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### Kinesthetic Empathy

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**Rochester Institute of Technology**

A Thesis Submitted to the Faculty of  
The College of Imaging Arts and Sciences  
School for American Crafts  
In Candidacy for the Degree of

Master of Fine Arts

Kinesthetic Empathy

By Danielle Haendiges

April 2014

Thesis Title: Kinesthetic Empathy

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### Thesis Committee Final Approvals

Chief Advisor: Michael Rogers

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Chairperson: Juan Carlos Caballero-Perez

## Abstract

Kinesthetic empathy is a term that talks about our ability as humans to feel each other's pain. We have an incredible understanding and connectivity with people we hold close in our lives. The body of work for my MFA Thesis Exhibition explores some aspects of these phenomena by illustrating emotional relationships in glass sculpture. There are many different ways that people empathize with one another, therefore, different aspects and rituals of commiserating are explored to better understand why we can feel another person's pain without physically experiencing it.

I have a very specific connection with this type of empathy; my younger sister, Leigh, has been sick her whole life. While Leigh appears healthy and well, she has a multitude of autoimmune diseases that have required her to be on chemotherapeutic medication since she was very young. She feels severe physical pain everyday of her life. Growing up as her older sister, I felt compelled to protect her. In this lifelong attempt to protect her emotionally and physically, I have experienced a huge range of emotions related to her pain and health struggles. While many people feel sympathy for Leigh and her health issues, I think that our strong connection as siblings has made our relationship unique. While most elder siblings take a defensive stance with the younger, I have found my feelings to be more akin to survivor's guilt.

Through the use of portraiture with elements of the grotesque, I show a relatable person with whom one would feel a connection to, as well as a physical deformity that may be difficult to look at otherwise. The contrast of combining realistic bodily features assuming impossible physical distortions will pull the viewer into the work to investigate something seemingly invented, yet poetically relatable to very real human sensations.

## Sources and Research

To explore these feelings, I have researched sympathetic magic such as Vodun figures from West Africa and the Yoruba people<sup>1</sup>, as well as different rituals for healing the sick and restoring balance through nature. I have also done extensive research on different auto immune diseases, their symptoms and treatments, and the physical deformities caused by them to approximate the visual. Research on the various medications my sister has taken over the years, collecting MRI's, X-RAYs, images of different physical ailments, and discussion with a friend who lost her younger sister to a disease very similar to my younger sister have all influenced the work. The images that are used are based on actual medical information-and MRI / X-RAY imagery- However, I have abstracted these deformities into a set of symbols to be used throughout the body of work.

### Sympathetic Magic and Symbols

The Yoruba people had many religious and cultural traditions. The most interesting to me are the ones using dolls to represent humans and how these dolls are cared for to have an effect on a specific person.

“When the concept of "doll" is considered in the context of African culture, they are usually not children's playthings, but rather objects that are laden with ritual and religious associations within the community. African dolls are used to teach, and entertain, they are supernatural intermediaries, and they are manipulated for ritual purposes (Dagan 1990)”.

The power held by these artistically crafted figures for the purpose of female fertility or good health and fortune is very interesting to me. If a woman was having issues with fertility she would have a small statue of a very voluptuous woman form to keep with her to help encourage her body to be fertile (Visona, et al. 2007). These figures had exaggerated breasts and over

emphasized genitals. The use of exaggerating anatomical features was very specific to the nature of the doll. The magic and symbolic healing through dolls covers many ailments and problems of the people at the time, not just fertility. Investigating the symbols and imagery used in these ancient dolls influenced the way that I used certain symbols of my own throughout this body of work. The symbols I used are different from most of the ones used in these ancient figures; throughout my thesis work, vertebrae and the spinal cord are displayed outside the skin to show their medical importance-and to imply a metaphorical vulnerability and a need for healing. In exaggerating the sizes and changing the placement of this anatomy, the urgency and weight of these failing parts is brought to the forefront for the viewer.

### Medical Conditions

My sister has Juvenile Rheumatoid Arthritis (JRA) and Chiari Malformation. Many of their treatments, through which we have both struggled and bonded, are nearly as terrible as the disease itself. JRA is an autoimmune disease which is treated similarly to cancer; it is aggressive, chronic and incurable. Chemotherapy is used along with many other medications. These medications are prescribed mostly to balance out major negative effects of the chemo: an attempt to slow the degradation of skeletal joints. JRA comes with more than just knotted fingers and painful knees; generally those who are born with an auto immune disease like my sister have multiple auto immune diseases. The tendency of these diseases toward multiples makes treatment and recovery all the more difficult. The diseases and treatments can have very different effects on the body, sometimes even conflicting.

Chiari Malformation is a low placement of the occipital lobe of the brain, which can obstruct the flow of spinal fluid through the spinal cord via the foramen magnum (National

Institute of Neurological Disorders and Stroke 2013). Most people with this malformation have a very slight form of it and may live their whole lives without ever knowing that they have it.

The other extreme of this malformation causes babies to be born with their spines outside of their bodies, making life outside the womb impossible. For the level of this disease that my sister has (about the most severe one can have without any obvious physical deformity), symptoms generally present in early adulthood. These can be anything as minimal as a headache to something as alarming as the occasional loss of feeling in the legs; even as dramatic as a total loss of bodily control when they cough or sneeze. Any type of stressor that would change the spinal fluid's pressure can cause the patient to even collapse to the ground. Where a normal person's body would compensate for the change by letting more fluid into or out of the head, the Chiari Malformation is a narrowed channel in the foramen magnum, rendering the ability to balance this fluid impossible. The only way to fix this is a surgical process called a *spinal laminectomy*; an attempt to open up the spinal cavity, shave down the top few vertebrae to be shorter and, in turn, relieve the pressure on the spinal cord (National Organization for Rare Disorders 2014). A Dura matter brain graft is implanted like a gasket in the newly widened foramen magnum to keep it open for the exchange of fluid and hold the space required for the spinal cord to be unobstructed. Leigh had undergone this surgery. Luckily, it went well.

The doctors were able to build a gasket out of the lining of a cow's heart so as to keep the proper distance between Leigh's brain and foramen magnum. Aside from a longer recovery due to her various autoimmune diseases, she has recuperated beautifully. However, the ethical yet sterile attitude with which the surgeon cut open her head is something I will not soon forget. These interactions between surgeon and patient/body parts begged the comparison of the body to a machine for which one could purchase replacement parts or have repaired at ones leisure. The

use of multiples in my thesis work became very important because of this idea of human mending; the transfer of parts from different life forms to make these repairs possible.

While research on the medical side of these maladies has informed my work visually and conceptually, I feel that the personal interactions that I have had with medical professionals over the years alongside Leigh have also informed the work. Chemotherapy and its toxic, sterilizing effects are a key component to the concepts I am working with. The aftereffects such as infertility, side effects of chemotherapeutic medication, and other medications, which become necessary once a patient is on chemotherapy are also a big part of what I explored. While doctors see the intravenous infusion of this liquid, they often don't see the days of vomiting, diarrhea and exhaustion that come as a result of the treatment. I think as science makes the boundary of inside and outside the body more easily permeable, the medical personnel can often take for granted the delicacy and fragility of human emotions that can be equally important for a patient's recovery. The scientific progress has made the business of preventing death into a well-oiled machine where emotion is unnecessary and I feel that this recognition of emotional delicacy should be in balance with the growing knowledge of the durability and restoration of the body.

### Artistic Influences

This body of work has been influenced by many sources, including the contemporary work of established sculptors whose aesthetic, practice, and conceptual intent proves relevant to mine. Using abstractions to the human form to facilitate an empathetic narrative is an element my work shares with the work of artist Emil Alzamora. He exaggerates the anatomical structure of his subjects while maintaining a very realistic style of working with the body. This is what



makes his distortions to the figure more difficult to view in that you can see a body doing these impossible things and imagine your own body forming these poses. In *Masochist* (Fig 1) a contorted man is stretched in an uncomfortable position and upon closer inspection one finds that the body parts are misplaced, (arms extending from where legs should be). This type of distortion is visible in my work in both *Little Spoon*; and *Mirroring*. *Little Spoon* uses a real face with distorted neck and exposed spine to push the discomfort of the viewer. *Mirroring* has elongated and overly arched necks that are realistic enough to be compared one's own, yet impossible. The exposed spine continues the illustration of impossible human anatomy. Alzamor's work *Afterlife Afterthought* (Fig 2) showcases an immensely elongated and twisted neck to talk about seeing one's self, as if from above, in the moments soon after death

Another artist I found helpful in the process of creating my own set of symbols that speak about pain and health issues is Frida Kahlo. Her paintings not only document her own many physical ailments and surgeries, but also express the mental agony that accompanies her bodily suffering. Kahlo's paintings are believable enough to relate to and sympathize with, but abstracted in such a way that pushes the great depth of her emotion. *The Two Frida's* (Fig 3) is a great example of Kahlo's painful imagery in which she is connected to another version of herself by the heart: both of their hearts are exposed. I used a similar idea in *Telepathy* by connecting the two heads by crocheted copper as a means to visualize a life force. Kahlo's painting *The Broken Column* was also an inspiration to me. Her comparison of her spinal cord to a broken architectural element was a concept that I often considered with my own works; most visible in *Weighing on My Mind* where the visual weight of the vertical stack of vertebrae is meant to both reference the body and a dry stacked stone wall.

Kiki Smith is another artist who has made figurative sculpture with emotional undertones. Her series of full body casts of her own form, with some element of the inside of the body getting out in a grotesque manner, to be a major influence on my work. I found that the two most influential of her pieces are *Untitled* (Fig 5), which shows elongated arms on a female form to reinforce the emotional length added to the physical reach. Smith's bold use of disgusting looking material in *Tale* (Fig 6), was symbolic inspiration to be unafraid to use the grotesque with realistic figures shown in my work on *Spine Study #1 -#4*.

Finally, Masayo Odahashi's small glass figures convey connectivity and emotional bond in a very concise way (Fig 7 and 8). Her work is very well edited and uses small details to express big emotions. I found that the minimalistic nature of her work made me consider how my pieces could say more visually without becoming cluttered. This clean aesthetic was helpful to me in that I have a tendency to want to add things on to works, where the more appropriate solution to get the concept across is editing.

### Critical Analysis

The use of invented anatomy gives a sense of discomfort to the viewer and brings them to a place of bodily awareness and understanding for a problem they may not actually have. This idea of facilitating kinesthetic empathy and connectivity to the work within my MFA Thesis Exhibition was the impetus to its making. To make the work very personal I have chosen to use my own face for the portraits and busts in the show. This was an attempt to invite them to make connections to real people in their own lives with whom they may feel this type of connection. While this may have been the intention, I feel my body of work may have fell short of this goal.

I'm not sure how I could have persuaded the viewer to draw connections to their own lives more than I did. In discussing the show with some viewers *Life Infusion* (fig 9) seemed to be the most relatable piece for people due to how easily they could recognize and relate to the idea of an I.V.

I also have been working through the feelings that I feel towards Leigh, about how her health relates to me, and, in turn, how the work uses specific materials and imagery that represent our relationship metaphorically. I have been researching poses and gestures that show sympathy and express pain. This process began with looking at many images of people with various physical problems as well as x-ray images of these same deformities to see the structure from the inside and the outside. There is a common visual thread among these spinal deformities: stretching and compressing. I have been able to simplify some of these poses and images to a more concise shape, like the pose in *Mirroring* (fig 10). These figures have elongated necks that feel unnatural and yet hold truth in their feeling of awkwardness. In *Little Spoon* (Fig 11), the larger figure has a more natural body shell while the smaller one is compressed into just a long, twisted neck with spine exposed. This pose taken by the *Little Spoon* references some of the more painful looking stances held by people with severe spinal deformities and emphasizes that it is under the protection of the larger figure with the more normal body shape. While some sculptures are abstracted to a point that is not recognizable as a specific body part, they still evoke a feeling of discomfort.

As far as the choice of materials, glass translates the many aspects of my concerns with the body more relevantly than other materials. Glass is fragile but heavy, referencing our own physical fragility amidst the heft we carry through emotional burden. In *By a Thread* (fig 12) the noticeably broken and repaired surface of the piece shows the fragility of the glass. However, it also simultaneously emotes an element of stability by it standing on its own weight. Similarly, in

*Mirroring* the smaller figure is made of broken and reconstructed pieces making it seem weak and precarious. Yet, it is still supporting the weight of the larger figure who could not stand on her own due to the steep angle of her elongated neck. This balance between fragility and strength, heft and delicateness was best achieved using glass.

Moreover the optics that glass possesses make it possible to see through many of the pieces. Transparency connects strongly to the medical theme in the work through ideas about seeing what is under the skin as accessible and even replaceable. *Telepathy* (fig 13) utilizes the transparency of glass by showing the copper network or nerves inside. The connection of the pieces by the long copper cord is made more important by showing that the copper originates deep inside the heads. Transparency allows for layering and showing inside and outside spaces simultaneously. This can be seen in *Life Infusion* by the I.V. bag and line continuing from outside the body to inside the head. *Mirroring* utilizes the clear quality of glass, by showing the space where the spinal cord would go inside the larger figure safely contained inside the neck and comparing it to the exposed exoskeleton-like spine on the smaller broken figure. The juxtaposition of the two helps make a healthy to unhealthy, or safe to dangerous comparison even though both piece seem to have a sense to precariousness.

Copper wire is used a lot throughout this body of work to represent an intangible life force but also, in some works, the spinal cord. Copper is most useful with casting glass because of its compatibility for casting, but once incorporated it carried as a symbol and took on different shapes and meanings. The crocheted copper cord used throughout the exhibition goes in and out of real space to connect some of the medical objects with an intangible force that is transferred from person to person. In *Infusion* the cord starts in the shape of an I.V. bag, but slowly approaches the cast head to transform into a growth entering the head to represent nerves and life

force. This growth pattern comes in again in *Telepathy* where it is not only used to show the exchange of feelings between my sister and I, but also indicates the connection that is kept between us even through the distance that we keep. The placement of where the cord enters the heads and what that represents in *Telepathy* takes root conceptually in the guilt I feel for being able to push her pain to the back of my mind while she is forced to feel this pain every day. Leigh has overcome incredible amounts of adversity within her own body. However, she is still faced with the daily decision of either feeling sorry for herself-or choosing to look ahead and live her life without feeling the constant burden of her illnesses.

To represent deformity and surgery, I use elongated necks and various vertebrae throughout this body of work. My experience with Leigh's spinal laminectomy relates specifically to the piece *By a Thread*. The head surgeon for this particular procedure was very casual about opening my sister's head and excitedly announced that her malformation was "the worst he'd ever seen" in that way that one would talk about an intense football game. This seemingly casual attitude about a subject so painful for me presented an idea about my discomfort. To the doctors, Leigh's head could be opened and repaired as easily as one might open the hood of a car; the lack of mystery over what is inside makes them infinitely more comfortable than I. *By a Thread* is one of the most delicate pieces in the show and it is truly meant to give the viewer the feeling that the work could be untied and the inside accessed very quickly and simply. However, the visual fragility forbids this painstaking and precise task. The feeling of ease of access paired with the unnerving idea of breaking something so delicate starts to describe the conflicted emotions that I feel about her and her debilities.

The idea that through science the human body has become a fixable, mechanical tool is very interesting to me, taking root in the crassness that some surgeons can have regarding the

delicacy of their work. In order to function as a brain surgeon, I imagine one must learn to look at the parts of the human body in a way similar to how we might look at a broken car part that needs fixing so as to remove the emotional weight associated with saving a life. The burden of thinking that one is in control of life and death is a difficult thing for the human mind to carry, so I do understand the mental disconnection of body part to person for these medical professionals. This only seems to exemplify the idea that we as humans feel such a strong connection to one another as people. To me, Leigh will never be a statistic. My sister's struggle has never been and will never be measurable on a number scale because it is so much deeper than "one to ten" can describe. I have never felt what she physically feels, but I carry it with me emotionally. Leigh is not a quantifiable thing that can be plugged into an algorithm and yet is treated with a sterile, flat rate type of care that cannot understand her complexity.

So far this work has given me clarity about what it means to really feel sympathy and why we as humans feel a level of empathy for our fellow men and women. I have gained a new perspective on the different auto-immune diseases that exist, especially those with which my sister is burdened. I have been exploring this idea of how we feel other peoples' pain and I think that the findings will show that we all have the capacity to empathize for others. When one is very connected emotionally to a person this empathy has the potential to grow very strong. I intended that the work within my MFA Thesis Exhibition would provoke a sense of empathy from the viewers, whether they know me, my sister, or anything about these types of ailments. At some point everyone has to deal with a person they hold dear feeling ill or in pain, so this work elicits some emotion from most viewers.

## Conclusion

This body of work was a general success. I feel that most of the emotional response I aimed to illicit from the viewer was achieved. In displaying my work, I was reminded that no one emotional response can ever be felt by everyone who views a certain thing. While I never imagined that I could reach everyone with the same objects and receive the desired response from all of them, I was pleased to find how many people were able to walk into the gallery without knowing anything of my personal and family references and walk out with a sense of understanding for the work and empathy for the idea. The concrete pedestals became a part of the works they were holding, which was unexpected. While I felt that concrete as a material would be more appropriate for these works than the standard painted wooden ones, I did not expect them to influence the pieces as much as they did. The visual weight offered by the concrete, along with the rocky, broken surface of the tubes seemed to push the idea of fragility and heft of the body as an object. In retrospect, the concrete served to tie the works together and also to elevated each piece both literally and conceptually.

Looking back on the exhibition I would do certain things differently to make some pieces more successful. There was a level of disconnect between some people and aspects of the medium that I feel could have been better explained through my title cards. The fact that *Little Spoon* is made completely of glass, and is a very delicate pate de verre piece is important to the content in showing its delicacy. *By a Thread* could have also been better understood if there was more information offered on the material and process.

I have always had a strong relationship with my sister. In watching her go through ordeals that no young kid should ever have to go through I have learned what a strong and resilient person she is and, in turn, that I can be. The body of work that I present as my thesis

explores her strength, our bond, her medical conditions and the way in which we have learned to lean on one another to support her recovery and continued journey through life with these issues. I cannot hope to educate the world on these specific medical conditions, nor would I want to. I only hope that through interacting with these sculptures, the audience will have a better understanding of my feelings of empathy and have a way to connect that to their own lives.



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Figure 1



Emil Alzamora

*Masochist* 2004, Bronze (Alzamora n.d.)

Figure 2



Emil Alzamora

*Afterlife Afterthought* 2006, Gypsum (Alzamora n.d.)

Figure 3

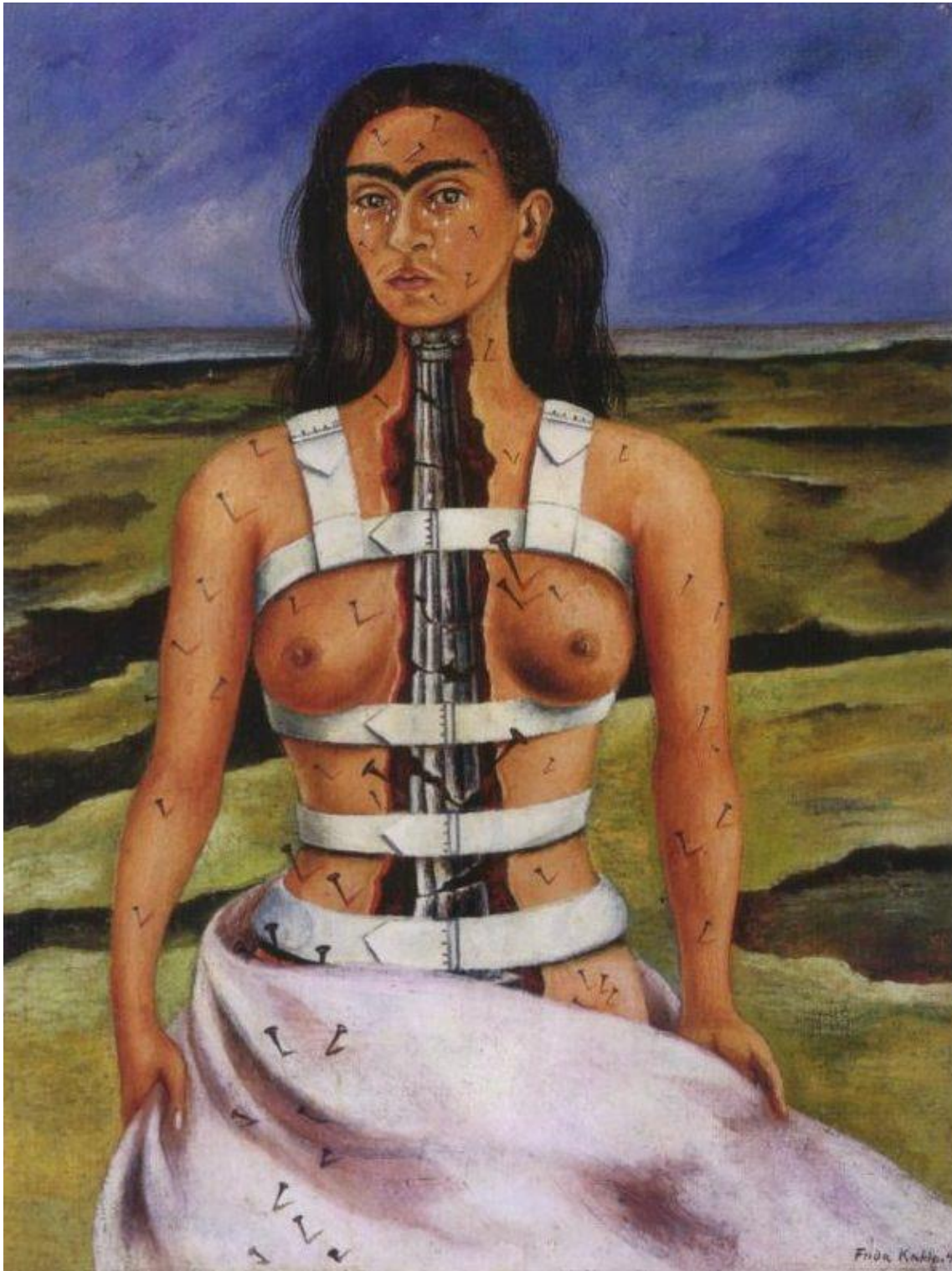


Frida Kahlo

*The Two Frida's* 1939 (Frida Kahlo - Paintings, Biography, and Quotes 2011)



Figure 4



Frida Kahlo

*The Broken Column*, (Frida Kahlo - Paintings, Biography, and Quotes 2011)

Figure 5



Kiki Smith

*Untitled*, 2002 (PACE Gallery 2014)



Figure 6



Kiki Smith

*Tale*, 1992, wax and paper mache (Lois 2014)



Figure 7



Mayaso Odahashi

*Balance of My Mind*, glass (2014)

Figure 8



Masayo Odahashi

*Link 1*, glass (Daily Art n.d.)

Figure 9

*Life Infusion*, cast glass, copper wire, concrete, steel



Figure 10  
*Life Infusion*, (details)



(10a)



(10b)



(10c)

Figure 11

*Mirroring*, cast glass, wax, resin, felt, sand, epoxy, concrete





Figure 12  
*Mirroring, (details)*



(12a)



(12b)



(12c)

Figure 13

*By a Thread*, pate de verre glass, copper wire, concrete



Figure 14  
*By a Thread*, (details)



(14a)



(14b)



(14c)



Figure 15

*Telepathy*, cast glass, copper wire, concrete



Figure 16  
*Telepathy*, (details)



(16a)



(16b)



(16c)

Figure 17

*Weighing on my Mind*, cast glass, steel, concrete





Figure 18

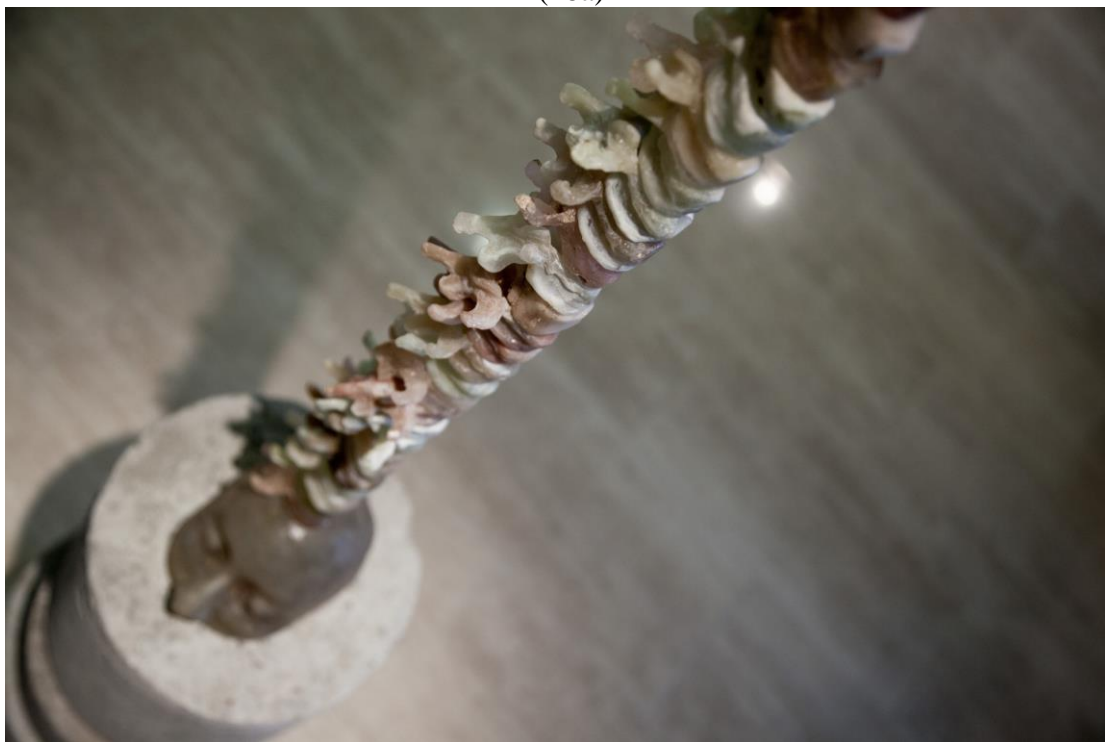
*Weighing on my Mind*, (details)



(18a)



(18b)



(18c)

Figure 19

*Spine Study #1*, cast glass, sand



Figure 20

*Spine Study #2, cast glass, sand*





Figure 21

*Spine Studies #3 and #4*, cast glass, sand, wax, steel, concrete



Figure 22

*Spine Study #3 (detail)*





Figure 23

*Spine Study #4 (detail)*

