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Art Therapy in a Museum Setting for Adults with Intellectual and
Developmental Disabilities: A Literature Review

Capstone Thesis

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Abstract

This literature review aims to explore a trend within the field of mental health services, of moving away from more restrictive and stigmatizing environments, such as hospitals and clinics, and into public spaces, specifically art museums. Current literature indicates that art therapy is specifically appropriate for individuals who have difficulty with social connection and verbal communication, allowing for a way to express themselves while finding connection in a non-verbal way. Art museums have also seen a shift in purpose through increasing community based and therapeutic programming, aimed to create a space of healing and connection, and becoming more accessible and comfortable to a wider range of museum patrons. Art museums are now being viewed as non-stigmatizing places that allow for natural learning to occur (Roberts et al., 2011). These shifts in both art therapy and the museum setting allow for a natural and mutually supportive collaboration. Although much of the research on the benefits art therapy in museum settings is inconclusive, evidence-based inquiry through the use of quantitative methods will allow for more advantageous opportunities toward art therapy collaborations within the unique and beneficial public museum setting.

Keywords: art therapy, art museum, disability art, intellectual disabilities, inclusion

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Introduction

Within the last decade, mental health services have begun to move away from clinical settings into more public, community-based environments (Roberts, Camic, & Springham, 2011). Sometimes referred to as community psychology, such therapeutic spaces aim to use everyday shared environments (Levine, Perkins, & Perkins, 2005) to create social inclusion for those populations who may feel publicly stigmatized due to their mental health needs (Roberts et al., 2011). In fact, a number of major galleries and museums within the United States and internationally, including The National Gallery of Australia in Sydney, the Museum of Modern Art (MoMA) in New York City, and Tate Britain in London (Roberts et al., 2011) have begun to implement therapeutic programming as part of their community initiatives. Art therapy has also been used to work with individuals with intellectual and developmental disabilities including autism spectrum disorder and Down syndrome, among others. Art therapy is uniquely appropriate when working with individuals with differing intellectual and developmental disabilities as individuals within this community may struggle with verbal communication, and art in any form offers a means of non-verbal expression. Art therapy can also be used as a way to teach new skills, and has been shown to be effective in combination with other therapies to reduce challenging behavior, often a result of limitations in functional communication abilities. Although the use of art therapy for individuals living with intellectual and development disabilities has been presented throughout the literature (Got & Cheng, 2008; Lister, Tanguay, Snow, & D'Amico, 2009; Noble, J. 2001), there is a lack of information available regarding art therapy programming in museum and gallery settings with this specific population.

Museums and other public gallery settings may be particularly appropriate places for adults with intellectual and developmental disabilities to participate in art therapy programming because they offer unique opportunities for social engagement, community participation, and social skills training (Treadon, Rosai, & Thompson Wylder, 2006; Coffee, 2008; O'Neill, 2010; Roberts et al., 2011; Peacock, 2012). Colbert, Cooke, Camic, and Springham (2013) described museums and gallery spaces as non-stigmatizing environments, allowing for more natural learning and relationship building to occur without the inherent stigma of a clinical setting such as a hospital. Furthermore, different approaches have been used in combination with art therapy to create beneficial experiences for individuals of differing abilities. For example, Brown and Kandirikirira (2007) discussed using artistic activities to facilitate in the development of creative identities, allowing adults with disabilities to gain a sense of self and accomplishment in their endeavors as artists. A post-modern approach can also be used in viewing artworks in museum settings, and as Colbert et al. (2013) discovered, "Narrative approaches to research have been adopted as a useful and appropriate method of gaining in-depth stories regarding the significance of art to the person (Stacey & Stickley, 2010)" (p. 251). Using art to explore individual narratives through the use of viewing artwork and learning about the experiences of the artists may also allow for personal growth and connection. Lastly, a behavioral art therapy approach may be used for individuals with more challenging behavior, allowing persons who may have a hard time even attending public events or spaces to participate in social skills training through the use of art therapy in a public environment.

It has been noted that doing art therapy in a museum setting may be beneficial to individuals with disabilities; however, these programs may actually be advantageous to the museum as well. When art therapists go into settings such as museums, they must work together

with public institutions in order to advocate for the need and benefit of art therapy, and also be mutually beneficial in obtaining funding for joint programming. The Institute of Museum and Library Services (IMLS), one of the main sources of federal support for museums in the U.S., provides their largest grant, the Museums for America award, to institutions that provide, “high-priority, high-value activities that are clearly linked to the institution’s strategic plan and enhance its value to its community” (IMLS, 2011, p.1). Each project granted to the MFA is required to meet three goals: engaging communities, building institutional capacity, and collections stewardship. In order to obtain grants such as the MFA, museums need to work with art therapists to research how they may best serve specific populations, and root their programs in evidence-based practice, creating high value and high priority community programming (IMLS, 2011).

Cousik, Mishra, and Rang (2017) acknowledged the fact that, “research is often conducted *on* persons with disabilities (PWD) rather than with” (p. 3039), along with the reality that this is not only common to individuals with disabilities, but also other marginalized populations. Researchers, as well as those creating and leading programming at these museum settings, most of the time, do not have the special needs that they are researching. This may be presenting bias based on the dominant view and disregarding the experiences and needs of the participants themselves. According to Kitchin (2000), the perspectives from both the researched and researcher are needed in order for the reader to understand the multiple perspectives taking place within the literature. Similarly, Cousik et al. (2017) emphasized the power distance between researchers and those being researched, and highlighted the credibility and authenticity of the narrative when those being researched are allowed to include their voices. Furthermore, when these studies are used to inform programming at public institutions, such as museums,

allowing for the perspectives and viewpoints of specific populations to be accessed directly in the literature will make way to more engaging and successful relationships.

The aim of this literature review is to examine the impact of bringing art therapy into the public domain of a museum setting, and the implications of doing so specifically when working with adults of differing abilities. In order to discover what ethical issues may arise, the literature will be evaluated for examples of art therapists working therapeutically in such public settings, along with different ways the relationship between the art therapy community and museum settings may be mutually beneficial in promoting and destigmatizing mental health services. By also exploring the definition of disability, and understanding disability art as a form of activism, art therapist may begin to plan programming specific to the unique needs of differently abled individuals, as well as use a public platform to begin changing the current narrative based on the dominant view. Furthermore, different art therapy approaches will be examined in order to find best practices when developing programming with and for this specific population. Lastly, a brief discussion on defining disabilities will be approached as a means to understand how the act of defining “differently abled” has been a problematic endeavor throughout history, and has added to the ways different mental health providers approach working with, and advocating for, individuals who have differing abilities.

Literature Review

Art Therapy for Differing Abilities

Art therapy has been shown throughout the current research to be beneficial in not only improving quality of life for individuals living with intellectual and developmental disabilities (Got & Cheng, 2008), but as a way, “to improve their abilities to cope with demands of their environments and to relate to others through understanding of self and others” (Got & Cheng,

2008, p. 32). Furthermore, Got and Cheng (2008) explained that using art with these populations is particularly appropriate since it allows those unable to express themselves verbally for whatever reason to do so through their art. The authors explored the idea that art making, “provides another channel for individuals to release their impulses and inner struggles in a more socially accepted and positive way (Moon, 2004; Schirrmacher, 1993)” (p. 32), allowing for social, emotional, and cognitive developmental growth. By increasing self-awareness and insight through the use of art making and viewing, individuals who may have a hard time relating to others will begin to learn how to better form relationships by learning to correctly perceive emotions felt by self and others (Got & Cheng, 2008). Additionally, by feeling a sense of accomplishment through the art making process, individuals may also begin to embody a sense of pride in their own abilities.

Art therapy and artistic expression have been applied in communities of adults living with special needs through creative art therapy centers, which may involve open studios and art gallery programs that give these individuals a place to promote and create their artwork. Lister, Tanguay, Snow, and D’Amico (2009) described the development of the Center for the Arts in Human Development (CAHD) located in Montreal. Influenced by the social and personal benefits of art therapy, Lister et al. (2009) aimed to add to the literature ways to provide these types of community services while still meeting mandates in objectives such as research, education, and clinical goals that encompass their overall mission. CAHD created art therapy based programming for their participants, adults living with disabilities, which, “improve their self-esteem, confidence, social skills, and general quality of life” (p. 35). Data is collected mostly through interviews done not only with the participants themselves, but also given to parents, caregivers, and even community partners. Ludins-Kats and Katz (1990) created a similar

program with widely popular and beneficial results. Building community seems to be a common trend within the goals of creative art centers. Lister et al. (2009) explained that, “In our situation, this sense of community was evidenced by the participants’ requests for new ways to sustain their involvement at the center and with each other. Bringing the participants together in a unique setting opened them to a community outside their daily experiences” (p. 37). Through the use of art exhibits, the researchers have also found mutually beneficial effects for engaging the outside community. Not only does displaying art in public places enhance the opportunity for the artists to feel included in society by decreasing stigma and increasing self-worth, but it can also become a venue in which to advocate for artists with special needs while challenging the assumptions that enable stigma and incorrect beliefs about this population (Girija & Gerber, 2007; Lister et al., 2009; Treadon et al., 2006).

Defining Differently Abled

Pounsett, Parker, Hawtin, and Collins (2006) used the World Health Organization (1980) definition of disabilities to define that a disability is, “a restriction resulting from impairment, and a handicap is the disadvantage to an individual resulting from this impairment or disability” (p. 79). The Center for Disease Control (CDC) used Rubin and Crocker’s (1989) definition of disabilities, stating, “Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person’s lifetime” (CDC, 2018). Additionally, the National Institutes of Health (NIH) give two separate definitions of disability, one for intellectual disability and a separate explanation for developmental disabilities. NIH (2010) defined that intellectual disability:

Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. (p. 1)

While describing a developmental disability as:

A severe, long-term disability that can affect cognitive ability, physical functioning, or both. These disabilities appear before age 22 and are likely to be life-long. The term ‘developmental disability’ encompasses intellectual disability but also includes physical disabilities. Some developmental disabilities may be solely physical, such as blindness from birth. Others involve both physical and intellectual disabilities stemming from genetic or other causes, such as Down syndrome and fetal alcohol syndrome. (p. 1)

It is clear that many definitions of disability have emerged and been used in an attempt to define such a diverse population. However, Gordon and Gosh (2013) observed that although disability rights activists have made an impact in the last few decades, individuals with different abilities are still being marginalized throughout society and Western culture as a whole (Barnes, 1997). The medical model of disabilities has lent itself to this marginalization by adopting the philosophy that, “able-bodiedness is taken to be the background assumption and anyone with disabilities is regarded as someone who must either overcome her disabilities (and fall in line with others in the race to succeed) or else be a failure (and therefore be disqualified from recognition and respect)” (p. 1). Mykitiuk, Chaplick, and Rice (2015) further defined disabilities through a medical lens as a condition needing a cure, compared to pain and suffering, dependence and limitation (Garland, 2012). Looking at disabilities through another ideology, the

social model speaks to the discrepancy of a physical or mental disability and the environment, or social world that the individual lives in (Mykitiuk et al., 2015). Instead of an internal limitation based solely on the disability, this framework blames the social restrictions that are imposed onto those living with disabilities (Mykitiuk et al., 2015; Thomas, 2007).

These approaches and definitions, amongst other ideologies of disabilities, have been derived as a way for those who do not have a disability to understand the lives of those who do (Garland, 1997; Mykitiuk et al., 2015). Allan (2005) spoke to the politics of disabilities, and the idea that able-bodied oppressors have used these ideologies as a means to maintain the exclusion of individuals with disabilities from society (p. 31). Not only do able-bodied definitions of disabilities impose false representation of the experiences of those with disabilities, they do not take into account the diversity amongst individuals with differing abilities. In fact, Mykitiuk et al. (2015) further explained, “Individuals who live in and with different embodiments are taught to normalize themselves, apologize for their differences, or live uninhabitable embodiments (Rice, Chandler, Harrison, Liddiard, & Ferrari, 2015, p. 524)” (p. 375). They are not given a voice to define their own experiences, but rather have been educated to try and fit the mold.

Disability Art

It comes as no surprise then that able-bodied artists are primarily represented in public museum settings. This being said, art has inherent properties of expression that allow the experiences of individuals with disabilities to be witnessed. Coming out of the 1970s disabilities rights movement, the disability arts movement focuses on, “aesthetic/cultural concerns about the representation of non-normative bodies” (Mykitiuk et al., 2015, p. 376). Marxen (2009) used the term “social tool” to define art in terms of politics. This movement has grown into a political

front for disabled artists to express and advocate for their own perspectives, and challenge the dominant view of disabilities that have previously silenced the true voices of disability.

Allan (2015) emphasized the power of disability arts and its goal to, “strategically deploy *difference* in order to make a political difference (Singh, 1995, p. 197)” (p. 32). Allan (2015) embraced the importance of disability art in the advancement of inclusion and augmenting of participation of marginalized communities. Disability art may also have the unique ability to expose exclusionary barriers, and as Allan (2015) described, “is driven by pride, beauty and celebration of differences, giving disabled people a voice, whilst also ensuring that their voice is not valorized at the margins (Ram, 1993; Singh, 1995)” (p. 31). Mykitiuk et al. (2015) described these arts-based initiatives as having the capacity to represent the views of marginalized populations without normalizing them. These arts-based actions may even be used to challenge those ideologies created by able-bodied observers, and change the problematic narrative of disability as needing a cure or being something to be overcome (Mykitiuk et al., 2015). In order to continue the advancement of arts-based initiatives and to give platform for artists to advocate through the use of creative expression, art therapists must be prepared to understand the role of disability art when working with differently abled artists in public settings such as museums.

Approaches in Art Therapy

Art therapy, although rooted in many traditional theories of psychology, has aligned closely with initiatives toward social justice (Estrella, 2008; Sajjani, 2012; Ifrach & Miller, 2016). Art therapy, as a mental health field, is based on different methodologies, and many art therapists work from different perspectives using techniques in combination to best fit the needs of the unique individuals they serve. Many therapists choose to take a more eclectic approach to providing art therapy, and this diverse approach has been discovered to be particularly

appropriate when used in public art spaces. For example, Colbert et al. (2013) used a post-modern art therapy approach, specifically social constructionism, to identify and isolate the stigma that individuals living with mental health often experience. The aim of their intervention was to assist participants with psychosis in using their own narratives and life experiences to rewrite that of the dominant interpretation. Furthermore, this study intended to disengage oppressive and stigmatizing aspects that have become popularized through the dominant descriptions of psychosis. The authors also intended to provide and increase wellbeing and social inclusion as part of the recovery process. The intervention took place in a public art gallery, and the participants, five men and two women ranging from late 20s to early 60s in age, engaged in four sessions each 2.5 hours in length. The length of each session was divided to encompass a discussion in the gallery with one of the facilitators, free time to sketch in the gallery, an art making component implemented by an art therapist in the gallery's studio, and lastly, 30 minutes were reserved for discussion. A three-part interview analysis was used to evaluate the three main themes of the study including the dominant narrative of psychosis, modifications to the this dominant narrative, and the literary narrative which gathered information regarding "familiar genres of stories" (p. 252) within the participants' personal narratives. The author met with each participant for approximately 35- 90 minutes after each gallery session to conduct the interviews. Although the analysis of these interviews suggested that this intervention allowed for modification of the dominant narrative of psychosis through personal stories of the participants, no evidence was found suggesting that this intervention increased social inclusion, supported recovery, or improved wellbeing. That being said, it could be possible that with a different form of data collection, more productive information could be gathered. The study was also limited by the lack of diversity and demographic information among the participants. More replication is

needed, however, the general feedback from participants throughout the interview process was positive.

Implications for Research and Planning

While art has been used in healing for centuries, art therapy is a relatively new clinical field, and one that is inherently subjective in terms of outcomes. The need for more evidence-based research is being required for programs seeking outside funding, and is now generally thought to be the standard practice for the social sciences. Art therapy is based heavily in the process, and most of the current research makes use of smaller, qualitative research models. When art therapists go into settings such as museums, they must work together with these public institutions to not only advocate for the need and benefit of art therapy, but also be mutually beneficial in obtaining funding for joint programming. Therefore, the following researchers proposed the use of quantitative methods of research to explore the evidence base of this field.

Pounsett et al. (2006) aimed to examine if the changes that took place during an art therapy intervention could be observed and measured objectively. Although the researchers stated that the use of video to film sessions in art therapy had not previously been used to collect data, Pounsett et al., (2006) chose this form of data gathering as it has been valuable in other studies with this population (McBrien, 1994; Evans & Dubowski, 2001). Participants were chosen on a referral basis, and each therapist who participated in the study chose one applicant. There were three participants in all ranging from 28-29 years of age. Inclusion criteria were set broadly, and no specific criteria for age, sex, ethnicity, or disability were given. Although participants could be either verbal or non-verbal, the participants did have to be deemed compatible with the filming process, and were not chosen if filming would be clinically detrimental in any way. A six session assessment was used in order to determine if each

participant was a good candidate for art therapy, and then a modified version of The Play Observation and Emotional Rating System was used to rate each session via video footage and to record change throughout the first year of therapy. Results showed that it is possible to collect objective information regarding changes that occur during an art therapy intervention, however many more questions surfaced for the researchers as a result of this study. Limitations included the ethical considerations of filming a therapy session and the possible biases filming could interject into the therapeutic process and relationship.

Saunders and Saunders (2000) also acknowledged the limited availability of quantitative research available in the field of art therapy. This limitation, according to the authors, is detrimental to the field due to the increasing request by funders for these types of evaluations that measure program success rather than just process outcomes. Therefore, this study evaluated an art therapy program throughout a three-year period using a quantitative methodology to examine the ability of the participants to form therapeutically relationships, positively change behavior, and achieve previously identified goals. The methods used included a pre-test and post-test design in the form of intake and exit forms that were completed by the therapist for each client. Ninety-four clients ranging from ages 2-16 were included in this study, with a typical client being identified as an 8-year-old white male. Identified problems seen within the ninety-four clients ranged from aggression, family violence, divorce, sexual abuse, parent-child relationship problems, and poor self-esteem. Overall, the results showed positive outcomes and were consistent across most participants. Challenging behavior was reduced, while goal attainment increased significantly throughout the three years. The authors assessed that limitations lay within the broader field of art therapy, stating that the, “lack of sophisticated

knowledge of research methods and inability to develop valid and reliable outcome measures” (p. 105) are serious issues needing to be addressed.

Cousik et al. (2017) emphasized the problematic reality that often times research is conducted on marginalized populations, rather than working alongside them. Researchers, most of the time, do not have the special needs that they are researching, which may be presenting bias based on the dominant view and disregarding the experiences of the participants themselves. Often this problematic reality of lack of inclusion in research is how dominant ideologies based on assumptions by able-bodied observers come to overshadow the experiences of the disability community, continuing the oppression and stigmatization of differently abled individuals. According to Kitchin (2000), the perspectives from both the researched and researcher are needed in order for the reader to understand the multiple perspectives taking place within the literature.

In order to begin representing and empowering the voices of those being researched in the literature, Cousik et al. (2017) used a reflexive process to create co-authorship between two researchers and a participant living with a disability. Specifically, this was done to study the gap that can be found in the literature related to individuals in leadership positions within the workplace, and what factors can either help or hinder persons with disabilities in achieving these roles. Ultimately, the goal was to use a creative process, like writing a poem, to represent and check the accuracy of meaning within a participant’s own story to that of the interpretation that the researchers gained through previous interviews. The authors also aimed to develop insight into the process of co-authorship. This was done through a five-part process including a research participant phase, poetic re-representation of interview data and first author’s reflection, second author’s reflection on the poem, revised sections of the poem, and reflection about role shift-

participant as coauthor. The use of co-authorship and a co-constructed approach did allow a clearer understanding of each individual's views. It also validated and supported commonalities in the meanings that had surfaced from the poem. The authors also mentioned the ability of co-authorship to operate as a member-checking device, ultimately allowing for more evidenced data to be collected as part of a qualitative study. Limitations such as risks with conflict and discomfort on the part of the participant related to their words being transformed by the researcher, along with the possibility that the participant would ultimately not give consent to publish the piece or deny the information obtained through the interviews were all explored as realities that could occur. Although there is room for improvement within the ways researchers work with specific populations, when ethical and thoughtful research is used to inform programming at public institutions, such as museums, allowing for the perspectives and viewpoints of specific populations to be accessed directly in the research will make way to more engaging and successful relationships.

Art Therapy in the Museum Setting

The purpose of museums, as Marxen (2009) described it, should not be only one of curatorial efforts, but as providers of services intended for wide variety of groups and individuals. Marxen (2009) adamantly determined that this should go above and beyond the traditional "elitist pedestal" (p. 131) that art tends to sit on, by taking the initiative in bringing the arts to communities that do not usually visit contemporary museums for a multitude of different reasons including accessibility. Similar to the paradigm shifts in the field of mental health counseling, specifically moving out of stigmatizing environments such as hospitals and into more public environments, Marxen (2009) considered the different approaches now used to interpret art and its function when working parallel to political, social, and therapeutic fields. The

work being done by the Contemporary Art Museum of Barcelona (MACBA) is given as an example of ways museums can work towards this new responsibility of providing crucial services to marginalized populations. In fact, the purpose of art as a social and political tool is heavily weaved within the museum's policies and mission (Marxen, 2009). This has not only changed the perspective and approach to providing specialized programming and community services, but is now echoed in the curated exhibitions as well. The museum also offers conferences, trainings, workshops and seminars, and does not use the term "education" but rather "mediation", bringing the public into the museum as active participants rather than passive viewers (Ribalta, 2006; Marxen, 2009).

MACBA's initiative also highlights specific programming geared towards art therapy and even problematic aspects of the mental health field. In 2006, the museum hosted a series of conferences titled "You Still Remember—Anti-Psychiatry", supported by a complimentary exhibit of artwork. Marxen (2009) took this therapeutic programming one step further when providing services for adolescents facing issues with social anxiety and behavior. Although working as an art therapist, the author rejected the use of labeling the program as therapeutic due to negative responses and associations by the adolescents, allowing for creative aspects of the program to be indirectly therapeutic.

Defining the Museum Setting

Traditionally museums, as described by Steier, Pierroux, Krangle (2015), have been seen as places where social interactions include whispers and organized viewing of artwork from one gallery to the next (Bourdieu et al., 1990; Bennett, 1995; Pitman & Hirzy, 2010). Salom (2011) added to this historical description of museums as, "institutions that safely keep artifacts 'for the study and understanding of mankind' (De Montebello, 2005, p. 4)" (p. 81). This being said,

Salom (2008) found many therapeutic benefits to the traditional artifacts and even architectural structures of the museum environment including artistic diversity and the metaphorical and symbolic potential within the art itself. The museum space, with its endless abilities to transform from room to room, can be used thoughtfully when planning therapeutic work with individuals and groups. Similarly, the objects held within the walls of the museum can be thought about and viewed in endless ways depending on what experience the art therapists wants to evoke, or with which population the therapist is engaging with (Salom, 2011).

Due to the nature of a public space, art therapists have a number of constraints that need to be thoroughly considered as part of the planning process (Sprayregen, 1989; Salom, 2011). Constraints in this environment that art therapists need to become aware of could include, but are not limited to, how much time and space is allowed during a specific program, number of group members appropriate for a specific environment, along with the frequency of sessions permitted by the institution.

The Art Therapists Role within a Museum

Salom (2011) advocated for the introduction of art therapists into the museum setting in order to expand the field into new environments where there are potential misunderstandings, or unfamiliarity, with the possibilities of using art within the field of mental health in beneficial ways. Salom instructed that in order for art therapists to make the most impact, they should be well versed not only in the art making process, but in exhibiting and viewing art in museums as well. Primarily this is important since art is often seen as solely recreational, and the idea of therapy is often met with resistance and stigma. Salom held the belief that when art therapists collaborate or include artistic institutions, such as museums into the therapeutic practice, it actually honors the history and even evolution of the field of art therapy. In fact, Salom (2011)

quoted Thomson (2009)'s description of the field of art therapy as one that encompasses, "a contemporary art practice that strives to restore the primacy of art and to achieve a balance between artistic practice and psychotherapy" (p. 159). When an art therapist considers a curatorial function, they are better equipped to guide the conversation or allow for a more therapeutically based experience. Salom also brought the museum into the therapeutic relationship as a co-leader, allowing the therapist to use the museum and the artifacts within as a means for goal achievement when used in accordance with the themes and approaches most beneficial to the specific population being served.

Salom (2011) acknowledged that building a therapeutic relationship within the museum, although possible, has to do with how thoughtful the therapist's awareness and planning around the constraints of the museum setting prior to the implementation of each session. Alternatively, the therapeutic relationship may be started outside of the museum, or the museum may be used in conjunction with more traditional therapeutic settings.

Art Viewing as Therapeutic Practice

Roberts, Camic, and Springham (2011) aimed to explore the psychological and social qualities of art viewing in a public, non-clinical environment, such as an art gallery, for family members and caregivers of individuals with severe and prolonged mental health problems. Two co-facilitators worked with eight participants who ranged from 30-60 years of age. The co-facilitators included a gallery curator and a senior art therapy clinician, neither of which had prior experience working with this population. A qualitative design was used to evaluate sessions that comprised of two 90-minute art viewing groups in the gallery with an art making component held afterwards in the gallery's studio. The grounded theory approach was used to record semi-structured interviews, typically an hour-long, that the author then turned into an edited podcast

uploaded to the gallery's public website. This was done to create a conversation about the significance of such a program amongst the general public. As a result, many common themes were evoked throughout the participants' interviews including strong emotional connections elicited by viewing of the artwork, feeling valued in a special setting, and finding personal meaning and significance within the artworks being viewed. Although the responses from the participants were positive, the authors did not go into detail about any ethical implications regarding posting the interviews on a public forum in the form of a podcast. In fact, no limitations were discussed, and the overall results lacked organization and detail.

Thongnopnua, (2013), although working with older museum visitors, valued the viewpoints and research engagement of the community they worked with. The goal of this study was to evaluate how to elicit maximum engagement and meaningful museum experiences with older individuals. The author aimed to survey the participants' aesthetic viewpoints through the use of a postcard art component. Each participant was shown a group of art postcards and asked to choose just one. Then, they were asked to explain the reason why they had chosen the card that they did. The author collected data by categorizing each participant's viewpoints, based on their responses, into five categories: Favoritism Stage, Realism and Beauty Stage, Expression Stage, Style and Form Stage, and Autonomy Stage. These categories were heavily influenced by Parsons' Aesthetic Development (1987) and Erickson and Clover's Aesthetic Viewpoints (2003). Many themes and patterns surfaced as a result of this study. Most of the participants fell under the Style and Form Stage of art comprehension, followed by the Expression Stage. As the author concluded from these findings, "Some seniors focus on what artists try to communicate to the viewers and reject a public meaning from the community of viewers" (p. 140). This information abets museums in the types of programming that will most engage this population,

and that will be the most fulfilling. The author did state a few limitations, including the fact that their study was “context-bound” (p. 140) due to the specific time, space, and condition the study was held in. The sample size was also very small, lowering external validity, and many threats to internal validity were not considered.

Discussion

The purpose of this literature review was multi-faceted. The primary goals included the examination of the impact art therapy programming could have within the museum setting for differently abled adults, possible ethical implications of this type of service along with key features of the specific demographic, and the benefits offered to both the field of art therapy and museum settings when responsible collaborations are able to occur. Lastly, the current literature was reviewed in order to understand the role that research plays in not only planning programming focused on best practices, but also on the changing influences in the field of mental health services.

It was discovered that paradigm shifts in the field of mental health services are trending away from stigmatizing environments, such as hospitals, and into more creative public spaces, such as museums. This includes an increasing need to view those being researched as active participants in the research process, taking into consideration their unique experiences and viewpoints. Kitchin (2000) described this as a vital part of ethical research practices, so that the multiple perspectives occurring within the research may surface and possibly reduce the bias that is often seen in studies based on the researchers interpretations alone. Furthermore, advocating for a change in the lexicon of the dominant culture in reference to those with differing abilities, or *disabilities*, plays an important role in how individuals are able to experience creative public spaces, like museums and galleries.

Positive insight into this new setting for therapeutic work was also conveyed by many of the studies explored in this review, including discussion of therapy occurring outside of clinical settings. As was considered, this shift allows for a move away from a more “problem-saturated focus” (Roberts et al., 2011, p. 155), as well as distancing from more stigmatizing settings such as hospitals (Roberts et al., 2011). In fact, Roberts et al. (2011) stated, “this fits with Winn’s (2000) view that a gallery should provide relief from roles or associations with sickness and become sources of pleasure and beauty” (p. 156). Museums and galleries may become sources of relationship building and increased quality of life, allowing individuals to find a space to reflect and connect with others. Salom (2015) additionally argued the changing role of museums as places that, “shelter multiculturalism, multiple viewpoints, social responsibility, open communication and knowledge exchange (Anderson 2004)” (p. 48).

Furthermore, Colbert et al. (2013) described art galleries and museums as being non-stigmatizing environments, stating that, “they are most often publically accessible sites available in many locations throughout the world, making them ideal locations for public health interventions including health education, health promotion and illness prevention (Camic & Chatterjee, 2013)” (p. 251). Due to the fact that most of the studies included in this review were limited in their ability to achieve any evidence base in their approaches, future research on this topic needs to focus on quantitative methods and more structured forms of data collection. Although more research is needed to determine the best way to approach therapeutic relationships within these settings, it is clear that the positive benefits of viewing art therapeutically are worth the consideration.

Every study in this literature review recognized that more research is still needed to explore arts-based research techniques. However, a consistent reflection throughout the literature

is the need for researchers to include those being researched into the narrative, allowing for their perspectives and experiences to not only inform the data, but to be collaborative components to the research itself. As Thongnopnua (2013) argued, “Understanding how visitors experience, engage, and learn in art museums is the fundamental museum survival nowadays (Hein, 1998)” (p. 131). Clearly there is an abundant need for participant engagement, not only in community programming, but also in the literature itself. It’s becoming more and more essential to the research, as well as to those community partners potentially impacted by the findings.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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