Unexpected parallels: Medical Illustrator vs. Mongolian Monk
(Part I of a two-part series)

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Even though Western medical illustrators and Mongolian Buddhist artists seem worlds apart, a series of interviews with Lama Purevbat, founder of Mongolian Institute of Buddhist Art (MIBA), have revealed otherwise. The driving forces behind medical illustration and Buddhist art are science and religion, respectively. Still, both groups condense multilayered, complex information and make apparent that which is invisible to others through art. Both groups go through rigorous training in a diverse spectrum of subjects. Even our training institutions carry deep similarities.

Allow me take you on a journey to an exotic land where we will delve into a very special segment of society that is far more remote than geographical destination may first intimate. It is here, at the core of this mysterious community on the other side of the globe, where we will discover threads unmistakably common to our own profession of medical art.

For our journey, you’ll need a snapshot of the final destination—Mongolia. Imagine yourself riding in a beat-up Hyundai cab, toiling along the outskirts of the main downtown. To the left: the rhythm of modern cement and dusty glass. To the right: a rising hill revealing how truly arid this land is. Wind- and sand-swept, the contours are outlined with wood fencing that alternates with the white felt *gers*. *Gers* are traditional tent-like homes of nomads. Easily set up and easily knocked down, the *gers* are kept warm during the bitter winter by burning cow dung and cool in the summer from breezes that blow through when the side flaps of felt are tied back.

These makeshift tents, however, no longer belong to nomads. Instead, they house people desperately attempting to survive. Ravaged alternately by an oppressive communist system of centralization and a succession of “zuuds,” natural disasters characterized by cold, wind, and sand conspiring to wipe out large numbers of livestock, people trickle towards the periphery of the capital city, Ulaan Baatar. Here, indigents stand for hours in -30°F weather peddling antifreeze and moonshine of dubious quality. A mishmash of ancient and modern icons, the city’s panorama reveals older Mongols in traditional sheepskin robes or “deels” and felt booties gripping cell phones to their fur hats, while younger people strut along in stylish city suits and high-heeled boots. An old billboard announces wedding gown rentals.

Across from it—a mix of shamanism and national pride hailing back to the 13th century—three weather-beaten horsetail banners lean into the wind.

The cab takes a sharp turn to the right and up the hill. Behind ornate, painted, wooden gates, and up a long alley, the main temple of Gandantegchinlen Monastery (Gandan for short) is revealed (Figure 1). While the city behind is different from what we are used to, Gandan is yet a whole new universe. It is quieter than Ulaan Baatar. Incense and chanting waft from darkened temple doors. Monks in burgundy and saffron colored robes walk in groups. Wizened grandmothers spin prayer wheels in the main square of the compound. And orphans sell millet as pigeon food.

Since the 16th Century, most Mongolians have been Vajrayana or Tantra Buddhist. This is a type of Buddhism shared with Tibet. To this day, Mongolia and Tibet share many religious, cultural, and linguistic traits. In the 1930s, however, Stalinist purges...
wiped out most of the educated lama (or monk) population—at least 36 thousand people were executed. Most monasteries were destroyed, leading to the loss of whole sections of religious vocabulary and knowledge. Yet, Gandan survived as a showcase; it was spared by the communists to impress foreigners.

It was here that I had the privilege of touring the recently established (1994) Mongolian Institute of Buddhist Art (MIBA) (Figure 2). And it was here, through the veils of a foreign language I was struggling to learn, through the cultural gap that divides East from West, through the mist of incense, silk, and ornament, that I could feel something incredibly familiar. Perhaps it was a common goal, a common approach. Unable to pinpoint the elusive commonality, I resolved to seek clarity through a series of interviews with Lama Purevbat, MIBA founder, and his wife, Kim Sun Jeong. Jeong, a Korean-born nun and fellow teacher who was both approachable and endlessly patient, was our interpreter for these interviews.

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My story highlights the parallels I observed, but I hope it does not stain the smile. I do not wish to confuse or obscure the purposes or discipline of Tantric art. Neither do I want to imply anything beyond what would be considered appropriate into scientific illustration practice. Simply put, I intend to paint a picture of what may be a curious case of “convergent evolution.”

Indented passages in the text that follows are used to show Lama Purevbat’s own words.

Purpose of Art-making

In short, the definition of Buddhist art is one way of achieving enlightenment and Buddhahood. Tantric art is the symbolic visualization of dharma teaching. As the viewer examines the piece of sacred art, if he understands the symbols therein, then he understands the holy teaching. Among the symbols—each deity symbolizes a unique concept.

Dharma is the way to change the human mind and the way to enlightenment. The process of art-making follows the dharma teaching and is a form of meditation. As one creates a holy piece of art, one’s mind undergoes positive transformation. Each step of making thangka painting [one type of Buddhist holy art] comprises a different mode of meditation.

In the medical art paradigm, we also strive to achieve a change in viewers’ minds. While the biocommunication artist does not strive for religious enlightenment for the viewer, the artist does want to provide a form of intellectual enrichment.

Readers will have to judge for themselves, however, I have heard colleagues refer to sustained bouts of work requiring high levels of concentration as meditative to a degree.

Abstractions Made Visual

We, the biocommunicators, and the Mongolian monks paint that which is not seen by all. We both perform a magical rite, in a way, as we funnel abstractions into the visual realm, a realm that can be comprehended by a far wider audience. I will presume that not every practitioner of Vajrayana Buddhism knows from the outset what visual distinctions are attributable to each deity. Medical artists, on the other hand, reveal layers of muscle that cannot be photographed—we can illustrate for the masses what can and cannot be seen through a microscope. Both medical artists and Mongolian monks illustrate realities that their respective audiences acknowledge the existence of, yet those realities must first be envisioned before they can be placed on the canvas, or on the computer screen, or on paper in a widely-understood format.

Perfection in Visual Transmittal

Both medical artists and monks are initiates into abstract concepts. Yet, we both strive for exactitude in our work. As the Lama and his wife reviewed my portfolio, they exclaimed: “Oh! You, too, must know what it is to draw one flower for three days!” They also expressed a disdain for some modern and abstract art, an attitude that is not entirely uncommon in medical illustration schools.

Vajrayana Buddhism has a pantheon of peaceful, semi-wrathful, and wrathful deities. Each one represents a certain concept. Lama Purevbat explained how he depicts the deities—in exhaustive detail, with many limbs, with varying anatomies and proportions, with striking skin tones, with elaborate jewelry, with severed head necklaces, with fang-like teeth. These details, he says, truly exist, and the artist must pay attention to each one so as not to distort or misrepresent the reality.

Varied Audience

The experience and knowledge of audiences of Tantric art and the experience and knowledge of audiences of medical art can vary to a high degree. The artist lama paints for all those who seek...
enlightenment; however, his pieces might alternately be viewed by initiated monks who comprise a demanding, refined audience. In fact, some holy art becomes “secret art,” in that it is to be viewed only under special spiritual circumstances which are not known by the general public. In contrast to the secret art there are sutras or scriptures, and thangka paintings seen by all who enter the temple, including non-Buddhist tourists.

As professional biocommunicators, we produce patient education material for one purpose and for a very broad audience. On quite a different level are the illustrations we produce for publications such as Zollinger’s Surgical Atlas. While not outright taboo or “secret” for the general public, these instructive drawings self-select for those viewers who can effectively process the information contained within the illustrations.

Extensive Training

To effectively convey the information I’ve discussed thus far in a piece of art, both the Mongol artist lama and the medical illustrator must undergo rigorous training. The traditional training of every Mongolian monk included five main subject areas: Theology, Philosophy, Tibetan Language, Art and Medicine. As Lama Purevbat said:

Learning how to make holy art is a fixed process. To do so, one must study at least seven years under a qualified teacher. Making holy art involves philosophy and art as well as religious practice. Only if all the prescribed components are met, then one can make true thangka art. In the event that you have not studied the prescribed number of years with a teacher, or if you do not practice the religious way of life, you will not be able to be a Tantric artist regardless of genius or talent. For example: if you smoke or drink, you will not be able to make holy art with the full potential of special powers that are its potential.

Within the practice of the Tantric religion and art, there are certain hierarchies. For example, even a qualified artist can not paint some of the deities among the Tantric tradition without the help and guidance of an extremely qualified spiritual leader and teacher. If the trained creator of holy art decides to paint one of those deities, his or her teacher must initiate the special religious connection between the pupil and the deity in order for the painting to be possible.

Dissimilarities between medical and Tantric art abound. Nevertheless, parallels in training are apparent. Medical artists usually train for four years in undergraduate school and two more in graduate school, following a rather prescribed path of projects. The typical medical art curricula combine a broad range of subjects; even critiques are held in similar formats (Figure 3).

And what may seem like a far stretch for comparison at first—the requirement that a teacher must establish a connection between a lama student and the subject of the student’s painting—echoes in the medical art profession. Do we not frequently cooperate with doctors, surgeons, and researchers to glean necessary information for our sketches?

Multiple Media

Like medical art, Tantric art takes shape and form through a variety of media (Figure 4): pen and ink, painting in natural pigments as well as in acrylics, silk appliqué, sculpture, papier mâché masks, architecture, and 3D mandalas (or diagrams). Tantric art also includes “the ephemeral arts.” As the term suggests, these pieces do not exist for a long period of time—some of them have medicinal or spiritually-cleansing value and are eaten by worshippers soon after they are painted. Another form of “ephemeral art” is the birdseed mandala that is eventually swept away by the wind. The Mongolian sacred artist must be well-versed in all these art forms, so his training includes the craft of each one.

Canon

Artists who emerge from MIBA are creative; however, the framework for Vajrayana art incorporates many prescribed codes and canons. Therefore, many compositions will be fixed—color combinations carry very specific meaning. Further, anatomical proportions are predetermined in ancient texts.

Medical illustration, as practiced today, is younger than Tantric art; yet, even medical artists have managed to accumulate a few canons. For example, we use a standard, upper-left light source. Arteries, veins, and nerves have a standard color code. Anterior/posterior position is the standard point of view used to portray anatomy, if no other angle is better suited.

Dedication

Lama Purevbat points out that the Tantric branch of Buddhism (unlike Zen) does not ask its practitioners to renounce or refrain
from their favorite work—in Purevbat’s case: art. Most of us gravitated toward medical illustration as a profession because art is our preferred pastime. For both groups, there is a commitment, a love, and dedication to what we do.

Lama Purevbat is a prominent social figure in contemporary Mongolia. Following one of our interview sessions, his wife informed me that the Prime Minister of the country was planning to visit. Lama Purevbat is doing much to revive Buddhism throughout Mongolia. He frequently travels abroad to establish ties with prominent Vajrayana Buddhist centers in other countries. He has published a series of 23 books about Vajrayana art. Yet, he makes the time to continue regular tours through the MIBA campus to visit with every student and check the students’ work. A single tour requires two days.

Equally dedicated are the students—I could feel it when I walked through their classes. It was not unlike a visit to a medical art school studio—all warm, laughing bodies, but with a sense of purpose and determination to learn and excel at the painting or modeling assignment they are given. They have come to MIBA from different regions of Mongolia and Siberia, and they live a stone’s throw away from the studio. When I asked if I could take just one class, the Lama laughed and said I would first have to become Buddhist and then enroll for the entire seven-year program.

For those who excel among their peers, the Lama makes available “special, secret classes.” An interesting comparison to make between this practice at MIBA and at medical illustration school is that in medical illustration programs, students with specific interests who seek special, additional instruction are always met with encouragement and fulfillment of their particular interests. A perfect stage or venue for exploring personal interests within the medical illustration field is, of course, the exercise of the Master’s thesis. However, students may pursue their individual interests even within general courses. A surgical illustration assignment may be slanted towards a medical legal treatment upon a student’s request, for example.

It would seem that what unites the scope of the respective art programs (sacred art vs. medical art), is that the fields are so broad and have so much education to offer, that the time allotted to the programs can never be enough. However, it is of note that within the less democratic structure of the Mongolian Institute of Buddhist Art, the students are necessarily led by instructors from above. In our western society, and in the medical art graduate programs, students can take upon themselves that role of leading, and may seek out information or resources that they want or need regardless of prescribed pathways or teachers’ explicit guidance. In this way, the education of the medical illustrator becomes a more collaborative effort: the product of efforts of both student and instructor.

**Disciples and Schools**

Another interesting parallel between Tantric art and medical art is the phenomenon of disciple-teacher interaction. MIBA follows the pedagogical footsteps of Zanabaazar, a great Buddhist master artist and social leader who lived during the 17th Century. Currently, the prime living authority in Mongolian Tantra art is Lama Purevbat. Since his first class recently graduated, several of his students have returned to their native aimags (states) to begin their own schools. This dissemination of pedagogical practice is not unlike the schools begun by M. Brödel, and later by G. Hodge, and their students around North America.

**The Cogs and Wheels that Make it Possible**

The movement to revive Mongolian Buddhism and Mongolian sacred arts is a struggle against time. Many of those who carry knowledge from pre-Stalinist times are very old and dying. Another challenge is the young population’s mindset. Young Mongolians have been brought up with no religion and with more interest in quick economic growth rather than preservation of traditions. In addition, Purevbat’s group finds itself in competition with missionary groups from the West.
For these reasons, fundraising, management, and publicity are big concerns and full-time efforts of the MIBA group. Several auxiliary organizations have been established to support ongoing artwork, the training, the research, and the collection of old religious artifacts. This paradigm is mirrored by our organizations, such as the Health Science and Communications Association, the Association of Medical Illustrators, the BioCommunications Association, and the Vesalius Trust. They keep the communications flowing and foster the education and training of new students in the field.

Summary

As your guide on this journey to Mongolia, I’ve drawn numerous parallels between the universe of the medical artist and that of the Mongolian artist monk. As you peruse this issue of The Journal of Biocommunication, perhaps with a cup of coffee and at your computer, somewhere in an Ulaan Baatar monastery there is a burgundy-robed monk, an undiscovered brother-in-professionalism to you. He sits hunched in meditation over a half-completed, vibrantly-colored depiction of wrathful Yamantaka, his fine Oriental brushes and inks spread on the floor about him.

You and he share a similarity in purpose that is trans-verbal and trans-cultural. Beyond the different bases and reasons for existence: the religion and the science we portray, the links are more numerous and tighter—with regard to training, execution of work, and presentation of work—than those that would unite any two random schools of art.

Author

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