctor they assume that I do not work without even questioning me. I can't even rely on access to toilets in hospital, so how can I possibly expect your average doctor to look beyond the heavy labelling my wheelchair still carries<sup>24</sup>? (See Fig. 3).*



**Fig. 3.** Penny Pepper by Lynn Weddle, 2010  
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Producing *Re-framing disability* gave the RCP a chance to address this issue reflectively and influence practitioners from within a medical institution. Most importantly the project was underpinned by the social model of disability in all aspects of production, language and interpretation. The social model «rejects a medicalised definition of disability and the need for ‘cure’ or treatment, and emphasises the need for society to remove barriers restricting disabled people». Disability is no longer defined as «a restriction or lack, resulting from impairment»<sup>25</sup>. Tony Heaton advocates «good access

<sup>24</sup> EVANS & ADAJI, 2011i.

<sup>25</sup> TELFER *et al.*, eds, 2011: 6.

to buildings... public transport systems, accessible information, decent and appropriate services, education that meets our needs — removing the barriers to these ‘taken for granted’ things will often be cure enough»<sup>26</sup>.

The experiences of two disabled doctors were also included in the exhibition, adding voices from the medical profession to the narrative, from both sides of the patient/physician relationship. It was also important in challenging stereotypes to represent disabled people as fulfilling professional roles. Neither doctor could attend the focus group dates, but their stories were captured through interviews and displayed within the exhibition.

The RCP’s museum team defined themselves as non-disabled and it was vital that the project was led by disabled people as it could not be solely led and curated by a non-disabled team. The RCP partnered with disabled professionals and participants in every aspect of the project — from the voices and images within the exhibition, to the catalogue and publicity material. This was crucial for fostering a sense of ownership — this project was to be about disabled people’s history.

## CHALLENGES-FEAR OF DISABILITY HISTORY

«I think we still are on exhibition today»<sup>27</sup>.

The RCP project team included highly experienced museum professionals, but the team lacked significant experience of interpreting sensitive material or working with disabled people or disability history.

So entering the (at times) highly political arena of disability history was terrifying. Project curator Telfer notes

*We ourselves felt all the fear and reticence that has stopped museums from displaying this subject matter — we were unfamiliar with it, unsure of the right terminology and language. We felt the fear of creating offence and particularly a fear of sensationalising the prints. What if exhibiting them inadvertently encouraged audiences to stare in a way that was reminiscent of a freak show<sup>28</sup>? Could an exhibition be produced that did not view disabled people as objects of scrutiny, gazed at through the microscope, labelled... named... defined<sup>29</sup>.*

As Dr. Julie Anderson describes in her catalogue essay, «criticism has been levelled at the depiction of disabled people in the modern media, with accusations that images have frequently been limited to the sentimental, pathological and sensational, or... simply not represented at all»<sup>30</sup>.

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<sup>26</sup> TELFER *et al.*, eds., 2011: 12.

<sup>27</sup> Patricia Place, *Re-framing disability* focus group participant (EVANS & ADAJI, 2011h).

<sup>28</sup> TELFER, 2011.

<sup>29</sup> TELFER *et al.*, eds., 2011: 13.

<sup>30</sup> TELFER *et al.*, eds., 2011: 15.



Many of the historical images selected for *Re-framing disability* are «undeniably exploitative or provocative to modern eyes»<sup>31</sup>. The research on the historical individuals represented in the prints was imperative to display them in an un-sensationalised way. It was the first element of the project completed with the award of £4000 from the Museums, Libraries and Archive Council (now Arts Council England funded London Museum Development) documentation improvement grant in 2009.

## HISTORICAL RESEARCH

«If those gentlemen and ladies didn't exhibit themselves, then we wouldn't know about this»<sup>32</sup>.

The research was completed by historians of medicine and disability, Dr. Julie Anderson, (University of Kent) and Dr. Carole Reeves, (University College London) who became project partners, writing for and editing the catalogue and exhibition text.

Reeves described the project commenting:

*we looked behind the scenes at the societies and cultures in which these individuals lived and worked... and how their particular «disabilities» were understood and explained by their contemporaries. [...] Working with the focus groups we came to the realization that whilst there may have been some exploitation going on, particularly with regard to the display of children with unusual bodies, most individuals had agency over their lives and were celebrated as «special» or «ondrous» in their own time... While the majority of people in Britain and Europe spent their entire lives in their home villages, the Colloredo Brothers, Chang and Eng. Bunker, and Wybrand Lolkes were crossing continents on a regular basis. These portraits remind us that whilst we should never be complacent about disability, we can gain a more nuanced glimpse into disabled people's lives and life experiences in different times and places»<sup>33</sup>.*

Anderson set out the landscape of the history of disability in her catalogue essay *Public bodies, disability on display*, introducing society's changing concepts of disability from the 17th to 19th century, from a belief in a correlation between sin and bodily deformity in the early modern period to the increasing interest of medical practitioners in categorising «disability, deformity and disfigurement» from the late 17th century onwards. In the 19th century, with «the growth of industrialisation, disabled people were excluded from new modes of production... and moved from mainstream society into institutions, often managed by doctors»<sup>34</sup>. Excluded from mainstream employment,

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<sup>31</sup> BASHAM, 2006.

<sup>32</sup> Mark Pampel, *Re-framing disability* focus group participant (EVANS & ADAJI, 2011d).

<sup>33</sup> REEVES, 2013.

<sup>34</sup> TELFER *et al.*, eds., 2011: 20.

people with unusual bodies were likely to be compelled to exhibit themselves to earn a living and attracted large audiences in metropolitan centres.

Many of the individuals in our group of prints exhibited themselves for this reason including John Bobby (promoted in his portrait of 1803 as «the wonderful spotted Indian») John Worrenburg (titled «the Swiss Dwarf» in c. 1688), Wybrand Lolkes («the celebrated man in miniature») in 1822, and Thomas Hills Everitt (shown with his mother as «the gigantic infant» in 1780). Their print portraits exist because they were created as publicity material or to buy as a memento of your visit.

## CHALLENGING NEGATIVE STEREOTYPES

«[Buchinger] did a job which was within [the] performing arts, so of course people were looking at him, but I think a lot of his emphasis was on the actual talent of drawing and not on being a curiosity or a disabled person»<sup>35</sup>.

All 28 portraits show people with a range of conditions, bodies and life stories. In his self-portrait of 1724 Matthew Buchinger sits on an embroidered and tasselled cushion (see Fig. 4). He wears a velvet jacket, waistcoat, an undershirt with ruffled cuffs and a lace-edged silk neckerchief and describes himself as «a wonderful little man of but 29 inches high, born without hands, feet or thighs». Buchinger was born in Germany, the youngest of 9 children. He was married four times and fathered 11 children. Buchinger came to England in the early 18th century and exhibited himself in London — like many disabled people represented in *Re-framing disability* Buchinger travelled far more widely than most people of his time. Admission to see him cost one shilling for a front seat or 6p for a backrow seat — which meant he had an affluent audience. Records show that Buchinger was multitalented performer — he played the bagpipes, the trumpet, performed conjuring tricks, danced a hornpipe in Highland dress, and was a celebrated artist — the curls of Buchinger's wig in his self-portrait are composed of the lettering of six Biblical psalms and the Lord's Prayer<sup>36</sup> (see Fig. 5).

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<sup>35</sup> Miro Griffiths, *Re-framing disability* focus group participant (EVANS & ADAJI, 2011c).

<sup>36</sup> TELFER *et al.*, eds., 2011: 55.



**Fig. 4.** Portrait of Matthew Buchinger, etching with stipple after a self-portrait, 1724  
©Royal College of Physicians



**Fig. 5.** Detail of the Lord's prayer, portrait of Matthew Buchinger, etching with stipple after a self-portrait, 1724  
©Royal College of Physicians

One of the central aims of *Re-framing disability* was challenging negative stereotypes of disabled people. In order to achieve this, the research needed to uncover, as far as possible, the lives and cultures of the people portrayed to allow them to be seen as the people they were — as parents, husbands, wives, artists and professionals — and not be purely defined and viewed in terms of their impairment. Using the example of Buchinger — once the viewer of the print has been given biographical information (that he had four marriages, eleven children and his art work is in the British Museum) our

question was: do they start to view the image differently and focus on the life of the man, and not primarily his body? Importantly the interpretation was not undertaking any form of retrospective diagnosis or focusing on the treatment or «cures» that the individuals might be been offered or given — unless it was central to the story of the print.

«We're permanently on display, whether we like... or not. So... if we're going to get looked at any way, we might as well get paid for it»<sup>37</sup>.

What was revealing by the research and is discussed in detail in the catalogue is that many of the historical individuals had considerable autonomy and control over their lives, «marketing their differences and capitalising from it»<sup>38</sup>. Individuals like Count Joseph Boruwlaski from Poland and Patrick Cotter O'Brien from Ireland had «created a condition where they exploited their difference and controlled their own destiny»<sup>39</sup>. O'Brien was just over 8ft tall and Count Boruwlaski was 39 inches tall. Both started their careers exhibiting under management (when effectively they were the property of their agents) and eventually left — to manage themselves. Boruwlaski wrote an autobiography criticising those who identified him solely by his physicality. O'Brien exhibited for his own profit and could earn the equivalent of £600 a day (see Fig. 6).



**Fig. 6.** *Mr. O'Brien & Count Boruwlaski*  
(Patrick O'Brien and Count Joseph Boruwlaski),  
etching by unknown artist, date unknown  
©Royal College of Physicians

<sup>37</sup> Sophie Partridge, *Re-framing disability* focus group participant (EVANS & ADAJI, 2011e).

<sup>38</sup> TELFER *et al.*, eds., 2011: 15.

<sup>39</sup> TELFER *et al.*, eds., 2011.



There are examples of appalling exploitation and cruelty within the stories. A boy from Lancashire born in 1857 was given by his parents to Dr. Joseph Kahn's Anatomical and Pathological Museum in London. We don't know his name — he was exhibited as the «Heteradelph» or «Duplex boy» in the print of 1865. He could viewed by the public 3 times a day — and there is currently no further information on how long he lived (see Fig. 7). But overall, in examining the group of portraits, a far more complex picture of disability emerges from the research than might have been assumed<sup>40</sup>.



Fig. 7. *The Living Heteradelph, or Duplex Boy*, lithograph by unknown artist, date unknown  
©Royal College of Physicians

## FOCUS GROUPS

«My disability isn't my defining feature, and if it was, I'd be a very very boring man... but I'm not»<sup>41</sup>.

The *Re-framing Disability* focus groups ran over three days in July 2010. 27 disabled participants gave their thoughts and opinions on the historical prints and any wider reflections they wanted to offer. Participants viewed large reproductions of the prints and the historians spoke about the stories and backgrounds of the individuals (see Fig. 8).

<sup>40</sup> TELFER *et al.*, eds., 2011: 67.

<sup>41</sup> Jamie Beddard, *Re-framing Disability* focus group participant (EVANS & ADAJI, 2011b).



Fig. 8. The *Re-framing disability* focus group, July 2010  
©Royal College of Physicians

To recruit participants Telfer sent out invitations predominately using Shape's networks. No set criteria was asked of participants, apart from an interest in art and disability history. People applied by writing a short statement saying why they were interested. In accordance with the social model of disability applicants were not asked what their disability was, they were instead asked to state their access requirements on applying. We did not target people with specific types of disability similar to the individuals portrayed in the historic prints, but instead mentioned some of the conditions depicted to give applicants a sense of what they may see and discuss. The focus groups were recorded, filmed and photographed with BSL interpretation and a palantypist offered to participants<sup>42</sup>.

The 27 selected participants came from across the UK and were of diverse ages, ethnicities and backgrounds including artists, actors, journalists and musicians (Appendix 3 lists all participants). The lively and stimulating sessions were inevitably provocative in terms of the themes of disability and disenfranchisement that were generated as the lives of the historical disabled individuals were discussed. The themes that arose were diverse — employment, autonomy, control and representation — in the media and in society in general. By filming and recording the conversations and interviewing and photographing the participants, new and important material was generated to create the exhibition and film.

Tony Heaton describes seeing the historical prints as «a revelation»<sup>43</sup>. Sophie Partridge wrote in her blog

<sup>42</sup> TELFER, 2011.

<sup>43</sup> TELFER *et al.*, eds., 2011: 14.

*Somehow I had a sense of relief seeing these peeps [people] knowing generations had gone before, living in a world without any model of disability... As a young child, I knew I was never going to grow up a lot. But because I didn't know any small adults, I found it almost impossible to imagine myself in a future. Yet they were out there, I just had to keep living to find them<sup>44</sup>.*

The participants' voices can be heard directly in the 15-minute exhibition film by Deaf filmmakers Ted Evans and Bim Ajadi, created to reflect and represent their views. Evans and Ajadi filmed interviews with the participants and showed the discussions on the prints. The film can be viewed at <<https://www.youtube.com/watch?v=PALIKx1PFes>>.

Photographic portraits of the participants directly parallel the portraits of the historical personalities with the aim of creating «a legacy of positive portrayals of disabled people, images over which the participants had control»<sup>45</sup>. Disabled photographer Lynn Weddle used a shutter release mechanism when taking portraits so that the sitter has control of the image and pressed the button to take their own photograph (see Figs. 9 and 10).



Fig. 9. *Re-framing disability* photographer Lynn Weddle, July 2010  
©Royal College of Physicians

<sup>44</sup> PARTRIDGE, 2010.

<sup>45</sup> TELFER *et al.*, eds., 2011.





Fig. 10. Contemporary portraits from *Re-framing disability*, 2010  
©Royal College of Physicians

## OUTCOMES

«For myself I don't want to be known as Miro the person in a wheelchair, its Miro with all the beliefs and faiths and values he has, oh and by the way, he is also a wheelchair user»<sup>46</sup>.

The formal evaluation of *Re-framing disability*'s visitor and participant responses was carried out by independent consultant Nicky Boyd. She concluded that *Re-framing disability* had met the original project aims and was positively and enthusiastically received by participants, audiences and academics in her quantitative and qualitative study of visitor comments and feedback<sup>47</sup>.

The main aim of the evaluation was to find out if and how the exhibition encouraged audiences to rethink attitudes towards disability, question taken for granted stereotypes and actively engage with contemporary, disability-related issues.

A feedback form was developed specifically for the exhibition. Visitors were asked «Has this exhibition changed the way you think about disability? (Yes/No/Maybe/Don't Know)». They were then asked to explain their answer. The feedback form also asked visitors for basic demographic details as well as feedback about the different interpretive

<sup>46</sup> Miro Griffiths *Re-framing disability* focus group participant (TELFER *et al.*, eds., 2011).

<sup>47</sup> BOYD, 2011.



methods used and physical access within the building. Visitors were encouraged to add their comments to a board where they could be viewed by other visitors. Comments were also collected via general museum comments forms, a comments book available in one part of the exhibition and email feedback. Focus group participants were sent an email feedback form.

In her report summary Boyd concludes that

*the exhibition prompted a wide range of rich and diverse responses from visitors about changing attitudes to disability (or not), support for the exhibition and venue, reflection on new learning, the social barriers experienced by disabled people in the past and today, the importance of using disabled people's own voices, the methods of interpretation, challenging stereotypes, the range of disability issues and experiences portrayed in the exhibition as well as their own identity as a disabled person or their professional experience of working with disabled people. There was a huge amount of support generally for the project (with 120 visitors leaving very positive comments), many citing that it was «thought-provoking», «absorbing», «powerful» and that it «challenges perceptions and images of disability». Many saw the value in and a real need for this kind of project<sup>48</sup>.*

Other quotes highlighted in the evaluation included:

*The exhibition offers many, often contradictory, views on disability which I think is a more realistic way of looking at any topic. It's great to see views expressed by people with disabilities in an arena (medical) which is usually avoided. This exhibition encourages people to question beliefs that we have, and the display has certainly done that for me.*

*Prior to visiting the exhibition, I was unsure how the historical images could be seen outside the realm of the 'freak-show' but I think its great success was to provide information about the lives of these people where possible and highlight the often surprising sense of their individual's power and achievement that often came with being a «spectacle»<sup>49</sup>.*

Bridget Telfer wrote a learning resource as a practical guide for museum and heritage organisations to use historical material to address contemporary social issues. Telfer's report comprehensively sets out the journey that she took to create the project and bring expert partners together. The resource lays out both the achievements, learning and

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<sup>48</sup> BOYD, 2011: 6.

<sup>49</sup> BOYD, 2011.

pitfalls of the project and outlines some best practice tips learnt from experts employed on the project team<sup>50</sup>.

## RE-FRAMING DISABILITY'S LEGACY

«I'm not so sure many people's attitudes have actually changed»<sup>51</sup>.

After the closure of the exhibition at the RCP in July 2011, the museum team faced the challenge of creating the legacy for the project and disseminating learning to the museum profession. Telfer's post as audience development coordinator was a fixed term contract and ended in January 2012. The exhibition was always intended to tour and Telfer set up this element and toured it to three venues before her contract expired. Coordination of the touring run was taken on by RCP collections officer Peter Basham and his work developing and promoting the touring exhibition over the next three years to seven venues further developed and strengthened the museum's equalities practice. However the RCP museum's ability to take on independent work in this area was necessarily limited as a small museum with no dedicated staff or resources to take disability history projects forward.

Therefore the second significant legacy of *Re-framing Disability* for the RCP was an invitation to become one of four London medical museum partners in a collaborative disability history project led by the University of Leicester's Research Centre for Museums and Galleries. *Stories of a different kind* (2012-2014) developed Mat Fraser's award-winning public performance *Cabinet of Curiosities; how disability was kept in a box* first performed at the Royal College of Physicians in January 2014<sup>52</sup>.

Professor Richard Sandell and Jocelyn Dodd directed and coordinated the Wellcome Trust funded project which «grew from more than a decade of work in RCMG, aimed at addressing the silence in museums on disability by stimulating and shaping new approaches to the representation of disabled people and disability history, arts and culture»<sup>53</sup>. The show won the Observer Ethical Award for art and culture in 2014 (see Fig. 11).

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<sup>50</sup> Boyd's evaluation report and Telfer's learning guide are currently unpublished and available on request from the Royal College of Physicians museum.

<sup>51</sup> Christiana Joseph, *Re-framing Disability* focus group participant (EVANS & ADAJI, 2011a).

<sup>52</sup> UNIVERSITY OF LEICESTER, 2014.

<sup>53</sup> UNIVERSITY OF LEICESTER, 2014.



Fig. 11. Mat Fraser, *Cabinet of Curiosities*, 2013  
©Royal College of Physicians

In commissioning critically acclaimed actor and performance artist Mat Fraser to create a provocative and personal piece of theatre Sandell and Dodd engineered an innovative model of museum engagement practice that «transcends a mere history lesson»<sup>54</sup> and «crashes art-form boundaries»<sup>55</sup> to «share research and engage participants in debating its social and political implications»<sup>56</sup>.

Fraser was invited to visit and discuss disability history-related collections with curators from the four medical museums. He incorporated the people, stories, images and objects held in the collections from the perspective of his own life and experiences of disability (Fraser was born with foreshortened arms after his mother was prescribed thalidomide during pregnancy). Fraser described this work as

*a fascinating process poring over the archives of these museums, finding evidence of disabled people, some, if not most of which, is buried in the footnotes of displays about other things. But there are many objects that cry out to be presented with the fully rounded history that they deserve*<sup>57</sup>.

In using the historical prints from *Re-framing Disability* in his performance, Fraser directly countered prevailing tendency of medical museums to focus on the clinicians' perspective and «incomplete or partial narratives» of medical history.

Fraser's charismatic and moving one-man performance was «an eclectic juxtaposition of academic lecture, autobiographical reflection, disability activism, punk, rap, social documentary, music hall pastiche and whimsy»<sup>58</sup>. Fraser commented

<sup>54</sup> «*Cabinet of Curiosities: How Disability was kept in a Box*» [...], (2014).

<sup>55</sup> GARDNER, 2014.

<sup>56</sup> UNIVERSITY OF LEICESTER, 2014.

<sup>57</sup> FRASER, 2014.

<sup>58</sup> BARTHOLOMEW, 2015.

*For me looking at the weird collection of rejected limbs alongside images of boffins desperately trying to make these thalidomide kids look normal was melodramatically revolting. It was poignant because I know some of the people who had that enforced normality treatment imposed on them as kids<sup>59</sup>.*

Following on from *Cabinet of curiosities*' success, Sandell and Dodd were awarded Wellcome Trust and Arts Council England funding for an expanded collaborative project *Exceptional and Extraordinary; Unruly Minds and Bodies in the Medical Museum*, 2014-2016<sup>60</sup>. The RCP became one of eight museum project partners providing inspiration for four artistic commissions by filmmaker David Hevey, play-wright Julie McNamara, dance company Deaf Man Dancing and comedian Francesca Martinez. Performances of all four shows were given at the RCP in July 2016 (see Fig. 12).



**Fig. 12.** *Exceptional and Extraordinary* artists: Julie McNamara, David Hevey, Mark Smith and Francesca Martinez, 2014  
©Julian Anderson

Martinez in particular responded to the RCP collections directly:

*My visit... brought me face to face with how the medical fraternity has approached disability — a topic I've visited many times in the past! [...] I thought of the slow progress in changing the view of disabled people as faulty products that need to be fixed... I came face to face with an imposing portrait of Sir William Osler, the*

<sup>59</sup> FRASER, 2014.

<sup>60</sup> UNIVERSITY OF LEICESTER, 2014.



*celebrated medic who coined the term «cerebral palsy», a term I've hated for as long as I can remember. Here was the moustachioed visage of my nemesis. That couldn't go unaddressed, so I brought him back to life to explain himself, in a scene in which I repeatedly interrupted him, challenging his assumptions, pointing out the consequences of his invention, and finally dismissing him from the stage, striking a blow for all the cerebrally palsied everywhere<sup>61</sup>!*

Martinez performed this confrontation at the RCP in July 2016 and later at the Museums Association's annual conference keynote in November 2017. Osler was «brought back to life» by actor Kevin Hely within the sketch describing cerebral palsy as an «elegant» medical term. Their exchange enables Martinez to comedically express her frustrations: «It's not very sexy is it?» «You are choosing to define me by what I can't do, but we all have things we can't do»<sup>62</sup>. Martinez ends with a call for less judgemental labels like her own choice: 'wobbly'. This direct, powerfully engaging and creative response to the RCP's portrait of Sir William Osler was a revelation to the RCP museum staff when first performed in 2016. The portrait had been pointed out to Martinez on her research visit as an aside. It has been on permanent public display in the RCP for over fifty years solely to celebrate and memorialise Osler's medical achievements. Martinez' interaction with the painting is a significant example of the recontextualization of a museum object through personal experience and highlights the impact bring artists and performers, «their political and creative passions and life stories [together] with the stories of the museum collections and objects»<sup>63</sup>.

## CONCLUSION

UK museum practice in disability history and engagement still requires wholesale review and action. Individual projects such as *Re-framing Disability* are important and demonstrably impactful, but they remain small-scale without sector-wide re-evaluation of inequalities to provide not only physical access to museums but also address representations of disability, race, gender and sexuality.

Overall *Re-framing Disability* took the RCP museum team and programmes closer to a more integrated understanding of equality, accessibility and disability across many aspects of museum practice, but there is more work to do. Mat Fraser's call to the museum profession, delivered directly in his keynote performance of *Cabinets of Curiosity* at the Museums Association conference in 2014 remains urgent:

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<sup>61</sup> MARTINEZ, 2017.

<sup>62</sup> *Francesca Martinez and the Wobbly Manifesto*, (2016).

<sup>63</sup> Available at <<https://www.unrulybodies.le.ac.uk/>>.

*If every museum in the UK did a re-think on even just one artefact this year, it would make a huge difference. If some of them had exhibitions that represented disability in some way, in the next two years, it would be a real mark of progress. Crucially, if disabled people could feel like history belongs to them as much as any other group — that their point of view is as valued as the dominant one — then perhaps museums could, finally, speak for everyone<sup>64</sup>.*

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<sup>64</sup> MUSEUMS ASSOCIATION, 2014.

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## APPENDIX 1

### *Aims and Objectives of the Re-Framing Disability Project*

#### **1) Set the historical prints within the context of the history of disability and medicine in order to:**

- Understand why they were made (social and cultural attitudes of the time/ideas of «difference» changed over time/how disabled people came to be classified or labelled);
- Understand the human stories behind the images;
- Understand disabled peoples relationship with medicine and medical practitioners historically and today.

#### **2) Examine representations and identities of disabled people, and how this has changed over time in order to:**

- Examine what visual imagery can and cannot tell you about a person and challenge stereotypes surrounding images of disability;
- Understand that disabled peoples experiences, how they want to be represented and identities are all different.

#### **3) Include disabled participants in the project and their voices and images within the exhibition, exhibition catalogue, and publicity material in order to:**

- Reduce the cultural invisibility of disabled people in traditional museum displays;
- Create an opportunity for disabled people to comment and curate;
- Empower disabled people to take control of their own histories and identities, through discussion and debate;
- Encourage audiences in rethinking attitudes towards disability, question taken for granted stereotypes, and actively engage with contemporary, disability-related issues.



485 visitors came to the RCP specifically to see the exhibition between 14 February 2011 and 8 July 2011. There were 13,156 other visitors to the RCP between these dates, attending conferences, events and tours, who would have passed through the exhibition.

**This 2011 exhibition resulted in the following outcomes:**

- An exhibition at the RCP from 14 February 2011 – 8 July 2011;
- A permanent online exhibition;
- A film interviewing the 27 disabled participants of the project created by Deaf filmmakers Ted Evans and Bim Ajadi, hosted on the RCP website and YouTube;
- Contemporary portraits of each of the 27 disabled participants — images over which the sitters had direction and control — created by disabled photographer Lynn Weddle;
- New research on the historical prints of disabled people conducted by medical historians Julie Anderson, senior lecturer in the history of medicine at the University of Kent and co-founder of the Disability History Group, and Carole Reeves, outreach historian for the Wellcome Trust Centre for the History of Medicine at University College London. Research findings have been made available to audiences through the exhibition and on-line exhibition, the accompanying exhibition catalogue, the audio description of the exhibition (for blind and visually impaired people) and Adlib (the RCP's computerised documentation system);
- A touring exhibition;
- A publication (exhibition catalogue) containing the story behind the creation of the *Re-framing disability* project, the research findings exploring the historical portraits, and the autobiographical text of the disabled participants;
- A downloadable resource/tool kit from the RCP's website to support museums across the UK in tackling similar projects;
- Papers delivered at UK wide disability and museum conferences;
- Articles and reviews in disability, medical and museum journals and media.

## APPENDIX 2

### **The Royal College of Physicians' Historical Portraits of Disabled People Researched and Exhibited for *Reframing Disability*, 2011**

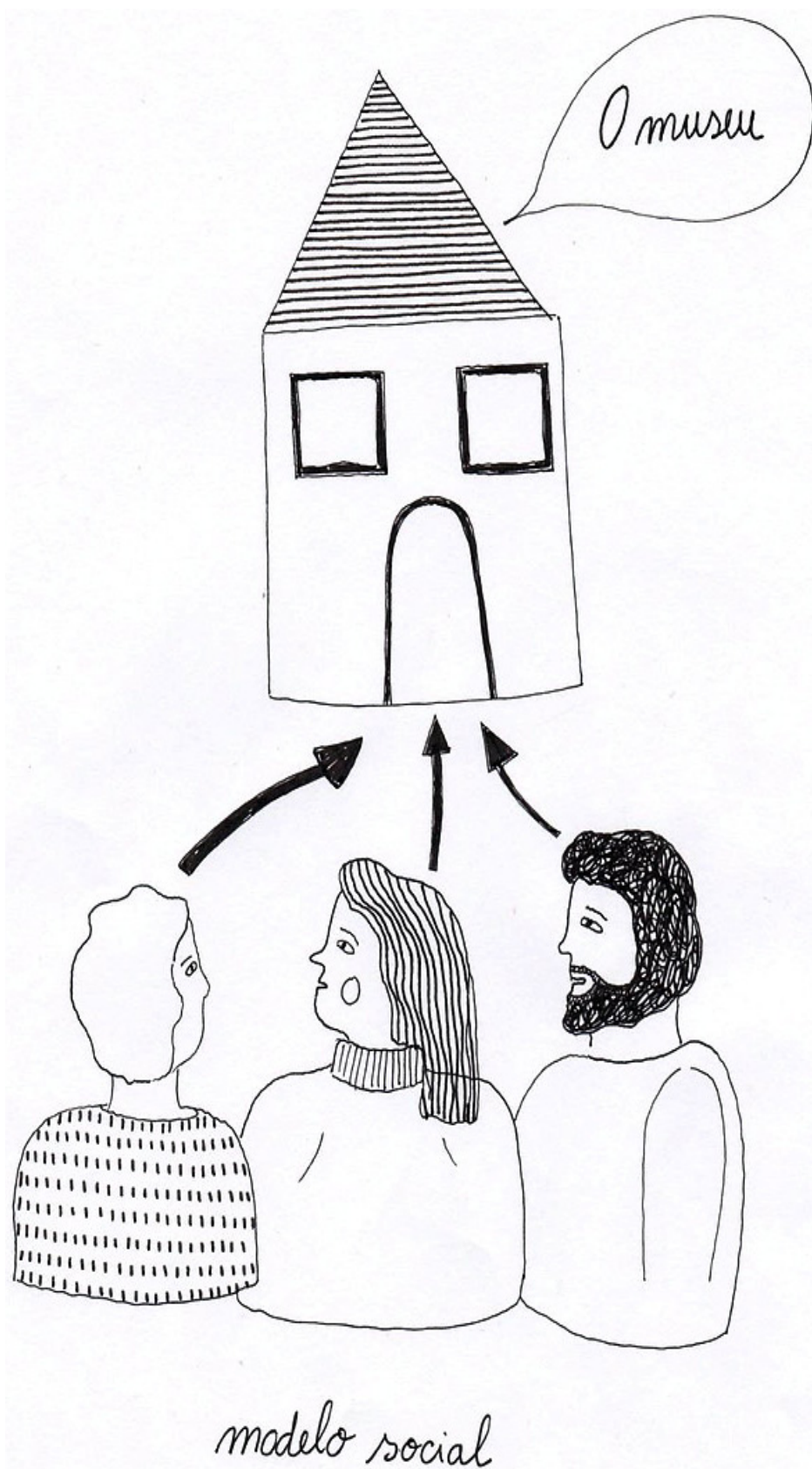
1. *Sara Baartman* (or *The Hottentot Venus*), etching by W. Wadd, date unknown;
2. *Mr. Lambert* (Daniel Lambert), etching with stipple by unknown artist, 1809;
3. *Mr. O'Brien & Count Boruwlaski* (Patrick O'Brien and Count Joseph Boruwlaski), etching by W. Wadd, date unknown;

- laski), etching by unknown artist, date unknown;
4. *Theorie des Ressemblances* (Chang and Eng), lithograph by C. Motte, 1839;
5. *Sarah Hawkes in her state of deformity*, stipple by unknown artist, 1836;
6. *Sarah Hawkes as she at present appears*, stipple by unknown artist, 1836;
7. *Master Joules and Miss Marianne Lewis*, stipple by Woolnoth, 1806;
8. *The Chinese Giant, Chang, with his wife and attendant dwarf* (Chang Yu Sing), wood engraving by unknown artist, date unknown;
9. *Thomas Inglefield*, etching by Samuel Ireland after Francis Grose, 1787;
10. *Thomas Inglefield*, etching with stipple, 1804;
11. *The Wonderful Spotted Indian*, John Boby, etching with engraving by unknown artist, 1803;
12. *Magdalena Rudolf's Thuinbuj von Stockholm aufs Gweden*, engraving with etching by Wolfgang Kilian, 1651;
13. *J. Worrenburg*, The Swiss dwarf (John Worrenburg), aquatint with etching by unknown artist, c. 1688;
14. *Matthew Buchinger*, etching by R. Grave, date unknown;
15. *Matthew Buchinger*, etching 1837, in facsimile of a printed notice by Matthew Buchinger, 1716;
16. *Matthew Buchinger*, etching with stipple after a self-portrait, 1724;
17. *Mynheer Wybrand Lolkes*, the celebrated Man in Miniature, etching by Wilkes, 1822;
18. *Israel, The Twin Brothers* (Lazarus and Joannes Baptista Colloredo), etching by unknown artist, 1634;
19. *Lazarus Coloredo* (Lazarus and Joannes Baptista Colloredo), etching by unknown artist, 1645;
20. *Mrs. Everitt and her son, The Gigantic Infant* (Thomas Hills Everitt), etching with stipple by unknown artist, 1780;
21. *Blind Granny*, stipple by unknown artist, date unknown;
22. *Joseph Clark*, etching by unknown artist, c. 1792;
23. *The Living Heteradelph*, or Duplex Boy, lithograph by unknown artist, date unknown;
24. *John Valerius*, etching by R Grave, 1698;
25. *Mr. Henry Blacker the British Giant*, engraving with etching by unknown artist, date unknown;
26. *James Poro*, stipple engraving by Maddocks, date unknown;
27. *J. Kleyser* (Johann Kleyser), aquatint by unknown artist, c. 1718;
28. *A Dwarf* (identified as Richard Gibson), oil painting by unknown artist (after Sir Peter Lely), 19th century;
29. *The Twin Brothers*, aquatint by unknown artist, c. 1716.

## APPENDIX 3

### The List of Participants for the *Re-Framing Disability* Focus Groups

1. Debbie Allaire;
2. Jamie Beddard;
3. Margot Bristow;
4. Hayley Davies;
5. Tim Gebbels;
6. Miro Griffiths;
7. Colin Hambrook;
8. Margaret Hughes;
9. Christiana Joseph;
10. Adam Lotun;
11. Julie McNamara;
12. Aidan Moesby;
13. Mark Pampel;
14. Sophie Partridge;
15. Penny Pepper;
16. Patricia Place;
17. Liz Porter;
18. Julia Poser;
19. Saleem A. Quadri;
20. Mik Scarlet;
21. Michael Shamash;
22. Jane Stemp;
23. Allan Sutherland;
24. Karen Sutherland;
25. Anya Ustaszewski;
26. Phil Willan;
27. Anna C. Young.



Label: [the museum] [social model]  
©Dora Martins, 2017