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The Art Museum as a Therapeutic Space

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A DISSERTATION
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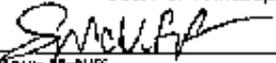**Ph.D. in Expressive Therapies Program**

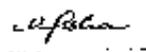## DISSERTATION APPROVAL FORM

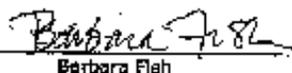Student's Name: Sarah Hamil

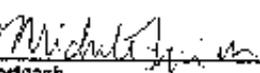Dissertation Title: Museums as a Therapeutic Setting in Creative Arts Therapy

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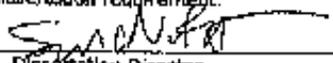
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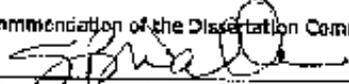
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ABSTRACT

This study explores the essential qualities of the multiple perspectives informing the practice of art therapy in the museum context. *Museum-based art therapy* is defined as art therapy provided in partnership with museums as part of strategic efforts to engage in community practice. The study focuses on obtaining in-depth information through audio-recorded interviews with seven expert practitioners who have direct knowledge and experience in the therapeutic use of art in museums that welcome community engagement. The interview contents were interpreted by identifying salient passages and important points that participants emphasized in their responses as an exploration into new perspectives regarding the use of art museums as a therapeutic space. Further interpretation included the use of art-based inquiry and response art in the form of poetic compositions to aesthetically synthesize and convey participants' perspectives. Key findings in the study demonstrated that the museum setting provides essential support for art therapy in the community context, and specific organizational qualities were identified for implementation and further study. *Empathetic imagination*, defined as the ability to make connections with artistic expressions for interpersonal and intrapersonal insight, emerged as an essential quality of museum-based art therapy that supported healing and therapeutic change. Implications of the study are presented as three interrelated areas that emerged as important considerations for future research and partnerships between art therapists and museums. These topics include poetic verse as art-based inquiry; empathetic imagination in community art therapy; and an organizational structure for museum-based art therapy.

CHAPTER 1

Introduction

The use of museums as a potential space or place for therapeutic transformation is an evolving form of community practice for art therapists. *Museum-based art therapy* practice actively involves multiple community partners providing access to programs that integrate the arts and expressive therapies as a meaningful way to address the health and social needs of individuals and groups across the lifespan (Camic & Chatterje, 2013; O'Neill, 2010; Peacock, 2012). The community needs addressed by art therapy function on a continuum that operates as a fluid, dynamic process based on the unique characteristics of the groups that compose each community. For instance, art therapists support overburdened school systems by forming collaborations between schools and museums that use the arts and museum resources to improve social and emotional learning (Marxen, 2009; Nelson, 2010). Museum personnel and art therapists offer support in the expressive arts for groups and agencies that need psychosocial resources for socialization and stress reduction, as well as opportunities for self-expression, affirmation, and validation (Linesch, 2004; Treadon, Rosal, & Wilder, 2006). Such resources are sensitive and responsive to the needs of disadvantaged and underserved individuals in the community, including veterans, children in foster care, immigrants, and older adults (Alter-Muri & Klein, 2007; Marxen, 2009; Peacock, 2012). Psychosocial resources available in museums for teachers, social workers, and healthcare providers connect the creative process in healing and personal transformation by inviting an exploration into diverse perspectives through art and prompting a deeper sense of empathy for self and others (Spencer, 2012; Williams, 2010).

The use of art therapy in community practice is based on *collective resources* available within the each community in varied forms. For example, the collective resources available in collaborations between art therapists and museums include access to the arts and creative action for interpersonal and intrapersonal development in communication and education. These collective resources are used in the community context to support *creative action*. Creative action includes action involved in the artistic process, which is accessed in creative thinking, being creative, and actively engaging imagination (McNiff, 2011). This *artistic process* includes using the arts to foster insight, empathy, new knowledge, and creativity in problem solving, as well as in understanding multiple perspectives. McNiff (2011) described the qualities of using art therapy in the community context as "the making of creative spaces and community environments that furthered vitality and healing," which are "distinctly different from the environment of most mental health institutions and from society in general" (p. 79). The museum offers a distinct and unique environment to explore creative action and expands the therapeutic milieu for expressive therapies. Museum educators and art therapists form partnerships to cultivate growth and development for enriched communities (Silverman, 2010; Williams, 2010). This research study examines ways in which art therapists, museum personnel, and other community practitioners (e.g., social workers) collaborate with museum personnel, artifacts, and the creative process to provide opportunities to support public health, education, and social action.

Study Background

Art therapists and museum educators engage in community outreach and community practice in multiple ways that are similar. For example, expressive therapists

and museum personnel actively engage in making museums accessible to a wide range of community groups for personal development in ways that foster empathy among groups (Betts, Potash, Luke, & Kelso, 2015; Williams, 2010) and improve public health and wellbeing (Camic & Chatterje, 2013; Peacock, 2012). Such endeavors included a myriad of opportunities to use the creative process or creative action to address local communities' relevant needs and concerns by recognizing and responding to the unique characteristics of each community (Chatterjee & Noble, 2013). Peacock (2012) noted the importance of partnerships between art therapists and museum professionals as a way to augment established programs with health care agencies (e.g., foster care services, veterans' administration, and Alzheimer's care) and schools (e.g., psychosocial support, self-expression, and education). Museum professionals such as museum educators enter into this type of outreach to connect with various individuals, groups, and agencies in the community that may otherwise not have access to museum resources (Chatterjee & Noble; 2013; Peacock, 2012; Williams, 2010). When museum personnel and art therapists collaborate, the museum operates as a place inclusive of diverse groups in the community and serves as a place of sanctuary and restoration, as well a place to connect in creativity, exploration, and learning. Collaborations between museums and art therapists serve as a catalyst for healing and transformation by using collective resources (i.e., artifacts, museum spaces, and funding sources) to enrich communities through creative expression (Peacock, 2012; Salom, 2011). Museums contain and protect expressions of social, cultural, and historical significance in art collections and exhibitions. The artifacts and the ideas represented in art reflect the power of creative expression to foster reciprocity among groups and the ability to nurture interactions that

are mutually beneficial and accepting of multiple perspectives (Betts et al., 2015; Williams, 2010). Reciprocity opens the door for an essential dialogue among individuals and groups in the community to share ideas and learn from each other.

McNiff (1998) illuminated the opportunities in research and practice for art therapists to consider "placing previously separate disciplines in relationships to one another" (p. 61) in order to use the arts and expressive therapies to build therapeutic communities for personal and group transformation. Thus, collaboration between art therapists and museum personnel such as museum educators build therapeutic communities that are inclusive and responsive to the needs of the whole community.

Statement of the Problem

Museum-based art therapy is a relatively new endeavor for both art therapists and museums. Therefore, research into this type of community practice in art therapy is sparse, and equally so in museum education and programming. Further study is needed to explore the essential qualities of the multiple perspectives that inform art therapy in community practice and, more specifically, in the museum context. The use of art therapy in museums is multifaceted and includes methods from expressive therapies, museum education, and art therapy in the community context. More attention needs to be given to illuminating and describing ways in which art therapists, museum educators, and other practitioners actively engage the arts in community partnerships. The aim of this study is to contribute to the literature on the use of art therapy in the community context and provide insight into the operational and organizational features of this practice with museums.

Research Purpose

The purpose of this research design is to explore the potential benefits and limitations of museum-based art therapy and to describe essential qualities of practice. Because art therapists continue to explore methods in community practice, and museums strive to connect with diverse audiences in their communities, this study seeks to illuminate the active organizational components and the operant qualities of museum-based art therapy. The study focuses on obtaining in-depth information through audio-recorded interviews with two registered art therapists, one art therapist employed as a museum educator, three museum educators, and one social worker with direct knowledge of or experience in the use of art therapy in community arenas such as museums. In this study, *museum-based art therapy* is defined as art therapy provided in partnership with museums as part of strategic efforts to engage in community practice.

Research Questions (RQ)

The study was based on three fundamental questions:

RQ1: In what ways does museum-based art therapy effectively expand the therapeutic milieu for art therapists?

RQ2: What are the essential qualities of museum-based art therapy?

RQ3: What benefits and limitations of museum-based art therapy have museum personnel, expressive therapists, and public health or other community practitioners identified?

Study Significance

Multiple theories and practice methods related to expressive therapies, healthcare practice, and other disciplines such as social work and psychology intersect to enrich

communities. Each discipline has unique practice methods that may be used in community collaborations to foster effective and therapeutic community relationships. In this study, interdisciplinary relationships are explored with regard to public health, education, social action or social justice, and community building. The primary consideration and defining feature for community practice is context. The context is composed of people linked to various pursuits within the environment or surroundings (Aasgaard, 2004), which, for the purpose of this research, include community spaces such as schools, museums, and public health agencies. For instance, the context dictates the type of community collaborations art therapists facilitate, and the study examines various contexts for consideration including public health and education.

The use of the term *public health* in this research describes the general wellbeing and health of communities with respect to quality of life in multiple domains including physical and mental health (O'Neill, 2010). Aasgaard (2004) discussed community music therapy as a way to create health networks. In this regard, each person in the community becomes a part of the health network and relates to this process, which is facilitated by the expressive therapy.

Multiple research studies on the use of art therapy in the community context demonstrated this approach as a timely response to public health needs (Clift, 2012) and social injustice (Sajnani & Kaplan, 2012), as well as expanded support for educational objectives (Camilleri, 2007; Nelson, 2010). Camilleri (2007), Clift (2012), and Nelson (2010) asserted that partnerships between art therapists, educators, and public health practitioners are an ethically responsible step in fostering improved community relationships among individuals, groups, and agencies.

Sajnani and Kaplan (2012) discussed the unique social benefits that occur when art therapists work collaboratively in a way that builds upon the strengths of each discipline. Such collaborations and community arts practices are intended to responsively combine resources to address community concerns in public health, education, and multiple forms of social injustice such as racism and oppression. Art therapists recognize the intrinsic values represented in the expressive arts of the people who compose a community (Canas, 2011; Kapitan, 2012). This recognition prompts art therapists to foster creative action in the community setting as an alternative form of healing and to connect individuals and groups with opportunities for growth and development in public arenas such as museums.

Furthermore, studies indicated that art therapists have the capacity to initiate collective resource sharing in a way that supports freedom of communal expression, finds solutions for community problems such as ongoing conflicts and oppression, and responds to tragic community events (Kaplan, 2007; Levine & Levine, 2011). Research also found art therapy in community practice serves to empower disadvantaged and marginalized groups that would otherwise be unseen and stigmatized (Marxen, 2009; Salom, 2011). Partnerships between art therapists, educators, and public health practitioners are an ethically responsible step in fostering improved community relationships (Kapitan, 2012; Levine & Levine, 2011). The main findings in this study support the need to continue research to identify and describe the essential qualities of museum-based art therapy and understand operational and organizational features of this form of community practice.

CHAPTER 2

Literature Review

The use of art therapy in museums was considered a novel approach by many professionals in the field (Linesch, 2004; Peacock, 2012; Treadon et al., 2006). The approach was relatively uncommon to museum education as well (Peacock, 2012; Silverman, 2010). However, a growing number of art therapists are partnering with museums to provide therapeutic services for diverse groups with the assumption that it will improve participants' psychosocial and psychological functioning and support social mobility by providing access to museum space, among other community resources (Marxen, 2009; McNiff, 2009; O'Neill, 2010). This literature review explores the use of art therapy in the community context—in this case, with museums—as a means to provide services to clients within the broader community.

Both art therapists and museums face the challenge of identifying culturally relevant ways to address the needs of individuals, groups, and the communities in which they dwell. The particular advantages and risks that exist in the community environment, as well as within larger social systems (e.g., equality or inequality, social norms, and cultural values), affected these needs. Art therapists and museum educators began to work together to connect meaningfully with different groups through creative expression, and soon the museum setting emerged as a viable option for providing therapeutic services and as a way to use this type of public space innovatively (McNiff, 2009; Peacock, 2012; Silverman, 2010; Williams, 2010).

Canas (2011) discussed the integration of art therapy in museums and asserted, "The crucial link of art therapy has been missing—a link that, with the necessary insights,

perspectives and methodology, can ensure that the community-art experience between the museum and its neighborhood occurs in a mutually meaningful and long-lasting manner" (p. 30). Exploring art therapy in a museum setting offered the opportunity to examine how this practice promotes health and healing within a public space rarely considered therapeutic (Betts et al., 2015; Canas, 2011; Linesch, 2004). For this reason, research is needed to investigate the active components and central features recognized in the potential space or a place of therapeutic possibilities found in the museum environment.

Perspectives on Museums as an Environment for Art Therapy

The art therapy literature highlighted theoretical perspectives such as object relations theory, developmental theory, and group theory as rationale for museum-based art therapy (Alter-Muri, 1996). For example, Marxen (2009) and Salom (2008, 2011) took deliberate steps to consider the therapeutic features of the museum space based on theoretical assumptions. Marxen (2009) referred to the museum environment as a "potential space" (p. 133) for art therapy in which creative expression was fostered within an atmosphere of safety and empathy. Each of the aforementioned authors regarded museums as protective places for therapeutic and transformational experiences. These experiences included supporting a cohesive sense of self (identity), a sense of universality (belonging), and the importance of relationships (validation). Alter-Muri and Klein (2007) and McNiff (2009) broadened these perspectives to empower art therapists, museums, and the community to expand ideas about the therapeutic milieu. Taking the setting for art therapy into the community through collaborations with museums, galleries, area neighborhoods, and schools expands the potential place or environment for the expressive therapies.

This literature review demonstrates that different disciplines, such as art therapies, psychology, social work, public health, and museum education have used museums as a space for a number of therapeutic and educational objectives. The review identifies and discusses numerous healing benefits of interdisciplinary collaborations with museums with regard to the role of art therapy in museum programming. The focus of this review illuminates how art therapy in collaboration with museum programming was used for multiple purposes, including personal transformations in health and wellbeing, community development, social action or social justice, and education. The aim of this literature review is to explore these multiple purposes to examine the rationale for museum-based art therapy and identify essential features of this practice for further study.

Origins of Therapeutic Endeavors in Museums

Historically, museums and therapeutic processes were separate endeavors (Falk, 2009; Silverman, 1989, 2010). Museums and the art they contain were imbued with a reverential status and perceived as establishing and maintaining elite artistic traditions (Marxen, 2009; Treadon et al., 2006). The traditional domain of the museum is one of community edification or improvement (Falk, 2009; Patt, 2003; Silverman, 1989, 2010). The museum has primarily functioned as an institution for both entertainment and cultural education; a place to go with family or friends for any number of reasons including "fulfillment of modernism's promise of social mobility" (Patt, 2003, p. 6).

Museums were first imagined as an environment for healing and transformation when museum educators considered innovative and unique methods to engage the general population in a more meaningful way. Newsome and Silver (1978) provided an expansive collection of reports to investigate and describe museum educators' varied

efforts across the United States to reinvent the manner in which museum artifacts and museum space were used in the early and mid-1970s. They provided examples of data collected from surveys, case studies, and brief reports examining 103 museum education programs. The study illuminated the changing objectives of museum operations. Objectives included attempts to broaden the museum audience through an expanded social consciousness and more comprehensive community service. The efforts were guided by responsibilities to the community with special emphasis on education, social reform, and self-improvement, which included therapeutic endeavors.

One of the first collaborations between art therapists and museum personnel (McNiff & Cook, 1975) was described by Newsome and Silver (1978) as an innovative and successful example of art therapy in the community context. McNiff and Cook explored the use of video art therapy as an expanded approach to group art therapy methods with state hospital psychiatric patients. The authors described the progression of using video art therapy with in-patient groups in group visits to a local gallery of American art. The art therapists and gallery personnel formed a partnership that afforded the state hospital residents a rare opportunity to experience art therapy in the community setting. Newsome and Silver (1978) described this collaboration more comprehensively in their work, *Art Museum as Educator*, and discussed initial skepticism about benefits for the patients and the community with regard to providing therapeutic services in a nonclinical setting. However, the partnership between the museum and art therapists was described as a remarkable success based on facilitator assessments and positive responses from participants. The facilitators viewed this type of partnership as a responsible use of community resources due to the patients' active engagement and progress in positive self-

regard, creative expression, and improved socialization reported by facilitators and expressed by patients.

The evolutionary process involved in conceptualizing the museum as a necessary therapeutic tool to address the social and relational needs of museum visitors was not clearly documented in the literature. However, Silverman (1989) described an untapped resource in the museum experience: "Considered less central to a museum's function, relational awareness is often overlooked as an institutional goal. Yet the wealth of observable interaction and relational awareness which takes place suggest a potent new use of the museum" (p. 136). Silverman explored using art therapy and play therapy in the museum based on combined theoretical approaches from social work, structural family therapy, and art therapy. She observed increased rapport in family interactions and recognized the museum environment as a supportive variable in family therapy. Silverman applied her observations and assessments of client progress into her knowledge and experience in multiple professions to expand the museums' purpose to include therapeutic objectives such as improving family communication and regulating behavior. She emphasized the importance of making museum collections portable and discussed the use of reproductions to expand access to museum resources. She further asserted that the use of museum space and artifacts for therapeutic purposes would alter the dominant paradigm of museum programming to accommodate the diverse needs of communities.

McNiff (2009) provided a historical reflection of the aforementioned practice of using art therapy in community spaces as an innovative and strategic "therapeutic milieu" (p. 13). Shifting the therapeutic milieu to such community spaces allowed him to observe

and identify distinct therapeutic benefits of this practice. He discovered the environment of the museum provided a "mutuality of influence and inspiration [that] was the most influential feature of the program" (p. 21). This discovery shifted perceptions regarding the spectrum in which art therapy could be provided. The program was conducted in collaboration with the Addison Gallery of American Art and was the first to open the door of a major cultural institution to the arts in therapy. The fundamental link between museums and therapeutic endeavors was based on the assumption that the museum environment (e.g., artifacts, aesthetic design, cultural features, and museum personnel) had transformative and educational potential (Bowen, Greene, & Kisida, 2013; Linesch, 2004).

Spencer (2012) discussed the utility of museum settings to therapeutic endeavors in social work and, from her perspective, the unique features of the museum exemplified the concept of "potential space" based on object relations theory. For example, she regarded touring the museum and viewing works of art as an opening to a new affective experience, as well as a deepened cognitive and spiritual experience. Spencer provided a half-day workshop for 10 graduate-level social workers in the museum for experiential learning to support educational objectives. She emphasized the multiple opportunities for acquiring new knowledge about self, relationships, and the community within the museum experience. The workshop objective was to use the artifacts and museum environment to teach social work students about object relations theory and therapeutic practice skills such as the use of creative thinking in problem solving. Spencer observed and identified specific features of the museum setting that augmented the learning experience, including viewing art to "articulate bodily and affective experience that is

often out of our awareness" (p. 778). She further asserted that "viewing art involves at least a moment of recognition about ourselves; we connect with our present and our past in a different way" (p. 778). Spencer described the museum environment as a source of inspiration in understanding different perspectives: "It encourages divergent thinking; there is more than one possibility" (p. 783). Her work supported previous notions about the possibilities for transformational learning within the museum environment and demonstrated alternative uses of museums for professional development and graduate level learning applicable to expanded community practice in art therapy.

The origins of museum-based art therapy also included efforts by museums to increase their currency and relevancy in the community. Therefore, expanded programs such as those with art therapists emerged as a viable way to engage community groups not typically connected to the museum (Peacock, 2012). Perceptions about the function of museum space shifted to include ideas of individual and group transformation (Canas, 2011; Kapitan, 2012; McNiff, 2009). The changing perceptions included valid concerns regarding how an art therapist might approach his or her profession in a museum setting. The methods or modalities employed were important to consider because the new approach constituted a radical change in the profession (Linesch, 2004; Marxen, 2009; McNiff, 2009; Salom, 2011).

Explorations into the Use of Museums in Art Therapy

Alter-Muri (1996) and Alter-Muri and Klein (2007) illuminated the process of integrating artifacts and museum spaces to augment art therapy. Alter-Muri (1996) provided three case studies as examples of "the effectiveness of including art history and trips to museums and galleries in treatment" (p. 104). Two case examples described

including prints of artifacts containing imagery similar to those presented in the client's

art to promote autonomy and self-worth for young adult males residing in a long-term

psychiatric program. The third case example demonstrated the use of artifacts in the art

therapy session for elderly individuals who lived in public housing with the objective of

inspiring creativity. Alter-Muri asserted "that art history can be integrated successfully

into art therapy treatment and can play a valuable role in enhancing self-esteem,

sublimation, socialization skills, introspection and creativity" (p. 102) for varied groups

including elderly individuals and those with mental illness. As this therapeutic approach

evolved, museum visits were prescribed as part of art therapy to foster psychological

wellbeing for clients. Alter-Muri noted therapeutic validation associated with art therapy

and museums: "Those that felt misunderstood by their families and the community found

affirmation in the artifacts and museum space" (p. 103). The work of this art therapist to

connect the museum experience with therapeutic objectives resulted in relevant benefits

such as increased self-worth, improved social relatedness, and enhanced creative

expression. For instance, Alter-Muri noted using artifacts and museum visits in art

therapy reduced anxiety in creative expression and provided a safe and acceptable

stimulus for life review with the elderly.

Similarly, Linesch (2004) reported the insight gained from a personal experience

at the Friedl Dicker-Brandeis exhibition at The Museum of Tolerance in Los Angeles,

California. She explained how her position on providing art therapy in museums shifted

when she recognized her own connections and conversions as a result of the museum

experience. She stated, "The connection between my art therapy world, my interest in

museums, and indeed my own Jewish identity, were being forged" (p. 58). Linesch went

further. With the knowledge gained from her experience, she implemented systematic steps with museum educators to integrate art therapy workshops into the museum exhibits. The methods employed in Linesch's study included art therapy workshops for the public and for participants of all ages. One workshop included youth identified as at-risk teenagers. The workshops were composed of a tour of the Friedl Dicker-Brandeis exhibition followed by artmaking in which clients first reflected on art and poetry related to the exhibit. Linesch observed, "The project and its connections to the work of Friedl Dicker-Brandeis seemed to be meaningful to everyone, no matter their age, gender, ethnicity, or cultural background" (p. 59). After witnessing eager participation and active involvement in the creative process, Linesch used the same format to develop a five-day summer camp for 10 middle-school children with the intent of integrating all Museum of Tolerance exhibits into the art therapy sessions. The focus of the collaboration was to use art therapy in the museum setting to foster experiential learning about tolerance. Linesch discussed the importance of carefully selecting docents to assist in the museum-based art therapy, but did not identify specific qualities and characteristics needed. After the intensive five-day program, Linesch again observed active involvement in the creative process in art therapy and expanded relationships between the participants and the museum environment, including the museum personnel (e.g., docents, art therapists, and museum educators). This work provided a structure for other art therapists and museums to implement and outlined potential benefits for participants, such as experiential learning about tolerance and opportunities for creative expression to foster personal insight. The author described the practice of art therapy in museums as innovative, but did not discuss specific benefits transferrable to wider audiences.

Building on Linesch's (2004) work, Treadon, Rosal, and Wylder (2006) provided an overview of the changing role of museum education from that of simply displaying art works for reverential viewing to that of engaging the museum visitor meaningfully in a more encompassing art and museum experience. The authors explored the development of prior uses of art therapy in museums. Based upon these historical perspectives, Treadon et al. developed a collaborative pilot study to link the museum artifacts and the museum environment with art therapy. The pilot included a partnership between art therapy faculty and museum educators from a university art museum. The objective of the study was to provide museum access and art therapy for seven local students aged 12 to 14 years and identified as at-risk for a range of concerns including behavioral problems, learning difficulties, and mental illness. Two art therapists and the museum educator decided on a theme for the pilot study after assessing the participants' needs. The study was designed to provide seven sessions of family-themed art therapy at the school, with two museum visits included. The authors stated the objectives for the collaboration between museum education and art therapy "included the use of art objects to help teens better understand family roles and the feeling associated with being a member of a family group" (p. 292). Each session integrated family-themed artifacts from the museum, either at the school or at the museum, into an artmaking response by the participants. The authors gathered feedback and reflections from clients, museum personnel, teachers, and art therapists to describe the study qualities as beneficial for the participants with regard to reducing negative behaviors and improving social interactions. Treadon et al. observed "unexpected student reactions such as lack of resistance or negative behaviors, eagerness of students to engage and talk about their work, and

sensitive associations made by students between the art objects, their own artworks, and their personal lives" (p. 299). While reflecting on the success of the pilot, the authors compared and contrasted the roles of art educators and art therapists. Treadon et al. investigated key components of the successful collaboration and emphasized the need for direct communication of each partner's professional abilities and limits. They identified clarifying roles among professionals as a vital aspect of the collaboration. Therefore, more collaborations are needed to describe the structural components of the partnership. In addition, more studies could specify roles for art therapists and museum educators in an effort to determine the influence of each partner's role. The description of the pilot study success emphasized that the museum was a useful therapeutic tool in art therapy. However, the authors did not describe the distinct aspects of the museum environment that contributed to the results.

Marxen (2008) provided ethnographic and grounded theory perspectives to highlight a broader conceptual form of art therapy in museums. The author explored social constructs at work in museums and developed a theoretical perspective as a basis for using museums to facilitate social change within the domains of the individual, among social groups, and within communities. She outlined the rationale for using museum space in a manner that highlighted opportunities for social and personal transformation and emphasized diversity and social constructs as context, such as inclusion of marginalized immigrants and teenagers categorized as at-risk. Marxen discussed observations made over time as she conducted workshops with the museum for multiple groups of at-risk youth aged 13 to 16 years who had been expelled from school due to behavioral problems. The workshops were designed to integrate the setting of the

Contemporary Art Museum of Barcelona and the artworks of selected contemporary

artists (Sophie Calle, Krysztof Wodiczko, and Lygia Clark) for the purpose of "social

interventions" to "provide a public voice for those who usually remain unheard: minority

groups, people from different linguistic or cultural backgrounds, victims of trauma, etc."

(p. 131). The selected artists were chosen based on their skill in creating "relational art in

social contexts" (p. 133). Marxen noted that the previously segregated youth, "labeled

conflictive and belonging to the social risk category" (p. 132), experienced social

inclusion and psychological growth in the form of increased self-worth and improved

self-expression. These observations led to developing a theoretical framework for using

museums for therapeutic objectives. The author used this framework to document the

value of integrating art therapy in the museums, based on her knowledge and experience

as an art therapist and from an object relations perspective focused on reflecting one's

experience in a validating and affirming way. Marxen reported that community arts

practice was sensitive and responsive to the particular needs of different community

groups. She described the museum environment as a place to build community

relationships and as a setting in which the arts and art therapy fostered an open dialogue

about current events relevant to community concerns.

Salom (2008, 2011) asserted that collaborations between art therapists and

museums accommodate therapeutic objectives based on the theoretical perspectives of

Erik Erikson's psychosocial stages of development and Irvin Yalom's group principles.

These theories assert universal needs in relationships, identity formation, and instillation

of hope, as well as opportunities for learning and creative self-expression. Salom (2011)

provided case studies to demonstrate how art therapists used museum artifacts and the

museum environment to address developmental needs of group members, such as "social connection, life review, non-verbal expression, and choice making" (p. 82). The first case study involved a group of 10 nursing home residents over the age of 70 years who were described as lethargic and in a state of rapid deterioration. The author attributed the deterioration to stagnation and a lack of stimulation in the nursing home environment. The case example was used to explain the dynamics at work when the group engaged in carefully constructed museum visits that integrated art therapy. Salom capitalized upon the artifacts, the museum environment, and artmaking to reorient the group in a way that "brought forth a layer of meaningful connections, provoking associations that allowed participants to remember and share their past" (p. 83). The second case example in Salom's study was a group of four adults who were referred to museum-based art therapy to address life-stage challenges, such as "couple relationships, the significance of work, and the ordeals of mothering" (p. 83). The group engaged in an unstructured museum visit that included the opportunity to make sketches as desired. After viewing the artifacts, the group was invited into studio space in the museum to work with clay in response to the sketches and museum experience. Each group member's process was reviewed as a productive shift in addressing the identified developmental challenges, such as "accepting both intimacy and isolation" and "integrating the polarity of generativity and stagnation" (p. 83). Salom put theories into action and provided a template of how museum-based art therapy addressed developmental and group needs. However, it was unclear whether the groups participated in more than one art therapy session or how many visits they made to the museum. Salom included images of participant art in support of the methods employed and in-depth descriptions of the

therapeutic process using both Erikson's and Yalom's theoretical principles such as universality and life-stage challenges for adult and elder participants. Salom's approach supported assertions made by Alter-Muri (1996) and Silverman (1989) that the museum served as an important component in reminiscence and life review for individuals and families. In this regard, the museum served as an essential and valuable tool to enhance both verbal and nonverbal communication, as well as creative expression. Salom (2011) also investigated the museum as "co-leader" and stated, "Museums ultimately played an integral role in the interventions" (p. 81). Therefore, the museum environment and staff offer particular aesthetic and structural qualities that may be manipulated to achieve transformation goals such as enhanced creative expression and social relatedness. In this regard, clinical knowledge in art therapy and educational opportunities of the museum combined to inspire creative self-expression and foster essential relationships. Salom stipulated that museum educators and art therapists functioned as allies to provide access to therapeutic services, and thus supported Treadon et al.'s (2006) findings regarding distinct actions of art therapy and museum collaborations to be further explored. Further explorations might include replicating studies using case examples (Alter-Muri, 1996; Alter-Muri & Klein, 2007), facilitator assessments (Linesch, 2004), and client reflections and facilitator observations (Salom, 2011; Treadon et al., 2006), as well as art-based inquiry, feedback, or structured interviews from individuals and groups participating in museums-based art therapy.

Multiple Perspectives on Cultural Attendance and Wellbeing

A notable difference in terms related to museums as a place for therapeutic purposes emerged in the literature generated in Europe. The term *cultural attendance*

was widely used to indicate "intensive engagement with creative and cultural activities through art therapy and workshops led by artists" (O'Neill, 2010, p. 22). Numerous studies explored the influence of cultural attendance, defined as engaging in museum visits, viewing or handling artifacts, and active engagement in creative expression (Binnie, 2010; Chatterjee & Noble, 2013). Cultural attendance also included engaging in art therapy such as museum-based art therapy (O'Neill, 2010; Thomson, Ander, Menon, Lanceley, & Chatterjee, 2012). A common variable among the studies was whether cultural attendance had a positive impact on health and wellbeing, measured by levels of positive or negative affect, perceived pain intensity (emotional and physical), anxiety levels, life satisfaction reports, and perceived happiness (Binnie, 2010; Thomson et al., 2012).

O'Neill (2010) investigated the impact of cultural attendance on physical and mental health. His findings, from a range of relevant studies measuring cultural attendance and positive health outcomes, substantiated the work of earlier authors (Linesch, 2008; Marxen, 2008; Treadon et al., 2006). He described cultural attendance as active participation or engagement with dance, art, music, theatre, museums, or other such creative activities. The author reviewed quantitative studies conducted in Europe and the United States to determine whether physical and mental wellbeing significantly differed between groups that engaged in cultural attendance and those that did not. The author began the review by citing five large-scale studies regarding the effect of cultural attendance for a lengthened lifespan. Each study found a link between cultural attendance and longevity, as well as "self-reported health" (p. 24). Furthermore, O'Neill considered the causal influence of social stimulation and social interactions associated

with cultural attendance. The author referred to numerous studies that discussed the positive influence of increased physical activity associated with cultural attendance related to health and wellbeing. However, the studies concluded that there were also notable survival benefits related to the psychosocial stimulation in cultural attendance. O'Neill concluded from the literature "that *cultural attendance* has a significant health benefit" (p. 26) and asserted the findings should be transferred to standards in public health to improve quality of life. The author emphasized that an essential feature of cultural attendance was the supervision provided by a professional or an art therapist. He also cautioned that the noteworthy outcomes may relate to an undefined, associated variable in cultural attendance. O'Neill's summary of findings asserted the importance of art therapists in cultural attendance with the objectives of improved relationships, enhanced quality of life, and positive health outcomes (i.e., longevity and stress reduction). Comparisons are needed to determine whether the same health benefits occur for groups engaging in museum-based art therapy and those that do not engage in this form of cultural attendance. Also, further studies could illuminate essential features of cultural attendance to identify the impact of related factors such as socialization, creative endeavors, and recreational activities on mental and physical health.

A quantitative study by Thomson, Ander, Menon, Lanceley, and Chatterjee (2012) further examined cultural attendance and examined how measures of wellbeing and happiness change after engagement with museum objects. The study included collaboration between museum education and hospital psychologists to provide museum-supported psychotherapy to hospitalized patients. The purpose of the study was to determine whether there were therapeutic benefits in using actual museum artifacts

during the psychotherapy session. The research participants were neurological

rehabilitation patients and nursing home patients who engaged in the study as part of

rehabilitative cultural activities. The session length averaged 40 minutes. The

experimental group ($N = 87$) was given the opportunity to handle and discuss the

museum artifact, which engaged the patient on a multisensory level. The comparison

group ($N = 21$) viewed and discussed photographs of the museum artifacts but did not

handle the artifacts. The authors acknowledged the disparity between the numbers of

participants in the groups as a weakness of the study. Thomson et al. stated, "Greater

wellbeing improvements were demonstrated where participants could touch and handle

the objects as well as look at them, exemplifying the added value of a tactile interaction"

(p. 75). The interactive and tactile components were found to mediate and enhance the

therapeutic experience. However, the authors noted hospital staff biases were believed to

influence the reported improvements. Their study represented an expansion of the

strategies used by Alter-Muri (1996) and Alter-Muri and Klein (2007) to integrate

artifacts and the museum into art therapy. Alter-Muri (1996) and Thomson et al. (2012)

demonstrated the importance of expanding the museum context to provide access to

museum artifacts for those who are hospitalized or unable to engage in on-site museum

visits. For instance, Alter-Muri used slide presentations of museum artworks to facilitate

creative expression in session, and Thomson et al. transported museum artifacts to

patients restricted to hospitals and long-term care facilities. These studies explored

multiple ways to integrate art therapies and museum resources into community practice.

Museums as a Place of Healing and Transformation

Multiple authors in this review asserted that cultural attendance in museum-based art therapy serves as a health benefit and source of wellbeing. Additional studies identified the source of such benefits as the ability to teach or develop empathy in the museum setting and as a space that supports relatedness, communication, and psychosocial support (Betts et al., 2015; Cameron, Crane, Ings, & Taylor, 2013; De Botton & Armstrong, 2013; Williams, 2010). The use of the museum environment (i.e., galleries, artworks, studio space, and museum personnel) to facilitate empathetic thinking or sensitive consideration into life experiences of self and others was described as a way to shift perspectives and a segue that supported education and public health objectives.

Williams (2010), in an essay entitled *Honoring the Personal Response: A Strategy for Serving the Public Hunger for Connection*, described the development of museum programming designed to foster and nurture empathy by integrating an experiential component to closely observing art in the museum setting. A museum educator, the author created a "personal response tour" that recognized "the potential of the art museum as an environment that supports reflection, invites personal connections, and builds community" (p. 94). Williams structured the personal response tour to invite "different types of thinking and responses" with the specific objective "to stimulate imaginative thinking" (p. 96). He referred to this process as "empathetic imagination" (personal communication, January 29, 2015). He asserted imaginative thinking led to empathetic considerations that "evoke stories from the past or thinking about a future course of action" (p. 96) and served as a way for groups to use interactions in the arts to

deepen conversations and enhance relationships. The tours involved groups of 8 to

12 participants who were invited to choose a card with a guiding intention for the

museum experience. The cards contained invitations to actively and empathetically

engage in the arts, with suggestions such as, "Find a work of art that has something to say

about grief or loss," "Find a work of art that you might choose to share with a depressed

friend…imagine their reactions," and "Find an object that, for you, embodies pure joy"

(pp. 98-99). This type of tour was reported especially useful for groups of healthcare

professionals (i.e., nurses, hospice personnel, social workers, physicians, and medical

educators) in developing empathetic and interpersonal communication. For example,

Williams described the importance of approaching collections of art in the museum

"through a lens of our lived experience, to seek new insights, to share our thoughts and

feelings with others" (p. 98). Williams asserted that inviting a personal response

expanded the museum setting to become "a healing environment—a place that offered

the possibilities of stimulation and relaxation, of solitude and company, of memories and

dreams" (p. 97). Williams noted that inviting museum visitors to make a personal

connection to works of art in a safe environment facilitated multiple healing and

therapeutic benefits. These benefits included the ability to discover new perspectives and

empathetic understanding while building skills in communication, including expanded

forms of self-expression through "metaphoric connections" (p. 100). Williams conducted

personal response tours in the museum setting to empower visitors to have an individual

and personal relationship to an art object and move beyond a fixed meaning in the art.

Williams found that prompting and supporting personal connections to works of art

consistently fostered imaginative thinking and empathetic imagination or the ability to imagine the life experience of other individuals and groups though the arts.

De Botton and Armstrong (2013) discussed contemporary thought regarding the use of *art as therapy*, thus re-envisioning the purpose and design of museums to support therapeutic objectives or to make museum collections "more connected to the psychological frailties of their audiences" (p. 86). This perspective of using the art museum as a source for therapeutic objectives involved a different approach for museum collections and design, which included connecting to the psychological needs of museum audiences. Museum visitors are encouraged to engage with art in a way that upholds interpersonal relatedness, communication, and psychosocial support. The authors asserted that art and museums have the capacity to engender and support resilience, stating, "In art solutions can be found to problems; the unexpected can be accommodated. A difficulty turns into an opportunity" (p. 114). Such a shift in understanding about the value of art, the museum setting, and the artist's intent were described as essential "to assist mankind in its search for self-understanding, empathy, consolation, hope, self-acceptance, and fulfillment" (p. 234). De Botton and Armstrong and Williams (2010) reframed art's value and utility in therapeutic terms and clearly outlined the benefits of engaging in the arts for healing objectives.

Cameron, Crane, Ings, and Taylor (2013) provided a qualitative evaluation or "action-based inquiry" of *Be Creative Be Well*, a public health initiative in the United Kingdom that involved approximately 100 "different small participatory arts projects across 20 of London's most disadvantaged areas" (p. 52). The aim of the initiative was to provide access to the arts and creative action with the objective of improving health and

wellbeing for underserved and vulnerable communities, as well as to build relationships and facilitate a dialogue among diverse and typically separated groups. Further objectives included addressing stigmatization and stereotypes associated with mental health concerns while employing a community or collaborative approach facilitated by the art. The authors stated that the intent of the action-based inquiry was to investigate the benefits and limitations of the program, as well as to "develop the basis for a vibrant and constructive conversation between people in the separate encampments of *arts* and *health*" (p. 53). Cameron et al. reported improvements in health and wellbeing, described as "feeling good and functioning well," which were supported by engaging in the arts through "five simple actions which can improve wellbeing in everyday life: connect; be active; take notice; keep learning; give" (p. 55). The study demonstrated this type of engagement with the arts fostered health benefits, enhanced education, and improved communication and self-expression, as well as developed an empathetic dialogue among participants. It also noted the benefits of providing access to the arts and art therapies to meet biopsychosocial needs for a wide range of community groups, which supported findings in aforementioned studies (Alter-Muri & Klein, 2007; Salom, 2011; Silverman, 2010). Cameron et al. stated, "Creativity and the arts do indeed make a significant difference to people's health and well-being and to how they feel about, and interact with, their neighbours" (p. 52). These findings further articulated the link between the arts in community health programs and the development of empathy identified by Williams (2010).

Betts, Potash, Luke, and Kelso (2015) explored the impact of art therapy in the museum setting to examine the levels of empathy developed and sustained among

participants in a collaborative study conducted by art therapists and museum educators.

Empathy was defined as the ability to "accurately understand the position of others"

(p. 22) and to imagine the experiences of other groups from a compassionate perspective.

The research also sought to evaluate the effect of sustained empathy on participants'

efforts in social action. The study sought to examine ways in which the museum space

and artifacts affected museum visitors' interpersonal and intrapersonal relationships. The

setting for the study was the United States Holocaust Memorial Museum (USHMM).

Betts et al. stated the design of USHMM elicits strong emotional responses with the

objective of inspiring social action and challenging social injustice. The site was selected

as a place "particularly conducive to promoting empathetic responses in visitors and

effecting social change" (p. 24). Twenty-two museum visitors were randomly assigned

to two groups of eleven participants. All participants completed surveys and

questionnaires to measure three aspects: level of engagement in social action, character

traits regarding empathy, and situational empathy. Both groups toured the museum

exhibits for approximately two hours. The tours were unguided, and the researchers

encouraged the participants to view the entire exhibition thoroughly, "in order to have

participants focus on the more evocative displays in the Museum, rather than the sections

pertaining to resolution" (p. 26). Following the self-guided tours, participants were given

an envelope containing information about USHMM purposes with respect to prompting

social actions that challenge genocide. After touring the museum, the control group

completed a measure of immediate empathy and a questionnaire regarding reactions to

the museum experience. This concluded the museum experience for the control group.

Both groups agreed to participate in follow-up surveys over the course of a year after the

museum experience to measure sustained empathy and efforts in social action. After the tour, the experimental group met with art therapists and was invited to create art in response to the emotional impact of the exhibits, as well as a writing reflection about their experiences.

Measures of immediate empathy indicated that both groups had increased levels of empathy after the museum experience and the differences between groups were not significant. The findings demonstrated that participants who engaged in the art therapy protocol (artmaking, reflective writing, and open discussion) showed a greater increase in sustained empathy, as reflected in follow-up surveys. The results showed that participants' responses to surveys measuring social action showed no significant change over the course of the year following the museum experience. Further, results indicated that the museum experience affected both groups emotionally, with increased levels of personal distress. Betts et al. (2015) stated, "While the art therapy informed protocol increased empathy for the experimental group, it did not seem to reduce feelings of distress" (p. 30). However, the study demonstrated other direct benefits of the art therapy informed protocol, identified as "consolidation of museum experience, understanding of Holocaust and social issues, catharsis, as well as relational sharing and learning" (p. 37). The findings provided important information for museum personnel and art therapists with regard to considerations about fostering and sustaining empathy, as well as recognizing and responding to emotional distress elicited in exhibitions of this nature. Betts et al. found that integrating art therapy protocol into museum programming increased levels of empathy and, specifically, sustained empathy and new perspectives adopted in the museum experience.

Patt (2003) also discussed visitor responses to images of trauma and human suffering displayed in certain museums. Patt explored the potential for intense distress in museum exhibits and memorials. She highlighted the emotional toil embedded in imagery of the Holocaust and human suffering from acquired immune deficiency syndrome (AIDS), and provided a rationale for proceeding with caution when creating such exhibits:

> In the museum built to accommodate traumatic material, the edification
> role of the museum is often compromised. It is not merely the traumatic
> material we must consider as we analyze this museum, but we must also
> look closely at the potential for viewers coming upon the traumatic
> material to be traumatized. (p. 2)

Patt (2003) further emphasized that the potential for viewer distress may compromise the museum's mission because an intensely stressful response to artwork "contradicts the 'acquisition of knowledge' paradigm that is commonly used to describe the function of museums" (p. 2). Therefore, the actual functions of the museum, such as those that could possibly have a negative impact on visitors, would be in direct conflict with the museum's purpose as well as art therapists' therapeutic objectives. The author proposed, "New paradigms for the museum, in both their analysis and construction, will allow us to meet the challenges that accompany acts of historical trauma" (p. 222). Patt recommended careful attention to museum design and the manner in which exhibits support or diminish the museum's mission integrity. Her assertions highlighted risk factors that museum personnel and art therapists should take into consideration to protect vulnerable groups. However, authors Nanda, Gaydos, Hathorn, and Watkins (2010)

suggested memorials and museums with content that may be considered traumatic were needed to accommodate therapeutic objectives such as creating a restorative trauma narrative. Previous studies in this review demonstrated the extent to which museums, museum personnel, and art therapists can ameliorate excessive discomfort and support the positive psychological impact of visual art (Alter-Muri, 1996; Alter-Muri & Klein, 2007; Linesch, 2004; Marxen, 2009; O'Neill, 2010; Williams, 2010).

Enlarging Community through Art Therapy

Art therapists have the capacity to facilitate self-representation as an avenue for disenfranchised populations to experience social inclusion through creative expression (Kaplan & Sajnani, 2012; Marxen, 2009). Kapitan (2012) implored art therapists to promote social justice through advocacy and stated, "Art alone cannot transform injustice, but the experience of art therapy can play a powerful role in confronting metaphors that powerfully shape consciousness" (p. 103). Canas (2011) and Marxen (2009) noted the instrumental role museums have in providing potential space for marginalized groups to be seen and heard, and each author asserted that art therapists could play an integral role in collaboration with museums to address the needs of at-risk populations in the community. Wu (2007) used museum-based art therapy as a social action project to assist Chinese immigrant youth with acculturation and adaptation. The museum served as a community resource and a space to explore varied historical and cultural traditions. Wu asserted the museum served as a therapeutic ally by helping "foreign-born Chinese youth reconcile two cultural worlds while exploring and strengthening their overall identity" (p. 56).

A unique feature of art therapy in the community context was noted in the exhibition of client art in the museum setting as a means to foster a sense of belonging in the community and to introduce a new identity (Alter-Muri, 1996). In this regard, Marxen's (2009) museum-based art therapy embraced diversity and supported self-expression otherwise identified as pathology. Canas (2011) suggested art therapists should collaborate with museums to address diversity and social justice by facilitating community art projects intended to foster equality and a sense of integrity, which is sustainable through the expressive arts. Silverman (2010) recognized these expanded dimensions for museums:

> Many museums have long recognized and sought to engage individuals
> and groups with accessibility needs and/or minority status. Increasingly,
> museums are exploring ways they can assist people at risk for social and
> economic deprivation and oppression to adjust and to thrive in the face of
> challenging social circumstances. (p. 34)

Museums might utilize art therapists to nurture relationships with communities in support of an expanded edification objective, to include empowerment and equality. These relationships enlarge the concept of community to include people not typically part of the museum milieu.

Peacock (2012) surveyed 20 museum educators about their perspectives in community programs that include therapeutic initiatives. Specifically, Peacock asked about the use of art therapy as a means to expand the museums' community outreach and edification objectives. Eighteen responses were received and nine surveys completed. Peacock stated, "Respondents who did not complete the survey had various reasons, the

most common reason being that they did not feel that what their museum offered could be considered art therapy" (p. 135). Respondents who completed the survey indicated art therapists were beneficial in providing knowledgeable, clinical-based perspectives of participants' creative expression. However, the report illuminated the importance of the museums' overall missions with regard to supporting diversity and meeting complex mental and community health needs with expanded programming. The survey results indicated museums using art therapy were expanding accessibility standards to include at-risk groups such as youth in foster care, veterans, and individuals with Alzheimer's disease. This included the expectation that art therapy provided in the museum would improve participants' wellbeing and allow the museum to further their mission of community improvement by becoming more viable and accessible to a broader arena. Within her study, Peacock formalized a bridge between art therapy and museum education and began a necessary dialogue for further inquiry into the rationale and immediacy for the use of art therapy in museums.

Kapitan (2012) noted that "art therapists are beginning to push beyond the clinic by claiming public spaces for their clients" and used art therapy in museums to "challenge viewers to see beyond stereotypes as well as extend access and a sense of ownership to nontraditional museum going publics" (p. 103). Canas (2011) called upon art therapists to discover the evidentiary basis for providing art therapy in the community context with special emphasis on diversity and social inclusion. Mayor (2012) discussed the possibility for positive change within innovative encounters such as museum-based art therapy. Mayor described such approaches as opportunities to "promote social change by resituating one's practice within greater social consciousness and awareness of our

client's context" (p. 215). The anticipated contribution for the field of expressive

therapies includes knowledgeably expanding the practice domains of art therapists to

include community spaces such as museums and examining the emerging issues related

to this practice.

Conclusion

Silverman (1989, 2010) and Canas (2011) asserted that therapeutic endeavors

should be added to museums' edification paradigm. However, Patt (2003) elucidated the

possible harm that could occur if museum visitors experienced excessive discomfort in

response to exhibits with trauma-based content. These perspectives highlighted the broad

implications embedded in both the benefits and risks associated with the use of art

therapy in museums. Patt's study provided necessary insight into the possible risk

associated with experiencing intense stress when viewing certain exhibits. However, the

notable benefits associated with the use of art therapy in museums implored further

investigation.

There were no formal educational or training programs for establishing and using

art therapy in museums, and no protocol for art therapy practice in the community

context (Canas, 2011). However, assumed benefits have allowed experimentation with

the use of museums as therapeutic tools and potential space for therapy (Alter-Muri,

1996; Alter-Muri & Klein, 2007; Linesch, 2004; Marxen, 2009; McNiff, 2009), and this

literature review demonstrated a relatively recent gain in momentum in the use of art

therapy in museums. Linesch (2004) and Salom (2011) described themes of

psychological and personal restoration after participation in art therapy in museums

designed to integrate museum artifacts into art therapy and provide experiential

opportunities for social-emotional learning. Marxen (2008) conducted an ethnographic exploration of how museums can be used with at-risk teenagers whom educators and mental health counselors perceived as resistant and hostile. In her study, participants interacted and creatively engaged with contemporary artists in open discussions and artmaking sessions as opportunities for social and personal transformation. The themes of positive change in social relations among groups of at-risk adolescents in Marxen's study overlapped with improvements noted in studies by Alter-Muri (1996) and McNiff (1998, 2009). Each study recognized benefits to children and adults, with improvements in autonomy, creativity, and social acceptance. McNiff (1998) asserted the importance of "examining the use of objects in therapy" (p. 179) and described the unlimited potential for art-based research and personal transformation within the art objects and imagery contained in museums. McNiff (2009) illuminated the opportunities for exploring the artifacts and the museum environment as a potential place for art therapies.

In a comprehensive review of previous studies, O'Neill (2010) investigated the influence of cultural attendance upon physical and mental health. Cultural attendance was described as active participation with art, music, theater, museums, or other art. O'Neill concluded from the literature "that *cultural attendance* has a significant health benefit" (p. 26) and asserted the findings should be transferred to standards in public health to improve quality of life. The author also emphasized that an essential feature of cultural attendance was the supervision provided by an art therapist. O'Neill's findings substantiated the work of the previously identified authors (Canas, 2011; Linesch, 2008; Treadon et al., 2006; Marxen, 2008). Canas (2011) investigated the integration of art therapy in museums and asserted "the crucial link of art therapy has been missing—a link

that, with the necessary insights, perspectives and methodology, can ensure that the community art experience between the museum and its neighborhood occurs in a mutually meaningful and long-lasting manner" (p. 30).

Both art therapists and museums are faced with the challenge of identifying culturally relevant ways of addressing the needs of individuals, groups, and communities in which they dwell. A synthesis of the aforementioned literature demonstrated a theoretical and structural basis for conducting art therapy in museums. However, an objective framework is needed for evaluating the mechanisms of effective treatment. Also, additional study is needed to determine the role of art therapists in facilitating cultural attendance and therapeutic services in museums. Each of the studies identified an interactive component within the museum environment that was described as an essential phenomenon in the collaborative action that provided depth to the therapeutic process and creative expression. As museum-based art therapy develops, the influence of each partner should be studied to determine the qualities needed to improve outcomes. Additionally, contextual repercussions related to the nature of exhibitions should be examined to determine how these diminish or contribute to museum-based art therapy.

Demonstrating that art therapy collaborations with museums are an effective means of meeting the complex needs of the community requires further investigation. Continued study into museums as a potential or possible space in art therapy will help describe how museum-based art therapy can be used for numerous purposes including transformations in health and in wellbeing, community building, social action or social justice, and education. A focused research study into the perspectives of multiple stakeholders will provide further insight into the benefits and limitations of using

museums as a therapeutic setting. These stakeholder perspectives include museum personnel, agency representatives, participants in museum-based art therapy, museum visitors, and art therapists. The proposed study will explore the ways in which museum-based art therapy is used to enlarge the community by opening up the museum as a therapeutic milieu. The study will examine the benefits of enlarging the museum space to include art therapy for groups and individuals in the community who struggle with isolation, mental illness, and physical disabilities. A focused research study into the qualities of museums as a possible setting for art therapy will illuminate expanded practice opportunities for art therapists and provide museum access to underserved communities.

CHAPTER 3

Methods

The use of museums as a setting for art therapy is a relatively new endeavor for both art therapists and museums. Research into this type of community practice has been primarily descriptive and sparse in expressive therapies. Therefore, the development and design of the current research recognized that the use of art therapies in museums is multifaceted and includes methods from art therapy, museum education, and community practice.

The research design was created and implemented to generate information by identifying and interviewing expert practitioners. The interviews were designed to uncover detailed perspectives regarding the use of museums in community art therapy practice. Methods were selected with the goal of expanding art therapy practice and enlarging the concept of community practice to include people not typically part of the museum milieu.

Prior to the study, I provided a detailed overview of the research purpose and design to the Office of Human Research and Institutional Review Board (IRB) at Lesley University and received IRB approval to conduct the study.

The purpose of this chapter is to discuss the method of inquiry including research design, data collection, and interpretation procedures used in the study, as well as the soundness of the study.

Research Design

A method of inquiry was developed to discover active features and integral components of museum-based community practice, including art therapy. The study

design recognizes the evolving and interdisciplinary nature of museum-based art therapy. The use of museums in art therapy has begun to emerge organically with influences from the art therapy, museum education, social work, and other public health practices. The research design strives to integrate multiple perspectives in order to examine similarities and differences, as well as organizational and operational structures, in practice. As a researcher, I recognized the scrutiny necessarily placed on museum-based art therapy and used interviews with interdisciplinary expert practitioners to explore how this practice works and to identify essential qualities of successful collaborations. The interviews were composed of open-ended questions to allow participants opportunities to freely discuss their knowledge and perspectives about integrating the arts in community practice and to reflect on memorable or meaningful experiences to illuminate benefits and limitations of that practice.

As shown in Figure 1, the method of inquiry involved first examining interviews for core passages, which are detailed with quotations in the Results section. In the second phase, I created poetic compositions—poetic verse, free verse, or poetic form—using the words and phrases participants emphasized in the interviews and that resounded within me as a researcher. Finally, I created another poetic form as an art-based response to integrate and reflect my aesthetic perspectives about the discoveries in the preceding steps. McNiff (2015) discussed the benefits of using poetic form in art-based inquiry, which includes "selecting significant words and phrases and rearranging them" to provide "an aesthetic and empathetic focus" (p. 58). Leavy (2015) asserted that poetic inquiry provides "a space to represent data in ways that, for some researchers, are attentive to multiple meanings, identity work, and accessing subjugated perspectives" (p. 78).

Phase 1   Examine interviews for essential content emphasized by participants
Present surface or apparent qualities of participants' persepctives
Reflect explicit meaning
Phase 2   Explore salient passages using aesthetic lens
Identify words and phrases emphasized in expressive forms (i.e., refrain, repetition, tone, narrative, and/or metaphor)
Restate points emphasized in poetic composition
Phase 3   Express discoveries in art-based response
Use active imagination to further explore and expand new knowledge
Create art-based response in poetic verse;   integrate and reflect aesthetic perspectives about discoveries

Figure 1. Summarized steps in method of inquiry

Poetic Verse as Art-Based Inquiry

I used art-based inquiry in the form of poetic interpretation and poetic verse to reflect participants' perspectives. This method synthesizes the participants' focused statements and tersely communicates content they emphasized as important. Memories and multiple encounters with the interview recordings led me to recognize essential perspectives that emerged as participants' statements became intensely focused. In the interviews, the pace of the participants' words and phrases, as well as their tone of voice,

changed. These restatements vividly portrayed particular perspectives the participants emphasized through repeated phrases, storytelling, and metaphor. The passages contained lyrical qualities and formed refrains that I re-expressed in poetic verse, giving attention to emblematic moments in which the participants used metaphor to portray and further represent perspectives aesthetically. McNiff (2015) asserted that the use of poetic form offers an alternative to the limitations of inquiry imposed by narrowly focusing on counting words and evaluating text for hidden meanings. Thus, I holistically examined participants' perspectives with an aesthetic lens of inquiry that allowed more complete immersion and engagement in their thoughts and experiences as expressed through their vernacular and contextual positions.

Multiple encounters with interview content and poetic restatement of participants' perspectives resulted in another layer of interpretation. This next phase of inquiry included my sustained efforts to consolidate the nuances of language to further convey core interview elements. Revisiting the selected lines and phrases used to reflect participants' perspectives led me to re-encounter interview experiences aesthetically. I created the first poetic compositions from interview fragments and thus restated them in the form of poetic responses. These art-based responses reflected my perceptions in poetic form. The distinct characteristics of poetic expression allowed me to re-engage essential perceptions using free verse and an economy of words.

I have no formal training in the use of poetic verse as a literary medium. However, I use poetry and poetic verse in teaching and in practicing art therapy. Throughout my development as an art therapist, I relied on poetic verse to bridge or connect imaginal thinking and language (written and spoken words). Poetic form

facilitates movement between hearing and reading and imagining and envisioning the text in creative form (imagery, music, movement, or story), and then returning the imagined form in poetic composition. These compositions incorporate language qualities such as vernacular, rhythm, and repetition that capture unique elements bound by context and experience, which might be edited or lost to social science constructs in language. As the researcher, I expressed the added layer in poetic verse to capture the essence of the study results in a creative and art-based form. Leavy (2015) discussed considerations in poetic inquiry in arts-based research practices and stated, "The representation of the data in poetic form can help the researcher evoke different meaning from the data, work through a different set of issues and help the audience receive data differently" (p. 79). The purpose of such creative and aesthetic forms of inquiry was to further describe and encapsulate the sensations I experienced within the research process to communicate and portray participants' voices, thoughts, and points of emphasis.

Research Questions

The study was based on three fundamental questions:

RQ1: In what ways does museum-based art therapy effectively expand the therapeutic milieu for art therapists?

RQ2: What are the essential qualities of museum-based art therapy?

RQ3: What benefits and limitations of museum-based art therapy have museum personnel, expressive therapists, and public health or other community practitioners identified?

Participants

The study included an investigation into the use of museums as a therapeutic setting in art therapy through interviews with seven expert practitioners who had direct experience or knowledge about the use of museums and museum artifacts in community collaborations. The participants included one social worker, one masters-level art therapist employed in museum education, three directors of museum education, and two registered art therapists working in private practice. The participants were selected based on their professional backgrounds in organizing and directing community collaborations intended to augment education and health for diverse groups and recruited by e-mail and internet announcements. Each participant had experience with interdisciplinary partnerships that provided access to museum artifacts or studio space for creative expression as a resource and support to the broader community. The objective of these selections was to obtain detailed information and knowledgeable perspectives to inform future practice approaches in museum-based art therapy.

Each research participant provided informed consent (Appendix A), which outlined specific protections for confidentiality and supported self-determination in regard to participating in the study. The participants agreed to engage in audio-recorded interviews that lasted approximately 60 to 90 minutes. Six interviews were conducted in person where the participant worked, and one was conducted via Skype. All interviews were transcribed, and the transcripts sent back to each respondent to review for changes and approval.

The participants represented varied perspectives in the use of museums and museum artifacts in community collaborations and included views from art therapy,

museum education, public health, and social work. Three participants had knowledge

and experience in the use of museums as an environment to practice art therapy. Their

prior experiences included facilitating therapeutic collaborations between museums and

community entities such as schools, foster care agencies, the Veterans Administration,

and direct-care services for aging adults and adults with Alzheimer's disease, as well as

other community agencies that addressed homelessness, physical limitations, mental

illness, and immigration. The other four interviewees included expert practitioners with

direct knowledge and relevant experience in the use of museums and museum artifacts as

potential tools for community building, education, and psychosocial support for

individuals, groups, and families. The primary determinant for each collaboration or

interdisciplinary partnership with museums was to facilitate public health objectives such

as personal growth and development and to support social action.

I assigned pseudonyms for the participants to protect confidentiality. In this

study, the participating art therapists are identified with the pseudonyms KP and PS. One

participant, an art therapist employed as a museum educator, is identified as MO. The

museum educators are identified as KD, KG, and RW, and the licensed clinical social

worker and social work professor is identified as SB.

Procedure

I conducted interviews to explore the perceptions of individuals with varied roles

and experiences in art therapy collaborations with museums. Therefore, the interviews

questions were open-ended to allow participants the opportunity to freely express their

perceptions about museum-based art therapy and the use of community collaborations

integrating the use of museum space and museum artifacts. Glesne (2011) discussed the

"mechanics of question development" (p. 106) and asserted the importance of establishing rapport or "a level of trust that allows respondents to be open and expansive" (p. 108). With this in mind, the interview questions were developed to allow the respondents to share openly their experiences about museum-based community collaborations to reflect multiple perspectives (see Appendix B).

The examination and interpretation of the interviews generated multiple perspectives about museum-based art therapy. The process of conducting qualitative inquiry has been described as challenging, complex, arduous, an art form, and transformational for both participants and for the researcher (Forinash, 2012; Glesne, 2011; Riesmann, 1993). In reviewing the literature, authors used salient terms such as *distillation* and *condensation* to describe the task of analyzing qualitative data (Forinash, 2012), highlighting the fluid and dynamic properties involved. Glesne (2011) emphasized the need for a systematic and recursive approach that includes revision and modification throughout the journey to illuminate important qualities as they emerge. This process includes recognizing "new, information, new perspectives, new awareness, or some enlightened view of the phenomenon" (Forinash, 2012, p. 134). I listened to the interviews multiple times, paying attention to points emphasized or reiterated by multiple participants. I examined and re-examined the interview transcripts to explore each participant's perspectives regarding the use of art therapy in the museum setting and noted similarities and differences between interviews. When participants stressed the importance of particular elements, important passages emerged as a structure for understanding and interpreting interview content.

Examination of Interviews

  I manually reviewed and examined each transcribed interview as an exploration into new perspectives regarding the use of museums as a possible place for art therapy. The interview contents were interpreted by identifying salient passages and subjects emphasized in participants' responses. Multiple readings of the transcripts and repeated listening to the interviews were conducted routinely throughout the research process in an effort to synthesize and present the content in a way that accurately reflected each participant's knowledge and perspectives. I approached the interviews from multiple positions. The initial steps included identifying common threads among all participants' perspectives to explore important characteristics of museum-based art therapy. Subsequently, I identified and used two types of poetic composition to further distill participants' thoughts and ideas and interpret interview passages that emerged in aesthetic forms. I developed the first compositions using participants' direct statements that emphasized essential qualities, therapeutic components, and benefits and limitations of museum-based art therapy. This first sequence was constructed with core interview statements linked by minimum text to artistically convey essential components of the participants' perspectives. I created the second poetic compositions or poetic forms as an art-based response to new insights and discoveries.

  I created the art-based inquiry or *response art* "to contain, explore, and express" (Fish, 2013, p.106) study results. The poetic interpretations synthesize and reflect participants' perspectives, which emerged organically in the form of spontaneous expressions or narrations about experiences using artifacts and museum space for health (e.g., stress reduction, mindfulness, socialization, and biopsychosocial stimulation) and

development (e.g., education, creative action, psychosocial support, and self-expression).

I used poetic verse or poetic form to restate participants' responses to interview

questions 7 and 8 (Appendix B). These questions requested participants use imagery or

metaphor to represent their perspectives on the use of art therapy in the museum setting

and to describe what they found inspiring in using art in community practice. Fish (2013)

described *response art* as a way for researchers to engage "imaginal resources" as a

support that "furthers unencumbered enquiry" (p. 106). Creative exploration of the

research topic through artistic expression is based on the understanding that "the creative

process will take them where they need to go" (McNiff, 1998, p. 123). Thus, I used art-

based inquiry to interpret and understand the essence of the emergent components or

qualities through reflective thinking. The poetic form transcended inquiry limitations

imposed by narrowly focusing on "a quantitative coding of words and themes for hidden

meanings" (McNiff, 2015, p. 58). This process enabled participants to engage in and

respond to the interview creatively, in an effort to further understanding of multiple

meanings through narratives, imagery, and metaphor.

A field journal served as an important tool for recalling the context of the

interviews and further supported interpretation of their contents. Before, during, and

after each interview I made handwritten notes in journals to reflect perceptions about the

museum settings and points emphasized in the interviews. Sketches, paintings, and

collage were added to the journals as response art throughout the course of the study.

Figure 2 represents my initial steps in responding to the research process and my struggle

to examine interviews with integrity.
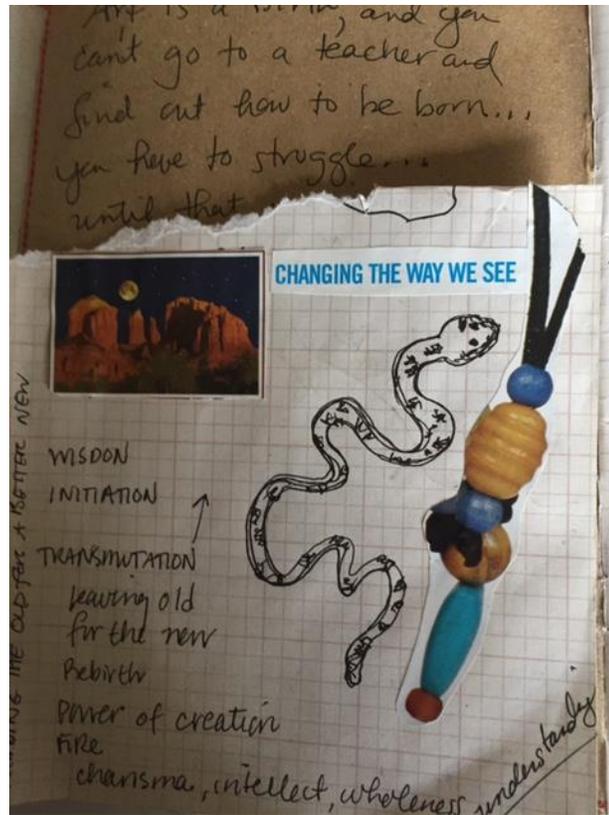
Figure 2. Example of response art in journals

Figure 3 is an example of how sketching and reflecting on emphasized phrases provided different dimensions for synthesizing and interpreting the participants᾿ perspectives.
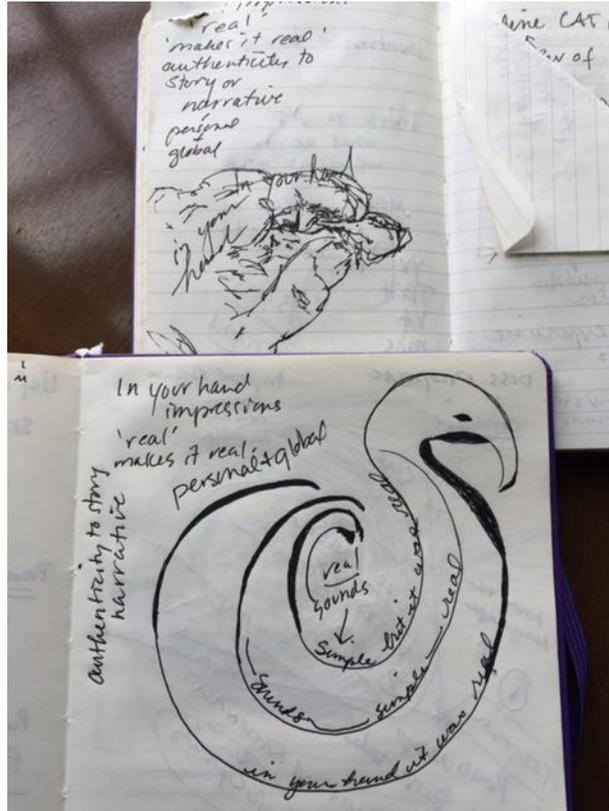
Figure 3. Example of reflections in art to participants' perspectives

Figure 4 shows how the research process unfolded as phases. These journal

entries were created over time in response to the experience of moving aesthetically

between words, imagery, and understanding the essence of the research discoveries.

Moving left to right, the experience is represented as a swirl of information. Then, I

paused to interpret or understand the essential components. Finally, I distilled the core

ideas and described them as "droplets of water hanging on." These images represent my

understanding of the process that developed in creating the poetic restatements and my

art-based responses in poetic verse. The journal entries were created in response to the

experience of moving aesthetically between words I heard and read in the interviews,

sensing associated imagery, and understanding the essence of the research discoveries.
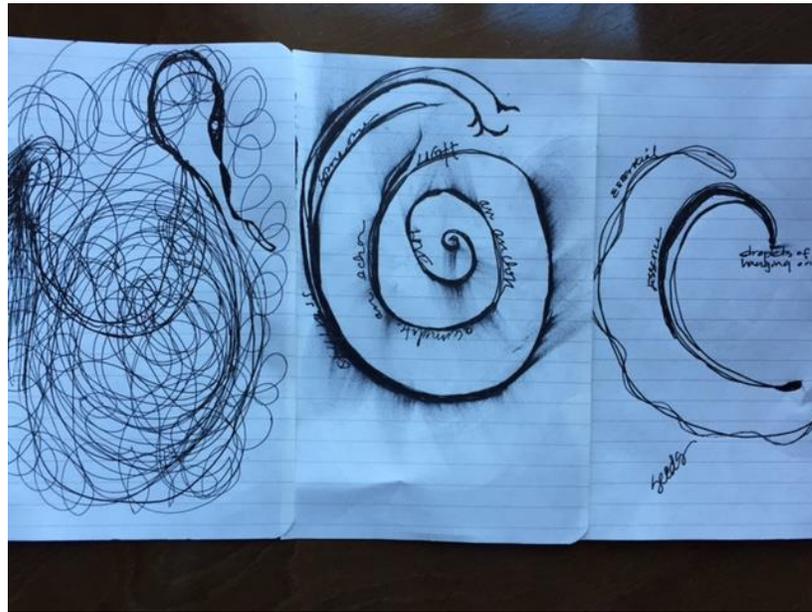
Figure 4. Images representing phases or steps for the method of inquiry

Trustworthiness

Art therapists and museums face the challenge of identifying culturally relevant

ways to address the needs of individuals and groups, and the communities in which they

dwell. Therefore, deliberate steps were taken during the research process to examine the

various forms of bias that might influence my views regarding museum-based art

therapy, giving careful attention to ways in which I might potentially suppress important

perspectives. Reflecting on the different types of knowledge used to inform the

examination of the interview data provided an opportunity to consider personal

preconceptions and experiences as sources of structural knowledge. Glesne (2011)

stated, "Meaning is more complex than the definition of words" (p. 243), which led to

sustained immersion in the interview recordings through repeated readings of interview

transcripts and multiple sessions listening to audio recordings for in-depth understanding

of participants' perspectives. The participants were given opportunities to review and

approve the interview transcriptions and offer further comments and corrections.

Interview passages emphasized by the participants were further understood using an

aesthetic lens through art-based research in poetic composition. The poetic compositions

supported further examination of inferences drawn from participants' perspectives.

Efforts to increase the credibility of the study included actively seeking multiple

theoretical perspectives from participants with different backgrounds using museums for

therapeutic objectives. Therefore, the participants represented perspectives from museum

education, social work, and art therapy (one masters-level art therapists and two

registered art therapists), including interdisciplinary sources and multiple theoretical

perspectives. This prompted strategic preparation for sociocultural factors embedded in

the interviews, as well as the need for an "*aspirational* ethical stance" (Lahman, Geist,

Rodriguez, Gragila, & DeRoche, 2011) in all research activities. Lahman, Geist,

Rodriguez, Gragila, and DeRoche (2011) advanced "Culturally Responsive Relational

Reflexive Ethics *(CRRRE)* as a viable aspiration ethical stance for the research

community" (p. 1398). The CRRRE approach to research ethics asserted that culturally

responsive, relational, and reflexive ethics "attempts to sensitively accommodate

participants and thus enhances the possibility that trustworthy information can be

exchanged successfully" (p. 1401). I strived to be wholly responsible for establishing sociocultural consciousness in all research endeavors.

Ethical Considerations

Participants were recruited by e-mail and internet announcements. The announcements stated the aforementioned purpose of the study and invited practitioners to take part in interviews to describe their experiences with the use of art therapy in community arenas such as museums. All potential participants had experience expanding the reach of museums and cultural institutions to diverse sectors of the communities they served. Efforts were made to diversify the sample by requesting participation from a range of interdisciplinary sources including art therapists, expressive therapists, social workers, counselors, and museum educators. The researcher was sensitive to the need to include participants from different demographics. Seven individuals responded to the recruitments and were included in the study.

Participation in the study posed minimal risk. I provided all participants a full description of the study purpose and my contact information. The probability of harm or discomfort with participation in the study was anticipated to be no greater than that typical of daily life occurrences. Each participant was provided a consent form (Appendix A) and a full verbal explanation of informed consent. The informed consent outlined the specific protections for confidentiality and supported self-determination in regard to study participation. Each participant was free to choose not to participate in the study or to participate and later change his or her decision without penalty. The study was conducted within the professional standards of practice and the Ethical Principles for Art Therapists set forth by the American Art Therapy Association.

Participant rights were discussed and explained in a sensitive manner supporting self-determination. I maintained the participants' dignity in all aspects of the study and did not discriminate against or refuse professional service to anyone based on the decision to participate or to not participate. The identity of the participants in the study will be kept confidential as outlined in the informed consent form. However, the informed consent also provided the option for the participant to be identified if they so chose. This option was provided because authorities in the field might wish to be acknowledged as a participant in the research study.

Participants' identities will be protected and remain anonymous if the study were reported through publication or public presentation. If for some reason one or more participants did not wish to remain anonymous, an authorization would be required and provided to the participant(s) under the guidance and supervision of the advisor.

Data storage included password protection for electronic files and locked filing cabinets for paper files. Participants' pseudonyms were established to protect confidentiality, each interview transcription contained pseudonyms throughout the documents, and identifying information on consent forms was stored separately from interview transcripts to protect confidentiality.

Limitations

This study did not directly include the perspectives of museum audiences, individuals, or groups that participated in museum-based art therapy or museum education programs designed to elicit a personal response. The intent of the study was to obtain an overview of interdisciplinary practice protocols used in museum-based art therapy from individuals with prior experience using artifacts and museum settings for

healing and transformation or therapeutic endeavors in a community setting. The study

focused primarily on the use of the visual arts in art therapy. Other forms of expressive

therapies such as music, movement, and drama may be used in community practice with

museums, but these forms or practice were not directly investigated in this study.

CHAPTER 4

Results

This chapter integrates the content of the research interviews to illuminate the ways in which participants used museums and museum resources (e.g., museum space, personnel, artifacts, galleries, studio space, community partnerships, and finances) to connect diverse groups of people to creativity and creative action and address a wide array of education and public health needs. For instance, participants provided details about how art therapists, museum educators, and social workers collaborated with schools, universities, teaching hospitals, and other public health agencies to engage people with the arts, enrich learning experiences, and enhance psychosocial support. This chapter is organized to reflect the participants' knowledge and understanding of how to establish opportunities to use the arts in community practice and to report specific qualities the participants considered essential or important when using museums for community practice. Poetic verse—or *poetic form*—was used as an art-based portrayal of the research findings. This chapter also includes participants' perspectives about the benefits and the limitations of museum-based art therapy practice.

Participants and Museum Settings

The participants represented in the study included seven expert practitioners with direct experience and knowledge in the use of museum resources or the arts in community practice. Two participants were art therapists who had practice experience with museums in collaboration with other community partners such as schools and public health agencies. Three participants were museum educators with experience and knowledge in providing diverse community groups opportunities for museum visits.

These visits included the invitation to deliberately engage in creative action through personal responses to the arts or artmaking in museum studio space. One participant was an art therapist employed as a museum educator, and one was a university professor of social work who integrated the arts into programs designed to enrich the education of university students as well as the broader community.

The research participants described multiple opportunities for community practitioners and museum educators to use museums as a healing environment in expressive therapies and in public health. All participants acknowledged that museums have a reputation for being useful in education with regard to offering opportunities to learn about artifacts and their historical and cultural meanings. However, each study participant articulated innovative ways in which museum resources (e.g., artifacts, personnel, and community relationships) have an expanded use that includes work in multiple community settings. Participants detailed how museum interactions with schools and universities extended to using art for social emotional learning, literacy, special education, and social support for at-risk and vulnerable students. Each respondent also emphasized how museum resources were integrated in art therapy and community practices to address public health concerns for broad sectors of the community. For example, participants specified the ways in which these programs addressed particular mental and physical wellbeing concerns such as stress management, mindfulness, and social inclusion.

The museums represented in this study were situated in different communities in the United States. Six participants (KD, KP, MO, PS, SB, and RW) were affiliated with museums or universities in the southern states and one (KG) worked in a museum in the

northern Midwest. Each museum was well established in the community, with large

artifact collections ranging from ancient to contemporary, as well as changing special

exhibitions of varied types of art. The museums were intentionally designed spaces for

individuals and groups to engage with the arts. They also provided a place for creative

experiences with materials in art studios or opportunities for personal responses through

narratives or personal reflections in galleries. Each participant worked directly within the

museum or with museum artifacts to offer community partnerships that provided a

spectrum of experiences such as education, introspection, relaxation, rejuvenation, and

transformation. Their interview responses provided new information about the process

and the specific strategies art therapists, museum educators, and other community

practitioners use to create unique context for beneficial outcomes to emerge. Four salient

qualities were identified in the interview content: 1) expanded opportunities for

community practice; 2) essential qualities for museum use for community practice;

3) benefits of this practice; and 4) limitations of this practice.

Table 1 identifies the common qualities, as well as the poetic forms, included in

this study as reflective responses.

Table 1. *Common Qualities and Related Poetic Forms*

Common quality	Poetic form
Community practice opportunities (RQ1)	"The Studio in the Museum" (KD) "Creativity Can" (researcher's response)
Connectivity	"Connections" (KG) "That Perspective of Being Real" (SB) "In Your Hand" (researcher's response)
Empathetic imagination and sharing perspectives	"Imagining Another Person's Experience" (RW) "Imagine" (researcher's response) "Border Crossing" (RW) "Art Speaks" (researcher's response)
Essential qualities for museum use in community practice (RQ2)	
Accessibility and invitation	
Community perspectives in practice	"Like a Walk in the Park" (MO) "Excitement" (researcher's response)
Safety and sense of belonging	
Creativity and self-expression	"Art as a Catalyst" (KG)
Sustainability	
Benefits (RQ3)	
Creativity and enrichment	"Look at All the Strengths" (PS)
Building community relationships	"All About Interaction" (KP) "Different" (researcher's response)
Limitations (RQ3)	
Role confusion in professional identities	"If You Will" (MO) "A Touchy Thing" (researcher's response)
Financial constraints and sustainability	

Note. RQ = Research question

Community Practice Opportunities

One predominant theme across all participants was the idea that museums could effectively expand their purpose in the community by offering individuals and groups therapeutic or healing opportunities. The participants described community practice strategies to engage a wide variety of people and institutions (e.g., families, schools, hospitals, clinics, homeless people, mental health agencies, a broad sphere of professionals, and older adults) in the arts through a range of outreach efforts designed to connect nontraditional groups to museum resources. These efforts fostered relationships with an array of individuals and groups in the broader community. For example, MO discussed approaches to support Miami's Haitian community through museum outreach efforts. She described integrating cultural understanding into the development of a "holistic approach" in which she "approached them with the expressive therapies" to further expand therapeutic and educational goals. This participant integrated art therapy into museum education and applied the arts for immigrant students to develop literacy, as well as to support special-education students in social and emotional learning. MO further discussed how this partnership between the schools and the museum bolstered an overwhelmed school system by using the arts to enrich the students' learning experiences and foster rewarding community relationships. MO described the students' living conditions in that part of the community as violent and unpredictable. Understanding the students' living conditions led to a clear rationale for a partnership with the museum: "I wanted them to know there was another place for them. I wanted them to know there was another place to experience and be able to imagine" (MO). By acknowledging the primary needs of people living in a part of the community laden with hardships, she

successfully engaged vulnerable and underserved students who may otherwise miss the opportunity for creative action and collective sharing of community resources. MO's approach expanded museum education goals to include therapeutic considerations in affirmation and validation realized in "relationship building" (MO) in the museum setting. She described how the museum setting supported therapeutic experiences: "The museum helped because it was a space to bring them together…the art helped start a conversation. Then we get to have some fun artmaking, and while they are doing that they are challenging themselves" (MO). Her approach provides a clear example of how museum environments effectively expand the therapeutic milieu for art therapists.

All seven interviews highlighted the theme of community. PS indicated multiple times she viewed her work as an art therapist as necessarily connected to the larger "community" in her region. She illustrated this orientation with several examples whereby she described her work as "a responsibility to provide museum programing to everyone in the community and make it accessible" (PS). The participant emphasized that museums are "pillars in the community." Collaborations with the local museum allowed groups of special education students to tour the museum and experience "going through the exhibits and then creating in the museum and having their own exhibit [to] see themselves through a lens of understanding…that the community appreciates them and these pieces of artwork they created" (PS). This example demonstrated how museum-based art therapy allowed the students and their families to challenge limitations by being seen and understood in a manner that validated strengths and competencies.

A museum educator participant (KD) described the museum as a community space that served as stimulus for creative action and "a hub for dialogue and a place for self-expression." She said, "The art therapy was something that really did help accomplish that by creating opportunities like the art therapy exhibition." This participant further described how the partnerships between museum education and art therapy led to a shift in programming that included conscious efforts to link different groups in the community to communicate with each other through creative expression. KD discussed the creative action involved in an exhibition of civil rights photography in which the content "brings up a lot of emotions and lot of personal responses and memories." She further explained that this type of effort indicated to different community groups that the museum is a place where "we are comfortable having this conversation." She viewed her work as a museum educator as an opportunity for "everyday activism" that allowed sharing perspectives not typically considered by groups separated by social and economic factors. For example, KD described a collaboration with the schools the museum entitled, *Found*. *Found* included artmaking in the museum studio and prompted students to "make a little work of art in response to some sort of issue that they are thinking about, whether it is bullying or civil rights." The next collaboration component encouraged students to hide or place their art in the interactive gallery. This gesture allowed their art responses to be "found" by others, and the ideas in the art were "further communicated and other people find it….You can either take it or you can leave it for the next person" (KD).

Other participants affirmed the use of museums as a place for groups in the community to come together in the arts and share life experiences through open dialogue.

During one interview, a museum educator was asked to define her position with the museum. She referred to her position as the "director of learning innovation" (KG). When asked how to describe her work in varied community collaborations, she stated, "I think art museums and art objects are a great catalyst to have difficult or very personal conversations. Maybe take it off the person to some degree and focused on the art, but it still is very much about the viewer" (KG). She further asserted, "I think a good museum educator is a great facilitator and can really help draw out that conversation…those emotions and insights" (KG).

RW, a director of museum education, also provided focused comments in the interview about "building community in a museum setting" with expanded notions of community that included "helping people know each other in a different way." He discussed how museum visits created community through "camaraderie and connection with others," and how "a work of art also might allow for conversation about potentially difficult issues…maybe racism, or loss, or conflict" (RW). Each participant emphasized the importance of reaching out to a range of groups in the community with the objective of using the arts and creativity to build relationships and foster communication between groups that may otherwise be unable to connect.

KD reflected on ways in which museum education and art therapy partnerships expanded the museum's efforts to open the studio space for multiple creative experiences. These experiences included personal responses, which she perceived as an innovative way for community groups to learn about each other. When asked how the studio space influenced the work of museum-based art therapy, KD became pensive and shifted her response to a narrative. The narrative provided a vivid description of her

perceptions, and I used poetic verse to reflect upon KD's narration about the importance of the studio space and to convey the essence of her thoughts and expressions. The following poetic composition was developed using phrases and statements KD made about her impressions regarding the importance of museum studio space in museum-based art therapy.

The Studio in the Museum

The studio in the museum taps into a lot of different things

It's making art

It's physical

It's requiring you to use your brain

It's requiring you to talk with other people

And listen

That's exciting to me

Maybe that is why people are attracted to the studio in the museum

The studio means such different things to different people

The studio itself is important

Inviting a chance to play around with materials

Get in there and make stuff

A creative kind of space

An outlet

A different kind of outlet

Sometimes it's easier to express yourself with your hands

To make something

That's appealing about the studio

The physicality of it

>(Interview notes, KD)

The participants with experience in museum education (KD, KG, and RW) and art therapy (MO) illuminated how the studio space in museums becomes a place for communal creativity that includes exploration and sharing of multiple perspectives. I revisited the poetic restatement of KD's perspectives on how studio space in the museum affirms and fosters creativity, and engaged active imagination to create a new poetic response. This poetic form communicates my understanding about the importance of the studio space in museum-based art therapy.

Creativity Can

Creativity can be daunting

Scary or demanding

Involves stretching

Engaging senses

Creativity needs a place

A place to be

A place to listen

A place to excite

Maybe that's the attraction

A chance to play

Make stuff

Create and share

The opportunity to create in community was described as an integral part of opening the museum setting for sharing and exploring different group perspectives. The physicality of the space and materials were highlighted as an integral part of the exploration and an important community support for those individuals and groups that were hesitant to use creativity in understanding self and others.

Connectivity. Museum educator KG articulated her thoughts on how collaborations between museums and art therapists changed her ideas about how to connect museum resources with different groups in the community. She reflected on past collaborations in which she initiated a museum outreach program that provided art therapy for an Alzheimer's day-service agency that took place at the agency rather than the museum. This experience "really made me have a whole different perspective about how art can be very therapeutic." She further explained, "I mean, I knew it could, but seeing these kind of concrete examples really inspired me to think about developing a program where we could not only go out to the community, but we could use the museum as a place for these therapeutic sessions." Over time, KG used her experiences with art therapists to inform her work as a museum educator. She integrated this knowledge to continue partnerships with art therapists and used a "therapeutic lens" (KG) for linking multiple community agencies to expanded museum programming.

KG was asked during the interview what she found inspiring about the museum space. In listening to the interview and rereading the transcript, I realized KG's statements took on an intensely focused quality about the connections people made through museum experiences and interacting with the arts. I highlighted the parts of the

interview in which her statements changed quality, and then used poetic form to restate

her comments about connections she observed and experienced in the museum space.

Connections

Being in galleries and having different artwork around you

Something for everybody

People can pick and choose what resonates with them

They get really deeply into a conversation

Then connect it to other artwork

Museums can really give you a global perspective

From across the world

Also across time

Show you how amazing human creativity and expression can be

Everyone can resonate with that

That resonates with everyone

Maybe on different levels

Human creativity and art are timeless

Something that is relevant to us today was relevant two thousand years ago

Seeing those connections

Amazing

That is what we want to happen

I love to see that

Art prompts more conversations with people

People comfortable talking to a complete stranger about something

Again, it's connections

(Interview notes, KG)

SB, a social worker and university professor, provided a salient example of the impact artifacts made in creating interdisciplinary connections and communication. The participant described organizing an event to promote insight and understanding into the values of social work. He had proposed the university make a $20,000 investment to collaborate with a foundation that provides artifacts such as original documents and historical books to be made available for people to handle and touch. The proposal was accepted, and various artifacts such as original copies of *The Book of Enoch* and the *Magna Carta*, as well as original works from authors such as Thomas Malthus, St. Augustine, and Thomas Payne were made available. The tangible interaction and experience with artifacts was made accessible and open to university students and faculty, as well as to individuals and groups in the local community. SB described the objective for this type of experience with historical objects in stating, "We wanted people to realize that these artifacts are not just artifacts, but we are still living and experiencing the ideas that are in artifacts." He added, "The contact of it seemed to remove a barrier and made it more real." He described the physical contact with rare and valuable artifacts as a powerful experience and noted the interpersonal connections experienced in seeing others "visibly moved" by the first printing of the Emancipation Proclamation. I observed a shift in SB's comments when he spoke of his experiences interacting with the artifacts. This participant poignantly described being inspired by the powerful experiences of other students, professors, and community groups that had the opportunity

to hold the artifacts. I used poetic verse to reflect SB's words and phrases in a creative

response to describe his experiences.

That Perspective of Being Real

I was inspired

It sounds simple…

But it was real

They put it in your hand

That perspective of being real

I think the fact that people risked their lives to get those ideas out

In that time period

Ideas about how you should treat people

When it was unpopular

That original work in your hand

Dating from that time period

That really drove it home

They risked everything when they said people should be not enslaved

They said women should be treated with dignity and respect

Thomas Payne, I learned, advocated for animals to have rights

Way back then

I just learned things that I would have never dug into

The original work was put into my hand

I thought…hey what does this really say

I found the relevance as much now as then

And we are seeing artifacts destroyed now

Because people don't like the ideas they represent

I think that is sad

We are still debating many of these issues

Even if you don't agree with the ideas

The things in history that changed history can be valued

It allows us to talk about it

I think it makes a difference

The experience made them believers

I had other disciplines ask why do social workers care about that

The chemists said that to me one day

I said well sure we have our values

Values in social justice

Values in treating people with dignity and respect

Just as much as you care about how elements merge

It allowed us to talk about it

I was inspired

It sounds simple

But it was real

They put it in your hand

That perspective of being real

      (Interview notes, SB)

The tangible exploration of artifacts created connections to new and different ways of thinking and perceiving. SB described the surprise and excitement generated in learning a new way to understand history that "goes against everything we have ever been taught" (SB) about how to interact with artifacts and historical objects.

MO also emphasized the importance of making interpersonal and intrapersonal connections through art. She discussed her observations of connectivity from her experiences as an art therapist working as a museum educator and described how the museum space and arts invited nonverbal explorations into self and others. She perceived this as an opportunity to "walk around and not always have the words…to just look at something and find something within yourself…how you are connecting." She elaborated, "I think there are times when we all have a hard time connecting with our environment or connecting with the world or the people around us." She noted the connections made in collaborations and between groups as a hallmark of using the arts in community practice from an interdisciplinary perspective. The connectivity or the connection in the arts supported meaningful relationships among community partners and provided a common ground for open dialogue and a new way of understanding multiple perspectives.

I reflected on participants' perceptions about "amazing connections" (KG), "that perspective of being real" (SB), and "finding something within yourself" (MO) in the interactions with art, museum space, and imaginal thinking. These participants described strong visceral and emotional sensations that occurred through the arts that validated life experiences and prompted insight into self and others. I depicted these visceral

sensations in poetic form to present art-based study findings related to therapeutic connections made in the arts and in museums.

In Your Hand

Amazing connections in art

Therapeutic connections

Real connections

In your hand

Human creativity and expression

Resonates on different levels

Creativity and art

Timeless

Relevant today

Relevant two thousand years ago

Amazing connections

In your hand

Art prompts conversations

With a complete stranger

Amazing connections

Being real

Being original

Being relevant

Sounds simple

It is real

In your hand

That connection

Being real

In your hand

Connectivity or connection to arts supported new relationships among community partners and provided common ground for open dialogue and a different way of understanding multiple perspectives. The participants emphasized the importance of such connections in establishing a meaningful experience in the museums setting and with artifacts.

Empathetic imagination and sharing perspectives. All participants addressed the importance of the arts and the imagination in developing empathetic connections to self and to others. Each participant discussed ways in which museums and artifacts provided an opportunity or space for creativity and imagining different life experiences and perspectives. MO, an art therapist employed as a museum educator, summarized her perspectives about the possibilities of empathetic understanding and her excitement in witnessing a change in museum visitors' perspectives when engaging with the arts. She stated, "You start seeing somebody's wheels turn, and they open themselves up to possibility…not to the true meaning or the possibility that this art could have some value or some meaning [but] maybe start developing some empathy." MO further clarified her focus "to be able to teach engagement, which I think lends itself to empathy…to engage…sparks the conversation…begins a connection…forms a relationship. That is what the museum does….That work of art is all of a sudden the conversation starter." MO described her observations about the nuances (i.e., engagement with art,

consideration, exploration, and possibility) involved in developing empathetic

imagination or a sense of compassion evoked in imaginative thinking in the arts. This

participant emphasized the therapeutic and transformative potential of "developing some

empathy" (MO) by engaging groups in art to prompt meaningful conversations about life

experiences and relationships.

KP, an art therapist, described how collaborations with the museum and the

Veterans Administration allowed docents and veterans the opportunity to form mutually

meaningful relationships they sustained after the program ended. She reflected about her

observations of one docent's approach:

> He really looked forward to working with the veterans and he listened to
>
> them. It was not about him standing up there and telling all this
>
> knowledge about the artwork.…They had exchanges…personal
>
> exchanges. Sometimes it related to the art and sometimes it didn't.…He
>
> really connected with them. He really made an effort to listen and to
>
> respond on a very empathetic level. And you know, maybe it was his
>
> hearing aids, but he would get close to them. It added another layer
>
> because he was not afraid to get close to them. (KP)

KP used this as an example of how the arts supported sharing of different

perspectives among people who would otherwise be separated in the community. KP

asserted that these interactions enriched the museum experience, built relationships, and

provided insight into different perspectives.

RW, a director of museum education, described the unique qualities available in

the museum experience and in the arts that invite opportunities to practice and develop

empathy. He discussed how his focus in museum education shifted when he became "very curious about how different kinds of people were responding to different kinds of art" and how his "curiosity about the visitors experience of art really stretched me, and as I got hints of something provocative I would pursue it." His curiosity led him to notice the way in which museum experiences and the arts tapped into personal memories and evoked personal narratives. He reflected on his fundamental values as a museum educator and his desire to "help people feel welcome and competent in a museum setting, and for them to feel that looking at art is pleasurable and surprising…and relevant to things that they care about."

RW described a "big professional moment" in which he became aware "that these memories and these connections that people have to works of art and to objects were very meaningful, but it was not mostly what museum educators invited." He described the connections in the art and in the museum space described as "these tiny moments" in which "art sometimes touches our hearts and the feelings that you have in connection with the encounter with the work of art are invited into the conversation and sometimes those might be sad or hard feelings." RW's perspectives illuminated the multiple opportunities available in museum settings for therapeutic experiences. He emphasized the importance of how this process of connecting personally to a work of art cultivates what he describes as "empathetic imagination." Art invites us to "be curious about other experiences" (RW). This participant emphasized the importance of inviting people to develop and share personal responses to art to foster an open dialogue for sharing different perspectives.

I noticed a distinct shift in RW's comments about how the museum experience and interactions with artifacts fostered empathetic imagination. RW used refrains and repetition to emphasize his thoughts. When he described his sources of inspiration as a museum educator, his tone of speaking took on a lyrical quality. I heard and envisioned a vivid narrative and used poetic verse to encapsulate passages that portrayed RW's perspectives on empathetic imagination.

Imagining Another Person's Experience

I find it inspiring

Human beings want to translate their experience into imagery

Reflect

Synthesize

Share something

Share something that is big about life

Share something about love

Share something about loss

Put it out there

Doing that in words

Writing

Expressive movement

Visual form

Human beings do that for each other

Process and share experience through creation

Moving and inspiring

A museum

A place

Full of that

Awesome

I was thinking about this painting

David with the head of Goliath by Claude Vignon, c. 1620-1623

A good size painting with a dark background

David with the head of Goliath

I've used that a lot in my teaching

It is such an action story, right

A story of a hero

Conquering the bad guy

What this artist does is very subtle

Complex

Important

Because the whole painting doesn't show the action

Doesn't show the celebration of David

The painting really emphasizes his face

His youthfulness

This artist is inviting us to imagine what is going on with that kid

He's a kid

He just killed somebody else

He just transformed his whole life

He's a cultural hero

But the artist invites us to think what is going on with him

What is he thinking and feeling

What does it mean

That's just so beautiful

An artist is inviting us

To imagine somebody else's experience

Giving us visual information to intrigue us

Takes us out of ourselves

Yeah I know we are supposed to be interested in self-expression

But I am also so interested in people being curious

Being curious about what other people experience

Being curious about what others' concerns are

We all need to be able to imagine somebody else's experience

Art can do that

      (Interview notes, RW)

RW's language in poetic composition provided an aesthetic form to communicate the meaning of empathetic imagination as expanding perspectives and contemplating different perspectives by considering life experiences expressed in art and creativity. I further distilled RW's comments to consolidate powerful sensations experienced in his statements, and to portray how personal responses and relationships to art stimulate the imagination.

Imagine

Translate experience

Imagine

Synthesize

Share

Put it out there

Process and share through creation

Imagine

In a museum

A place

Complex

Important

Inviting

Imagine somebody else's experience

Visual information

Intriguing

Takes us out of ourselves

Being curious

Another experience

Imagine

RW continued to describe the ways in which artifacts and museum experiences

have the capacity to resonate with visitors in a unique and powerful manner. RW shared

his thoughts and perspectives on how the arts and personal responses to art can build

relationships and foster insights about personal experiences, as well as the lived

experiences of others. He stated:

> People want to know each other. They want to be known and they want to heal
>
> themselves. Somehow, I think these experiences with objects that are
>
> manifestations of creativity, or life in another time and place…take us out of
>
> ourselves…and introduce new ideas and new experiences. But also, we come
>
> back into ourselves. Because it is the space…the sense of choice…and the sense
>
> of pilgrimage.

This participant further articulated observations of how relationships in the

community are built and shared in the museum setting, and how artifacts have therapeutic

potential for healing and shifting perspectives. RW reflected upon his personal

experiences witnessing the impact of the arts and aesthetics on empathetic understanding

of oneself and others. RW paused and focused his thoughts. He provided an

impassioned description of how artists, the arts, and museum experiences shift

perspectives to foster healing on a personal and community level. I highlighted RW's

words and refrains in the following distillation of what he said in the interview to express

these sentiments.

Border Crossing

Another great work of art in the museum collection

A fiberglass sculpture called Border Crossing

By Luis Jimenez

Fantastic, I love that we have that work of art

Not because it is so beautiful

Not because I think it is the most finely crafted work of art I have ever seen

But the way it speaks to our situation

The way it speaks to our current times

A time where there is so much ugly talk about illegal aliens

For an artist to say they are not going to let you tag them

They are going to make them larger than life

They are going to make you look at them as human beings

Look at them as human beings with strength, and courage, and risk, and pain

I am inviting you to move beyond the labeling and into the human situation

The art…it can do that

Just the aspiration to change people's hearts and votes is exciting to me

Border Crossing

I have heard and seen

I saw two…I don't know…they looked like they were 70 years old

Two white ladies from Texas

They looked at that sculpture

Now remember there are three people represented in the sculpture

This big man

This big man carrying a woman and a child

He is carrying them across the river

Border crossing

One of the ladies goes over to label and reads it aloud to her friend

They look at it again

The lady says…

"I don't blame her a bit"

"I would do the same thing if I could give my child a better life"

Of course that is what this artist is all about

And this regular, older, white lady who wasn't thinking about immigration

She came to an art museum

She stops in her tracks

She shares with her friend

She has no idea what the friend thinks about this

But she says…

"I don't blame her a bit"

"I can identify with the mother and the desire to create a better future for your

child"

To me that was so beautiful

   (Interview notes, RW)

All participants expressed the importance of using museum settings and artifacts to overcome barriers in the community. Multiple encounters with participants' perspectives created a clear image about how the arts are used in museums and art therapies to build relationships, share perspectives, and instill hope. I used this image of the therapeutic possibilities in art to create an art-based reflection.

<u>Art Speaks</u>

Art speaks to our situation

Art speaks to current times

Larger than life

Moves beyond

Into the human situation

Art can do that

Cross borders

Carry

Cross borders

Come to the museum

Stop

Share

Identify

Participants described implementing methods and perspectives from art therapy to connect and support different groups in the community as a way to effectively expand the therapeutic setting and improve museum services. An essential component of this type of community practice was the ability to use art to develop empathetic imagination, which was reported as healing and transformational. Empathetic imagination supported sharing perspectives, learning, and experiencing the life of others through art.

Essential Qualities for Museum Use in Community Practice

Each participant spoke in depth about the benefits of working collaboratively with community partners to integrate museum spaces and artifacts into interdisciplinary community practices in art therapy, museum education, and social work. When their responses about the benefits and limitations of these practices were examined as a whole, a procedural structure emerged about the essential organizational qualities necessary for

expressive therapists and museum personnel to use in approaching the broader

community. Each participant clearly identified specific steps taken to effectively

implement this type of community practice, which included opportunities to engage in

museum-based creative action for enriched learning and health improvement. The

essential qualities included community perspectives in practice; accessibility and

invitation; safety and sense of belonging; creativity and self-expression; and

sustainability. The respondents consistently emphasized these qualities as components

necessary to organize this type of community practice.

Community perspectives in practice. A common denominator among all

participants was an integration of multiple perspectives in community practice, which

included perspectives in art, counseling, community building, and a desire to reach

diverse and underserved groups in the community. PS, an art therapist who works in

partnership with a local museum, described how collaborations between art therapy, the

museum, and local schools reduced socioeconomic and cultural barriers through a

community-based approach. PS discussed the importance of taking purposeful steps in

community practice "to provide programming to everyone in the community and make

the museum accessible. I think the museum has a responsibility as a pillar in the

community." She described museums as "pillars in the community" numerous times

during the interview and acknowledged the organizational and financial considerations in

stating, "When you are working with schools or with underserved populations, I think it

was a question of are they going to come and is it worth it?" She further explained her

community perspectives:

I very much believe in art therapy and social action, or creating change

through the community. Art is there to help people understand each other

and connect, and that is what museums do. That is what the art is about,

and the artist expresses something, but then the person connects to it…and

then they connect with other people. They take it with them and then it

inspires them to do something else. In some ways, they learn about

themselves or someone else.

PS emphasized the shared objectives among art therapists and museum personnel,

and the possibilities to connect different groups to community resources in a way that

supports education and development.

MO, an art therapist employed in museum education, described the need for

advocacy with community groups and the competencies needed to develop the work as a

viable option in community practice. She described her dilemma in communicating her

interdisciplinary approaches:

I don't want to step on anybody's toes or classify myself or our museum

as something that it is not. It is hard to explain. I definitely think that as

much as we are a museum, I sometimes do feel like I kind of see this as

like a counseling center.

MO discussed the importance of being a conduit for communication and personal

development with an emphasis on empathy for self and others. She described her

practice approach, stating, "My job is to figure out how to make these pieces [of artwork]

relatable, but at the same time how can you learn something about yourself." MO

described her approach and the work of her colleagues in the museum as a form of

community practice that values and respects different cultural perspectives. As she

shared her perspectives on making the museum relevant to all families in the community,

her statements became focused and passionate. Her descriptions provided emblematic

moments that compared the museum to other public spaces such as community parks.

She portrayed the museum space and artworks as an integral part of community life that

is organic and evolving. I used poetic form to restate MO's views and experiences with

families in this type of community practice.

<u>Like a Walk in the Park</u>

These are our families and I want them to come back

I think they get excited all of a sudden

When they feel the museum is approachable

Tangible

And think wow, I never thought about looking at it this way

I didn't think about experiencing the museum with my kids this way

I'm going to come back and try again

And it's like a walk in the park

You always go back to the park

It might be the same park

But you get a different sound

Different weather each time

The track might be a little bit dry…

A little bit dirty

I think the museum is that same way

It's that park

To walk around

The works rotating

With same works of art

But I never see it the same way

Somebody says something…

And, you think

I never thought of it that way

My gosh that's right on

A shift in perspectives

Challenging yourself and learning

      (Interview notes, MO)

MO's comments were laden with excitement about the possibilities for art therapy and museums to be relevant as a community forum for creativity and perspective sharing. I responded in free verse to the sense of excitement expressed by the participants.

<u>Excitement</u>

Excited all of a sudden

Coming back to the museum

Approachable

Tangible

Experiencing the museum

Come back

Try again

Like a walk in the park

Go back

Walk around

Think

That is right on

Shifting perspectives

Challenge yourself

Learn

Excited all of a sudden

Participants shared excitement about the therapeutic potential of museums to

support education and public health in a way that is relevant to community concerns and

interests. Integrating art therapies in museum settings was described as an innovative

partnership built upon multiple perspectives in community practice.

Accessibility and invitation. Providing access to museum-based art therapy

includes the ability to advocate for this type of community programming, as well as the

ability to clearly communicate how artifacts, the museum space, and the art are useful in

supporting a wide range of community groups. Participants discussed the importance of

taking purposeful steps to invite various groups while assessing the biopsychosocial

needs of each group. MO discussed her work with individuals experiencing

homelessness and explained that the invitation to the museum included a meal at the

museums café, as well as an opportunity for expressive therapy in the museum studio.

Groups of adult individuals experiencing homelessness were invited to participate in

"gallery experiences…talking, looking at art, and then going to the studio." MO stated:

I want them to feel they are a part of this place. They are what make the

museum. They are just as welcome as the person right next to you.…And

we had stares because I also fed them in the café downstairs…and some of

them looked like they just walked off the street.

The invitation and accessibility made the museum available and relevant to this

group in the community. MO emphasized the importance of personal relationships and

an open invitation to museum resources without imposing restrictions because of

socioeconomic concerns. She described her perspectives on making the museum

environment and the arts accessible and discussed the need to dispel misperceptions

about museums as elitist and irrelevant to vulnerable community groups. "It is our job as

educators here at the museum to make these spaces approachable. I work with families in

the community so my job is to make these works accessible…this space accessible," she

said, emphasizing the importance of making museum spaces approachable for affirming

and healing experiences.

KD, a museum educator, discussed the results of a study conducted by museum

personnel that illuminated the importance of making focused efforts to extend an

invitation to the museum:

There was some response from people in the community saying that they

didn't feel invited. There is a sense of needing an invitation, and we did it

with the art therapy groups, so…the veterans say, for instance, that

certainly may consider themselves as not invited here…were invited.

RW described the invitation as a necessary support in museum visits and essential

to an enriched learning experience. He stated, "A fundamental value for me is to help

people feel welcome and competent in a museum setting. I want them to feel that

looking at art is pleasurable and surprising and relevant to things that they care about."

He further explained the importance of creating an environment that invites different

experiences or "these tiny moments that get your wheels turning and the logical extension

of that is memory and emotion, which come up for people when they look at art."

He described his focus on creating an environment that evokes an emotional

response, which allows museum visitors to "apply their lived experience and their

understanding…and get very far towards interpretation on their own" (RW). These

examples reflect how each participant identified deliberate efforts to extend invitations to

the museum in a way that recognizes the needs of diverse groups with the objective of

making the museum accessible and relevant.

Safety and sense of belonging. The participants discussed the flexibility

necessary in the museum environment as not implied but an arena that is "a special

environment…a very controlled environment" (RW) to be responsive and therapeutic if

needed or warranted. KG and RW, both museum educators, described working with

groups of healthcare professionals in the museum. They needed to establish a safe space

or environment in which groups felt comfortable, while simultaneously removing them

from "their domain of expertise and into the opportunity to be a beginner" (RW), and

allowing groups "to feel comfortable and like they belong…to have a sense of

ownership" (KG). RW further stated that providing this sense of safety and belonging in

the museum allowed groups of physicians, social workers, and nurses "to be alive in a

place that is about beauty or ideas instead of having to charge into action or present a

certain professional façade." KG further articulated this perspective:

One of my big mantras is you always want people to feel comfortable and

confident. That is physical comfort, but also that is psychological…and

feeling that they belong here and that it is their museum just as much as

anyone else's.

RW also discussed diligent efforts to provide a place that supports "different

voices" by inviting a personal response to art and recognizing "just little crystal

moments" that occur when memory is evoked and personal narratives emerge.

An important aspect that came up repeatedly in the interviews was the element of

belonging or the sense that the museum served as a place to come together, a place to

experience unity and be recognized as a person of value. MO provided museum access

for groups of homeless people, immigrant families, and school groups with the objective

of making the museum a relevant entity in the community for people who experience

significant challenges in daily living. The museum where MO works has a large neon

sign at the entrance to an interactive gallery that states, "You belong here." MO

described the eagerness a group of homeless people demonstrated in response to feeling a

sense of belonging in the museum: "They waited for us.…It's all about being welcome

and feeling comfortable." The participants discussed the importance of inviting

individuals and groups within the community into a space of acceptance, creativity, and

inspiration regardless of the perceived or actual limitations imposed by circumstances in

the community.

Creativity and self-expression. The participants discussed the skills needed to

become a trusted guide in creative exploration. They articulated the professional

competencies needed for this type of community practice in terms of professional

development and skills related to engaging groups and establishing practice parameters.

For example, RW developed his approach by exploring curiosity about museum visitors'

experiences and considering how different people responded to varied artworks. He

considered ways to actively nurture and affirm museum visitors' experiences through

enriched learning facilitated by a personal response to the art that would invite a

connection to the art and evoke personal memories. RW discussed the importance of

creativity and self-expression in museum experiences: "I really got that these memories

and these connections people have to works of art and to objects were very meaningful,

but it wasn't mostly what museum educators invited." RW described creating a different

and unique approach in museum education and stated, "I am really interested in the skills

that people can bring to bear…often life skills to the encounter with works of art." He

emphasized the importance of "honoring the personal response" and an "openness to a

wide range of responses." In this approach, the museum experience includes an open

dialogue in a safe and nurturing environment. The museum environment provides a

scaffold for the creative process and self-expression.

KG, also a museum educator, discussed the therapeutic opportunities made

available in the museum for self-discovery through art and imagination. When she

described her observations, her tone shifted and she lowered her voice to emphasize her

thoughts. This participant reflected on different ways the art and gallery tours fostered

creative experiences that made a lasting impact on improving the quality of life for

people in the community. I recomposed KG's phrases into verse to reflect the

importance she placed on creativity as a catalyst for enriching the lives of museum

audiences.

Art as a Catalyst

I see art as a catalyst

We had a Buddha sculpture here at the museum

An exhibition called Sacred

It was about different definitions of sacred

And meanings of sacred

The sculpture was in a darkened gallery

There were benches with comfortable pillows

There was audio

An audio of people saying prayers

It was this peaceful environment

A serene environment

Museums can very much offer that too

Getting away from technology

Unplugging

Getting away from the world

The museum was offering this place for meditation

For reflection

The museum offers a range of experiences

Because you can have communication

Connection with another person

You can also have a very solitary experience

A meaningful experience

From a therapeutic perspective

Someone can have that experience in the museum

They take that with them

That becomes part of them

They can recreate that peacefulness

Recreate the serenity

They can recreate their own lives

(Interview notes, KG)

Sustainability. The respondents noted the necessary synergy in conceptual understanding that sustains collaborations between museum personnel and community partners such as art therapists. They described the qualities needed to maintain this type of community practice and museum programming. KP, an art therapist, elaborated about how these partnerships are formed and sustained:

The energy the museum educator brought mirrored mine, and this was the force behind the program. I think it takes someone who truly believes that they can make a difference in people's lives. They really believe in the power of art and art therapy, and I think that belief system…that's what holds it together.

An important part of such partnerships was identified as "shining a new light for some communities on what the art museum is and can be" (KG). Participants emphasized the importance of partnering with people and groups that may typically see the museum as inaccessible. KG stated, "Partnering and bringing people who wouldn't otherwise come…it changes their perceptions of the museum. I think it ultimately

changes the perception of many in the community." KP also illuminated the conceptual

dynamics involved in partnerships between museum personnel and art therapists by

stating, "It's that sense of belonging. We felt that everyone belonged and we wanted to

get out there to everyone…to people who had never thought about going to a museum."

The participants asserted that changing perceptions about the relevance of museum

programs brought vitality and energy to the museums' ability to thrive in the community.

KG discussed the importance of engaging different audiences in museum programming

to sustain community relationships: "We have the highest Somali population outside of

Somalia and we are building a plan for engaging those communities." KG discussed

ways in which museums and art therapists can work together to build and maintain

community relationships by "being a meaningful entity in your community." This

participant further stated:

> Our vision statement is inspiring wonder through the power of art…so
>
> being mission centric and making the museum accessible…then inspiring
>
> people. Here at the museum, it is just part of our mission. It is thinking
>
> about engaging new audiences, and it needs to be meaningful and not a
>
> token experience.

Participants asserted that sustaining community arts practices through museum

collaborations requires connecting with diverse groups, building meaningful

relationships, creating learning experiences, and sharing community resources.

Benefits

The research participants described notable benefits in using the arts in

community collaborations, such as social connections that ameliorated isolation and

stagnation through access to creative action and community resources. Participants also noted improved inter- and intra-personal relationships among different groups in the community. They discussed the ways artifacts and imagery fostered empathetic imagination to teach empathy for self and others, as well as enhanced creativity and enriched learning experiences.

  Creativity and enrichment. Participants discussed the learning and transformations that occurred in the museum through creativity and interactions with artifacts for education and enrichment. MO, an art therapist and museum educator, discussed ways the museum environment fostered creative thinking, stating, "Knowledge comes in multiple ways." She described the manner in which creative action supported learning and socialization: "It was cooperative learning…literacy and academic based. They also did a lot of conflict resolution. It was more introspective and learning about themselves and their community." This participant reflected on integrating art therapy in her role as a museum educator and said, "I approached them with the expressive therapies to connect art and literacy [by thinking about] how I can connect art and social emotional learning together.…This was new because this was in 2005." MO elaborated on this approach, considered novel when she introduced the idea of pairing expressive therapy in museums for learning objectives: "This was the discussion I was bringing into a children's museum setting. A place where it was really playful, innovative, and more engineering and science. I was bringing a different view on it." The participants discussed ways in which museum resources were used to invite change that stimulated personal growth and development. MO described how artwork challenged people to think differently about themselves, others, and their life experience. She stated, "Looking

at artwork is challenging." She found this aspect of her work exciting, "seeing somebody's wheels turn, and they open themselves up to possibility."

Participants described using museum experiences, artifacts, and the creative process to enrich learning experiences in the university setting and for professional development for healthcare providers (i.e., social workers, counselors, therapists, nurses, and physicians). A professor of social work reflected on how a university used exhibitions of literary and historical artworks to "bring some new life to subject material. We want people to realize that these artifacts are not just artifacts….But we are still living and experiencing the ideas that are in artifacts" (SB). The participant emphasized the importance of using the arts to invigorate the learning environment and how the exhibit "had everybody talking about social justice, freedom, dignity of the individual…how we treat one another…freedom of religion…those kinds of things. We had the whole campus abuzz" (SB). A museum educator in the study discussed how an art therapist and other museum personnel facilitated creativity and studio experiences following museum tours that "continued the gallery experience about being mindful and stress-relieving in the studio" (KG).

An art therapist who partnered with the museum and a local school described the way museum-based art therapy supported educational goals and provided elementary special-education students the opportunity to excel:

> The look on the kids' faces, and the parents'….These students created this
> artwork and they were part of the exhibit in the museum. I think it gave
> the parents new hope. All of the challenges that happen behaviorally in
> the classroom…this is something else that happened that was successful.

They understand themselves in a new way, and this is an experience you

can't ever take away. (PS)

KP discussed similar responses from collaborations that integrated museum-based art therapy with at-risk students who are separated from other students, as well as essential learning opportunities such as field trips. KP described how a group of students participating in art therapy through museum programming "had never been on a field trip.…It was their first time ever. And they went to the museum.…It was the first time they'd ever left the school." KP discussed the educational and psychological benefits of providing visits to the museum for tours and artmaking in the studio. She described the approach used: "We were relaxed about the art therapy participants coming to the museum. We trusted them. There was a relationship already established." The study participants noted the unique ways in which museum resources were used to provide a sense of inclusion and acceptance for students who need alternatives in educational opportunities.

PS provided focused statements during the interview that contained refrains about her excitement with using the creative process and the museum space as "a wonderful place to let go or to discover creativity again." I used the participant's phrases and refrains in poetic form to reflect her observations and experiences.

Look at All the Strengths

A wonderful experience

Modeling creativity for the kids during the group

I was showing them the process

I was excited

I get excited when people are open to trying different materials

Using different materials in all kinds of ways

The kids had so much courage to do that

I think a lot of them found a totally different way of creating art

With each material

Each week

I would stand in the room

And look around

Look at all the strengths

Courage

Creativity

Look at all the strengths

The strengths these kids had to use

All those materials

And find themselves in each of them

That's pretty exciting

That is powerful

(Interview notes, PS)

Building community relationships. The participants asserted that the most

valuable contribution the museum, museum personnel, and art therapists make to the

community is empowering individuals and groups through connections with creative

thinking and creative action. Connections with creative action are fostered and nurtured

through engaging the creative process in the museum environment, which includes

artifacts, studio space, and gallery experiences. Participants discussed ways in which

museum-based art therapy strengthened community relationships among participants in

art therapy, teachers and educators, museum personnel such as docents and studio

assistants, as well as among groups and families. For example, KP provided details about

integrating docents into the group experiences: "In retrospect, I'm so glad that I made a

big deal about letting the groups have their own docent that stuck with them the whole

year…because I had to fight for that." The art therapist reflected, "The relationship with

the docents and the participants was just as strong and powerful as the relationship with

the art therapist" (KP). The docents were provided an orientation about the goals and

objectives of the art therapy program at the museum, as well as the rationale for including

the docents as a community resource for participants. KP stated that the overreaching

objective of integrating the docents into the art therapy program was "so this program

helped the art therapy participants establish another relationship out in the

community.…They could build a bond." The research participants emphasized that the

artifacts and museum environment served as an ongoing link to build supportive

relationships in the community. KP identified an art piece as a metaphor to represent her

perspectives on "what the [art therapy] program does." I used poetic verse to capture the

participant's description of the metaphor.

<u>All About Interaction</u>

There's an art piece

The art piece could represent the program

I don't know the name of it

But it's there

The art piece that you see

When you're going back to the studio

Where we had our art therapy exhibits

It's horizontal

It's 3-D

It changes as you walk by

I feel like that is what the art therapy program does for people

It changes them when they come

And no matter which way you go you see something different

And when you come again

You're going to see something different

It makes you slow down

You just don't look at it and walk on

It interacts with you

I think that represents the art therapy program in the museum

Because the program is all about interaction

That piece really does interact with the viewer

Engages them

I am not saying that the other pieces don't

This one just feels a little bit more active

It is active and also dependent on the relationship

And the pace

How much time you take with it

One side is black and white

The other side is in color

The contrast

It really makes an impact

I just thought about something else with that art piece

People used to touch it

Now it's behind glass

Because so many people had been touching it

You don't really feel the calling to touch other pieces

But this one was just asking to be touched

       (Interview notes, KP)

SB discussed the unexpected interactions and relationships in the broader community prompted by a university's special exhibition of literary and historical artifacts: "They got so excited and they would take pictures…texting in and out. They brought their families in.…I had one group that brought their clients in from the field…and I saw students who weren't with my group come up and say, 'Can I join in?'" Another participant described an art therapy exhibition of student art that supported new perspectives in identity and personal worth:

This is part of their importance and as a figure in our community.…We

had the reception for the students during the exhibit. The whole room was

filled with kids and family and teachers and staff. So it was incredible that

everyone showed up. (PS)

The study participants made similar comments about ways community arts practice brought different groups together and supported unity through creative action. PS discussed the importance of integrating the community approach in art therapy to facilitate unity and relationships, "just creating community and togetherness." A museum educator explained her main priority for sustaining art therapy programming in the museum:

> It's being a meaningful entity in your community. Really, our mission is about accessibility. It is part of our mission…thinking about engaging new audiences and many of these audiences are diverse and not a traditional audience. We need to be talking to different people and engaging with them...to connect, build relationships, and make it a win-win for both the museum and the community. (KG)

Research participants repeatedly described ways in which community arts practice in museums fostered opportunities to establish meaningful relationships and bonds among individuals and groups in the community, as well as providing a unique space for family recreation. The participants emphasized the collective resources available in such collaborations. For example, KG stated, "The museum is a great community resource, and I'm very much about art education and creating great learning experiences. I think we also have to be realistic. It is also about social experiences. People want to have time with their children." Participants recognized the value of making these collective resources (i.e., museum spaces such as studio space, artifacts, and museum personnel such as docents, art educators, and art therapists) as an essential psychosocial support to the community.

I absorbed information the participants provided about the benefits of using art therapy in museum settings and synthesized the information in free verse as an arts-based reflection of what I learned about the ways museum-based art therapy is considered different and innovative. Considering benefits described by the participants, I envisioned possibilities for future collaborations and thought about the qualities of being different.

<u>Different</u>

Different materials

Different things

Different spaces

Courage

Different materials

Different ways

Courage

Creativity

Walk in

Feel different

Art therapy in museums

Something different

Come again

See something different

Slow down

Look at it

Interact

Engage

Relate

Different pace

Different time

Contrast

Different impact

Touch it

Feel the calling

To be touched

Limitations

The participants identified the limitations of role confusion in community

collaborations between art therapists, museums, and other community partners.

Challenges in financing and funding for collaborations were also recognized as

limitations. All participants discussed unique combinations of interdisciplinary

knowledge and skills necessary for this type of practice.

Role confusion in professional identities. The research participants made

distinctions about the authority and skills needed to conduct community arts practice in

collaboration with museums and universities. Assumptions and opinions about how

museums and other public space (e.g., universities, schools, and health agencies)

resources might be used in community collaborations primarily guided the practice trends

described. These included experimenting with multiple approaches to develop

meaningful experiences for targeted community groups to provide opportunities for

growth and development for a myriad of community concerns and needs. During an

interview, a museum-based art therapist contemplated different perspectives about using museum space for art therapy: "I wonder if the art therapist from an art history or a fine arts background are more likely to see the museum as a space [for art therapy]…because they have been trained to think about art in certain ways" (PS). This participant described efforts to frame her arts-based community practice:

[Thinking about] the setting and the people I've worked with…and staying connected to art therapy. I always want to feel connected to being an art therapist. So I think reflecting and thinking about what happens in each setting or with each group…because it is easy to get discouraged or not know where to take it.

Participants discussed role confusion and frustrations in clearly articulating the parameters of professional practices related to polarities in perspectives about defining the therapeutic milieu.

MO discussed the struggle to define community arts practice in the museum. This led to comparisons between clinical and nonclinical settings. MO described these comparisons as a possible limitation to practice because various professions have strong opinions about the distinct parameters of a therapeutic setting. She articulated her perspectives in the form of a narrative and used rich metaphors to explain her approach and understanding of the use of expressive therapy in the museum. I used poetic composition to frame her statements.

If You Will

I wouldn't say it's a touchy thing

To tell people you are an art therapist

I don't want to step on anybody's toes

Or feel like I'm classifying myself or our museum

As something that it's not

It's hard to explain

I definitely think that…

As much as we are a museum

I sometimes do see this as like a counseling center

I see the need for schools and for students

And the space that lends itself so well in our museum

To have these discussions

The museum to me is kind of like a church, if you will

It is solace

Respite

A place I can come in

I can take a breath

It's quiet, but library quiet

Where everybody is in their own book

I'm all about having an experience

And I want it to be shared

Yeah, there is this private moment

Where you maybe need these fine walls

Or these boundaries

You don't want it to be intrusive

Like in life

You need these open doors

You know you can't always live in closed quarters, if you will

It's a hard thing for me to define

Or really wrap in a nice package

I try to teach people that any space you walk in can be a teaching space

A place to learn and experience

A space of opportunities

    (Interview notes, MO)

MO's statements resonated with my experiences of navigating among interdisciplinary and polarized perspectives about museum-based art therapy. I reorganized essential elements found in MO's comments and created a poetic composition to convey these experiences.

<u>A Touchy Thing</u>

Step on toes

Explain

See the need

Museum space—lends itself so well

A Touchy thing

Take a breath

Experience

Like in life

A Touchy thing

Opening doors

Can't live in closed quarters

Explain

Wrap in a nice package

A Touchy thing

Teaching people

Any space can be a teaching space

A therapeutic space, if you will

A Touchy thing

A space to learn

A space to experience

A space of opportunities

A Touchy thing

The participants articulated the need for further examination of community arts practices with museums to illuminate the therapeutic opportunities and collective resources available in such practice. PS stated, "I think this is really exciting. It's really important because there's a museum in most communities and you don't study [museum-based art therapy] in school. It really doesn't come up….Where can art therapy happen?" PS discussed her curiosity about the type of professionals suited for community arts practice and the need for more research to clarify the roles and protocol for this practice. She shared her thoughts and questions:

I wonder what drives people to the museum to want to work there or

create the programming in a community place….Museums are there, but I

don't think that many people have had the opportunity to do it…or know

how to go about doing it…or even imagine what it would look like.

Participants emphasized the need for more in-depth examinations into museum-based art

therapy to identify and clarify the unique practice components, as well as to define the

professional roles in such interdisciplinary collaborations.

Financial constraints and sustainability. Participants discussed the importance

of sustaining community arts practices that are relevant and responsive to community

needs, as well as funding considerations for maintaining this type of programming. They

addressed different strategies concerning where funding originates and how it is

allocated. The primary limitation in maintaining programming related to whether

community partners valued the collaborations and thus prioritized funding for community

arts partnerships. Participants stressed the need for synergy and matching values and

program purposes among collaboration partners. For example, a museum educator in the

study reflected on possible limitations to museum-based art therapy:

I think there could be financial challenges because the museum would be

paying an art therapist in addition to volunteers and staff. So I think that

would be one, but not at my institution. I think a lot of institutions are

very conservative in their approaches and they don't think that social work

or art therapy belongs in an art museum. I think it is just another mindset.

And I think it's a very traditional, conservative one. (KG)

Sustaining such programs requires awareness of how museum-based art therapy

enriches the community and benefits stakeholders (i.e., museums, art therapist, agencies,

and clients or museums audiences). KD discussed variables relating to understanding the

relevance of art therapy in museum programming and the notion that "this museum is interested in being a hub for dialogue and self-expression." She further stated, "The art therapy was something that really did help accomplish that." Participants discussed pitfalls associated with implementing programs considered novel. KD reflected on previous collaborations as "a lot of experimentation and a lot of trial and error." Her perspective included "thinking of it as an opportunity" to enlarge the museum audience. Participants discussed the need for training and education to build awareness of how art therapy fits within museum programming. They noted the museum presence in communities as an asset with multiple opportunities for community arts practices. Participants recognized funding challenges and expressed the importance of sustaining the use of art therapy in museums. One participant who is a museum educator provided an example of this perspective:

> I think it is maybe shining a new light for some communities on what the
>
> art museum is and can be. I think…partnering and bringing in people who
>
> wouldn't otherwise come…changes their perception of the museum. I
>
> think it ultimately changes the perceptions of many in the community.
>
> (KG)

Participants agreed that maintaining museum-based art therapy required continued efforts to educate museum personnel about the ways in which this programming augments the museum's relevance in the community. Participants also discussed the need for community outreach on how community arts practices are beneficial to increasing awareness among potential partners.

Chapter 5

Discussion

This chapter is composed of three sections. The first section provides connections between primary findings of the study and information found in the literature review. Section two includes the implications of the study, which include a discussion about how art-based inquiry in poetic form further reflected the study results. Section two also includes a discussion of empathetic imagination or the ability to make connections in the arts for interpersonal and intrapersonal insight by imagining different life experiences. Empathetic imagination emerged as an essential quality of museum-based art therapy to support healing and therapeutic change. New information in this research illuminates an organizational structure for museum-based art therapy, which is also included in the implications section. The final section provides conclusions drawn from this study and suggestions for future research.

Relationship of Findings to the Literature Reviewed

The research questions in this study examine the ways in which museum-based art therapy effectively expands the therapeutic milieu for art therapists. The study also includes an exploration of the essential qualities of museum-based art therapy with consideration of the benefits and limitations identified by the participants with respect to perspectives in museum education, art therapy, and social work. The literature review highlights the novel ways in which art therapists and museum personnel engage different community partners in creative action. The results in this study reflect and further illuminate similarities in the findings and the literature review. For example, the study highlights previous assertions in literature that indicate museums are a supportive and

suitable environment for art therapy (Linesch, 2004; Marxen, 2008; McNiff, 2009), and recognizes that art therapy in community practice is a relevant and responsive practice approach (Camic & Chatterje, 2013; Salom, 2011). Findings from this study further articulate a clear rationale expressed in the literature and by participants for integrating art therapy methods and approaches in the museum setting. For example, Peacock (2012) and Williams (2010) highlighted the ways museums facilitate healing and growth by opening up museum space for therapeutic experiences such as personal responses to art and imagery, life review, stress relief, mindfulness, and creative expression. The study participants emphasized the importance of such experiences to support local communities in education and public health. Benefits include linking typically separate groups to art therapy and museum resources to build supportive and healing relationships through the arts. These unique relationships foster wellbeing (i.e., psychosocial support, affirmation, acceptance, and competency) through creativity and creative expression (Marxen, 2008; McNiff, 2009; Peacock, 2012). The healing components of art therapy are a responsive way to use museum resources innovatively to address particular needs and interests in local communities.

The beneficial outcomes and the limitations recognized in the literature review are reiterated in the research participants' responses. Study participants described specific benefits in using the arts in community collaborations. Benefits include social connections that reduced isolation and stagnation, as well as improved interpersonal and intrapersonal relationships, which further illuminate the benefits described by Alter-Muri (1996), Peacock (2012), and Salom (2011). The museum educators who participated in the research discussed shifting ideas in museum programming that include personal

responses or relationships to artifacts and imagery. These personal responses empower individuals and groups to find meaningful ways to express life experiences and perspectives through the arts. These views further articulate the ideas regarding therapeutic opportunities available in museum settings presented by Silverman (1989), Williams (2010), and Betts et al. (2015). Participants in the study provide examples of how artifacts and the museum setting serve as essential tools in sharing life experiences and gaining insight into multiple perspectives.

Limitations of using art therapy in community practice primarily relate to assumptions that restrict therapeutic endeavors to clinical settings (Canas, 2011; Kapitan, 2012). Such restrictions include concerns about the novelty and function of art therapists in public settings. The study describes concerns related to role confusion in community collaborations due to limited information about the organizational qualities needed in partnerships between museums and art therapists. This study and the literature reviewed demonstrate that museum-based art therapy requires competency in multiple domains including outreach, professional communications, and the ability to negotiate funding and accessibility (Peacock, 2012; Treadon et al., 2006).

Multiple authors acknowledged the unconventional nature of using art therapy in the community context while articulating clear therapeutic and educational benefits (McNiff, 2009; O'Neill, 2010; Salom, 2011; Silverman, 2010; Williams, 2010). This study and the aforementioned literature demonstrate that museum-based art therapy supports relationship building, fosters healing, and provides an affirming arena for creative expression and enrichment. Collaborations between art therapists, museum

personnel, and community agencies are a unique and innovative way to connect

community resources relevant to the particular needs and interests of local communities.

Implications

Art therapists, museum personnel, and social workers collaborate with schools,

universities, teaching hospitals, and other public health agencies to engage people with

the arts to enrich learning experiences and enhance psychosocial support. These

collaborations expand the therapeutic environment to include public spaces such as

museums. The benefits of connecting to art therapy in community forums support

meaningful relationships and provide a common ground for open dialogue and a new way

of understanding multiple perspectives. The integration of art therapy perspectives in the

museum environment fosters an atmosphere of empathy and safety in which the creative

process is used for life review, self-expression, education, socialization, restoration, and

transformation. The essential qualities of museum-based art therapy include integrating

art therapy perspectives in community practice through creative actions to foster

improvements in health, education, and relationships. Museum-based art therapy allows

art therapists to engage in interdisciplinary collaboration to share knowledge, skills, and

resources in a manner that enlarges community and makes a meaningful contribution to

public health and education.

The museum setting provides essential support for art therapy in the community

context. Opportunities for therapeutic experiences are created in museum environments

by inviting personal responses to art that evoke memories and open dialogue for sharing

life stories and perspectives. The use of art therapy in museum settings invites

exploration into the creative process for healing and transformation. Implications of the

study are presented as three interrelated topics that emerged as important considerations for future research endeavors and future partnerships between art therapists and museums. These topics include poetic verse as art-based inquiry; empathetic imagination in community art therapy; and organizational structure for museum-based art therapy.

Poetic verse as art-based inquiry. The use of poetic interpretation or poetic verse supported an in-depth understanding of the participants' experiences and views on museum-based art therapy. The poetic form allowed me to go beyond limitations of inquiry that impose a narrow focus on mechanics (i.e., counting words and evaluating themes for hidden meanings). Instead, participants' perspectives are examined holistically with an aesthetic lens of inquiry, allowing me full immersion and engagement in participants' thoughts and experiences. This approach to inquiry amplified the perspectives emphasized by extracting the essential words and phrases to expose core essences. Poetic verse allowed me to re-create and communicate perspectives using the participants' vernacular, further reflecting culture and context.

Constructing poetic verse as art-based inquiry requires sustained efforts in reflection and re-experiencing interview content. I read the participants' comments numerous times and revisited the poetic reflections of participants' focused statements. Over time, I formed impressions (drawings, journal reflections, and short poems) based on listening to refrains, pauses, and points emphasized and used poetic form as an art-based response to research experiences. This process clarified the core elements of the results and included my aesthetic response to further portray the findings in a terse summary.

Integrating poetic composition in the method of inquiry involved progressive phases to further delve into the multiple layers of meaning in participants' perspectives. The beginning phase included absorbing initial perceptions to reflect the explicit meaning of what was stated. The next phase explored salient points that emerged in expressive form within participants' statements. For example, the expressive forms were recognized in refrains, lyrical qualities, repeated words and phrases, narratives, and metaphor. These expressive forms were used to restate participants' perspectives in poetic verse composed directly from participants' words and phrases. In the next phase, I used active imagination to reflect on the felt sense of what I learned and discovered in the entire process. This phase inspired response art, which I created in poetic form. The multiple phases of inquiry allowed me to convey nuances of meaning and to reflect in-depth information available in participants' perspectives.

Empathetic imagination in community arts practice. A salient discovery in the study is linked to ways each study participant (art therapists, museum educators, and a social worker) established practice methods to foster and nurture empathetic imagination in individuals and groups through guided interactions with artifacts, museum resources, and the creative process. Empathetic imagination or encountering a felt sense of compassion by actively engaging imaginative thinking provides experiences and opportunities for sharing life stories and considering other perspectives. Opportunities in museum-based art therapy for empathetic imagination are developed and implemented to open a dialogue about different perspectives among a wide range of groups in the community. Integrating art therapy in the museum environment shifts the setting away from the clinic and into the community, and prompts an open discourse about perceptions

related to the arts and life experiences. Museum audiences learn about each other's experiences, social context, and history through conversations evoked in arts and creative action.

Empathetic imagination expands perspectives and allows groups to contemplate other perspectives by considering life experiences expressed in art and the creative process. Artworks and the museum space (i.e., galleries, studio space, café, and interactive galleries) are tools needed to prompt empathy as well as a meaningful way of integrating new experiences and perspectives. Using the arts to develop empathetic imagination is a common thread or essential quality of museum-based art therapy.

Organizational Structure for Museum-Based Art Therapy

This study identifies specific qualities described by participants as essential for art therapists and museum personnel in using museum resources for community development in public health and education. Essential organizational qualities emerged as a structure for providing community arts practices or museum-based art therapy. The essential qualities included accessibility and invitation; community perspectives in practice; safety and sense of belonging; creativity and self-expression; and sustainability of practice and programming. These procedural elements provide an organizational template for future endeavors in museum-based art therapy.

Accessibility and invitation. Establishing meaningful relationships with diverse community groups is the first essential step in opening art museum doors for access to art therapy. Inviting different groups to the museum requires a sensitive assessment of group needs to ensure the museum-based art therapy encounter is relevant to the group's interests and concerns. Personal relationships with community partners and an open

invitation to engage with museum resources is needed to dispel misperceptions about museums as elitist and irrelevant to the lives of vulnerable groups in the community. Providing access to museum-based art therapy is dependent on helping people feel welcome and on fostering a sense of belonging that supports competency in the museum setting. Deliberate efforts are needed to extend an invitation to the museum that recognizes the particular needs and concerns of different community groups.

Community perspectives in practice. The impetus for community arts-based collaborations is based on the notion that the creative process or creative action fosters healing and transformation, which is understood in the study as a change in one's perspectives about self and others through learning, growth and development, empathy, and insight. Museum-based art therapy is a form of community practice, which involves multiple partners who view the arts and the creative process as a conduit for learning and for supporting public health. An interdisciplinary perspective builds upon synergistic perspectives in meeting varied community needs in education and healthcare.

Safety and sense of belonging . An important aspect to consider in museum-based art therapy is the need to establish a sense of belonging in the community therapeutic setting or the museum environment. A necessary component of the museum environment is evoking the sense that museums offer places to experience unity and places to be recognized as valuable and relevant. The study highlights the importance of inviting individuals and groups within the community into a space of acceptance, creative expression, and inspiration regardless of the perceived or actual limitations imposed by circumstances in the community.

Creativity and self-expression. The use of art therapy in museum settings offers distinct opportunities in self-expression and creativity. Linking therapeutic components of art therapies to settings imbued with aesthetic stimulation inspires creativity and affirms self-expression in the arts. Museum environments offer experiences that link arts and creativity for multiple therapeutic objectives in health, education, and community development. Museum-based art therapy affirms experiences in the arts that promote healing and insight. This study demonstrates a myriad of possibilities for self-expression and learning through creative action. Museum-based art therapy engages personal responses in narrative or sharing life experiences in arts and active imagination. Integrating the arts in museum environments opens the space to multiple domains for creative thinking and self-expression.

Sustainability of practice and programming . Museum spaces bring unique qualities to the community art therapy, which serve to sustain creative action and the creative process in education and public health. Sustaining the practice and programming is reliant on the unique elements each partner brings to collaborations and the ability to develop synergistic and supportive relationships. Successful collaborations are sustained by articulating the benefits (i.e., healing and therapeutic change or restoration) and purposes (i.e., accessibility, creative action, and shifting perspectives) of using art therapy in nontraditional settings such as museums. Art therapy programming in museums are further sustained by the reciprocation in collaborative relationships. This reciprocity is an intrinsic feature of museum-based art therapy. For example, art therapists, museum personnel (museum educators, docents, and visiting artists), and participants make

important and unique contributions to the therapeutic encounter with the arts in museum settings.

Recommendations

The study findings provide an organizational structure for continued efforts in museum-based art therapy practice and programming. This protocol requires further study and implementation to confirm these procedures as essential to community art therapy. Community collaborations of this nature require knowledge and understanding of interdisciplinary perspectives and continued professional development. Implementing museum-based art therapy in this manner offers the creative process and creative action as a relevant and responsive approach to the needs of individuals, groups, and agencies in the community. Developing empathy among individuals and groups in the community was shown to be unifying and affirming while allowing different perspectives to be shared. Further study is needed to understand the impact of teaching and engaging empathetic imagination in art therapy in general and in community arenas such as museums.

Conclusions

Museums serve as a conduit for art therapy in the community setting. Museum resources (i.e., artifacts, galleries, and personnel) become allies in engaging the broader community in creative action and the therapeutic process. The use of museum-based art therapy engages a broader community in which all sectors are invited to engage in the creative process for healing, psychosocial support, education, and public health. Museum-based art therapy fosters sharing of different perspectives among people who would otherwise be separated in the community. These interactions enrich the museum

experience, build relationships, and provide insight into different perspectives. Museum-based art therapy serves as a link to collective resources in the community and expands the relevance and therapeutic impact of expressive therapies.

APPENDIX A

INFORMED CONSENT

Principal Investigator: Sarah Hamil, co-researcher, Shaun McNiff, PhD program in Expressive Therapies, Lesley University

You are being asked to volunteer in this study to assist in my doctoral research on Museums as Potential Space in Art Therapy. The purpose of the study is to investigate the potential benefits and/or limitations of the use of creative arts therapy provided as part of museum programming.

You will be interviewed about your knowledge and/or experience with the use of arts therapies in community arenas such as museums. During the interview you will be asked to reflect on the organizational components of museum-based creative arts therapy, as well as your perceptions about how such collaborations are beneficial or limited. You will be invited to provide a creative response to represent your perspectives and experiences. For example, you will be asked to reflect on your ideas through imagery, artifacts, poetry, and/or with an identified museum space. The interview will be 30-45 minutes in length, take place in your office or another location you prefer, and will be audio taped. The creative responses will be recorded digitally.

You will be personally interacting with only me (Sarah Hamil) as the principal researcher. This research project is anticipated to be finished by approximately April 30, 2015.

I, _____, consent to participate in research on Museums a Potential Space in Creative Arts Therapy.

I understand that:

- I am volunteering for an interview for approximately 45 minutes in length regarding the use of creative arts therapy in community arenas such as museums.

- Interviews will be audio-recorded.

- My identity will be protected, unless I choose to be acknowledged as a

  participant.

- Interview materials, including reports, creative responses, video or audio recordings will be kept confidential and used anonymously only, for purposes of supervision, presentation and/or publication. However, I may authorize the use of material that would identify me as a participant in the study.

- The interview will include verbal discussion about my knowledge and experiences with museum-based creative arts therapy. Also, I will be invited to provide a creative response to represent my perspectives and experiences. For example, I might reflect on ideas through imagery, artifacts, poetry, and/or with an identified museum space

- The interview may bring up feelings, thoughts, memories, and physical sensations. Therefore, possible emotional reactions are to be expected, however, I am free to end the interview at any time. If I find that I have severe distress, I will be provided with resources and referrals to assist me, and will not lose any benefits that I might otherwise gain by staying in the study.

- This study will not necessarily provide any benefits to me. However, I may experience increased self-knowledge and other personal insights that I may be able to use in my daily life. The results of the study may also help to increase public and professional awareness regarding the use of creative arts therapy in museums.

- The audio recordings, pictures, and transcripts will be kept in a locked file cabinet in the investigator's possession for possible future use. However, this information will not be used in any future study without my written consent.

- The researcher is ethically bound to report, to the appropriate party, any criminal intent or potential harm to self.

- I may choose to withdraw from the study at any time with no negative consequences.

Confidentiality, Privacy, and Anonymity:

*You have the right to remain anonymous. If you elect to remain anonymous, we will keep your records private and confidential **to the extent allowed by law**. We will use pseudonym identifiers rather than your name on study records. Your name and other facts that might identify you will not appear when we present this study or publish its results.*

I choose to remain anonymous and my identity will be protected as indicate above.

_____*Initials*

I authorize the use of material that would identify me as a participant in the study.

_____*Initials*

You can contact my advisor Dr. Shaun McNiff at 617-349-8562 or smcniff@lesley.edu with any additional questions. You may also contact the Lesley University Human Subjects Committee Co-Chairs (see below)

You will be given a copy of this consent form to keep.

a) **Investigator's Signature**:

_____   _____   _____
Date   Investigator's Signature   Print Name

b) **Subject's Signature**:

I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me and I agree to become a participant in the study as described above. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.

_____   _____   _____
Date   Subject's Signature   Print Name

There is a Standing Committee for Human Subjects in Research at Lesley University to which
complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Co-Chairs Drs. Terry Keeney (tkeeney@lesley.edu) or Robyn Cruz (rcruz@lesley.edu) at Lesley University, 29 Everett Street, Cambridge Massachusetts, 02138.

APPENDIX B

INTERVIEW QUESTIONS

Interview Guide for Study of Museums as Therapeutic Space in Art Therapy

Date and Time of Interview:

Place:

Interviewer: Sarah Hamil

Interviewee Initials:

The intent of the study is to explore the potential benefits and/or limitations of museum-based art therapy: defined as art therapy provided a part of museum programming.

Participation in the interview will entail engaging in a recorded interview for approximately 60-75 minutes to describe your experience with museum-based art therapy.

Questions

1. What has been your role in the use of art therapy in community settings such as museums?

2. What are your impressions or thoughts about this work?

3. How would you describe the impact or influence of community space such as a museum on art therapy?

4. How would you describe the benefits of museum-based art therapy?

5. Are there any obstacles or limitations that come to mind?

6. What suggestions do you have for the museum and/or for the art therapist regarding these types of collaborations and partnerships? For instance, what type of organizational strategies are employed in this work?

7. What have you found inspiring about the use of museums or museum space for these types of collaborations?

8. How would you represent your perspectives in a creative response? For example would you like to create a drawing, a poem, identify an image or artifact as a response, or perhaps there is a particular space that reflects your ideas and perspectives.

9. Have I overlooked anything that comes to mind about the use of art therapy in community arenas such as museums?

10. Do you have any other comments?

Thank you for participating in the interview and providing informed consent. Please be assured that identifying details will be kept confidential. If you have any questions or comments please contact me at number provided on the consent form.

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