

# Van Gogh Dreams

*A representation of mental illness through exhibition design*

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Course code	AHE4800	
Group number	01	
Supervisor/tutor	Renée van de Vall	
Assignment name	Master Thesis	
Assignment #	01	The end work of a course always carries the number 00. All other assignments are numbered chronologically starting with 01.
Attempt	REGULAR	REGULAR or RESTT
Academic year	20182019	
Date	30-6-2019	
Words	17796	
Filename	20182019-AHE4800-01-REGULAR-6194605.pdf	

**Van Gogh Dreams:  
A representation of mental illness through exhibition design**

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30 June 2019

Master Thesis AHE4800

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## **Abstract**

This thesis analyzes the Van Gogh Dreams exhibition by looking at how the Van Gogh Museum represented the artists' mental illness through exhibition design. Using interviews conducted with the museum and the designer, as well a space analysis, the research reveals that the museum chose to present a limited perspective on the artists' stay in Arles, however, succeeded to convey certain intended emotions in the visitors. The thesis breaks down the exhibition by focusing on the educational models, the design elements, the intentions, and the results. It examines exhibition design and argues that by playing on the visitors' ability to empathize, exhibition design can be used to potentially educate the visitors about mental illness and play a part in reducing the stigma by starting a conversation on such a taboo subject.

## Introduction

In 2016 the Mental Health Foundation (2016) released a document titled *Fundamental Facts about Mental Illness 2016*, which states that problems concerning mental health are one of the leading causes of disease burden in the world (p. 13). This is backed up by the World Health Organization (2018), which points out that this burden is only growing. The need to address this topic is becoming more and more relevant, especially because there is still a stigma against people who suffer from mental illnesses, which is caused by the misunderstandings of society (Rüsch, Angermeyer, Corrigan, 2005, p. 529). It is still considered as a sign of weakness (Byrne, 2000, p. 65), feeding into the idea that it is deliberate and that these people should just “get it together”. This kind of outlook only makes the lives of the people who have to live with mental illness harder, contributing to them not being able to get hired or find a place to live (Rüsch, Angermeyer, Corrigan, 2005, p. 530).

When talking about the reduction of stigma, one of the methods that are used, that I will focus on in this thesis, is education, which can be utilized to separate the myths around the people with mental illness from reality (Corrigan et al., 2001, p. 187). With museums becoming more directed towards visitors, as well as them being a space for learning, they can be used to serve this purpose. Museums provide a space that is designed to allow visitors to engage in different ways of learning. The visitors get to “control the pace, direction, and focus of their own learning and can remain open to new insights, connections, and relationships” (Hooper-Greenhill, 2007, p. 56).

Generally, there is a difference in the way different types of museums represent mental illness, which I will go in detail later with certain examples. To briefly mention some perspectives, a psychology museum would focus more on the documentation, on what went on in mental institutions, and how the patients were treated; a science museum might focus on what goes on in the brain as one is experiencing a certain mental illness. When it comes to art museums, one way to talk about mental illness is by looking at artists who have experienced it. They can approach this subject in many ways, for example, by representing artists through their work, by recreating the spaces where they worked, etc. They can even incorporate the perspectives of other museums and focus on documentary-style representation (Van Gogh Museum, 2016). However, a perspective that has rarely, if ever been addressed, is representing the events that went on in the artists’ life from an artistic perspective, using exhibition design, as opposed to actual artworks and creating a sensory experience. These are all characteristics of my

case study, an exhibition titled *Van Gogh Dreams: A Journey into his Mind*, carried out by the Van Gogh Museum, and the reason that I got interested in this exhibition in the first place.

Vincent van Gogh is one of the most popular artists of all time. Most have heard of him and admired him for decades. However, the subject of his mental illness gets rarely brought up in exhibitions. The Van Gogh Dreams exhibition is about the time that Vincent spent in Arles, where he experienced his first serious breakdown that led to him cutting off his ear, giving the museum an opportunity to open up the conversation about this subject further, and represent his mental illness by immersing the visitors in the feelings that the artist was experiencing at the time. The exhibition was instigated by the education department of the Van Gogh Museum, in partnership with Tellart, an international design company. The core of my interest lies in one room that was meant to represent Van Gogh's breakdown, called *The Dream Falls Apart*. In this room, the museum and the design company chose to use sound, lighting, and colour to express how Vincent was feeling during this difficult part of his life. Even though I will be briefly going through the entire exhibition, this room will be the main focus of this thesis.

When it comes to representing an artist, who has suffered from mental illness, there are a lot of factors that come into play, for example, it is important to know who's telling the story, what narrative they chose to address, and how. Therefore, the way the story gets told and what gets told changes depending on who's working on the project and what their main purpose is. The goal of this thesis is to survey the Van Gogh Dreams exhibition, and find out the answer to the following question:

- What narratives and experiences on Van Gogh's mental illness is communicated through the exhibition design of the Van Gogh Dreams exhibition?

My sub-questions will include:

- What educational models were used for this exhibition?
- Which design elements were incorporated into the exhibition?
- How successful were the outcomes of the choices made by the museum?

To answer these questions, as methods I have used interviews with the institution and space analysis of the exhibition. I have also examined certain documents provided to me by the Van Gogh Museum and Tellart. When it comes to the way this thesis is arranged, in the first chapter, I will explore mental illness and it will be divided into three components: the first one will focus on the stigma, pointing out why it is important to engage in conversations about this topic; the second one will review how museums have been representing mental illness so far; the third one will look at Van Gogh, his life and the multiple diagnoses offered to explain his mental state, as well as the lack of representation of his mental illness in museums. The next two chapters will be focusing on my theoretical framework. Chapter 2 will be discussing education in museums, focusing on different theories surrounding how people learn, as well as discussing different models of learning provided by scholars. The third chapter will surround the theme of exhibition design, reviewing what immersive exhibitions mean, and looking at different design components that go into creating an exhibition. The following chapter will talk more in detail about the methods I used for the analysis of the Van Gogh Dreams exhibition. Chapter 5 will be the analysis itself, first briefly describing the exhibition, my experiences, and finally my research questions. The conclusion will summarize the answers to said questions.

## Chapter 1

### Mental Illness

Mental illnesses are a heavy topic to discuss, but the need to talk about them and the importance of their representation stems from an increasing number of people who experience them. The World Health Organization (2018) points out that approximately 300 million people in the world are affected by depression. In addition, over 60 million are affected by bipolar disorder, 23 million by schizophrenia, 50 million by dementia, etc. It also mentions the lack of treatment of the people with mental illnesses, with numbers of these untreated people ranging from 76 to 85% in lower or middle-income countries and 35 to 50% in high-income countries, which really goes to show the ramifications of avoidance of these very serious illnesses that is generated by stigma that people have to live with on a day-to-day basis.

Defining mental disorders is not an easy task, for there are multiple different diagnoses and they all exhibit generally different symptoms. However, the World Health Organization (2018) mentions certain general characteristics that might help with conceptualizing what they are, which include “abnormal thoughts, perceptions, emotions, behaviour, and relationships with others”. While there are a number of different mental illnesses, including and apart from the ones I have just mentioned, people who are suffering from them all experience a certain amount of stigma, and they all need to be represented more in society. In the following chapter, I will discuss the stigma against mental illness, the representation of mental illness in museums, and, in addition, focus on Van Gogh, his mental health, and how he has been represented in museums.

#### 1.1 Stigma

While talking about stigma, one cannot go on without mentioning Erving Goffman (1963), whose work titled *Stigma: notes on the management of spoiled identity* influenced a large part of the later studies done about stigma. In his work, Goffman defines stigma in terms of discreditation and states that it is the process of turning a “whole and usual person to a tainted, discounted one” (p. 3). Of course, this statement is not untrue, but stigma is much more complex and involves a lot of aspects that affect people who are the targets of it. But before I move on to stating these aspects, first I will talk more about the word “stigma” itself.

The word stigma has many definitions and understandings. Cambridge dictionary (n.d.) defines it as “a strong lack of respect for a person or a group of people or a bad opinion of them because they have done something society does not approve of”. Stafford and Scott (1986) claim that stigma involves the defining characteristics of a person that makes them dissimilar from the general “norm” established by the society, which claims that there is a specific way one is supposed to behave (p. 80-81).

Negative attitudes towards certain groups of people are not enough to create stigma because then anyone who is undermined in some way may claim that they are stigmatized against, which can be harmful to the people who actually experience stigma in their everyday lives. In their article concerning the conceptualization of stigma, Link and Phelan (2001) point out different components that are needed to create stigma. It should be kept in mind, that *all* of these components must be generated to create actual stigma. The first component is the labeling of people who possess differences from the “norm” (p. 367). An essential part of labeling involves oversimplification, such as defining people with terms like “black” and “white” (p. 368).

The second component encompasses stereotypes that are based on negative attributes, which, like labeling, involve the process of oversimplification, and are caused by connecting the label to the stereotypes. Link and Phelan (2001) remind that stereotypes are frequently generated “automatically”, and are mostly based on a split-second judgment that is made subconsciously (p. 369). This is because these stereotypes are deeply ingrained in peoples’ minds since childhood.

The third component involves separation and is concerned with the “us vs. them” attitude that society creates, which is essentially used to define the “good vs. bad”. The “us” - the good, normal people - must be separated from the “them” - the bad, immoral, dangerous people (Link and Phelan, 2001, p. 370). This creates an attitude that Goffman (1963) also spoke about, pointing out that these “other” people, who are stigmatized against, because of the attitudes developed by the society, start to seem like a different, alien species to “us” (p. 15). In this component, people who are stigmatized become the thing they are labeled as, for instance, a person with schizophrenia turns into a “schizophrenic” (Link and Phelan, 2001, p. 370). This causes a dehumanization of people with this serious mental illness, making them out to be of different species.

All of the components mentioned beforehand can result in what is encompassed by the fourth component, which is status loss and discrimination (Link and Phelan, 2001, p. 370). Dehumanizing a person based on stereotypes, and putting them in a certain box when labeling

them, may result in exclusion from society. Additionally, it can result in discrimination, where the “us” rejects the “them”, by not providing jobs, or by not allowing “them” to rent an apartment, etc. (p. 372).

Corrigan and Watson (2002), other than the components listed above, also talk about prejudice, which is seen through the emotional reactions towards people who are stigmatized against, that may involve anger or fear (p. 16). Many scholars talk about how stigma manifests itself in peoples’ lives (Corrigan and Watson, 2002; Angermeyer and Matschinger, 2003; Ahmedani, 2011; Pryor and Reeder, 2011). Generally, they divide it into public stigma and self-stigma. Bos, Pryor, Reeder, and Stutterheim (2013) quote Pryor and Reeder’s model, which additionally consists of two more factors, and these are stigma by association and structural stigma (p. 4).

Starting with public or social stigma, it is what a large part of society perceives, and in which the people who are stigmatized against are made to seem less equal than the rest of the society, creating a sort of inferiority (Ahmedani, 2011, p. 4.). It corresponds with the components stated by Link and Phelan (2001), that I spoke about above. Indeed, one might argue that those components are what result in social stigma in general. Bos, Pryor, Reeder, and Stutterheim (2013) mention certain aspects that one might experience, such as the perception of dangerousness, for example, people with mental illness are frequently seen as erratic or dangerous, therefore they are stigmatized against (p. 3).

Self-stigma is the effect that social stigma might have towards a person experiencing it, in which all the components I have talked about are internalized. It can result in low self-esteem or self-worth.

Stigma by association is felt by the people who come in contact with people who are experiencing stigma, this may be a family member, a friend or even just someone in the vicinity of the person. It has potentially the same effect that self-stigma has. Additionally, structural stigma is seen as how “societal ideologies and institutions perpetuate or exacerbate a stigmatized status” (Bos, Pryor, Reeder, and Stutterheim, 2013, p. 4).

Shifting the focus to the stigma against mental illness, there are several general misconceptions about people who have a mental illness. Rüsçh, Angermeyer, and Corrigan (2005) point out three types of these misconceptions:

1. Fear and exclusion, in which people with mental illness are perceived as dangerous and should be kept away from society.
2. Authoritarianism, in which these people are seen as irresponsible, and unable to make decisions.
3. Benevolence, in which people with mental illness are equated to children and must be in constant care (p. 530).

The reason I have talked so extensively about this topic is to point out the importance of representation of mental illness in different types of media or cultural establishments, more specifically museums. This is because talking about it reduces the misconceptions that people might have, as well as creates a space where the ones suffering from these disorders can feel adequately represented in, including them in the conversation.

## 1.2 Representation of Mental Illness in Museums

Museums hold the potential to create a space that will not only educate people on such issues as mental illness but also involve this part of potential visitors that have been alienated. This is due to the fact that museums are a place of free-learning and individual meaning-making, which I will explore in further detail in the next chapter. Sandell (2007) points out that museums have over the years been striving to be agents of social change, fighting against prejudice and trying to create a space where everyone is welcome (p. 2). This first began with the development of “new museology” in the 1970s. To give a brief overview of “new museology”, it is a theoretical movement that strives to change the original functional idea of the museum into something more for the people (McCall, Gray, 2014, p. 20). It not only challenges the elitist view of the museum, and advocates for the changes in management, but also “involves a redefinition of the relationship that museums have with people and their communities” (p. 20). This includes representing groups of people who have so far been alienated by the museum, such as people from different ethnic backgrounds, sexualities, or disorders – being mental or physical, – as well as focusing on the needs of the visitor (Ross, 2004, p. 86).

When it comes to the *reasons* why museums have been focusing on the prospect of representation and social inclusion, they are connected with the many factors that play into our lives in this contemporary society. These factors include such things as the ever-growing human rights movement, the interest towards cultural diversity, equity, and multiculturalism, as well as

the need for the Western society to be held accountable for the actions of their ancestors, or at least acknowledge them appropriately (Sandell, 2007, p. 6).

Even by considering all of these factors, and many more that will arise over time or have already risen that I have not pointed out, cultural organizations still express discomfort when it comes to taking a stance on a certain political or social point (Sandell, 2002, p. 3). It is understandable that museums do not want to become involved in politics, but there are other ways to talk about the important events going on in current society, without it having to incorporate politics in the mix. When discussing this, Sandell (2002) quotes the work of Thorpe, which can be used as a good way to describe the difference between what should be talked about and what should not. In a sense, he mentions that museums should concern themselves not with temporary things, such as political parties, but with long-term events that influence the way that society thinks (p. 18).

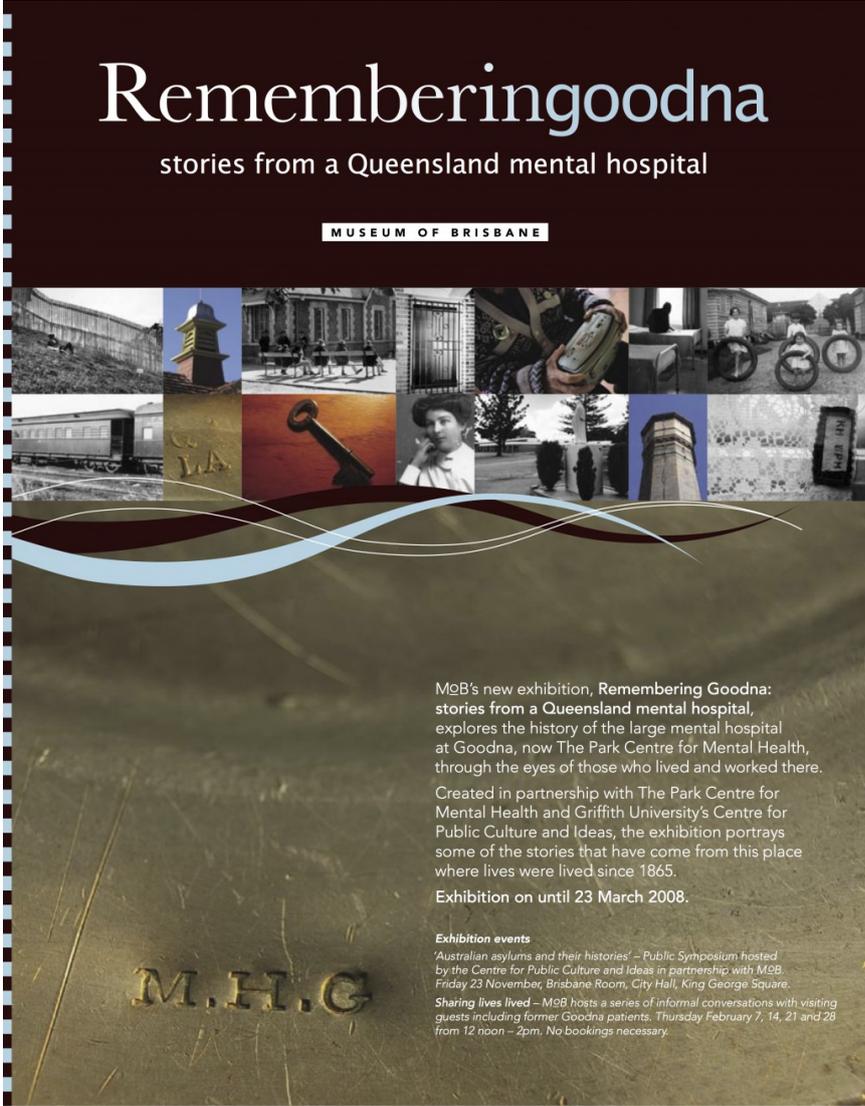
Additionally, it should be pointed out, that the message the museum wants to deliver may not always be taken in a way that the museum desires, for every person has a different personality and mindset, their own beliefs and perspectives, which cannot be predicted with 100% accuracy in any capacity, but I believe that does not rid the museum of the responsibility it holds to represent what is important and talk about what needs to be discussed. But museums alone cannot tackle the prospect of social change, and they should be accompanied by other mass media to achieve, or at least get closer to the idea of social equity.

Scholars like Silverman (2002) have talked about the therapeutic potentials that the museum holds for people with mental illness (p. 69), as well as studies done on social inclusion, that focus on how to involve people with mental illnesses and create a safe space to talk about their issues freely and without judgement (Ander *et al.*, 2013, p. 208). However, there has been a lack of studies done on how the museum visitors who do not have mental health issues view the exhibitions about this topic, as well as what the best way is to educate said visitors about mental illness. Dudley (2018) points to the lack of mainstream exhibitions about mental illness and quotes Besley by saying that this subject is still mostly off-limits in museums and is addressed with caution (p. 59). This corresponds with the stigmatization of mental illness and speaks of the need to explore this topic more in museums.

However, mental illness is slowly being represented more in museums and in the following paragraphs I will be looking at several exhibitions that tackle this subject. But first, I would like to once again point out the lack of academic research done on the topic of mental

illness exhibitions, and the few that are available tend to talk about singular exhibitions. For this reason, I will be looking at a few singular exhibitions which chose to talk about this topic from different perspectives.

The first exhibition I will talk about is *Remembering Goodna* (2007) (Figure 1), carried out in 2007-2008 by the Museum of Brisbane and chose to look at mental illness from the perspective of psychiatry and psychology. This perspective is adopted by medical and psychiatric museums and includes the historical view of mental illness, concerning itself with the representation of what was happening in asylums and other similar institutions. They present mental illnesses in terms of how people suffering from them were treated in a place that was supposed to treat them.



**Rememberingoodna**  
stories from a Queensland mental hospital

MUSEUM OF BRISBANE

MQB's new exhibition, *Remembering Goodna: stories from a Queensland mental hospital*, explores the history of the large mental hospital at Goodna, now The Park Centre for Mental Health, through the eyes of those who lived and worked there. Created in partnership with The Park Centre for Mental Health and Griffith University's Centre for Public Culture and Ideas, the exhibition portrays some of the stories that have come from this place where lives were lived since 1865. Exhibition on until 23 March 2008.

**Exhibition events**  
*'Australian asylums and their histories'* – Public Symposium, hosted by the Centre for Public Culture and Ideas in partnership with MQB, Friday 23 November, Brisbane Room, City Hall, King George Square.  
*Sharing lives lived* – MQB hosts a series of informal conversations with visiting guests including former Goodna patients. Thursday February 7, 14, 21 and 28 from 12 noon – 2pm. No bookings necessary.

M.H.G

MUSEUM OF BRISBANE  
Brisbane City Hall, King George Square.  
Free entry 10am – 5pm daily.  
For more information on MQB visit  
[www.brisbane.qld.gov.au/mob](http://www.brisbane.qld.gov.au/mob)  
or call Council on (07) 3403 8888

Griffith UNIVERSITY  
Queensland Government  
Queensland Health

Dedicated to a better Brisbane

Figure 1. *Remembering Goodna*. Retrieved 3 June 2019, from:

<https://www.museumofbrisbane.com.au/whats-on/remembering-goodna/>

*Remembering Goodna* took an approach to this subject that looked at first-hand accounts of people who were working at the Goodna Hospital for the Insane, and those who were admitted there. Besley and Low (2010), in their article that analyzes this exhibition, talk in detail about the work put into the exhibition, and how involved the museum team was in making the participants comfortable, and creating a space where both parties could learn a thing or two from one another (p. 140). They also talk about how the main inspiration for the exhibition was the slogan of the disability movement - “nothing about us, without us” (p. 138). *Remembering Goodna* gave the patients and workers of the hospital the opportunity for closure, but it should be mentioned that it did not affect every participant in a positive way, and some even felt like it brought up memories of forgotten traumas (p. 137), which brings me to the point of not everyone will have the same opinions about these types of exhibitions. This exhibition also displayed items that were used on the patients, such as straitjackets and ECT machines. These items have been used in museums before to objectively look at how the patients of the asylums were treated, in a sense “sensationalizing” the idea of old asylums that treated their patients terribly, while neglecting to focus on how they were a sanctuary for others, who went there willingly, in search of help (Dudley, 2018, p. 60-61).

Another exhibition I will talk about is titled *The Mechanics of Depression*, carried out by the Hundred Years Gallery (n.d.) in London. This exhibition takes a more artistic approach to the subject matter of mental illness, using the work of the artist Carlie Simpkin to show “the complex nature of the illness”, focusing on the feeling that one experiences when one has depression. Simpkin’s work is not surrounded by any one artistic platform but involves things such as photography, ready-mades, sculptures, etc. With this exhibition, the aim was to bring to light what usually cannot be seen by the naked eye, and that is the inner workings of a mind, more specifically of a mind experiencing depression.

The last example I will mention is actually a museum, called the Bethlem Museum of the Mind (2019). It is located in London and deals with the representation of mental illness throughout history and how it is treated today. It stands on the ground where once stood the infamous Bethlem Royal Hospital and they focus on the “history of mental healthcare and treatment”, not only showcasing machines used in treatments but also having exhibitions about

artists with mental illness, such as Stanley Lench, Louis Wain, Richard Dadd, Bryan Charnley, etc. Some of these artists were once patients at the Bethlem Royal Hospital.

Raising awareness on mental illness has been in progress for quite some time, however, the stigma still remains. There are educational programs carried out in museums that try to involve people with different mental illnesses, for example, Museum of Modern Art (n.d.) in New York has a program titled *Meet Me at MoMa*, which is a project focused towards people with Alzheimer's, and making art accessible for them. Additionally, there are organizations that try to start the conversation, for example, MakeItOK.org (n.d.), which also has an ongoing podcast titled *The Hilarious World of Depression*, that consists of comedians talking about their struggles with mental illness. Even though all these steps have been taken by different museums to talk about mental health and disorders, it is still not enough, and much more work needs to be done. My main point for this part of the chapter has been to show the different approaches that museums can and have been taking, no matter how scarcely, to represent people with mental illness, as well as how talking about mental illness in museums can contribute to reducing stigma against it.

### **1.3 Van Gogh's Mental Health and Representation**

Moving on from mental illness representation in museums, I will now explore Vincent van Gogh's mental health, and particularly the representation of *his* mental health in museums, or lack thereof. Van Gogh's mental health, in correspondence to his physical health, has had many different interpretations and diagnoses over the years since his death in 1890. From the year 1922 to 1981, over 152 specialists tried to put a certain diagnosis to the artists' condition and came up with answers like epilepsy, schizophrenia, manic-depressive disorder, etc. (Monroe, 1991, p. 241). Firstly, I will start with a brief overview of Vincent's life.

Vincent was the second child in the family of Van Gogh's, named after a sibling who was stillborn, which must have taken a toll on the artists' psyche from the beginning. Van Gogh's early life was plagued with indecision, with him going through different professions and experiencing depressive episodes on the count of bad employers or rejected love advances. When he finally decided to start his artistic career, he was 27 years old. With this new set of mind, Van Gogh decided to travel to Paris, where the vibrant art world was in full swing, but the chaotic city only made his already wavering mental state derail and this is when he started drinking absinthe.

When he realized that Paris was causing his instability and, according to Blumer (2002), some minor paroxysms that involved paranoia and lapses of consciousness (p. 520), Vincent decided to move to the south of France, in Arles, where he set up in Place Lamartine, otherwise known as the Yellow House. I am putting emphasis on this period of his life because it is what the exhibition Van Gogh Dreams is about. In July he had a depressive episode, writing to his brother:

“I’m definitely better now, but *hope, the desire to achieve*, is broken and I work *from necessity*, so as not to suffer so much mentally, to distract myself.” (To Theo van Gogh, 1888, original emphasis)

His spirits, however, were soon lifted for he was joined in Arles by Paul Gauguin, who was invited there and financed by Theo, Vincent’s brother, to whom the letter mentioned above is dedicated to. The artists’ goal was to initiate a new art studio, titled “Studio of the South” (Blumer, 2002, p. 520). However, due to the fact that both of the artists possessed vibrant yet completely opposite personalities, the time they spent together was far from peaceful.

On December 23rd, 1888, in a fit of delusion, Vincent cut off most of his left ear, sealed it in a parcel, took it to the town brothel, and gave it to one of the sex workers (Hemphill, 1961, p. 1085). He was afterward picked up at his house by the police, and taken to the General Hospital, where he was treated by Dr. Félix Rey, who suspected that the state of mania was caused by epilepsy, but refrained from a full diagnosis, however, he did prescribe Van Gogh with bromide - which is a sedative that was used to treat many things, one of them being epilepsy - and cinchona wine - that helped with fever (Prins, 2016, p. 103). Additionally, later on, Gauguin spoke of allegedly being attacked with a razor by Vincent the day before he cut off his ear. Vincent seemed better after using the prescribed medication, but he soon took to drinking once more, which triggered another breakdown. This was the time when many members of the town wrote a petition, to have Van Gogh sent to a mental hospital, which most likely caused a strain on the already unstable mental state of the artist. After some consideration, Vincent decided to be admitted to Saint-Paul de Mausole psychiatric hospital in Saint-Rémy, close to Arles, where he spent about a year recovering and painting (Prins, 2016, p. 56). This is where Vincent was officially diagnosed with epilepsy by Dr. Théophile Peyron, according to the information given to him by Dr. Rey and the artist himself, however, he did not prescribe any medication (p. 59).

After his stay in Saint-Paul, Vincent moved to Auvers, where he spent the last two months of his life. His and Theo's relationship took a strain after the birth of Theo's son, which affected Vincent badly, only feeding into his wavering mental state. The theories surrounding his death are nowadays very controversial. Over the last years different movies have come out - like *Loving Vincent* (2017), and *At Eternity's Gate* (2019), - suggesting that Vincent did not kill himself, but was shot, which is due to the fact that he was shot in the abdomen, in a way that would seem strange if he were indeed trying to kill himself, not to mention that the gun was not found after the event. However, the fact that on his deathbed Van Gogh confessed to shooting himself, and the lack of other evidence pointing to the theory that he was shot, is used to argue against that theory.

Speaking of Van Gogh's mental health, the symptoms that Vincent was exhibiting correspond with multiple different mental disorders, which is the reason why there are so many diagnoses. His more major symptoms include auditory and visual hallucinations, delusions, violent mood swings, bouts of violence, and lapses in memory (Correa, 2014; Blumer, 2002; Jamison and Wyatt, 1992). Additionally, he experienced anxiety, depressive episodes, insomnia, abdominal and gastric pains, irritability, misuse of alcohol, fatigue, etc.

When it comes to the people who are doing the diagnosis', Lewis (2017) divides them into two general categories, which consist of pathologizers and celebratory interpreters (p. 173). In the first category, he places the people who put a clinical diagnosis to Van Gogh's state of being, and says that there are two versions of the interpretations: biopsychiatric and psychological (p. 173). The former represents the people who diagnose Vincent with illnesses such as schizophrenia, bipolar disorder, temporal lobe epilepsy, syphilis, etc., while the latter consists of depression, obsession, existential despair, personality disorder, etc. Even though these specialists disagree on where their diagnoses can converge in the case of Van Gogh, they still agree that he was indeed mentally ill.

On the other spectrum, some people believe that Vincent lived an inspirational life, and they look at his life as more of a sacrifice for the artistic lifestyle, for humanity and art in general (Lewis, 2017, p. 173). Some stand by the fact that Vincent should not have received any medical help in the form of medication, for that would cause his genius to suffer. This type of mindset might remind the reader of the dangers faced if one applies the concept of "mad genius" to a person who was actively suffering because of his illness and did not have the means to seek a remedy. With the advances made in medicine over the last century and even over the last couple of decades, one could only imagine what the medication available today could have done for Van

Gogh if he were able to use it, not to mention that the trained doctors today could actually have an opportunity to diagnose him in an accurate way. But speculation of what could have been will doubtfully get us anywhere.

Considering the representation of Vincent's mental illness in museums, there is a surprising lack of research done on this subject. This might be due to the stigma around this subject, which was also evident in Van Gogh Museum, who did not speak about the fact that Vincent cut off his ear until their exhibition about his mental health in 2016. This exhibition, titled *On the Verge of Insanity* (Van Gogh Museum, 2016), spoke about Van Gogh's mental state over the years, and the different diagnoses that have been offered over the years to explain his breakdowns. Additionally, the museum released a book with the same title, that talked more in detail about these topics. The exhibition was built in documentary style, involving Vincent's letters, and documents written about him by other people, such as his doctors. This was the first time that the Van Gogh Museum addressed this topic *openly*, and afterward, the only other time they have talked about Vincent's health is through the Van Gogh Dreams exhibition, which is one of the main reasons I chose this exhibition as my case study.

Another museum that talked about Van Gogh's mental health was Het Dolhuys Museum (n.d.) in Haarlem, the Netherlands. They held an exhibition in 2010 called *Van Gogh File: Crazy or Brilliant*, which was made in partnership with the Van Gogh Museum and represented the perceptions of the artist from different perspectives. One perspective was from the psychological point of view, which analyzed all the diagnoses, focusing on his mental state. They also showed the perspective of Vincent himself, who believed he was not a crazy artist, according to his letters. This exhibition used documents, letters, videos, sound clips, and other media to give the visitor a chance to explore these different perspectives and come up with their own.

The reason for this section of the chapter, the reason I have talked so thoroughly about Van Gogh's life and illness, is because it is important to understand the complexity of Vincent's mental state. He was a man who experienced a lot of hardships in his life, which I believe is important to speak about, to reduce the otherworldly character that seems to have been surrounding him over the last few decades. His popularity and stature can be used as a gateway to talk about mental illness and bring to light the parts of his life that were not filled with wheat fields and sunflowers.

## Chapter 2

### Education in Museums

In this vastly economical day and age, museums have been facing the demand to justify their existence. The main reason for this is connected with the institutions and individuals who provide funding for museums, who need to be convinced why they should fund at all (Hooper-Greenhill, 2000, p. 11). Museums can no longer exist in the old format that they used to, meaning, they can no longer be these untouchable “white cubes” made for the elite to indulge themselves in like they were in the mid-20<sup>th</sup> century. By the late 20<sup>th</sup> century, with the new ideologies brought by different historical events that changed the way people look at the world, in terms of principles and priorities, the view towards museums radically changed. They now no longer serve just the people and institutions who fund museums, but also for the visitors, whose views have only in the last couple of decades started to be explored through visitor research.

Because of this need for justification, the emphasis on education in museums has doubled (Hein, 1998, p. 12). Museums, as such, have been known to be spaces where learning takes place. Returning visitors already have preconceived ideas of what to expect when they arrive, and the ones that have never visited a museum before still might have an inkling of what type of institution they are attending. But how do these audiences gather the knowledge offered to them by the museum, and what do museums choose to teach? All of this, of course, depends on what type of museum one is going to. People generally know what to expect when they are going to a science museum, or a psychology museum, or an art museum. They may not know the exact contents of the exhibition they are going to attend, but they know what type of knowledge they will come across, more or less. With the development of visitor studies, it is important to look at how educational theory can be used in exhibitions (Hooper-Greenhill, 1994, p. 138).

Theories surrounding education and learning in museums have been explored by many different scholars over the years (Hein, 1998; Kolb, 1984; Hooper-Greenhill, 1994, 2000; Falk, 2004; Falk and Dierking, 2000; Ferguson, Greenberg, and Nairne, 1996) who have come up with different ways of interpreting education in these spaces. What comes to light is that most, if not all of the researchers agree that museums provide a free-choice learning environment, which means that the visitor is given the reigns on what they want to learn, what they want to focus on and therefore have a completely different experience, as opposed to the type of learning they come in contact with through school, or university. This type of informal learning creates a space

that is devoid of pressure and stress. For the scope of this thesis, I will be focusing on learning theories provided by Hein (1998), Falk and Dierking (2000), and Kolb (1984).

Starting with Hein (1998), he divides the theory of education into three separate parts - the theory of *knowledge*, the theory of *learning*, and the theory of *teaching* (p. 16). The first one encompasses how we come to understand knowledge, and how it can be obtained. There are certain theories surrounding what knowledge is, for example, Sotto (1994) suggests two forms of knowing that are verbal knowledge and felt knowledge. He emphasizes the latter, claiming that when feeling is involved in the learning process, individuals comprehend more easily and more in-depth (p. 85-7). According to Hein (1998), the theories surrounding knowledge can be divided into two general perceptions. The first one explores knowledge as separate from the individual and by Hein is referred to as “realism” (p. 17). The second one is “idealism”, and it claims that knowledge exists in the mind of the learner, and is created by the learner (p. 17). By understanding which theory the museum is practicing, we can evaluate how successful their methods may be for the message they are trying to communicate, or what this message can be in the first place.

The definition of the theory of *learning* can be put on two opposite spectrums. The first one would entail learning by the transmission of information from one party to the other, where the teacher knows all and the learner is an empty vessel. An analogy I have often come across, that defines this type of learning, can be to imagine the teacher as the kettle, and the student as an empty cup. This didactic type of learning can be very one-dimensional, but most of us have probably encountered it at one point or another, for example at school, or university, where these types of teaching methods still dominate (Hein, 1998, p. 21). On the other hand, we have, once again, the theory that the learner constructs their own knowledge, which gives way to approaching education in a more flexible and open way. In conclusion, he names four ways of distribution of knowledge:

- The didactic/expository model, which is mostly fact-based, and, in museums, consists of a very basic approach to constructing exhibitions. It is currently still the most used method by museums around the globe;
- The stimulus-response model, which still adheres to the idea that knowledge is added bit by bit, but views that “all knowledge is constructed by the learner personally or socially” (p. 25), mostly on individual or social levels. It is largely based on emotional knowledge;

- The discovery model still stays with the idea that knowledge exists outside the learner, but also believes that it is constructed by the learner. In this model the learner is an active participant;
- The constructivist model completely encompasses the view that the learner constructs knowledge. It is more free, in a sense that it can take any path, and can encourage the visitor to reflect on what they are seeing by relating it to their past experiences.

None of these models can be proven to be 100% successful, for they all have their faults and misjudgments. We cannot definitely say which ones are better, for it is all based on opinion. My goal is to simply bring to light these models and see if and how they might relate to exhibition design, more specifically relating to my case study. Additionally, there are many other education theories presented by scholars such as Wenger (1998), Jarvis (2003), Gardner (1983), etc. They are indeed worth exploring but will take us far away from the topic at hand.

## **2.1 How the Visitors Learn**

It is important not to just understand how the museums themselves distribute their knowledge, but also look at how visitors learn in the first place. To develop more efficient educational programs and exhibitions, when one wishes to talk about serious subject matters, like, for example, current “hot topics” such as issues surrounding race, gender, sexuality or mental health, it is important to understand the types of learning that the audiences’ experience at the museum.

According to Falk and Dierking (2000), there are three contexts of learning: the personal context, the sociocultural context, and the physical context (p. 10). The first one involves the individual factors, such as personal interest, previous knowledge, and experience, etc. (p. 16). The core of this context lies in the emotions, and how our brains process them. The two scholars emphasize the importance of the motivation behind the visit to the museum, for it can contribute to how and what the visitor will learn. They bring to light the aspect of learning that is often overlooked, and that is emotional adaptation and aesthetic appreciation (p. 21). This could be viewed as a way to educate the audience by playing on their ability to empathize, which is the main idea behind my research. By creating an exhibition that will be immersive and encourage

the visitor to go into the mindset of the artist or artwork, it could prove to be another interesting way to educate the public.

The second context that Falk and Dierking (2000) discuss is the sociocultural context, which, in and of itself, implies the cultural background of each individual, where they grew up, with whom, in which social groups and so on. It is “both who we perceive ourselves to be and how we perceive the world we inhabit.” (p. 39) This theory comes across in other scholars’ works as well, for example, Hooper-Greenhill (2000) talks about communication in museums through the lens of culture, which is based on the theory that culture is constructed by communication, and communication is essential to every individuals’ identity (p. 21). She also points out that “meaning is constructed through and in culture” (p. 23), and that it produces different meanings for each person because everyone comes from a different cultural background. Falk (2004) also mentions how in free-choice learning environments, such as museums, individuals select how they want to learn based on “their learning styles, development, and social/cultural preferences.” (p. 88).

The physical context involves the building, in this case, the museum, how it is designed, and what it holds (Falk and Dierking, 2000, p. 57). When one goes to a random building, they can usually tell what it is for, by the way the furniture is arranged, how the light is distributed, the way that other people act in that space, and so on. If you go inside a room and you see multiple desks arranged to face towards a blackboard, you will understand that this is a place for learning. But other than just these factors, learning frequently entails framing “prior experiences within the context of their physical setting” (p. 54), meaning we remember in terms of what we did in the space, what we encountered, and experienced.

Hooper-Greenhill (1994) also refers to the spatial context (p. 179), which closely relates to the physical context of learning, if viewed separately at all. She notes the importance of space design being cohesive for the visitor, for a confusing setting might just interfere with the learning because the visitor will be completely focused on finding their way around the museum, as opposed to actually looking around and taking in the artworks. That’s why space should be easily comprehensible. Space must also work with the context of the objects, the subject-matter of the exhibition (p. 180).

All these contexts, despite being more or less clear on what they include, cannot be viewed separately. They are all connected to each other, to the point where they become inseparable. One cannot learn from only a personal context, but sociocultural and physical ones,

including a spatial one, are also always involved. That's why museums should strive to consider not just the physical context, but to accommodate all of them together (Falk and Dierking, 2000, p. 65).

All educational theories are deeply rooted in understanding exactly who is visiting the museum, their backgrounds, values, and perspectives. Additionally, the level of knowledge a visitor takes away from the museum is largely dependent on their motivation for going there in the first place. When considering the different general types of motivations for visiting the museum, the top two on the list involve education and entertainment (Falk and Dierking, 2000, p. 72). If a person is going to the museum with a prior intent to learn something, they will most likely achieve this goal, one way or another. Entertainment and education are not mutually exclusive. One can learn while having fun. In fact, as stated above, one might learn even better in a free environment, where they are not obligated to dedicate their entire attention or use all of their brain-power.

Perhaps, one of the most important scholars to talk about, when one is discussing learning through experience is Kolb (1984), who defines learning as “the process whereby knowledge is created through the transformation of experience” (p. 38). In his work, Kolb points to three scholars - Lewin, Dewey, and Piaget - who extensively talk about learning in their own work, and from these theories solidifies the groundwork for his own. Essentially, Kolb states that learning should be looked at in terms of process, instead of outcomes, pointing to the fact that ideas are not concrete, but often are “formed and reformed through experience” (p. 26). He goes on to say that learning is conflict-filled and a continuous process, that constitutes to the adaptation to the world around the learner, both through the social and physical contexts. This corresponds with Falk and Dierking's (2000) two of the three types of learning. Kolb (1984) goes on with the description of his learning cycle (Figure 2), which has four core components that remain unchanged in the more recent updates of this cycle, that include concrete experience, reflective observation, abstract conceptualization, and active experimentation (p. 40). He names four types of learners: “accommodators (who prefer doing and feeling), divergers (who prefer feeling and watching), assimilators (who prefer watching and thinking), and convergers (who prefer thinking and doing)” (Sitzi, 2016, p. 10). Bridging together the learners and the activities, Kolb builds his learning cycle in part to show which approaches one can take to facilitate better learning, and in part to emphasize the importance of knowing the learner.

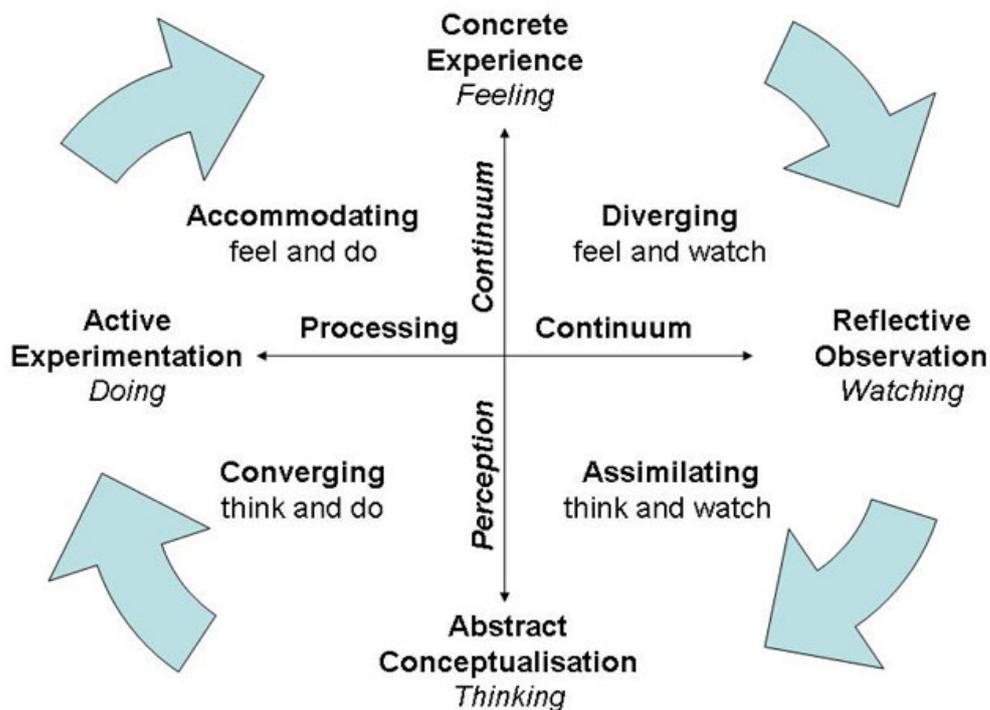


Figure 2. Kolb's cycle of learning. Adapted from "Kolb - learning styles," by S.A. McLeod, 2017. Retrieved from: <https://www.simplypsychology.org/simplypsychology.org-Kolb-Learning-Styles.pdf>

It is important to build a space where the visitor can learn through experience, and indeed, "the visitors experience is influenced by the creation of space" (Falk and Dierking, 2000, p. 123). This brings me to my next point, and that is how the design of a museum or an exhibition can influence the learning process of the visitor. Once again, I will mention the importance of the physical and spatial contexts. "Good design balances unity and variety to evoke relationships and forge visual and mental associations." (p. 126).

## Chapter 3

### Exhibition Design

After discussing some of the different types of learning and teaching that takes place in museums, I want to keep the focus on experience, but shift to the perspective of exhibition design. It is important to understand, that other than thinking through narratives, “human beings [also] *remember in narratives*” (Sitzia, 2016, p. 5, original emphasis). So, designing an exhibition that takes one through a specific, thought out narrative, that is built to enhance visitor experience, could be a very effective learning tool that can be shaped into whatever form the makers of the exhibition may choose. In this particular case, I will be focusing on the importance of the design.

But first, I will explore the concept of immersive exhibition design, which is relevant to this thesis because the Van Gogh Museum and Teller used the characteristics of this type of design with the exhibition Van Gogh Dreams. One of the definitions of the word immersion, provided by the Oxford Dictionaries, states it to be a “deep mental involvement in something” (Oxford Dictionaries, n.d.), and the Cambridge Dictionary defines it as “the fact of becoming completely involved in something” (Cambridge Dictionary, n.d.). Immersive exhibitions are in their nature, designed for the visitor experience. They change the role of the visitor from a bystander to an active participant (Mortensen, 2010, p. 326). It also encourages the visitor to not simply look, but feel as well, and through this process enters the visitor’s self-narrative (Sitzia, 2016, p. 2). Since these types of exhibitions focus on building a narrative based on emotions, mostly they involve different senses to evoke these feelings from the audience members, therefore pushing them towards constructing their own meaning, and potentially - learning. (p. 8).

In one of the studies carried out by Bitgold (2011), he and his team tried to identify the main elements that define immersive experiences (p. 111). He came up with four factors:

1. The feeling of being in the time and space created by the exhibition.
2. Having multiple senses be involved in the experience, such as sight, sound, smell, etc.
3. The amount of meaningfulness - how “real” the experience itself feels, and how the space provided by the exhibition comes to life around the visitor.

4. The inhibiting factors that contribute to taking the visitor out of the world created in front of them, because of certain factors that do not “fit” into the space created by the exhibition (p. 112).

He goes further by mentioning the importance of creating a realistic illusion (p. 113). However, this realistic aspect, in my opinion, is not a necessary component when one is talking of an art exhibition, for art does not have to be realistic to be immersive, unlike museums that are concerned with topics of heritage or nature, where one frequently comes across dioramas or similar designs.

Additionally, when discussing immersive exhibitions, I will refer to different types of these exhibits that one might come across on their museum journey. Mortensen (2010), in her article about the immersive exhibitions, quotes Belaën, who came up with three models of these types of exhibits, one being the model of reconstruction, which relates closely to dioramas, and is based on an existing world that is reproduced in the most realistic way possible; the second model is the creation model, which is based on metaphors, and quite literally creates a new space that is not based on reality; lastly, the third model is the interpretation model, that is based on what exists or has existed at some point, but is not recreated in a completely realistic way (p. 325). These models create a very general outlook on what immersive exhibitions might entail, while also giving the viewer different criteria of judgment. These models will later be reviewed in my case study, to determine which model the Van Gogh Museum chose to use for their exhibition.

Moving on to the designing aspect of exhibitions, I will now review how this process can be looked at in general. According to Dean (1994), the exhibition development process is divided into four general phases: the conceptual phase, the development phase, the functional phase and the assessment phase (p. 9). He provides us with the general exhibition project model that can be viewed below (Figure 3). This will, later on, be used in this thesis as a way to look at how the Van Gogh Museum took these steps while constructing the Van Gogh Dreams exhibition.

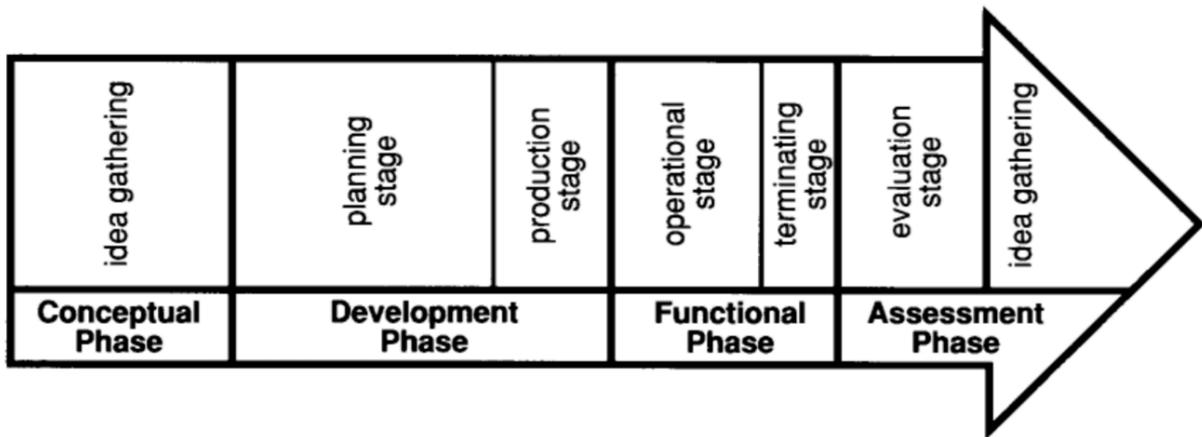


Figure 3. Exhibition project model. Reprinted from *Museum Exhibitions* (p. 9), by D. Dean, 1994, New York: Routledge. Copyright 1994, 1996 by the name of David Dean.

### 3.1 The Importance of the Design

Looking at the importance of the design, when creating an exhibition, the museum must have a thorough understanding of the audience that they will be addressing, as well as the different factors that come into play during the process of constructing an exhibition, such as the narrative, space, light, colour, atmosphere, sound, etc. As explored in the previous chapter, the physical context of learning, discussed by Falk and Dierking (2000), entails all of these factors that are concerned with space and architecture (p. 57). Below I will give an overview of some of these aspects.

Starting with narrative, which was already to some extent discussed above, the exhibition has to have a clearly defined purpose of the message the museum wants to convey, and the journey it wants to take the visitor on. Bal (1996) defines narrative as “an account of a sequence of events, made up or not, presented from a particular perspective and suggesting that the reader [in this case the visitor,] endorse that perspective.” (p. 136). The designer constructs a narrative based on the discourse that the museum adopts, therefore, she or he provides the visitor with a certain point of view that the museum operates under (Roppola, 2012, p. 217). Bal (1996), additionally, speaks of the importance of conversation, which implies constructing a dialogue between the curator and/or designer, the artist, their art, and the audience member (p. 140). In the instance of my case study, it is important to point out that the artwork of the artist is not being used, therefore, the means of communication between the museum and the visitor is dependent on the elements of the design, and what atmosphere the space creates.

Space is one of the most important elements of the design of an exhibition. In itself, the concept of space incorporates all of the other factors that come into play in exhibition design, including atmosphere building, colour, light, sound, etc. Space not only affects the behaviour of the visitors but also can be managed to direct the flow of people, creating opportunities for the generation of different experiences and feelings, such as surprise or anticipation (Klobe, 2012, p. 5). Pallasmaa (2014) believes, that an ideal museum space should involve all of the visitors “sensory channels”, as well as allow for a dialogue to ensue among the audience member and the exhibition itself (p. 240). Space is essentially an empty canvas that can be used to create a potential masterpiece in the form of an exhibition.

One of the most important factors of design, other than space, is atmosphere building. Gernot Böhme (2017) defines atmosphere, as “the *sphere of felt bodily presence*” (p. 69, original emphasis). In his work about atmospheres in architecture, he argues that atmosphere has the ability to affect people without the use of loud voice or physical violence, but through manipulation of their moods, by evoking emotions, and it primarily impacts the unconscious without even being visible to the naked eye (p. 28). He states that “... atmospheres shape a person’s being-in-the-world as a whole: the relationships to environments, to other people, to things, and to works of art.” (p. 70). This is precisely the reason why atmosphere is so important in the design process, for it provides the opportunity to manipulate the space so that it will affect the visitors in any way the museum chooses, creating a memorable experience for them and potentially providing a chance to facilitate learning.

The atmosphere of a specific space depends on many factors that come into play while designing an exhibition. It incorporates in itself the different aspects of light - whether it is natural or not, colours - their hues and intensities, sounds, and so on. It is closely connected to the experience of the visitor through bodily sensing (p. 91). Böhme speaks of disposition of the body and provides three groups of characteristics that are essential to creating a specific atmosphere:

- Movement impressions - this relates to the structure of the space surrounding the visitor, whether it is related to movement, or the parameters and feel of the space itself - if it is constricting or not.
- Synaesthesia - this incorporates in itself the sensory aspects of the body, and the moods created by sound, colour, light, and so on.

- Characteristics - this is giving the space an aspect that relates to the feeling one gets while entering it, for example, coziness. However, it has the potential to be culturally different, for different people consider different types of spaces to be cozy (p. 93).

Looking at these characteristics, one can apply them to exhibition design, considering all three of them in the creation process, and seeing the outcomes at the end by testing the space out on willing participants.

Another aspect of design, that I have already mentioned, is the use of colour. The function of colour is manifold, first and foremost providing the groundwork for atmosphere building. Colours can affect the visitors' thoughts and moods depending on their hue, brightness, and intensity (Klobe, 2012, p. 14). Lighter colours generally elicit positive emotions, and darker ones are more solemn. However, ones' views on different colours are frequently influenced by their culture (p. 14), therefore one must consider carefully which colours should be incorporated in the exhibition design, looking at the most universal meanings of colours. This especially relevant if the exhibition is based purely on the design, which is the case for the Van Gogh Dreams exhibition.

There are other aspects of exhibition design that should also be mentioned, and those are light and sound. Of course, these also contribute to creating a certain atmosphere. Firstly, light is an important factor, for it directs the visitors' attention to what is important and what they should pay attention to. Klobe (2012) argues that the purpose of good lighting lies in stimulating the visitors' imagination (p. 61). One must also keep in mind the difference between natural and artificial lights. Natural light can induce the feeling of comfort for the visitor but is damaging for certain types of artworks, whereas artificial light provides potential protection for the artifacts (p. 62, 63). The choice to use these different types of lightings can influence the general atmosphere of the exhibition.

Secondly, speaking of sound, it can add "dimension to our perceptual experience." (Arnott, Alain, 2014, p. 85). It can "be worked as material, developed as medium, and can also function as support" (Cluett, 2014, p. 109). Considering the visitors with the ability to hear, using sound is essentially involving another sense, making the experience potentially more memorable. Furthermore, *what* kind of sound is used in the exhibition is important as well, for example, if it is music, or a voiceover, or sound effects, etc. They all can elicit different moods that can be used to build an appropriate atmosphere.

In this chapter, I have discussed the characteristics of immersive exhibitions and the importance of the design. I will use this information in my analysis to see how all of these elements were used in the Van Gogh Dreams exhibition. In the next chapter, I will discuss my case study and the methods I used to base my analysis on.

## Chapter 4

### Methodology

As my methodology for this thesis, I have chosen a case study, which my research question revolves around. In his book about researching case studies, to define what case studies mean Yin (2003) quotes Schramm, who points out that the purpose of a case study is that it attempts to bring to light a single or multiple decisions, the reasons they were taken, the way they were carried out, as well as the final results (p. 12). I believe this definition describes the purpose of my research very well.

As stated, my thesis is concerned with the exhibition carried out by the Van Gogh Museum from July to January 2018, titled - *Van Gogh Dreams: A Journey into his Mind*. It was a narrative installation depicting the artists' life in Arles, where he not only created some of his finest work, but also suffered from a breakdown that eventually led to his suicide, or at least to further deterioration of his mental state. The exhibition is meant to be repeated every summer, for the large crowds that visit the museum during the vacation months of the year. It consists of multi-sensory aspects, involving light, sound, and colour that provide the visitor tools to understand what Van Gogh was going through during this difficult time of his life. The main goal of this exhibition was to bring the visitor closer to the artist, and my goal is to look at what educational and design approaches they chose to convey this message. Additionally, my main goal is to see how they chose to represent Vincent's mental illness using only design elements.

The first method I chose to analyze this exhibition is semi-structured interviews, since they give the interviewer an opportunity to guide the talk, while at the same time not restricting it too much, and giving the interviewee "a great deal of leeway in how to reply" (Bryman, 2012, p. 471). On May 22nd, I conducted an interview with Ann Blokland, the Senior Curator of Education at the Van Gogh Museum, who was one of the main workers on the Van Gogh Dreams exhibition. Additionally, on May 27th, I conducted another interview with Ries Straver, the Senior Producer from the international design company Tellart, which worked in partnership with the museum to create the exhibition. Since these interviews were semi-structured, I had the opportunity to get a deeper understanding of the exhibition building process. They both lasted up to an hour, and gave me enough information to use in the following analysis chapter, concerning the intentions behind the exhibition, educational tools used, along with the different

design elements, the reaction of the public, did the museum consider the exhibition a success and the reason behind the choice to repeat it annually.

The second method I will be using is space analysis, also referred to as space syntax, which in itself incorporates all the design components that I have discussed in Chapter 3. Space syntax, as defined by Hillier and Tzortzi (2006), is “a theory of space and a set of analytical, quantitative, and descriptive tools for analyzing the layout of space in buildings and cities” (p. 282). The premise of space analysis lies in two philosophical ideas - that space is an intrinsic aspect of human experience, and that it is concerned with the “*relations* between all spaces that make up a *layout*” (p. 283, original emphasis). When it comes to using this method to look at museum spaces and/or exhibitions, it can be used to examine the design choices that were made, not only in relation to the routes offered for the visitor, which gives the makers of the exhibition the ability to control the flow of people in the museum, but also to look at the way the space was used to build an appropriate atmosphere for learning or for social purposes. However, it should be pointed out that the museum workers still have restrictions when it comes to the architectural space they are provided with. I will utilize this method to review the design choices that the Van Gogh Museum made to convey the emotions of the artist, and provide the visitor the opportunity to connect with this man, who has been labeled with the title of “crazy genius”, but was, in fact, a human, with flaws and a mind he could not control.

Apart from these methods that I have mentioned, I will also be looking at the documents provided to me by the museum concerning the design elements, as well as some visitor responses that the museum itself gathered. One such document consists of an open question asked to the visitors of Van Gogh Dreams after they came out of the space, concerning what they thought of the exhibition they had just visited. However, these responses will not be my main focus, for they do not serve the purpose of this thesis. Additionally, I was provided with the study done by the Hogeschool van Amsterdam (2019), concerning the visitors’ views of the Van Gogh Dreams exhibition, which I will also be briefly mentioning in the following chapter.

## Chapter 5

### **Analysis of Case Study - *Van Gogh Dreams: A Journey into his Mind***

In the following chapter, I will talk about my case study in the context of all the previous chapters, looking at it first from an educational point of view, then diving into the design, and finally, speaking of how the museum represented Van Gogh's mental illness through this exhibition, and if their methods were successful. I will speak about the space, and about the interviews that I have conducted, as well as examine the material that has been sent to me by the museum. Additionally, I will briefly look at the visitor research done by Hogeschool van Amsterdam (2019).

But before I move on to these themes, I will first briefly describe the exhibition room by room, to give context to what I will be discussing. The exhibition (Figure 4) starts with a long hallway that is meant to be a transitional space, to give the visitor time to get used to the lack of natural light and get them into the feel of the exhibition to come (Straver, personal communication, 27 March 2019). Moving on to the first room, titled *Leaving Paris*, it is meant to communicate the anxiety Vincent felt during his time in the chaotic city and is largely based on audio recordings. Different muffled city sounds are played through speakers that are tilted, making the small, almost completely dark space even more narrow, intending to feed into the feeling of claustrophobia, guiding the visitor only by sheer floor lighting into the next room, titled *The Promise of the South*. Upon entering, the visitor is granted with the sudden warm light, green and yellow colours dominating in the room, as well as over 900 handmade glass flowers (Tellart, n.d.). This space is supposed to represent the relief and hope that moving to the south of France brought to Vincent's mental state, building his confidence and providing space for artistic development. Overhead one hears the sounds of nature, as well as recorded reading of one of Van Gogh's letters, speaking about the excitement he felt by being surrounded by so many vibrant colours and such beautiful nature. The visitor walks down a makeshift pathway through the flower field and into the next space, which is called *Living with Gauguin*, built to resemble the Yellow House. In this space, the visitor is presented with the opportunity to sit down on the two chairs provided and look at the six screens that give a slideshow of different paintings that Gauguin and Vincent created during their time living together. Here the colour yellow encompasses the visitor entirely and the muffled recording of two people speaking is played, where one cannot quite make out the words that are being said but is lead to understand that they are exchanging interesting ideas.

Before stepping into the next room, titled *The Dream Falls Apart*, the visitor enters a small transitional space, where they can read the description on the wall, as well as a brief recording of voices in an argument, that gives a hint of what's to come. This writing and the mirror room are my main focus and will be discussed in more detail further on in the chapter. As one enters the next room, the visitor is confronted with multiple broken mirrors, and the recording playing here is meant to create the sense of anxiety, loss, fear, and generally what Vincent felt when he had his first breakdown that resulted in him cutting off his ear. This room will be the main focus of my analysis, since it represents a turning point in Van Gogh's mental health.

The final room, *Striving for Greater Meaning*, once again plunges the visitor back into darkness, but this time there is light coming from the left wall, that resembles Vincent's famous depiction of the starry night. As one crosses the room, the light follows the movement, once more involving the visitor in the space. The recording in this room is once again the reading of Vincent's letter, speaking of the beauty of life, lifting the visitor up from the heaviness of the previous room and ending on a positive note.

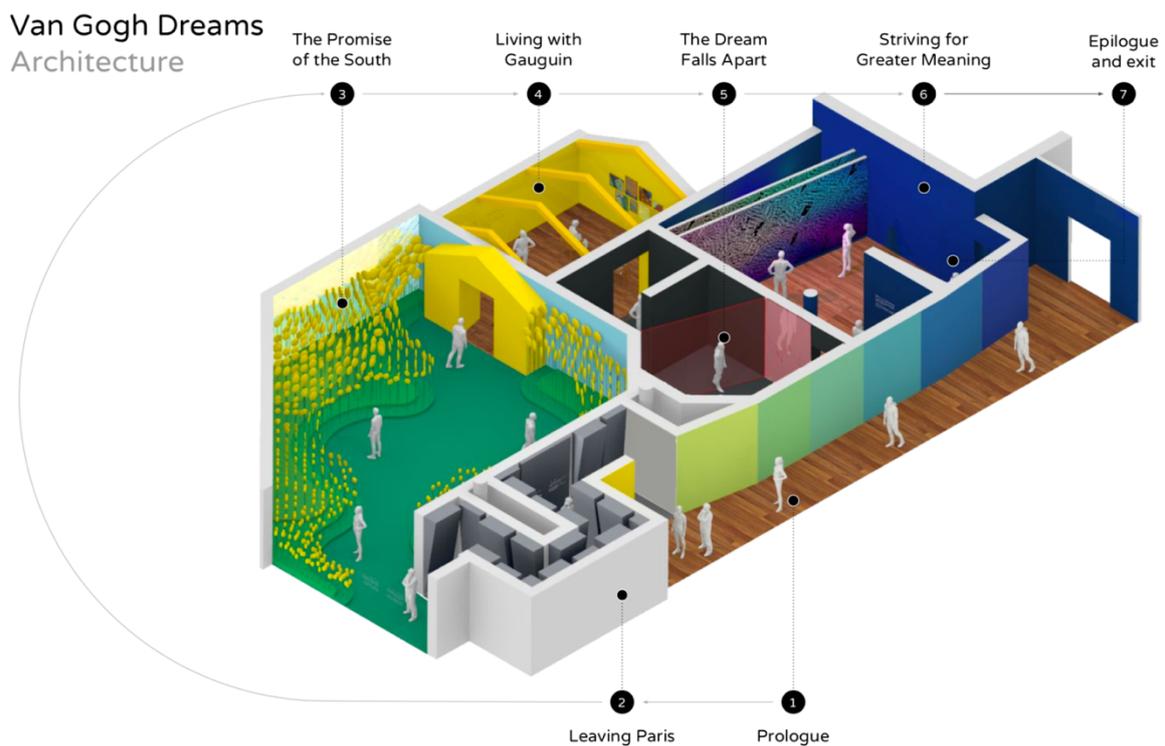


Figure 4. Van Gogh Dreams: Architecture. Retrieved from the documents sent by Tellart design company.

## 5.1 My Experience

I believe it is important to speak briefly about my own experience at the exhibition, as I walked through it as a member of the audience. It should be taken into account that this was before I chose Van Gogh Dreams as my case study, therefore my observations were made through the eyes of a normal visitor. However, as an art historian and a person who is very much interested and fascinated by exhibitions, the way I looked at this exhibition might differ from the impressions of an inexperienced visitor, therefore I want to take a moment to point out my own bias as I went into the exhibition. Additionally, I have asked the fellow students that were accompanying me at the Van Gogh Dreams exhibition to give their impressions, therefore I will briefly be mentioning those as well.

I entered the exhibition, making my way down the long colourful hallway, and stopping by the first text that introduced the upcoming room. As I entered the said room, I remember I had to take a moment to adjust my sight, since the space was almost completely dark, but as I moved forward and heard all these different city sounds, I had the familiar feeling of being in a busy city. I even closed my eyes to make the sounds clearer in my head. The feeling I got from this room resembled something more peaceful than the claustrophobic feeling that it was supposed to induce.

In the sunflower room, I remember first being slightly disoriented because of the sudden light, but this feeling soon went away, replaced by wonder as I listened to Vincent's makeshift voice coming from above. I stopped and took a few pictures with my friends. I continued on into the yellow room, where I sat down on the chair and looked at the screens. I remember my friend taking a picture of me from behind, which was my intention. I did not feel any strong feelings going through all these three rooms, and felt like all the rooms were quite disconnected from each other.

The strongest emotional reaction I had was in the mirror room. Before I entered, I read the text and heard the conflicting noises of two men arguing played above me, and as was intended, it gave me a moment to realize what the next room was going to represent. As I entered, I remember being blinded by the sudden flashing red light, the sound already making my claustrophobic feeling increase. I felt for a moment a feeling of anxiety, but this feeling quickly went away as I noticed the people around me taking pictures of themselves in the mirrors. Additionally, I remember turning around in the room and seeing the empty black space behind me, which also played a part in taking me out of the narrative.

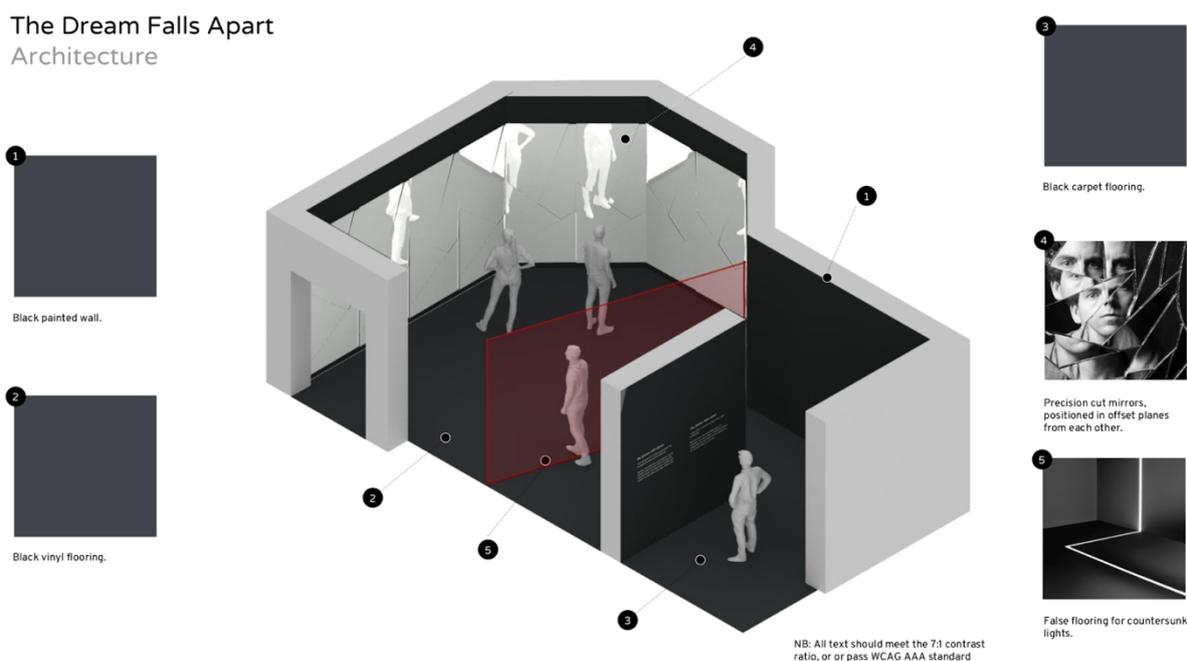


Figure 5. The Dream Falls Apart. Retrieved from the documents sent by Tellart design company.

After experiencing this quick flow of feelings in the mirror room, I moved on to the final room which was quite crowded and the space was considerably small. Because of this, I did not realize that the light was on a sensor, moving as the people moved.

I ended up going through the exhibition one more time out of curiosity and looked at all the details of the space design, while also taking a few more pictures. I was fascinated because I had never seen mental illness represented in such a way before and believed that it needed further examination. What struck me, that was also pointed out to me later on when I was talking with my peers (personal communication, 28 February 2019), is that the exhibition *felt* like a filler and that by being allowed to enter in big groups, as well as being allowed to take pictures disturbed the atmosphere and my experience. Some peers pointed out that they failed to connect with what it was like to have depression, mentioning that they felt like it was sensationalizing and romanticizing Van Gogh's illness. The exhibition failed to elicit the intended emotions of the museum, that I will discuss further on in the chapter. But for now, I will move on to discuss the educational perspective, using my theoretical framework to see which educational tools the museum adopted for this exhibition.

## 5.2 Educational Perspective

Now that I have described the exhibition, and my own experience with it, I will move on to the analysis. As mentioned, in this section I will be answering the sub-question concerning which educational models and tools the exhibition utilized. Since the Van Gogh Dreams exhibition was carried out by the education and interpretation department, it would make sense that the experience would be focused more on educating the audience about Vincent's emotions, however, the approach taken by the working team was not what one would expect. The interview conducted with Ann Blokland (personal communication, 22 March 2019), which I will be referring to in this section from this point forward, revealed that the main idea for the exhibition was partly practical. Due to a large number of people visiting the museum during the summertime, it is essential to be able to spread people out evenly, especially since the Van Gogh Museum is restricted by its size.

“... as you might have noticed we don't have a huge museum so the permanent collection where the Van Gogh paintings are, is very overcrowded. But we do have an exhibition wing, so in the summertime, we try to make smaller exhibitions focused on Vincent van Gogh, so that's where this exhibition fitted in...” (Blokland)

Therefore, this exhibition was more directed towards this goal than to attract even more people to the museum. This, of course, does not firmly state that spreading the crowds was the only purpose of this exhibition. Additionally, Blokland pointed out that the people only spent about 6 minutes moving through the exhibition, which suggests that it might not have worked to spread the people properly.

Speaking of the educational motives, the Van Gogh Museum more or less abides with the didactic learning model when it comes to its exhibitions. Even in the interview, Blokland pointed out that they were a traditional art museum, and that people usually come to see the paintings. But with the Van Gogh Dreams exhibition, they took a different turn, by not using any paintings or letters, but strictly sticking with design elements, and this way, I believe, moving away from the one-dimensional narrative to provide space for the visitors to somewhat make their own meaning.

“... [from] the education department point of view we also know that a lot of our visitors (...) are very interested in the person, who he was, so that’s why the no art idea fitted so well. So we wanted to pursue more the idea of a story based [exhibition] on what he went through (...) emotionally.” (Blokland)

With this approach, it shows that the museum attempted to move towards a constructivist learning model, however one might say that the building blocks were already arranged. The narrative was already provided in a chronological manner, with the use of colours to direct the visitors’ emotions in a certain direction, which is to say not a wrong approach, but provides less opportunities for the audience members to make their own meaning, and still somewhat abides with the principles of provided information that the visitor must digest. So perhaps it would be more accurate to look at the learning model used as the discovery model, which makes the visitor into an active participant in the construction of knowledge, but also believes that the knowledge exists outside the learner. Even though the sensory-response model could also be looked at, since it does involve constructing knowledge based on emotions, it is more concerned with the idea that meaning is made by the learner. I believe that the discovery model approach would make more sense looking at the general mindset of the museum, and the fact that, as mentioned above, they are a very traditional museum.

Van Gogh Dreams took to approach education in a more experiential way, focusing on building empathy through showing the feelings of Vincent and his general mental state during his stay in Arles. As discussed in Chapter 2, learning that is based on the personal context by involving the visitor in the exhibition is largely focused on experience, but all learning still involves socio-cultural and physical contexts. By providing a sensory experience, which involves sound, colour, light, etc., the Van Gogh Museum created a space where the learning contexts could be tapped into, at least the personal and the physical contexts. Concerning the social context, perhaps the exhibition does not provide much for this factor, for the audio recordings do not give the opportunity to freely have conversations about the exhibition, at least until one leaves the space. Also, if they do carry out conversations and interact with their friends or family it might take them out of the experience, as it was for me and my peers.

Going back to the quote I have mentioned by Hooper-Greenhill (1994) in the second chapter, concerning the fact that the exhibition must be easy to navigate, so as to not distract the visitor from the artworks (p. 180), I believe that with this exhibition they achieved this goal, for the rooms seemingly bleed into each other, and follow a single path. However, concerning the content matter, the rooms still seem quite detached and separate from one another. When it comes to the lack of the amount of context given for each room, it seems as though the museum already assumed the amount of knowledge the visitors were coming with, when entering the exhibition, which might not be accurate in all cases. For example, with the mirror room, which I will further discuss in the exhibition design part of this chapter, they did not provide the visitor with the information that this is the part of Van Gogh's life when he suffered from his first ever breakdown, that it was a turning point in his life. Furthermore, since there are certain visitors who enter this exhibition before going further into the museum, which was brought to light during the interview with Blokland, they might not yet know the importance of the events that happened in Arles at all. Therefore, I believe more context should be provided.

Concerning experiential learning, and the learning cycle provided by Kolb, which I reviewed in the second chapter, this exhibition would fall under what Sitzia (2016) has referred to as the main characteristics of immersive exhibitions, and that would be the process of active experimentation and concrete experience (p. 10). The visitor of this exhibition is largely encouraged to feel, and use these feelings to step into the shoes of Vincent, and understand his mental state. However, I would suggest that the visitor to Van Gogh Dreams is mostly encouraged to feel and watch, therefore taking one away from active experimentation, and directing them more towards reflective observation. While there are certain elements that might speak of doing, that can be seen as the chairs offered in the Yellow House, or the light installation in the final room, I still think that the visitor is more directed to watch as the rooms of the exhibition unfold in front of her or him. But indeed, the chairs and the light installation indicate an important step that the museum took towards actively involving the visitor into the exhibition, and speaks of further potential for future exhibitions. For the cycle of learning by Kolb (Figure 2) to be utilized to the full extent, one must complete all of the stages, inviting the visitor to think, feel, watch, and do all at the same time (Sitzia, 2016, p. 10). A purely immersive exhibition might miss the chance for a discourse to be created, which I believe is important to provide a better chance for learning. With the Van Gogh Dreams exhibition, like I mentioned, the "do" elements are minimum, but it still somewhat goes through every stage, which is a positive factor.

During the interview, another interesting thing that Blokland mentioned, was the management of visitor expectations and the need for good communication. She explained to me that for the purpose to not confuse the audience, they named Van Gogh Dreams a narrative installation, however, during the interview she still referred to it as an immersive exhibition.

“We didn’t have a name for it. We called it a narrative installation. So, if you call them exhibition people will expect paintings and they will be disappointed, so it was a very first experience for us in a lot of ways.” (Blokland)

It should be mentioned, that the museum gave a lecture about this exhibition, along with Tellart, speaking about how to conduct an exhibition without art. Also, they had a multimedia tour that the visitor was offered, which, according to Blokland, was conducted with headphones that let outside sounds through, so that the visitor would also hear the audio parts of the exhibition as well as the audio tour.

The decision to repeat this exhibition annually also plays a factor in the educational and design models that are offered. It would seem that the museum did not wish to take a big risk with this single small exhibition, when it comes to testing out new educational models, however the whole idea of stepping away from the traditional exhibition design that has been prominent in previous decades when it comes to Van Gogh Museum, that is already a step forward in the direction that would incorporate the visitor more into the exhibition, and provide alternative ways of learning.

### **5.3 Exhibition Design of Van Gogh Dreams**

When it comes to the exhibition design factor of the Van Gogh Dreams exhibition, as I have mentioned before, the museum worked in collaboration with the international design company called Tellart, which mainly focuses on creating immersive exhibitions that are told in a story-like manner. With the interview I conducted with one of the main designers from Tellart, Ries Straver (personal communication, 27 March 2019), which I will be referring to from this point on in this section, I gained detailed knowledge of the process that they undertook to build the exhibition, and in this section, I will be addressing the second sub-question concerning the

design elements used. First and foremost, according to Straver, they wanted to approach the exhibition as if they were designing a film, with appropriate emphasis on the introduction, the conflict, and the resolution. By building this sort of narrative, especially when it is based on emotion, it creates a good opportunity for visitors to easily become immersed in the exhibition. Not to mention that the film concept makes the narrative offered easier to comprehend since most people understand how a film goes, and what the general outline of a story looks like. Also, by focusing on one aspect of Van Gogh's life, especially one filled with so much turmoil, the exhibition holds the potential to look at this important turning point in Vincent's life in an easily comprehensible way. With this subject matter, focusing on the artists' emotions, the visitor has the chance to engage using their ability to empathize, and, as mentioned above, this is a good strategy for learning.

Looking back at Mortensen's (2010) models of immersive exhibitions, which I have discussed in the third chapter, one could relate Van Gogh Dreams to the interpretation model. With this exhibition, the museum and design company created a space that existed at some time, but not resembling a diorama in any sense. In fact, while it does represent a space and a time that has existed, it is built in an artistic way, where the space might not resemble what was, but aims to create an atmosphere that was brewing during that time. This brings me to the point I made earlier, concerning the realism of the interpretation model - when one is looking at an art installation, realism takes a step back, to give way to the general feeling that is created. In the name of the model itself, one can see the main point - it is all about interpretation. Additionally, the involvement of the senses makes the experience more noteworthy. However, there are certain inhibiting factors throughout the exhibition that might hinder the experience. These include exposed ceilings, empty, out-of-place spaces, for example, in the mirror room, where despite the fact that three-fourths of the room are covered with shattered mirrors, the fourth part stands empty, which creates a discrepancy that may take the visitor out of the narrative, like it did for me personally.

It was made clear to me through the interview with Straver the approach they took to develop the exhibition. During the conceptual phase, they conducted extensive research into the life of Van Gogh, specifically the time he spent in Arles, being given access to the sources from Van Gogh Museum, including Vincent's letters. They, along with the education department, created the mind map seen below, (Figure 6) that depicts Van Gogh's entire time in Arles, including details such as who he met, where he stayed, what he painted, etc. The entire process was conducted in close collaboration with the client, which is a positive factor, for in the end,

they came to a result that all parties were satisfied with, while at the same time, not being too far away from Tellart's main first pitch.

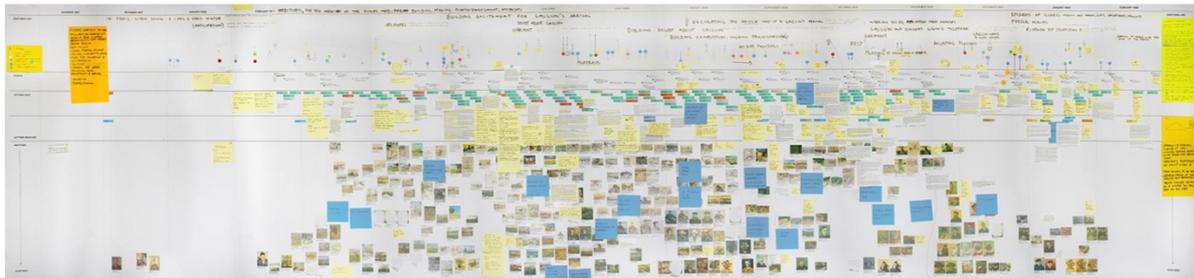


Figure 6. Mind map. Retrieved from the documents sent by Tellart design company.

The narrative that the museum chose to convey is a step away from the general outlook that the museum had of Vincent's life for decades, which has only started to change in recent years. This previous outlook chose to separate the artist from his artwork entirely, not speaking of Van Gogh's mental illness and only briefly mentioning the incident of self-mutilation. Blokland stated that the museum has been addressing this topic more nowadays, specifically after the reinstallation of the permanent collection in 2014. This exhibition in its narrative addresses Vincent's mental breakdown, but also chooses not to turn it into a defining feature of the artists' life, instead ending on a positive note. Additionally, the main idea was to create a poetical perspective on Vincent's life.

“... in their pitch Tellart came very close to the ideas we already had in our mind to make it quite simple and not very loud and screamy and more meditative and poetical.” (Blokland, personal communication, 22 March 2019)

Concerning the exhibition space, the main idea was that each room would evoke a certain emotion. The importance of the atmosphere was mentioned in both interviews, pointing out that generating the right feelings was the main goal with this exhibition. I will now focus on the mirror room that depicts Van Gogh's mental breakdown, and exactly what elements were used to create the atmosphere that the museum was striving for.

With the room titled *The Dream Falls Apart*, the visitor enters into the space by first going through a dark transitional room, where she or he is presented with the text that is supposed to indicate what the other room will hold. This text is as follows:

“I hope that I’ve just had a simple artist’s bout of craziness.’

Vincent van Gogh, 7 January 1889

When tensions rise surrounding Gauguin’s departure, Van Gogh suffers a mental breakdown during which he cuts off his ear. He is faced with the crushing reality of his illness.” (Tellart, n.d.)

It should be mentioned that the museum first did not want to use text at all, and simply rely on the atmosphere that the exhibition created, however, they came to realize that the visitor needs an anchor to understand what is going on, as well as providing much-needed context. While I would say that too much text can be overwhelming and hinder the experience as well, they are necessary to indeed ground the visitor, and provide them with information that will contribute to their learning process. With this exhibition, texts were the least important factor, which is not a terrible thing, but in my opinion, could have been utilized more to generate a deeper experience for the visitor.

Getting back to the room, as the visitor enters, they cross a metaphorical, as well as a literal threshold, in the shape of a red line on the floor. There is even a subtle change in the floor type as one crosses the red line, for before it, the carpet is soft, dark, and comforting, but after one steps over it, the flooring changes into a “harder, almost reflective material with a speckle in it” (Straver, personal communication, 27 March 2019). This silver speckle in the flooring is meant to disorient the visitor, so that she or he loses the sense of depth, feeding into the feeling of anxiety and restlessness. This feeling was evident in my own experience as well. The shattered mirrors, as stated above, encompass about three-fourths of the room, and are meant to represent Van Gogh’s broken self-image. Behind the mirrors, there are red LED lights that shine through the cracks. The colour red plays a big role in the space. When asked about the meaning behind

the choice of the colour red, Straver mentioned to me the many symbolic meanings that are connected to this colour.

“... the colour red symbolizes a lot of things, of course, but it’s very much related to our body. And if you close your eyes and look through your closed eyes, you see predominantly the colour red. And it was really a play on the internal feelings of Van Gogh and what went on in his head so it’s as if you’re inside his psyche, looking at yourself from the inside out. And it’s a very intense also eerie, kind of scary colour. In nature lots of things that are red are poisonous.”  
(Straver)

The only source of light in the room being red influences deeply the emotions of the visitor, and indeed the main idea of the room was to evoke fear and insecurity.

The feeling of anxiety is induced with one more factor, and that is sound. The audio in this room comes in the shape of a style of sound called Shepard Tone, which is the process of two sounds separated by an octave played at the same time, creating a continuous ascending or descending tone, that seems to go on forever (Deutsch, 1986, p. 275-6). This is a sound trick that is frequently used in film-making and creates a feeling of uneasiness, for one does not realize at first what is going on, and what is causing this unnerving feeling. Straver made clear that they did not want to make the sound unwelcoming, in a sense that it would scare away the visitor, but they still wanted to induce this feeling of nervousness, and uncertainty that Vincent was going through at the time of his breakdown.

All of the design elements mentioned above were used to create the atmosphere for what a person might feel during a breakdown, and while the methods used were not meant to be too theatrical as to create a space that would glorify the aspect of a breakdown, I believe it still seems as though they went a bit overboard with the design. I will discuss this further in the next part of the chapter, where I will focus on the mental health aspect, and how the Van Gogh Museum, in partnership with Tellart conveyed Vincent’s mental state in the exhibition.

## 5.4 Mental Health Perspective

The period he spent in Arles was not only the happiest time but also one of the lowest points in Van Gogh's life. As discussed in Chapter 1, it was here that he suffered from the first breakdown that led to many more, in the end resulting in him voluntarily admitting himself to a mental hospital. Despite the fact that Blokland pointed out to me that for the museum, Van Gogh Dreams exhibition was not about Vincent's mental health or his illness, and was more about the emotions that he experienced, indeed those emotions are deeply connected with his mental state. One cannot only look at the emotional aspect, while Vincent's mental health played a big part in creating those emotions in the first place. Therefore, even though the museum's main purpose was not to represent Van Gogh's mental illness, I still chose to continue using this exhibition as my case study since emotions and mental health are frequently related to one another. This section will look at the outcomes of the choices made by the museum, and see if they were successful.

It is especially important to look at this exhibition in terms of how the museum has addressed Van Gogh's mental health over the years. As pointed out in earlier chapters, the Van Gogh Museum did not talk much about Vincent's mental health at all, only briefly mentioning the fact that he cut off his ear in the wall text. This all changed in 2014, with the reinstatement of the permanent exhibition.

“We had a reinstatement of the permanent collection in 2014, and we really worked hard to convince the curators that we should address [Vincent's] personal stories as well because our audience wants them and cares... it was not only an opportunity to tell the story of not only his mental illness but also of his suicide, because there are a lot of stories going on - was he murdered, did he kill himself, [and so on]... it was an opportunity to come closer to your visitor needs and to tackle some myths...” (Blokland, personal communication, 22 March 2019)

The exhibition *On the Verge of Insanity* was their first attempt at talking about Vincent's mental illness. And even though the museum held this entire exhibition about Van Gogh's mental illness, this does not mean that it is the end of this topic and that it should not be

discussed further. I believe that the conversation has to keep going, and indeed with this exhibition they had the opportunity to address his illness on a more emotional level, creating the possibility for people to learn and understand what Vincent was going through to a deeper extent. However, the perspective that is presented in the exhibition is quite limited. It only briefly shows what Van Gogh felt when he cut off his ear, neglecting to talk about other things that happened during his stay in Arles. Things such as the fact that he had multiple moments when he would feel better but then had another breakdown, and that the townsfolk wrote a petition that demanded he was sent to an asylum, which emphasizes how he experienced stigma in his lifetime. Being selective, and only representing a single moment from Vincent's mental break, hinders the opportunity to get to know the artist on a deeper level.

Through my talks with Blokland, it was made clear to me that the museum had a good understanding of the need to not hero worship Van Gogh, and deal with his image on a more grounded level, not making him into a "mad genius", but showing him as he was – a troubled person, who suffered from a mental disorder that took his life.

"You don't want to make it a big circus and like a crazy ride or something. It's about a person with serious ideas and a sad story and you don't want to take advantage of that... It's something you need to be very careful about if you go this route... we shouldn't make him into this romantic hero..." (Blokland)

And indeed, it is difficult to find the balance, and not make it too sensational. They tried to construct Van Gogh Dreams in a way that would respect the artist as well as the person.

However, one decision that was made in regards to this exhibition makes the goal of the museum seem ineffectual, and that is that they allowed the visitors to take pictures in the space. Generally, the Van Gogh Museum has been operating under the rule that people are not allowed to take pictures of the artworks and the reason for this was explained to me by Blokland:

"Because we know [taking pictures] is what people really like to do, so we thought okay, we'll try it, but [there] would be total crowd issues

in front of, say, the sunflowers. The people wouldn't look at the art anymore and people would stand like 5 minutes posing and there would be a line-up of the other people waiting to take a photo. And it got sort of out of hand... Yeah, so for crowd issues... and it's not good for the artworks like you can't use flash and stuff like that, and we thought here it won't be a problem, there are a lot of beautiful rooms, let's just see how it will work out." (Blokland)

This statement makes clear the reason why they chose to not allow picture taking in the main space. However, permitting the visitor to do it in the Van Gogh Dreams exhibition can impact the experience, of not only the person taking the picture but the people who are witnessing said person taking a picture. It might result in the disruption of the narrative, and the inability to engage with the exhibition on an emotional level. This was evident in the case of my experience as well. It also might cause exactly what the quote says happened in the main exhibition – people might gather in one room, and take their time posing to take pictures, making it hard to look at the exhibition space, especially since the space is quite small, to begin with. I should point out that I am not against taking pictures in the museum, however, when you only allow it in one place, it might turn into the only chance that the visitor has for capturing their time at the museum, turning it into an “Instagram moment”, instead of actually allowing the visitors to experience the exhibition. Additionally, the slides provided to me by Tellart indicate that they had a premeditated idea that the mirrors were there for the visitors to take “selfies” in, which is indicated in Figure 7. This contributes to the romanticism of Vincents' mental illness, which might contradict the statement by Blokland, that referred to them not wanting to make Van Gogh out to be a romantic hero, and the exhibition to be sensational.

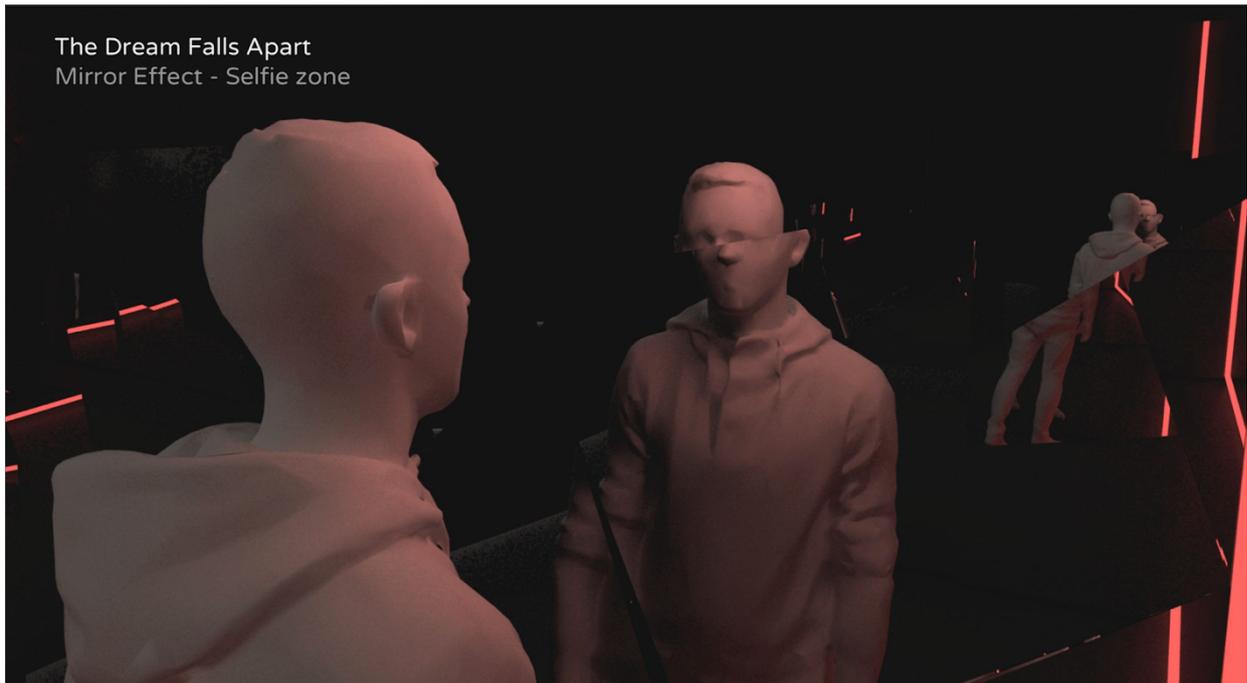


Figure 7. Mirror Effect - Selfie zone. Retrieved from the documents sent by Tellart design company.

However, as it seems, this factor did not affect the visitors in a negative way, which can be seen in the answers to the open question. Largely the complaints surrounded the fact that the exhibition was quite short, and this was also mentioned to me by Blokland. Some people were also quite underwhelmed by the content and its scarcity. And the fact that people moved quickly through the exhibition was disappointing for the museum.

“Either [the visitors] don’t like it, and I understand why, because it’s not for everyone, that’s what we realized too, it’s not like a crowd pleaser, it’s not for everyone... But if people stayed indifferent then I would be really hurt, and then it wouldn’t have worked, but it does something to people and that’s the most important thing...”

(Blokland)

It should be pointed out that most of the responses of the visitors to the open question were positive, and people generally seemed pleased with the experience the exhibition offered. Additionally, with this exhibition, the Van Gogh Museum had a specific target group in mind,

and that is English speaking visitors, such as tourists, and according to the open question, they had quite positive reactions from the target group. All in all, both the museum and the design company were happy with the results and will keep repeating the exhibition annually, during the summertime.

In terms of what the visitors thought of the exhibition, I will also now briefly look at the data that the Hogeschool van Amsterdam (2019) gathered. In the mirror room the English-speaking people felt unpleasant, while the Dutch people had divided opinions, some feeling that it was pleasant, and others feeling indifferent (p. 45). The main words used to describe the emotions that the visitors felt included: anxious, interested, amazed, exhibition itself being described as broken, cool, complex and alternate. Most of the visitors said they felt curious and surprised. Some even pointed out being inspired and filled with amazement (p. 48). These responses were made right after they left the exhibition, while their experience was still prominent. However, one might argue that these people did not have the time to process their feelings and sometimes what we might feel when we first experience something might differ from what we develop to feel about it. This line of thought would require further research on what these visitors thought a week or a month after their visit to the exhibition. But this exceeds the scope of both the Hogeschool van Amsterdam's research and this thesis.

## Conclusion

This thesis has reviewed the exhibition Van Gogh Dreams, carried out by the Van Gogh Museum, from the perspective of representation through exhibition design, trying to answer the question of what narratives and experiences about the artists' mental illness were communicated through the design. The interviews and the analysis have revealed that the intended narrative of the museum was not to focus on the mental illness of Van Gogh, but to show his emotional state to bring the visitor closer to the artist. However, I argue that the emotional state is somewhat connected to the mental stability, and the emotions that Vincent had during his breakdown were indeed affected by his mental illness. Although, choosing to address the topic of the breakdown is already an approach that the museum has only recently been taking. Also, by making the exhibition only using design shows that the museum is open to taking a step away from the traditional tendencies that they have been sticking with in the past, and experimenting with new types of exhibitions.

Through just the design factors, the exhibition tried to convey what Van Gogh was going through during this difficult period of his life. They did this by relying on experiential learning style, and trying to make the visitors feel certain emotions. However, as my analysis has demonstrated, the perspective offered by the museum was quite limited, only showing a part of what Van Gogh felt in Arles, and not exploring the topic further. Additionally, there were some factors in the design that disturbed the atmosphere, like the uncovered ceilings, and the empty black space. And even though the interviews indicated that they did not want to make it too sensational, they still allowed the visitors to enter in large groups, to take pictures, and even in the slides of the floorplans indicated that the mirror room was a "selfie zone".

Concerning the experiences, the positive feedback from the visitors speaks volumes, but to see if these responses were long-term, and if the audience actually learned something through this exhibition, it would require additional research to be carried out. But the emotions that were communicated through the atmosphere, correspond with what was intended, even in the case of my own experience. The mirror room elicited the feeling of anxiety, and surprise for the visitors, which indicates the potential that this design model holds.

The choice to look at this exhibition as a filler, as a "cherry on the cake" (Blokland, personal communication, 22 March 2019) and not to use it as an opportunity to explore the topic of Van Gogh's mental illness in further detail hinders the chance to educate people about

mental illness, to play a part in reducing stigma. However, I still believe this type of exhibition design holds the potential to reduce stigma by putting the visitors in the shoes of the person who has experienced mental illness. Although further research needs to be done to see if what the visitors saw at this exhibition has actually changed their behaviour, or thoughts concerning the mentally ill, as well as if this design is capable of reducing stigma.

The topic of mental illness representation in museums has been scarcely discussed by academics, and the lack of data shows the effects that stigma has had even in cultural institutions. Therefore, it is important to start the conversation, and what better way to start than to talk about a beloved artist who was plagued by a mental illness. By using exhibition design, and showing the emotions that Van Gogh went through, allowing the audience to understand what was going through his mind, Van Gogh Dreams had the opportunity to teach the visitors about mental illness. I believe that this approach they took to representing mental illness can be utilized to further speak about such an important issue in contemporary society, and could hold the potential to reduce stigma by making all people understand what it feels like to have a mental illness.

## References

- Ahmedani B.K. (2011). Mental Health Stigma: Society, Individuals, and the Profession. *Journal of Social Work Values and Ethics*, Vol. 8, no. 2, pp. 1-14
- Ander, E.E., Tomson, L.J., Blair, K., Noble, G., Menon, U., Lanceley, A., Chatterjee, H.J. (2013). Using museum objects to improve wellbeing in mental health service users and neurological rehabilitation clients. *The British Journal of Occupation Therapy*. Vol. 76, no. 5, pp. 208-216
- Angermeyer M.C., Matschinger H. (2003). The stigma of mental illness: effects of labelling on public attitudes towards people with mental disorder. *Acta Psychiatrica Scandinavica*, 108, pp. 304-309
- Arnott S. R., Alain C. (2014). A Brain Guide to Sound Galleries. *The Multisensory Museum: Cross-Disciplinary Perspectives on Touch, Sound, Smell, Memory, and Space*. Plymouth: Rowman & Littlefield, pp. 85-107
- Bal M. (1996). Museumtalk. *Double Exposure: the subject of cultural analysis*. New York: Routledge, pp. 135-164
- Besley J., Low C. (2010). Hurting and Healing: reflections on representing experiences of mental illness in museums. *Re-presenting Disability: Activism and Agency in the Museum*. New York: Routledge, pp. 130-142
- Bethlem Museum of the Mind (2019). *About*. Retrieved from:  
<https://museumofthemind.org.uk/about>
- Bitgold S. (2011). Immersion Experiences in Museums. *Social Design in Museums: The Psychology of Visitor Studies*, Collected Essays, Vol. 2, pp. 102-120
- Blumer D. (2002). The Illness of Vincent van Gogh. *American Journal of Psychiatry*, 159, pp. 519-526
- Böhme G. (2017). *Atmospheric Architectures: the Aesthetics of Felt Spaces*. London and New York: Bloomsbury Publishing Plc.
- Bos A.E.R., Pryor J.B., Reeder G.D., and Stutterheim S.E. (2013). Stigma: Advances in Theory and Research. *Basic and Applied Social Psychology*, 35:1, Routledge, pp. 1-9

- Bryman A. (2012). Interviewing in qualitative research. *Social research methods*. Oxford: Oxford University Press, pp. 469-483
- Byrne P. (2000). Stigma of mental illness and ways of diminishing it. *Advances in Psychiatric Treatment*, Vol 6, pp. 65-72
- Cambridge Dictionary, (n.d.). *Immerse*. Retrieved from:  
<https://dictionary.cambridge.org/dictionary/english/immerse>
- Cambridge Dictionary (n.d.). *Stigma*. Retrieved from:  
<https://dictionary.cambridge.org/dictionary/english/stigma>
- Cluett S. (2014). Ephemeral, Immersive, Invasive: Sound as Curatorial Theme, 1966-2013. *The Multisensory Museum: Cross-Disciplinary Perspectives on Touch, Sound, Smell, Memory, and Space*. Plymouth: Rowman & Littlefield, pp. 109-118
- Correa R. (2014). Vincent van Gogh: A pathographic analysis. *Medical Hypotheses*, 82, pp. 141-144
- Corrigan P.W., River L.P., Lundin R.K., Penn D.L., Uphoff-Wasowski K., Campion J., et al. (2001). Three Strategies for Changing Attributions about Severe Mental Illness. *Schizophrenia Bulletin*. 27 (2), pp. 187-195
- Corrigan P.W., Watson A.C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*. 1(1), pp. 16-20
- Dean D. (1994). *Museum Exhibition: Theory and Practice*. New York: Routledge.
- Deutsch D. (1986). A Musical Paradox. *Music Perception Spring*, Vol. 3, No. 3, pp. 275-280
- Dudley L.J.T. (2018). Mental Health in Museums: Exploring the reactions of visitors and community groups to mental health exhibitions (Doctoral dissertation). Retrieved from:  
<https://openresearch-repository.anu.edu.au/handle/1885/155261>
- Falk, J. H., Dierking, L. D. (2000). *Learning from museums: Visitor experiences and the making of meaning*. Walnut Creek, CA: AltaMira Press.
- Falk J. (2004). The Director's Cut: Toward an Improved Understanding of Learning from Museums. *Science Education*, 88(S1): pp. S83 - S96
- Ferguson B.W., Greenberg R., Nairne S. (1996). *Thinking About Exhibitions*. New York: Routledge.

- Gardner H. (1983). *Frames of Mind: The Theory of Multiple Intelligences*. New York: Basic Books.
- Goffman E. (1963). *Stigma: notes on the management of spoiled identity*. New York: Simon and Schuster, Inc.
- Hein G.E. (1998). *Learning in the Museum*. New York: Routledge, pp. 1-40
- Hemphill R.E. (1961). The Illness of Vincent Van Gogh. *Proceedings of the Royal Society of Medicine*, 54, pp. 1083-8
- Het Dolhuys Museum (n.d.). *Dossier Van Gogh*. Retrieved from:  
<https://www.hetdolhuys.nl/tentoonstellingen/dossier-van-gogh/>
- Hillier B., Tzortzi K. (2006). Space Syntax: The Language of Museum Space. In: Macdonald, S, (ed.) *A Companion to Museum Studies*. Oxford: Blackwell Publishing Ltd, pp. 282-301
- Hogeschool van Amsterdam - Van Vliet H., Hallema G., Kuiper A., Schrandt B. (2019). *Een onderzoek naar de belevingswaarde van Van Gogh Droomt [A study into the experience value of Van Gogh Dreams]*.
- Hooper-Greenhill E. (1994). *The Educational Role of the Museum*. New York: Routledge.
- Hooper-Greenhill E. (2000). Changing Values in the Art Museum: rethinking communication and learning. *International Journal of Heritage Studies*, 6:1, pp. 9-31
- Hooper-Greenhill E. (2007). The Generic Learning Outcomes: a conceptual and interpretive framework. *Museums and Education: Purpose, Pedagogy, Performance*. New York: Routledge, pp. 44-62
- Hundred Years Gallery (n.d.). *Exhibition: 'The Mechanics of Depression' by Carlie Simpkin*. Retrieved from: <http://hundredyearsgallery.co.uk/the-mechanics-of-depression/>
- Jamison K.R., Wyatt R.J. (1992). Vincent Van Gogh's Illness. *BMJ: British Medical Journal*, Vol. 304, No. 6926, pp. 577
- Jarvis P. Holford J., Griffin C., (2003). *The Theory & Practice of Learning*. London and New York: Routledge Falmer.
- Klobe T. (2012). *Exhibitions: Concept, Planning and Design*. Washington, DC: The AAM Press.

- Kolb D.A. (1984). *Experiential Learning: Experience as The Source of Learning and Development*. New Jersey: Prentice Hall, Inc.
- Lewis B. (2017). A deep ethics for mental difference and disability: the ‘case’ of Vincent van Gogh. *Med Humanit* 43, pp. 172-176
- Link B.G., Phelan J.C. (2001). Conceptualizing Stigma. *Annual Reviews of Sociology*. 27, pp. 363-385
- MakeItOK.org (n.d.). Retrieved from: <https://makeitok.org/>
- McCall V., Gray C. (2014). Museums and the ‘new museology’: theory, practice and organisational change. *Museum Management and Curatorship*, 29:1, pp. 19-35
- Mental Health Foundation (2016). *Fundamental Facts about Mental Illness 2016*. Retrieved from: <https://www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2016>
- Monroe R.R. (1991). Another diagnosis for Vincent van Gogh? *The Journal of Nervous and Mental Disease*, 179:4, pp. 241
- Mortensen M.F. (2010). Designing immersion exhibits as border-crossing environments. *Museum Management and Curatorship*. 25:3, pp. 323-336
- Museum of Modern Art (n.d.). *Meet Me at Moma*. Retrieved from: <https://www.moma.org/visit/accessibility/meetme/>
- Oxford Dictionaries (n.d.). *Immersion*. Retrieved from: <https://en.oxforddictionaries.com/definition/immersion>
- Pallasmaa J. (2014). Museum as an Embodied Experience. *The Multisensory Museum: Cross-Disciplinary Perspectives on Touch, Sound, Smell, Memory, and Space*. Plymouth: Rowman & Littlefield, pp. 239-249
- Prins L. (2016). Van Gogh’s physical and mental health: a chronology. *On the Verge of Insanity: Van Gogh and His Illness*. Mercatorfonds, Brussels: Van Gogh Museum, Amsterdam, pp. 91-128
- Pryor, J. B., & Reeder, G. D. (2011). HIV-related stigma. *HIV/AIDS in the Post-HAART Era: manifestations, treatment, and Epidemiology*. Shelton, pp. 790–806

- Remembering Goodna (2007). Museum of Brisbane. Retrieved from:  
<https://www.museumofbrisbane.com.au/whats-on/remembering-goodna/>
- Roppola T. (2012). *Designing for the Visitor Experience*. New York: Routledge
- Ross, M. (2004). Interpreting the 'New Museology'. *Museum and Society*, 2, pp. 84–103.
- Rüsch N., Angermeyer M.C., and Corrigan P.W. (2005). Mental illness stigma: concepts, consequences, and initiatives to reduce stigma. *European Psychiatry*, 20, pp. 529-539
- Sandell, R. (2007). *Museums, prejudice, and the reframing of difference*. Abingdon and New York: Routledge.
- Sandell R. (2002). *Museums, Society, Inequality*. London and New York: Routledge.
- Silverman L.H. (2002) The therapeutic potential of museums as pathways to inclusion. *Museums, Society, Inequality*. New York: Routledge
- Sitzia E. (2016). Narrative Theories and Learning in Contemporary Art Museums: a Theoretical Exploration. *Journal: Stedelijke Studies*, pp. 1-15
- Sotto E. (1994). *When Teaching Becomes Learning - a Theory and Practice of Teaching*. London and New York: Cassell.
- Stafford M.C., Scott R.R. (1986). Stigma, Deviance, and Social Control. *The Dilemma of Difference: A Multidisciplinary View of Stigma*. Plenum, pp. 77-91
- Tellart. (n.d.). Van Gogh Dreams. Retrieved from: <https://www.tellart.com/projects/van-gogh-dreams/>
- To Theo van Gogh. (1888). *Arles, on or about Sunday, 22 July 1888*. Retrieved from:  
<http://vangoghletters.org/vg/letters/let645/letter.html>
- Van Gogh Museum. (2016). Exhibition On the Verge of Insanity. Van Gogh and his Illness. *Past exhibitions*. Retrieved from: <https://www.vangoghmuseum.nl/en/whats-on/exhibitions/past-exhibitions/on-the-verge-of-insanity>
- Wenger E. (1998). Communities of practice: Learning, meaning and identity. *Journal of Mathematics Teacher Education* 6(2), pp. 185-194.

World Health Organization (2018). *Mental Disorders*. Retrieved from:

<https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

Yin, R. K. (2003). *Case Study Research: Design and Methods* (3rd ed). Thousand Oaks, CA: Sage.

## Appendix

### Interviews

Ann Blokland – Curator of Education at Van Gogh Museum

Recorded interview, 22 March 2019, Van Gogh Museum, Amsterdam, Netherlands

Ries Straver – Senior Producer at Tellart

Recorded Interview, 27 March 2019, video call, Maastricht, Netherlands

### Conversations with peers

Fellow students of Arts and Heritage: Policy, Management, and Education

Recorded discussion, 28 February 2019, Maastricht, Netherlands

Transcripts and recorded audio of all conversations are available on request.

The documents sent by the Van Gogh Museum and Tellart are also available on request.