

How Looking at Art Teaches Self-Discovery and Patient Care to Medical Students

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ABSTRACT

As a former hospital chaplain and current museum docent, I have learned that looking at art can be a valuable tool for self-discovery and for enhancing medical education. This understanding led to creating a course to teach medical students to observe both art and patients deeply. In museums, the students practiced looking at paintings and describing what they saw and felt. By looking at artwork, they practiced observational skills, critical thinking, self-awareness, respect for difference, and communication. Facilitated museum visits like this can prompt the integration of heart and mind to enhance medical care.

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The community hospital and trauma center where I worked as a chaplain primarily served a low-income and stressed urban neighborhood. Some days crises multiplied. One day I was summoned to the emergency room to comfort a mother and grandmother as their loved one lay dying from a gunshot wound, then immediately to the maternity unit where anxious family members were gathered in the waiting room as the health care team tended to a crisis during a delivery. On this otherwise ordinary morning, all 3 patients died.

Because I knew I needed to make a conscious effort to relax and reflect before I returned to visiting patients and families, I spontaneously made the 10-minute drive to the nearby art museum.

Scanning a list of scheduled programs, I found a spotlight tour of Mary Cassatt's *Driving*. [View the image here: <https://philamuseum.org/collection/object/104447>.] Gathered in front of the painting with other viewers, I participated in a half hour of looking, listening, and conversation, facilitated by the docent, that caused me to reflect on the loss and pain I'd experienced at the hospital and moved me from distress to calm. The blank expressions on the faces of the figures in the painting reminded me of many hospital visitors whose focus is turned inward, not seeing (or not wanting to see) what is directly in view, as we often do when confronted with the arduous task of traversing uncertainty during a crisis or at the end of life, of the need for determination when faced with difficult challenges, and of the ability to avoid turning one's back on the task.

I found this experience of deep looking and reflection so valuable that I trained to become a docent at the Philadelphia Museum of Art. I was struck by the possible positive impact of bringing medical students to view paintings at the art museum, using deep looking to provide important personal and professional skills that would benefit them as physicians.

THE MUSEUM EXPERIENCE: TRAINING THE PHYSICIAN'S EYE

I subsequently developed the course, *Training the Physician's Eye: Enhancing Clinical Skills Through Art Observation*, to teach observational skills, emotional intelligence, and empathy, essential for personal and professional growth.

When the medical students arrived at the museum, I invited them to gather in front of a painting. I covered the museum label situated alongside the artwork with a note card, so the students were not influenced by the painting's title or interpretation. I invited them to look carefully. In fact, I asked them to look and look again during a 2-hour period. The frequent looking allowed the students to see more of

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the painting. Simultaneously, I explained that one glance, whether looking at a patient's leg wound, reading a patient's chart, "looking" through patient notes, or noting clinical findings, was insufficient to capture the fullness of inquiry required to diagnose and treat the patient.

I cautioned the students to reflect on how their own emotions, thoughts, and beliefs influenced their interpretations of images in the paintings. Students were encouraged to back up their comments with evidence. I asked them to "notice what comes to mind," to observe and appreciate the ceaseless activity of the mind (which is rich in thoughts, ideas, feelings). Noticing and reflecting are the primary mechanisms to discover meaning and to recognize self in relationship to others. I also asked the students to name what they saw and to share their thoughts with the others. In this way, the students learned to speak to each other, as they must learn to communicate with patients.

I invited the students to explore the painting by directing them to "tell me what you see." The students responded with surface level observations. When looking at *Driving* (the Cassatt painting mentioned previously), one student saw a woman and girl. Another saw the tail end of a horse. I told the group to keep looking and naming. With time, refinement, and practice, the viewers saw more: the determined expression on the face of the driver, the image of a man with a top hat turned in the opposite direction and a wooded setting.

I invited the students to look closer. I asked, "How would you describe the relationship between the woman and girl? Who is the man in the back of the carriage? What is the mood present in this painting? What feelings do you witness? How does the painting make you feel?" When looking at this painting, the students described the relationship between the woman and girl as tense or mysterious, leading them to reflect on their own, sometimes tense, relationships.

Building Awareness of Self and Others

For medical students, the practice of looking at art is one method and a first step in building self-awareness, noticing strengths, weaknesses, emotions, thoughts, and yearnings. They learn to be curious, to ask themselves, "What do I see? How do I react to what is confusing or unsettling? How does what I see influence my thinking and feelings? How do these thoughts and feelings influence my actions?" These are uncommon questions rarely examined in medical education. These crucial questions require critical thinking and self-examination when creating equitable relationships with patients, and partnerships with colleagues.

Learning to look at a painting, to be fully present to the image, inevitably stimulates thoughts about the painting that inspire deeper thoughts. I taught the students to observe formal elements of a painting, ie, line, color, form, and shape.

I asked them to focus their attention on their bodies, the physical experience of breathing, sitting, or standing. Next, I encouraged them to focus their attention on their minds, to notice thoughts and feelings that led to assumptions and generalizations and to utilize the practices of the mind to bring awareness. During this process, students also experienced thoughts that were unwanted or ones they would not share with others.

Making the students more aware helped them to notice themselves without façade, to identify their values and to communicate honestly as a first step toward connectedness with others. Though looking at art may teach compassion and empathy, my goal was to teach students to become self-aware and understand their own emotions, in order to know themselves and build healthy relationships with others and to provide patient-centered care.

Throughout the class, looking is key. Nothing in the painting should be overlooked, just as nothing about the individual patient or their illness should be overlooked.

Student feedback confirmed the value of using art as a method to teach careful looking and to become aware of emotions and attitudes.

Looking and discussing are activities that drew the students deeper into the painting and made the image a source for personal exploration. The students began to discover their own story. Noticing how a work of art makes them feel is a starting point. From that place of recognition, more feelings emerge.

Looking at and discussing art in the community of others can also improve student well-being. Medical students can relax, enjoy, and engage with others away from the classroom. They can experience firsthand the benefits of teamwork, acknowledging commonality as well as individuality and learning from the perspectives of others.

Looking at Art as a Regular Practice

One painting, one program, or one course might not change a life. Looking at art is a process. The regular practice of looking at art and engaging in group reflection and conversation can lead to greater self-awareness and to valuing other points of view and perspectives, staying open, and being curious. Here is where the education of the heart and the growth of self-knowledge begin.

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Key words: art; medical education; observational skills; museums; self-discovery; patient care

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