Your Brain on Art: Art Therapy in a Museum Setting and its Potential at the Rubin Museum of Art

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Your Brain on Art

Art Therapy in a Museum Setting

and its Potential at the Rubin Museum of Art

by

Laura Sloan

A thesis

submitted in partial fulfillment

of the requirements for

the degree of Master of Art

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Abstract

Art therapy-based programs could open the doors of the museum to another population of visitors with disabilities, particularly those suffering from mental illness and in need of healing and wellness.

The above statement serves as the core of this thesis with the ultimate goal to analyze and research the place of art therapy in a museum setting. Investigation of existing literature, interviews with professionals, and case studies, reveal the ways in which art therapy can be facilitated in a museum setting in order to better reach this population. Furthermore this thesis explores how collaboration between museum educators and art therapists can be mutually beneficial with an open exchange of information, techniques, and evaluation. Finally, the Rubin Museum is examined as a potentially ideal setting for a museum-based art therapy program.

This thesis highlights the advantages along with any potential drawbacks of incorporating art therapy in museum galleries. In that regard, readers should be aware that an art therapy program based in a museum environment, while advantageous for visitors, should also be approached with caution. Both art therapists and museum education professionals must take the time to properly plan and work together in the execution of these programs to ensure the best results for visitors.
Acknowledgements

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Introduction

The museum environment has evolved dramatically within the past decade, moving towards a more social and inclusive space with greater emphasis placed on education and public programming. Gail Anderson identifies this changing role of today’s museums as “the general movement of dismantling the museum as an ivory tower of exclusivity and toward the construction of a more socially responsive cultural institution in service to the public.”¹ She further stresses the need for this evolution as a way for museums to remain relevant in an ever-changing social environment. Museums are public institutions and as the needs of the public evolve, so must the goals of museums. In this light, adaptation is seen as a necessity for museums to continue, not only to survive in today’s world, but also to thrive. The American Alliance of Museums lists “service to the public” as one of the top functions of the museum, including providing social services such as programs for children with autism and adults with Alzheimer’s and other cognitive impairments. Some museums even facilitate job training and other opportunities for low-income communities.²

The evolution of museums is not limited to the realm of mission statements and scholarly literature. The fact that museums have begun to cultivate greater inclusivity suggests an important shift in the field. Some museums are making efforts to address the needs of their local communities, particularly in New York City where they have increased programming specifically geared towards visitors with disabilities. Referred to

¹ Gail Anderson ed., Reinventing the Museum: Historical and Contemporary Perspectives on the Paradigm Shift, (Walnut Creek: AltaMira Press, 2004), 1.
as “Accessibility Programs” in the field, these programs are a vital step in the direction of social inclusion and public service, underscored by the U.S. Department of Justice: “Today, museums that invest time and money to remove barriers from their facilities, design accessible exhibitions, and provide effective communication for their programs can potentially attract to their doors more than 50 million Americans with disabilities, more than 20 million families with members who have disabilities, and millions of graying Baby Boomers.”

The Museum of Modern Art (MoMA) organized a program for people impacted by Alzheimer’s disease and Dementia in 2006, called “Meet Me at MoMA” and the Metropolitan Museum of Art (Met) initiated a similar program in 2008, called “Met Escapes.” Following suit in 2012, the Rubin Museum of Art began “Mindful Connections” and the Jewish Museum started “JM Journeys,” both programs also geared towards audiences affected by Alzheimer’s and/or Dementia. However, Accessibility programming is not limited to adults or the elderly. Both MoMA and the Met run programs for people of all ages with learning and developmental disabilities, respectively called “Create Ability” and “Discoveries.” The New York Transit Museum runs an outreach program for children with autism spectrum disorders called “Subway Sleuths,” and the Intrepid Sea, Air, and Space Museum (Intrepid) has also brought attention to those populations affected by Autism by offering regular programming for their families, particularly during Disability Awareness Month. The National Veterans Art Museum in Chicago (NVAM) is specifically geared towards military veterans and runs exhibitions featuring artwork from veterans with Post-Traumatic Stress Disorder (PTSD). While geared towards a wide range of audiences, these programs all address visitors with

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special mental health needs and fall under the larger umbrella of Access. A thorough analysis of the changing social role of today’s museums will identify the next step in Accessibility programming, which is grounded in healing and wellness for those populations affected by mental illness, and will provide a baseline from which to investigate the integration of art therapy within these institutions. If this shift towards Accessibility is to continue, museums should consider new ways to reach visitors with disabilities. To better understand and improve the possibilities of creating museum programming for visitors with disabilities, it is useful to examine this outreach through the lens of art therapy.

Art Therapy is a sub-field of psychology that has grown in recent years as a licensed profession. While belief in the healing potential of art is not a new concept, the foundation of art therapy as a therapeutic practice did not gain recognition until the 1940s. The American Art Therapy Association defines art therapy as “a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages.”

Cathy Malchiodi, an educator and expert in the fields of art therapy and art in healthcare, expands on this definition. In addition to the cathartic potential in the creation of art as a process, it adds a second characterization centered around the idea of art as symbolic communication: “The art image becomes significant in enhancing verbal exchange between the person and the therapist and in achieving insight; resolving conflicts; solving problems; and formulating new perceptions that in turn lead to positive changes, growth, and healing.”

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important to evaluate the role of art therapy in a museum setting for several reasons, the most important being its enormous potential to expand Accessibility programming. Art therapy-based programs could open the doors of the museum to another population of visitors with disabilities, particularly those suffering from mental illness. Given the parallels between art therapy and museum education, it could also provide the opportunity for museum educators and art therapists to learn from one another, potentially improving the work of both professionals and in turn having a greater impact on the visitor. A merger of these two fields makes it possible for art-viewing to enhance the practice of art therapy in a museum setting, a theme which will be further developed in this thesis.

Scientific studies have focused on the positive effects of art on the human brain, its growth, and development. Semir Zeki, former professor of neurobiology at University College London, examines this symbiotic relationship between art and the visual brain, referring to art as a “creative refuge.” In the United States today more than ever this refuge is needed. Alzheimer’s affects 5.1 million Americans and it is the sixth leading cause of death in the United States. President Obama dedicated a $100 million increase in the 2014 budget for Alzheimer’s research.  


7 Whitehouse.gov, “The President’s Budget: Fiscal Year 2014,” whitehouse.gov, https://docs.google.com/viewer?a=v&q=cache:jdDAEwHNgZ0J:www.whitehouse.gov/sites/default/files/docs/4_5_f y_2014_yabudget_previewfinal300.pdf+&hl=en&gl=us&pid=bl&srcid=ADGEEShWbbjuKt0DDvNgXp11maz0PtG3FYVOY30 uBxarxUmTwol4RIk__Tuy7C9lqyZIQyYeZ4NNXa23uNn3_mseten7k3j1Q0aQuRjM8HCu0rJEPspSL8Xm0ii9rCrUbYsd7RZH dmpK3Zoh&sig=AHIEtbSHkKZeEkVnMeE9AThAewyN7cajIdQ (accessed June 20, 2012).
suffering from the effects of PTSD. The *New York Times* reported that for each military personnel who died in combat during the Iraq and Afghanistan wars, twenty-five take their own lives. This is a disturbing statistic that the government has addressed by increasing its mental health staffing at veterans medical centers. Yet mental illness is not limited to military veterans, and recovery should not be restricted to clinical settings or outpatient facilities. Stressors themselves do not always manifest in psychological trauma and only 8% of the population is affected by PTSD, which leaves many people suffering from other forms of mental illness or simply trying to find ways to cope with traumatic events. The U.S. Centers for Disease Control and Prevention (CDC) estimates that one in ten adults have reported currently suffering from depression in the United States. With such a large percentage of the population affected, this is an opportunity for museums to utilize their unique role as guardians of art and “institutions of social service” and to enhance their Accessibility programming by offering a space for healing and recovery. Perhaps the best way to describe the population that this thesis is attempting to define is by citing Mimi Farrelly-Hansen, author of *Spirituality and Art Therapy: Living the Connection*: “Healing through the arts is for all of us, not just for the chronically and acutely ill, because healing is far more than clinical. It is not about fixing a person who is wounded and hospitalized, rather it is for anyone who is desensitized or

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ignorant about their heart, their senses, their creativity, their spontaneity, their playfulness, and their relationship to the earth and the cosmos.”

With this background in mind, several key questions will be addressed: how can art therapy be applied in a museum setting?; how do art therapy-based programs fit into the changing social environment of the museum world, and why is this important for the future of museums?; where do the roles of art therapist and museum educator converge and how are their techniques and goals similar or different?; and how specifically might the Rubin Museum be used as a setting for art therapy and healing?

To explore these questions, I will examine a case study at the Queens Museum of Art in New York (QMA) to determine how they are working with populations in need of art therapy, typically those suffering from mental illness. By investigating the strategies and philosophies that QMA employs, one hopes to discover if there is any overlap in museum education methods and art therapy techniques. Furthermore, if QMA is reaching out to the same population as art therapists and using the same techniques with similar programming, one should question where there is a disconnect, in other words, why is their program not labeled as art therapy. In a similar manner this thesis investigates an art therapy program already integrated in a museum environment, at the Memphis Brooks Art Museum in Tennessee, in order to determine how art therapists are currently utilizing the museum setting, how it is contributing to their work, the techniques they are using, and how those techniques are similar or different to museum-specific programming. To supplement this analysis are interviews with museum educators at the aforementioned museums, along with art therapists involved in private practice, university programs, and

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within museums. This research will culminate in my proposal of the Rubin Museum of Art in New York as an ideal example of how the museum environment can be a useful tool for art therapists. The Rubin, with its collection of primarily Buddhist and Hindu religious art, is conducive to various therapeutic methods such as meditation and mandala creation. Its atmosphere and spiritual nature of the art objects highlight why this museum is an ideal setting for healing and wellness.

While much has already been written about museums and art therapy exclusively, a merger of the two is still very much uncharted. This thesis investigates the role and potential application of art therapy in a museum setting in order to better reach this population. Furthermore it will explore how collaboration between museum educators and art therapists can be mutually beneficial with an open exchange of information, techniques, and evaluation. This includes an exploration of the ways in which museum spaces and museum education methods can be utilized to engage visitors with mental health issues in need of healing and wellness. As Anderson stresses, this is a way for museums to remain relevant and important in today’s society as well as expand their service to the public.

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12 For purposes of this paper, “trauma” is defined as an experience that has created a lasting negative impact on a person’s wellbeing, it may not necessarily develop into a diagnosed mental illness, such as PTSD, but these are people most in need of healing and wellness. Furthermore, in so much as this paper is concerned, “mental illness” is not limited to those diseases defined by the American Medical Association, but is applicable to all those suffering from mental unrest and in need of therapeutic treatment.
Chapter 1: Art Therapy in the Museum Setting

In order to determine how art-therapy based programs fit into the changing social environment of the museum world it is important to identify the role of museums in contemporary society and explore how art therapy can play a key role in the future direction of museum programing. The relationship of the public to the museum environment has been varied and evolving since the establishment of European museums in the eighteenth century. Dean of Academic Affairs and Professor of Art History at Tufts University, Andrew McClellan provides an overview of the development of museums in his book *The Art Museum from Boullée to Bilbao*. He explains that museums began as institutions intended to serve the community, both rich and poor, and contribute to the development of functioning members of society during the Enlightenment and Industrial Revolution (in the late eighteenth through nineteenth centuries). In addition to serving as a site for education during that period, the museum functioned as an important venue for artists to learn and develop their skills. “In the first decades of the nineteenth century, the multifaceted success of the Louvre – as a symbol of democratic access and responsible government, source of national and civic pride, and school for young artists and historians – proved irresistible to emerging nation-states in post-Napoleonic Europe.”\(^1\) Further to its use as national propaganda, public art became a government tool to ease the tensions of the working class and provide an alternative to other inappropriate activities.\(^2\) However, teaching art and hoping it will alleviate social issues has rarely been equivalent to directly addressing those issues and encouraging public

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\(^2\) ibid., 20-25.
involvement in their resolution. In the 1960s, civic engagement, in the form of social activism and critique, became more prominent in the realm of museum education and introduced politics and social injustice to the forefront of the museum world.  

McClellan indicates that this emphasis declined towards the end of the twentieth century due to increased public resistance to overt politicizing: “[while] multiculturalism and outreach initiatives…have become the norm in museums in the decades since [the 1960s]…a reluctance to engage in potentially polemical political discourse remains in place.” Instead, he describes the shift in contemporary museum policy as “depoliticized global humanism.” Heightened after 9/11, this depoliticized global humanism refers to “the idea that museums serve society by offering space apart for the contemplation and celebration of essential human qualities manifested in works of art.” It is within this new environment that one finds a debate on the social relevance of museums and the potential role these organizations and their educators can play in art therapy programs.

While each institution has its unique mission and educational goals, certain museums today take a more proactive stance on social problems. These museums do not simply teach art, they are using experiences with art as spaces to address and to engage in important social concerns. This links to the goals of art therapy, which can be described as the creation of art as a tool for social change and self-improvement: “art therapy employs art as an instrument of transformation, first the transformation of self, then

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15 Ibid., 42. He cites several examples of this political activism the museum world: The Pompidou Center in Paris, Hans Haacke’s MoMA-Poll in 1969 and Thomas Hoving’s controversial exhibition at the Metropolitan Museum of Art, Harlem on My Mind: Cultural Capital of Black America, 1900-1968.
16 Ibid., 46.
17 Ibid., 46.
18 Ibid., 49.
eventually the transformation of society.”\textsuperscript{19} Scholars typically reference the cathartic role of museums using two concepts: the museum as a sanctuary, which can be described both as catharsis for an immediate event and as a long term sanctuary for the community, encouraging social participation; and the museum as experience, placing importance on the visitor’s museum experience and the museum setting as a space for therapeutic experiences. In unpacking these two potential lenses for viewing the role of the museum, the following section echoes McClellan’s depoliticized global humanism, highlighting how museums today can be actively engaged with public audiences and function as a social environment ideal for healing and wellness through the use of art therapy.

**Museum as Sanctuary**

To further develop our understanding of the role of museums in today’s society and how this connects to the practice of art therapy, it is useful to explore the concept of the museum as sanctuary. Aside from its religious references, \textit{sanctuary} is also defined as a “place of refuge; asylum” and its synonym is “preserve.”\textsuperscript{20} For a more specific example, James Cuno, former Elizabeth and John Moors Cabot Director of Harvard University Art Museums, addressed the American Academy of Arts & Sciences on February 13, 2002 on the state of museums after the September 11, 2001 tragedy in New York. He spoke of the spike in attendance immediately following the terrorist attacks and their implication on the future role museums. “Whereas one once heard museums described as contested sites, where ideas and social identities were in contest, one now hears museums described as sanctuaries, places of retreat, sites for spiritual and

\textsuperscript{19} Peter London, “Art Therapy’s Contribution to Art Education: Towards Meaning, Not Decoration,” \textit{Art Education} 40, no.6 (November 1988), 48.

emotional nourishment and renewal.”

Yet while the museum may act as a sanctuary for visitors during tragedy, Cuno further emphasizes their conventional importance to the local community. Developing long term relationships with their neighbors and building community participation is more important than fleeting tourist dollars, which can be inconsistent and unreliable during difficult times. Above all he stresses a change in the visitor experience and encourages museums to build a deeper connection between their visitors and the art. While September 11th alone cannot be considered the catalyst to this shift in perspective, it was certainly a wake up call to museums, particularly in the New York area, and likely contributed to a forward movement in the general direction of museums towards social inclusion.

Cuno’s encouragement towards a longer-term sanctuary for the community is echoed by Dr. Lois Silverman, a former museum educator and Smithsonian Institution Fellow with a degree in Social Work and an expert in both the field of museums and social services. Silverman expands upon the social role of museums and explains how the role of social work and museum education intersect. As an advocate for social change she explains how these institutions can serve as a sanctuary working to meet the needs of at-risk populations. She perceives a symbiotic relationship between museums and those populations with special social needs: “Social work theories…can also offer museums exciting new ways to approach their work, and in turn, theories about museums and museum objects, such as meaning-making and objects as symbols, can also point out new directions for social work practice.”

To that end, Silverman offers several examples of museums that have opened their doors to embrace this cooperative between

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museum educators and art therapists. The McMichael Canadian Art Collection, the *Arts for Health* initiative at the National Gallery of Australia, and the teen program at the Museum of Tolerance in Los Angeles, are all examples of art therapy based programs in a museum or gallery environment that were developed and/or led jointly by art therapists and museum educators. These programs, which involve both the viewing and creation of art, focus on a wide variety of audiences and their evaluations have revealed a positive impact on participants. Silverman cites these examples as ways in which museums contribute to overall mental health by promoting relaxation and introspection, as well as a way to build self-esteem among at risk populations through the use of museum collections to teach interpretive techniques and develop communication skills. As defined earlier, Silverman is outlining how museum act as a places of refuge and sanctuary, not only for the preservation of art, but also for the betterment of visitors.

Further to Silverman’s examples, C. Treadon, M. Rosal, and V. Wylder write about the results of several case studies that highlight the role of the museum as a sanctuary, including the aforementioned programs at the Museum of Tolerance and the National Gallery in Australia. They begin by describing the evolving role of art museums and museum educators, which have now become more visitor-centric with the goal of creating more meaningful experiences intended to elicit deeper connections between the viewer and the art. Emphasizing the role of the facilitator/museum educator when leading groups in gallery exploration, the authors found it important for visitors to construct their own meanings and apply their personal feelings to the works. Bringing groups to the gallery space thereby offers the advantage of personal exploration, alone time with the art, as well as group time, akin to the concept of a sanctuary. In particular it

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23 Ibid., 45.
was “emphasized that therapy spaces are private, inaccessible between sessions. The
gallery, on the other hand, is a public space and individuals participating in the program
were able to visit any time.”24 Just as McClellan describes the shift towards depoliticized
global humanism, Treadon et al also identify the museum space as a social environment,
a public refuge and sanctuary for visitors.

However, while the aforementioned authors encourage museums to use their
space for healing and wellness, it is important to note that not all professionals
necessarily view the museum as a sanctuary for mental health needs or an appropriate
place for art therapy sessions. Most advise that while the museum is a social and
community space that has therapeutic potential, professionals should proceed with
cautions before welcoming art therapy programs in the galleries. Anita Sachs who works
in the art therapy program at the James J. Peters VA Medical Center in Bronx, New York
offers her advice when dealing with veterans groups, many of whom are suffering from
PTSD.25 She has not taken any of her art therapy groups into a museum setting or even
couraged them to explore a museum on an individual basis for several reasons. Some
of the patients have serious medical problems and require medical equipment or are
physically incapable of traveling to or wandering through a museum. She is also
concerned with those groups that may feel uncomfortable dealing with their issues in a
public setting, they could feel alienated or stigmatized if they partake in a public program
that reveals those medical conditions from which they suffer, in which case they greatly
rely on the privacy and camaraderie they find at the VA center. A medical diagnosis is a
private matter and Sachs warns against putting any label on these types of programs.

24 C. Treadon, M. Rosal, V. Wylder, “Opening the Doors of Art Museums for Therapeutic Processes,” The Arts in
which may imply that visitors could be suffering from PTSD or other mental issues. In these cases, the concept of the museum as a sanctuary falters: if one no longer feels safe or protected in a space, then there is certainly no sense of refuge.

While Anita Sachs comes from a clinical perspective, Steven Dezort, Program Planner at the Canadian War Museum and Levi Moore, Executive Director at the National Vietnam Veterans Art Museum in Chicago (NVAM), both have experience working in a museum environment with veteran populations, particularly those with mental health concerns. Unlike Sachs, they find that the museum setting can be an ideal place to encourage healing and recovery, with the appropriate measures in place. Dezort has recently developed several programs at the Canadian War Museum in partnership with the Canadian Paralympic Committee and the Royal Ottawa Operational Stress Injury Clinic to welcome veterans suffering from both physical and mental disabilities. He emphasizes the importance of preparing museum guides and docents to meet the unique needs of the veteran population, stressing that they should receive specific sensitivity training from professionals.²⁶ Moore is currently developing a PTSD program at the NVAM where the art would be created by veterans and used for assisting veterans with their mental health issues. Like Dezort, he has also found it important to partner with clinical organizations, a critical resource when bringing these groups into the museum and an asset to the development and planning of his program. Moore has invited nursing students from a local VA hospital to participate in a training session at the museum under the premise that understanding veteran art helps develop a better understanding of the individuals and will therefore aid in their treatment, a statement that

²⁶ Steven Dezort, interview by author, New York, NY, October 18, 2011.
is parallel to the goals of art therapy.²⁷ The NVAM has invited academics, practitioners, and veterans to collaborate in this type of programming which provides a well-rounded environment necessary to lead a successful therapeutic session. Like Sachs, Moore agrees that certain labels could stigmatize and feels that it is not the role of the museum to offer medical help or act as an outpatient service. He stresses that the NVAM and its programs offer a place where veterans can gather and talk in a safe and open environment, in other words, a sanctuary. Because the museum is a neutral space and not affiliated with any governmental organization or veteran-specific private institution, Moore hopes that visitors will feel welcome to share their thoughts in a non-clinical environment.

From the clinician’s perspective to that of the museum professional, it is equally important to hear from an art therapist who has practiced both inside and outside of the museum setting. Linda Turner is a licensed Creative Arts Psychotherapist who currently runs a private practice but has also worked in various clinical environments, and participated in programs at the Museum of Modern Art and the Children’s Museum of Manhattan that were similar to art therapy in the late 1990s. Turner felt that the museum environment and collaboration with the museum educators complimented her work with program participants.²⁸

After considering the advice and expertise of these professionals one gets a better sense of the museum space as a sanctuary. While it may not be appropriate for all visitors, as Anita Sachs advises, it provides an ideal space for a partnership between museum educators and art therapists. Being open and available to the public, the

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museum functions as a social space, unaffiliated with a clinical environment. When gallery exploration and art creation is carefully curated by professionals, the museum truly acts as a refuge.

**Museum as Experience**

Elaborating on meaningful art experiences (particularly applicable to museum educators and art therapists), John Dewey explains how “an experience” is one outside of the ordinary, setting it apart from typical daily events. In his *Art as Experience* he refers to art as not simply the object, but as the experience of making or encountering the object, a definition that reflects the method of both art therapists and museum educators. Furthermore, he describes how art objects are in themselves a type of language and like language can be interpreted in many different ways by the public, often independent of the original creator’s intent. It is this interpretation that lies at the core of museum education and the foundation for art therapy work. When elicited in the context of “an experience” it is what the museum educator seeks to create in the museum, an environment that allows for a special experiencing of art. This describes the building of meaningful experiences through art objects, outside the context of the ordinary and routine, a method that can likewise be applied by art therapists in the museum environment.

Educator and Consultant for Conversations in Cultural Institutions, David Carr also discusses why museums and other cultural institutions are such extraordinary spaces, places that would be appropriate for Dewey’s definition of an experience: “Information in the museum…the clear and immediate presence of sensory data, the vivid pertinence

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of complex objects, and the exhilaration of empirical inquiry and conceptual innovation—
all these challenge the constraints and routines of everyday life.” The museum space itself holds power over the ordinary, unlike virtual galleries or websites, he argues that it is the building and the space itself along with the collection that have an impact and make for a remarkable venue. Similarly, when considering art making or viewing within a clinical environment or therapy office, Carr would argue that the experience does not hold the same power or same effect as it would in the museum space. Furthermore, it does not have the same public social surroundings: “The library and the museum embody more than serene models of public access to information; they also capture and preserve the social and intellectual practice that makes all knowledge possible: the provision of surrounding narratives, arguments, and contexts.” While Dewey and Carr explain the importance of an experience and the museum space as catalyst for enhancing that experience, museum education scholars, Falk and Dierking illuminate how the experience of the museum setting can be best utilized to achieve healing and wellness goals with visitors.

*The Museum Experience* by John Falk and Lynn Dierking examines museum experiences in the context of their Interactive Experience Model. With this they explain that the visitor’s museum experience is directly affected by the interaction of their personal, social, and physical contexts: “The museum experience occurs within the physical context, a collection of structures and things we call the museum. Within the museum is the visitor, who perceives the world through his own personal context.

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31 Ibid., 128.
32 Ibid., 128.
Sharing this experience are various other people, each with their own personal context, which together create a social context.\textsuperscript{33} Each of these factors is equally important and must be considered in the overall visitor experience, particularly when looking at the long term impact on visitors: “studies indicate that the way a person feels during an experience becomes an integral part of his memory of that experience.”\textsuperscript{34} What better way to produce positive memories for people in need of healing and wellness. With this in mind, it is clear that the role of museum educator is critical for any collaboration on an art therapy program. While art therapists are experts in the field of mental health, museum educators are professionals trained to construct meaningful connections with the collection and create a holistic experience in the galleries. Without their expertise and efforts in constructing an ideal museum visit, the impact of the art and exhibitions might be lost on visitors. As Falk and Dierking stress, it is not only the exhibitions that need to be curated, but the entire experience. Together museum educators and art therapists can work to develop programs allowing groups to build personal connections with the art, each other, and begin the process of healing and recovery.

Museum educators and art therapists are critical to the success or failure of a museum based art therapy program, however; elements that contribute to the overall atmosphere in the museum galleries, such as wall color, signage, and gallery lighting, are also important towards creating a peaceful environment for visitors. These details are reflective of the characteristics of a restorative museum environment described in an article by Stephen Kaplan, Lisa Bardwell, and Deborah Slakter. They believe that museums have the potential to play a restorative role and “may create a sense of peace

\textsuperscript{34} ibid., 103.
and calm that permits people to recover their cognitive and emotional effectiveness...the hypothesis that a museum plays a restorative role is based on attention restoration theory." They begin by explaining Directed Attention Fatigue (DAF), a state of mental fatigue, which can vary in severity, often brought on by stress or a major loss and has the potential to interfere with daily life. Attention Restoration Theory, highlighted by a restorative environment, is intended to combat DAF and the four characteristics of this type of environment are as follows: Being away, in other words being in an environment that is out of the ordinary and away from daily stressors; Extent, an environment that can be entered and explored yet is also accessible; Fascination, an environment that directs attention and is interesting and engaging; and finally Compatibility, the environment supports the purpose of the visit. A museum setting fits the categories of Being Away in a stress-free, out of the ordinary environment, and Extent as it can be easily explored and remains accessible to visitors (providing maps and access to museum educators helps maintain this accessibility). Those categories of Fascination and Compatibility are, of course, objective elements and here is where museum educators and art therapists have the opportunity to work with visitors to enhance their experience and create an overall restorative visit. It takes more than the museum environment alone to combat DAF, the people who facilitate a museum experience must work to meet visitor goals and expectations.

Gail Chryslee, assistant professor at the University of South Alabama whose research involves the rhetoric of visual art images, describes and validates the findings of

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36 Although the authors do not directly make a correlation between DAF and PTSD, the descriptions and triggers are very similar, as is the fact that both can vary in severity. Therefore, I find that this article as an overall example of the potential of a restorative museum environment, can be useful for visitors not only suffering from DAF but also from PTSD and other forms of mental stress, essentially all visitors in need of healing and mental wellness.
Steven Kaplan and his colleagues while adding a fifth factor to the description of a restorative environment. She defines Esthetic as an essential component of art museums “by housing collections of objects that evoke sensory appreciation of their beauty through their formal qualities. They are places where form, color, and texture, for example, are appreciated and enjoyed for their own sake.” Chryslee explains the important role that museum educators play in facilitating this restorative experience. If the art objects are inaccessible to visitors (for example, if they cannot understand the history, symbolism, or iconography) then they may lose interest and focus. Museum educators help visitors access the art objects on a personal level, not only providing background information, but a way to connect life and art. Without their assistance, visitors may miss this component of a restorative environment and as a result might not find the museum as peaceful a space as intended.

Andree Salom, educator and art therapist, further develops the unique role that museums hold in art therapy work. His article proposes four metaphorical roles that museums can play to facilitate treatment goals. These roles are: museum as co-leader (by providing connections through its collection), museum as group (the diversity of a collection can make group connections to commonalities in the human situation), museum as self (using objects to learn about oneself and to relate to all aspects of the human self), and museum as environment (interaction with the group in the galleries can give insight into patients’ own needs and processes). Through the use of the museum setting, it is reinforcing the importance of art in art therapy. It also works to counteract the negative stigma of art as a luxury item, art only for certain classes of society, and the

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shame associated with mental illness in certain communities. Museums do not need to be limited when it comes to art therapy groups, special rooms or galleries space can be designated for art viewing or art making activities if necessary, and patients can wander alone or in groups. Programs should be structured depending on the needs of the patients and it is this flexibility of the museum space that allows for “a change in setting by shaping organizing principles to make them conducive to effective treatment.” In other words, art therapists should make logistical decisions about the museum space in order to reflect the goals of treatment while suiting patient’s individual needs.

**Proceed with Caution**

Despite all of the recent changes in museums and the development towards a more socially inclusive community with an emphasis on Accessibility, one should tread carefully when promoting these types of programs in the museum environment. Museums should shed light on problems affecting their community and work towards programming offered in collaboration with local groups, such as art therapists; however, museums should take caution not to be overtly philanthropic about these issues. If the role of a museum is to build a deeper connection between their art and the visitors then it is not their main function to take a stand on civic issues. John Stinespring advises that when civic engagement is taken to the extreme in educational institutions “what we are expected to accept instead is a radical activism that disregards the fact that not all Americans agree on environmental issues, abortion rights, affirmative action, and even

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While heeding this advice, there is still much that museums can do to improve their programming and educational goals. Opening up new lines of communication by collaborating with art therapy organizations can expand museum programs, reaching out to new and different audiences, but this should not be rushed into haphazardly. Developing a better understanding of the ways in which art therapists are working with their patients and applying this to museum programs can help improve the quality of their educational offerings.

Another cautionary note is raised when considering those populations who have never been inside a museum, or who may be uncomfortable in the museum environment. Arguably these visitors might not consider the museum an appropriate space for art therapy, or a contributor to healing and wellness. It is important to address these factors with visitors to ensure they will not feel confused, out of context, or out of their comfort zone in the museum. Here is where the role of the museum educator is particularly vital: providing an entry point. Suse Cairns, doctoral candidate at the University of Newcastle, Australia insightfully addresses these concerns in her blog post titled “Getting Uncomfortable in Museums.” She explains that museum professionals should encourage a little discomfort but in a safe space. They should leave visitors questioning the ordinary and pushing to learn more about the art and themselves. Of course when interacting with visitors who may have emotional or psychological issues they should also tread carefully and follow the direction of the art therapist or group facilitator to ensure that all participants feel they are in a safe space. With these closing questions she explains to readers that discomfort in a museum is not always a problem and can be used to

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challenge and work with visitors to create meaningful positive experiences: “How can we as museum professionals make sure that the museum is a safe space to get a little uncomfortable? How can we scaffold the process of experimentation, innovation, and learning, to draw out creativity and productivity, whilst mitigating the pain of the unknown?”

There is no finite answer to this, and museum educators are faced with these questions, pushing them to work on continually improving the visitor experience. This should not be a deterrent to the development of museum-based art therapy programs but encouragement to collaborate in an extraordinary environment that has so much potential for healing and wellness.

As the museum setting has now been explored as an appropriate place for art therapy programs, the following are important points to consider when examining these potential programs: Can museum-based art therapy programs be successful and what determines success? How can museum educators avoid the role of art therapist during these programs? Do museum-specific programs have the same therapeutic role as art therapy-specific programs? If organized properly, museums can successfully host art therapy based programs and museum educators need not, and should not, play the role of therapist. The next chapter will further develop these questions, defining the role of art therapy in a museum setting as well as examining several case studies of programs that involve art therapy in the museum setting. It will address how these programs are organized and how they have been perceived by participants, as well as museum professionals.

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Chapter 2: Case Studies - Art Therapy in Museums

It is not enough to cite theories about a merger between art therapy and museum programming; one must investigate its practical application in a museum setting. Taking a closer look at the ways in which museums work with art therapists can help determine what to expect from a successful program. Furthermore, analysis of actual case studies provide examples of the ways in which museum educators and art therapists can work together on programs including scenarios that should be avoided. To that end, this chapter explores case studies of Access programs at the Memphis Brooks Museum of Art (Memphis Brooks), and the Queens Museum of Art (QMA).

Memphis Brooks was selected for this thesis because of its long-standing art therapy program, established in 2007. Unlike programs in their infancy, this established program has been active long enough to thoroughly evaluate its methods and develop a successful structure. Memphis Brooks represents a collaboration between museum educators and art therapists working in tandem with various special needs groups in a museum setting, and has clearly labeled itself as art therapy.

The QMA case study provides a balanced contrast to the Memphis Brooks program because the Access programs at QMA are not labeled as art therapy. They appear to fit much of the same criteria with regards to structure and educational methods and even include the participation of licensed creative arts therapists, but with different program goals. In fact, the definition of the program on the QMA Community website is as follows: “ArtAccess’ mission is to promote exploration through the arts and to highlight the creativity that exists in all people. In order to accomplish this, the program is primarily made up of therapists trained in creative art therapies who are able to bring
the approaches they are trained in to a community setting.” In lieu of calling their program art therapy, QMA’s ArtAccess is characterized under a broader healing and wellness category.

Through a series of phone interviews and analysis of program materials, this author reached out to the women coordinating each program to expand on the questions introduced in the last chapter. These case studies will investigate the role of art therapy in a museum setting by examining how each program is structured, the museum education and/or art therapy methods employed when interacting with visitors, and the overall impact on visitors once the program is complete. Finally, this chapter will conclude by comparing and contrasting the two programs to pinpoint key issues, areas of contention, and how this manifests in the museum setting.

Memphis Brooks Museum

Program Structure

The Memphis Brooks Museum of Art in Memphis, Tennessee, began its Art Therapy Access Program in 2007 by collaborating with the Alzheimer’s Day Services of Memphis in a program called Piece of Mind. Since that point, the museum has worked with a variety of special needs groups including a collaboration with the Veterans’ Affairs hospital in 2008, Youth Villages in 2009, and The Shelby County Relative Caregiver Program (SCRCP) in 2011. Memphis Brooks continues to involve a broad range of Access groups in their Art Therapy Access Program on a yearly basis.

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While participants in the Memphis Brooks art therapy program have come from a variety of backgrounds ranging from children with special needs to adults who suffer from substance abuse and mental illness, their museum experience is structured in a similar manner. Most programs last nine weeks and involve an off-site component where the art therapist and museum educator travel to the group’s facility, as well as museum visits which include a gallery experience ranging from forty-five minutes to one hour followed by an art making project in the studio. All of the programs culminate with an exhibition of the group’s artwork at the museum’s studio space. The amount of time spent in the museum environment may vary depending on the needs of the group. For example, some groups may only come to the museum for two to three visits during their nine-week program, while other groups may spend the majority of their time at the museum.\textsuperscript{43}

Karleen Gardner, Executive Director at Memphis Brooks, who created and developed the Art Therapy Access Program, works in tandem with Karen Peacock, the museum’s resident art therapist, to facilitate these groups. Together they work to find appropriate themes for the gallery experience and to select artworks that visitors can connect with on a personal and emotional level. It is an extensive process that Gardner and Peacock have cultivated, and they even incorporate the history and background information of the participants so they have an idea of what the group has already experienced and how that may affect the tour and art making components. As Gardner points out, it is very important to be flexible during the entire process when building personal connections between the art and these Access groups, it must develop

\textsuperscript{43} Karleen Gardner, interview by author, New York, NY, February 23, 2012.
organically because each visitor is so unique. While the program development and off-site visits are a collaborative process between museum educator and art therapist, the museum educator is the primary leader during the gallery portion of the program and the art making projects are developed and directed by the art therapist, who often selects activities in response to participant experiences earlier in the galleries. Noteworthy is Gardner’s success in working with the Veterans’ Affairs group, contrary to the objections of Anita Sachs from the Bronx VA, who refused to take her art therapy groups into a museum. Gardner partnered with the VA in Memphis for a successful collaboration, showing that it is possible to work with veterans groups when carefully structured in a museum-based art therapy program.

**Pedagogy**

Karleen Gardner uses several museum education methods when working with groups in the galleries, all of which are dialogue-based. She includes open-ended questioning to ensure there is no right or wrong answer, which allows for a variety of responses from visitors. She has also employed Visual Thinking Strategies (VTS), a teaching method designed to enhance critical thinking, language, and literacy skills.

In addition to museum education methods, the use of physical space in the galleries is equally important. As mentioned in the previous chapter, Falk and Dierking remind readers that the museum’s physical space is a critical aspect of the visitor experience. Gardner accounts for the needs of each group while in the gallery space. When working with Alzheimer’s patients, or other groups that may be sensitive to noise

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44 Ibid.
45 These museum education methods will be examined further in the following chapter, exploring the techniques of museum educators and art therapists and where they may converge.
and space constraints, she brings them into the galleries when the museum is closed to the public. Younger groups attend during public hours, as these groups often need more time to socialize with peers in a safe public space. When asked about the potential issue with hosting therapeutic sessions while in a public space, Gardner understands why this could become a concern but feels that these programs could be tailored to the needs of each individual group (for example, certain groups could attend during non-public hours). She also explains that most of the therapeutic introspection comes during the art making time in the studio when working together with the art therapist.46

Karen Peacock has described her experiences with the Art Therapy Access groups at Memphis Brooks in a series of research papers.47 She explains how this type of program (a museum Access program incorporating art therapy) fits the criteria of Abraham Maslow’s hierarchy of human needs, those needs that Lois Silverman identifies as the responsibility of museums to provide to their visitors.48 Peacock takes this one step further by explaining how the museum specifically meets these needs and how they are related to both disciplines, museology and art therapy.

For example, incorporating the gallery component with the art therapy provides a sense of belongingness because the intimate experience of the art therapy and visiting the gallery together create a sense of ownership in the participant. Ego and esteem are strengthened by the process of learning art appreciation in conjunction with the art therapy; this knowledge gives the participants confidence, thus raising their self-esteem. Of the three basic needs listed, self-actualization, seems most completely provided by this program since viewing and discussing works of art allow for personal connection with the artist’s experience. This personal connection validates the participant’s artwork as a form of self-expression. Also, the exposure to a

47 Peacock was still completing her degree in art therapy when the Memphis Brooks program was first developed and included her findings in a series of research papers and eventually her Master’s thesis.
48 Treadon, Rosal, and Wylder, 290.
wide variety of artwork in the gallery helps remove creative barriers when participants are creating their own artwork.  

After analyzing the structure and pedagogy that both Peacock and Gardner have carefully developed, it is important to examine their philosophy and goals in order to gain a comprehensive view of the program and make an accurate comparison to QMA’s ArtAccess.

**Educator Philosophy**

When asked where the role of Museum Educator and Art Therapist converge, Gardner explains that a museum educator’s goal is not to identify and address visitor problems or personal issues, but to create a safe and enjoyable space where visitors are welcome to explore the gallery space and learn about the objects, with or without personal introspection. In fact, a museum educator should not attempt to provide any therapeutic advice and should avoid these types of situations unless they are involved in an art therapy program with a licensed art therapist to assist. To Gardner, the importance of having art therapy related programs within a museum setting is clear: the museum provides a unique social setting for Access groups and should be considered a community resource. A lot of art therapy takes place in an office/clinical environment or a similar sterile setting, which often alienates individuals from their peers or other social contact. According to her, the museum space is one of the strongest aspects of these art therapy programs, which relates back to the importance of the social space and sanctuary/refuge addressed in the previous chapter. She cites the participants from The

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Shelby County Relative Caregiver Program who are children coming from troubled homes that would have never had the opportunity to explore a museum or similar social setting in their current situation. The museum exposes these youth to different aspects of the community, encouraging them to socialize within their peer group and inspires them to reach beyond their boundaries both with art making and in life. Gardner concludes by explaining that the museum can act as an “ice breaker” between these children and their parents who do not have a relationship otherwise, giving them a meaningful connection.\textsuperscript{51}

\textbf{Queens Museum}

\textit{Program Structure}

Michelle Lopez, Sr. Coordinator of ArtAccess Library Programs & Autism Initiatives and Manager of ArtAccess programs at the Queens Museum of Art (QMA), has a similar philosophy when considering the importance of the museum’s social role in involving special needs groups. The following section will explore Access programming at QMA, the role of art therapy in their programs, and the similarities and key difference between their ArtAccess initiative and the Memphis Brooks program.

Despite being facilitated by art therapists, QMA is careful not to define ArtAccess as art therapy and the program is not intended to provide art therapy or any medical support to participants. The museum works with a variety of self-contained special needs groups to meet the goals and needs of each group who attends. If she is welcoming a school group, Lopez also considers the goals of their education department who have specific standards that need to be realized during ArtAccess programs. While Lopez does work with adults, the majority of participants are school groups or families with young

children and she stresses that the importance of a successful visit is in creating a safe community space in the museum.\textsuperscript{52}

ArtAccess programs are structured similar to the Memphis Brooks programs, which include an art-viewing aspect in the galleries along with an art-making portion in a studio space. Lopez considers the needs of the group when determining how much time should be spent in the galleries and has cited instances where certain groups with very low functioning participants may not be ready to enter the gallery space during a particular program, in which case she works with them in the studio space. While she always plans to take the group for art viewing in the galleries, there are times when it may not be appropriate for a specific group. Similarly, she reserves any serious discussion for the studio, outside of the public gallery space. While some people may release these emotions in the galleries, if Lopez feels that the conversation is going in a direction where the visitor may need some support she will encourage him/her to continue the discussion in the studio.

Pedagogy

Contrary to the art therapy portion of the Memphis Brooks program, Lopez does not encourage visitors to engage in deep introspection and emphasizes that her role is not to dig deep into visitor problems or seek a means to heal internal issues through art therapy. Unlike a professional therapist in the private or public sector, she does not have the opportunity to follow up with visitors after the museum visit so she does not want to open up a floodgate of issues and then leave them without closure at the end of the

\textsuperscript{52} Michelle Lopez, interview by author, New York, NY, June 27, 2012.
While the art therapists at Memphis Brooks have the opportunity for continued work with the visitors who return for several weeks until the culmination of the program, Lopez may only work with visitors for one day and may not see them again for repeated sessions. Simply put, Lopez explains that sometimes people just need tools in order to learn how to connect with an artwork in a community space and it is her job to provide them with that by helping them look deeply, proposing thought provoking questions, and personalizing the experience.

**Educator Philosophy**

When asked about the museum education methods used during ArtAccess as compared to art therapy methods, Lopez stressed that the key difference lies in its intention and goals. The educator is thinking of social and behavioral goals to build visitor engagement through the art. When asked where the roles of museum educator and art therapist converge she explains that there is a gray area between both roles in the museum. Both can provide a therapeutic experience, it is just a matter of the approach and overall goals. In fact, when seeking out new facilitators to join ArtAccess, Lopez looks for educators who do not intend to concentrate on deep therapeutic issues. Being an art therapist or special education teacher is not necessarily criteria for the ideal program facilitator. Lopez needs educators who can incorporate some of these techniques, such as open-ended questioning and VTS but with a focus on creating opportunities to enhance creativity in lieu of a therapeutic focus, or restrictive educational objectives. The museum is not the same as a classroom setting and does not have the

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53 Ibid.
same formalized structured, nor is it a clinical environment with the focused intention of mental health support.

**Points of Contention**

“The research findings suggest that a general lack of knowledge about art therapy and a shortage of art therapists are inhibiting development of an innovative partnership between art therapy and museums.” In addition to this statement by Karen Peacock, another big inhibitor of art therapist and museum educator collaboration lies in semantics. In addition to her therapeutic assessment papers, analyzing the Memphis Brooks art therapy groups, Peacock performed her own survey research across a random sampling of museum educators and art therapists, with interesting results. Many interviewees declined to complete the survey, responding that they “did not feel that what they were doing could be considered art therapy [or] that art therapy was specifically excluded from the funding of their organization.” Furthermore, another participant indicated that an art therapist could receive funding for a museum related project but could not label it as an art therapy program or even use the term *art therapy* in its description. Even an interviewee that was involved in an art therapy-related exhibition responded that the institution addressed the exhibition on a historical level rather than an art therapy based approach. These responses highlight an interesting identity crisis related to museum Access programs. Do these programs function in a therapeutic manner without the therapy label and do they have the same results? Does the title of art therapy make a difference in the quality of programming?

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54 Peacock, vi.
55 Ibid., 24.
56 Ibid., 24.
After reviewing both the Memphis Brooks Art Therapy Access Program and QMA’s ArtAccess it appears that while the mission of the programs may vary, if each is structured similarly with a positive overall outcome, it does not seem to make a difference to those visitors they serve if a title includes the words *art therapy*. Both museums evaluate their programs, looking for positive feedback from program facilitators and a positive impact on participants (while hard to measure, particularly long-term, one looks to see if the program can make a difference in the visitor’s wellbeing and emotional state). Memphis Brooks sends out surveys to both participants and their caregivers, and QMA speaks with each group who participates. Both have reported positive results and are using the feedback to continually improve their programs. While there are no simple answers to the above questions perhaps it is not the questions that are important but the program results that truly matter.

One can argue for or against either approach: the *art therapy* label, or the *healing and wellness* label, and each institution must make their own contextually appropriate decision based on their current resources while at the same time remembering that semantics is not the critical issue; it is the goals and end results that should guide programming decisions. As is the case with Memphis Brooks, one can argue that it is important to include art therapy in museum Access programs to provide greater support to the visitors and community. They have had success with their multi-session format providing a museum experience in tandem with introspective art therapy sessions. Conversely, one could argue that art therapy should not belong in a museum setting, that it is not the role of the museum to act as therapist and it is not a private space to develop a therapist-patient relationship. As with the QMA ArtAccess program, facilitators (despite
any art therapy background) utilize museum education techniques such as open-ended questioning and VTS to set up a safe space for visitors to share and participate, but do not intend to provide any therapy or mental health assistance. Their goal is creating a directive that sparks creativity and achievement.

While both arguments are valid, the more important factor should be the proper approach to Access programs in a museum setting. If a museum decides to approach their programs from an art therapy perspective it should be done with caution, much preparation, and full involvement (i.e. offsite visits, collaboration with Access groups and art therapists, careful selection of artwork, etc.). If approached from a healing and wellness perspective, museum educators should be cautious not to take on the role of art therapists or include too much introspection when interacting with visitors. Whatever their decision, museums should be ready to address their audiences and structure their programs appropriately.

After a thorough analysis of these two programs, one can see that along with their differences, the Memphis Brooks art therapy program and QMA’s ArtAccess have many similarities. The structure of both includes an art-viewing and an art-making segment, time spent in the galleries is just as important as the time spent in the art studio. Both utilize the same approach to visitors in the galleries, and have a similar pedagogy: using open-ended questioning and VTS strategies when interacting with groups. Each also seeks to improve their programming through surveys and feedback from visitors. While both museums include trained art therapists on staff, they have each chosen to approach their programs differently. Memphis Brooks has clearly labeled their program as art therapy and as such they are working extensively with each group to unpack their issues
in a safe and enriching environment. QMA has also identified the museum as a nurturing environment and a special place ideal for healing and wellness, however they have not chosen to use the title of *art therapy* and reiterate that their program does not attempt to address serious emotional issues, instead it seeks to provide groups with the tools to foster a creative and safe space. This major difference seems to be a point of friction in the realms of museum education and art therapy, which will be analyzed in a comparison between the two.

The following chapter will further examine these areas of contention by exploring the similarities and differences between museum educators and art therapists. It is important to look at these aspects in detail, if roles are not clearly defined it could potentially cause issues during art therapy programs in museum galleries. Each professional also has clear goals and guidelines directing his or her interaction with visitors. Their techniques, approaches, and philosophy will be analyzed in light of these issues in the field of museum-based art therapy programming. It is important to fully understand each professional’s role before examining them together in a museum setting. Understanding the advantages and potential difficulties of a collaboration can hopefully set the stage for the success of future programs.
Chapter 3: Art Therapist & Museum Educator

Michelle Lopez from the Queens Museum of Art explains the connection between museum educators and art therapists during her presentation Engaging Visitors with Mental Illness in the Museum: “the role of the art therapist…is to role model behavior and underscore the positive social behavior of group members. The Museum Educator has a very similar role in the galleries…supporting the exploration of the works without judgment, allowing participants to project onto the image.”57 Just as Lopez seeks to characterize and connect these professions, the goal of this chapter is to examine the roles and techniques of each field in order to analyze how they can learn from each other and work together in a museum setting to create the best programming for people in need of healing and wellness. This will also shed some light on the points of contention addressed in the previous chapter. Defining the roles of both professionals will help clarify the best direction for museum Access programming. To that end, I will define each profession and compare and contrast their techniques and approaches. Finally, in identifying issues in the field of museum-based art therapy programming (citing authors who respond both positively and negatively about the collaboration of museum educators and art therapists), the following questions will be addressed: Should museum educators and art therapists be working in tandem if their goals are different? How should their roles be defined if they work together on a museum-based art therapy program? How can museum educators avoid the role of art therapists to ensure there is no conflict of interest?

Defining Museum Educator and Art Therapist

It is important to understand and define the roles of both professions to place them in the larger context of this argument. By understanding their educational backgrounds one can identify what they are most qualified for and best suited to do in a museum environment. One can then determine how they compliment each other and can work together efficiently and competently.

The American Art Therapy Association’s educational standards for art therapists incorporates a Master’s degree with a minimum of 48 credit hours, with most programs providing 60 graduate semester credits, as well as a minimum of 100 practicum hours of supervised observation and practice which “must include, but is not limited to: case review, record keeping, preparation, treatment team meetings, in-service conferences, and related milieu activities, evaluation of outcome, and termination of treatment”58. Students are required to demonstrate proficiency in art making and must show experience in a variety of art materials and processes. Additionally they are required to take at least 12 credits of psychology classes, including developmental and abnormal psychology. Their course of study includes: history and theory of art therapy, techniques of art making and establishment of therapeutic goals, application of art therapy in various treatment settings, patient assessment, and principles of group therapy.59

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58 American Art Therapy Association, Inc., About Art Therapy Education and Credentials, AATA, www.arttherapy-co.org/.../AATA%20-%20Educational%20Credential (accessed April 7, 2013). Only three states have a license specifically reserved for art therapists, and each state has a different designation for a licensed professional art therapist. For example, Wisconsin has a license that grants an art therapist the authority to practice psychotherapy, and New York has a Creative Arts therapist license, which incorporates other arts into therapy (music, dance, etc).

After meeting these educational standards, art therapists may apply for either Registration, an “ATR” (Art Therapist Registered) title granted by the Art Therapy Credentials Board (ATCB), or Board Certification “ATR-BC” (Board Certified) after passing a national certification exam. Furthermore, every five years art therapists must complete continuing education in order to be recertified. After achieving these credentials, an art therapist may seek to obtain a license but there is no national standard for art therapy licensing, which creates a complicated maze through which art therapists must maneuver in order to achieve the highest standard in their field. Furthermore, other states have sought to designate art therapy practice to mental health counseling licenses, incorporating professional counseling courses into their art therapy programs. This will shed some light on Michelle Lopez’s situation (she is a trained Creative Arts therapist but not fully licensed), which will be further analyzed later in this chapter. It also harkens back to the identity crisis introduced in the previous chapter. With such a complex network of prerequisites and certification and a long road to credentialing and eventual licensing, perhaps some museums do not feel the need to hire a fully licensed art therapist when instead a trained non-board certified art therapist could suffice to lead a successful program without the official title of art therapy. This would help explain Karen Peacock’s survey findings and the lack of tendency to classify programs as art therapy or therapeutic. Does the title of art therapy make a difference in the quality of programming particularly when facilitated by an art therapist who has completed the requisite amount of credit hours but is not fully licensed? Despite this lack of national standardization

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when it comes to licensing, art therapists have a more standardized course of education and certification than museum educators who come from a variety of backgrounds.

While museum educators do not have a specific licensing, course of study, or credentialing as a prerequisite to practice their profession, much has been written about the standards of museum education, educator methods, and goals. Kimberly Huber elaborates in the introduction to *The Museum Educator’s Manual*: “Ever since *Museums for a New Century* was published in 1984, education and its role within museums has increasingly become a significant professional concern. Additional publications, such as *Excellence and Equity: Education and the Public Dimensions of Museums* (1992) and *The Educational Role of the Museum* (1999) have reinforced the need for creativity, excellence, and accountability in museum educational programs.”

*The Museum Educator’s Handbook* explains that twenty years ago the role of education in museums was limited to school programs and related activities, with the transmission of information left to the curators or exhibition didactics, as if the objects themselves provided enough information for sufficient visitor interpretation. Museum educators were not seen as an integral part of the museum environment and were often limited to the realm of school group visits. Since that point their position and responsibility has greatly expanded. *The Museum Educator’s Handbook* provides a comprehensive overview of their role today: “Museum educators are teachers, but they are also museologists, managers and administrators, experts in their field, curators who specialize in education.”

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for civic engagement, and charged with building connections between visitors and the art objects and among themselves. Mary Ellen Munley and Randy Roberts define the work of museum educators and stress their importance within the museum environment:

“The work of the museum educator has expanded beyond crafting programs suitable to particular audiences to that of providing linkages between a museum’s resources and a community’s needs. Today there is a leadership challenge for museum educators…to step forward with new strategies, new alliances, and new ways to forge civic engagement and demonstrate public value.”

Many of the goals and objectives of museum educators also hold true for art therapists, whose intentions include meaning-making and building connections between patients and their personal environments in order to promote healing and wellness. Furthermore, the expertise of art therapists, as was detailed in their hours of training and practicum, prepare them for dealing one-on-one with special needs patients. Their strengths coupled with the educational expertise of museum educators in a gallery environment provide an ideal setting for these programs in a museum environment. After reviewing several articles defining museum education and art therapy methods, it becomes clear that this is where the role of museum educator and art therapist intersect. The following section will elaborate on these methods and explain how and where these professions complement each other.

**Intersecting Techniques and Approaches**

Judith Rubin discusses both Freudian and Jungian methods of psychoanalysis with an emphasis on art in her book *Approaches to Art Therapy: Theory and Technique*,

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63 These various definitions and roles are expanded upon in the following articles: “The Museum Educator’s Manual” by A. Johnson et al; “The Educator at the Crossroads of Institutional Change” by B. Henry; and “Are Museum Educators Still Necessary?” by Munley & Roberts. All seem to agree on the importance of meaning making and civic engagement in the contemporary role of museum educators.

In psychoanalysis or analytic therapy the method is, first, for the patient to express him or herself as freely as possible. Then the therapist and patient work together toward understanding what is interfering with the patient’s ability to function more effectively, that is, internalized conflicts… the goal is always to help the patient make his or her own discoveries or ‘interpretations.’ While the goal of museum educators is not to identify or explore a visitor’s internal conflicts, they do seek to build personal connections between the visitor and the art objects thereby allowing them to make their own discoveries and interpretations. Among the teaching methods utilized by museum educators is George Hein’s Constructivist Learning Theory which entails that learning is the actual construction of meaning, not the absorption of pre-existing knowledge. His most important points are as follows: “1) we have to focus on the learner in thinking about learning (not on the subject/lesson to be taught), 2) There is no knowledge independent of the meaning attributed to experience (constructed) by the learner, or community of learners.” As Rubin mentioned, the goal of art therapy is to help patients make their own discoveries. Museum educators also have a visitor-centered approach and seek to build connections so visitors can construct meaning and create an experience unique to their needs.

In “Normalizing Art Therapy” Kristin Congdon begins by citing Joan Erickson’s 1979 appeal to the American Art Therapy Association: “She asked that the focus of art therapy move away from an illness orientation toward an emphasis on the learning that

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67 Not all museums have the same educational focus, and some feature a more lecture-based approach in lieu of a visitor-centered inquiry technique. This will be addressed in further detail in the subsection titled “Issues in the collaboration between art therapy and museum education”
occurs in art processes.” Congdon theorizes that this method is underutilized by art therapists because it so closely resembles educational methods, the learning experience that is mirrored in art education and museum education. The intention of educators, as with art therapists, is to help visitors come to their own interpretations and build connections through art. Both professions rely on object-based learning, with museum educators focusing on the object in a museum setting and art therapists on the process of object creation. By pushing art therapists in the direction of art education, Congdon is concentrating on normalizing art activities in lieu of hunting out the illness and corresponding therapeutic treatments (taking the clinical element out of the process). She proposes, instead of the therapeutic method which first uses art therapy to identify the mental illness or disturbance and then works to resolve the issue, to use an approach “which builds on the artistic experience inherent in the creative process, utilized by so-called healthy people.” The importance of this is explained in her citation of Wolfensberger, who stresses that normalization retains cultural standards and maintains the established cultural precedent, a theory that fits perfectly in a museum setting. The museum is a public place familiar to most people that certainly fits into social norms. Integrating this as a treatment setting in lieu of a clinical environment would create the type of space ideal for normalization and would allow patients to focus more on the artistic process in lieu of hunting down their illness. Congdon would see the museum setting as an ideal learning environment conducive to healing and wellness.

Visual Thinking Strategies (VTS) is a technique originally developed for use in art education classrooms and by museum educators when in the galleries. However, it is a

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68 Kristin Congdon, “Normalizing Art Therapy,” Art Education 43, no.3 (May 1990), 19
69 Ibid., 21.
method that could easily be applied by both art therapists and museum educators on a
museum-based art therapy program. In fact its founders come from both worlds, that of
psychology and museum education. Abigail Housen is a Harvard-trained cognitive
psychologist who began to research how viewers think when experiencing an art object.
Her work developed into the Theory of Aesthetic Development, which identifies five
patterns of thinking corresponding to the amount of exposure subjects have had to art.
This research became the core of VTS. Working with Philip Yenawine, a veteran
museum educator and former Director of Education at MoMA (1983-1993), they founded
VUE, a non-profit organization intended to apply VTS to schools and museums across
the country. VTS is particularly effective with ESL (English as a Second Language)
students. Due to its nature, it provides an effective way of developing critical thinking
and communication skills. While often used by museum educators, this could also
function well in an art therapy setting. This is an ideal transition to those visitors in need
of healing and wellness who may not be very verbal about their feelings or who feel
hesitant to contribute when in a group setting. Because the facilitator works with a set of
three open-ended questions (What’s going on in this picture? What do you see that makes
you say that? What more can we find?), there are no right or wrong answers, giving
people the freedom to participate without worry of being incorrect in their contribution.
The facilitator paraphrases participant comments and encourages them to look deeper at
the artwork. Both the Rubin Museum of Art and the Memphis Brooks museum are
featured on the VTS website as prime examples of VTS application in a museum

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setting.\textsuperscript{73} Ashley Mask, manager of Visitor Experience and Access programs at the Rubin, wrote an article in which she gives several examples of artworks where VTS was utilized with groups at the museum. She describes how VTS can be a useful tool for museum educators: “VTS is providing a method for discovering layers of meaning and significance in artworks that is deeply enriched by co-learning, with other people involved in the process.”\textsuperscript{74} No longer limited to classroom learning, VTS has become a feature of museum education and, as evidenced by the Memphis Brooks case study, can be used by both museum educators and art therapists.

Gestalt Therapy as mentioned by Linda Turner is sometimes integrated as a technique in art therapy. In fact, they are historically linked and there is a mutual interest between the two disciplines. Artists such as Wassily Kandinsky (1866-1944) and Josef Albers (1888-1976) took an interest in the methods behind Gestalt Therapy and attended a series of lectures in 1930-31 led by Count Karlfried von Durckheim. Durckheim discussed how colors can appear to change depending on the background to which they are applied.\textsuperscript{75} Founded by Max Wertheimer, Kurt Koffka, and Wolfgang Kohler in 1910 Gestalt theory emphasized the “laws of visual organization” to explain how people tend to group similar or proximate items together to form images.\textsuperscript{76} Gestalt psychologists are examining these rules of perceptual grouping on a personal level, observing the whole as a sum of its parts: “Only by describing the overall structure of the pattern can one determine the place and function of each part and the nature of its relations to other

\begin{footnotesize}
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  \item ibid., 301.
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Taking a closer look at how this definition can apply to a museum setting, one can see similarities between the interaction of museum educators and visitors during a gallery experience, and the relationship between art therapist and client. “In therapy, the Gestalt therapist is active and sessions are lively and characterized by warmth, acceptance, caring, and self-responsibility and promote direct experiencing of a situation or event rather than passively talking about the event. Events recalled from the past are explored and felt in the here and now of the therapy session.” While museum educators do not attempt deep introspection or delving into the emotional health of visitors, they do promote a one-on-one experience in the moment, characterized by the warmth, acceptance, and caring mentioned earlier. They create an environment above and beyond didactic content enhanced by linking personal experiences to the artwork and building a deeper connection for visitors.

Despite the many similarities between museum education and art therapy techniques there still remains a clear divide between the methods, goals, and philosophies of museum educators and art therapists. The following explores the key differences and issues brought about by the collaboration of the two fields.

**Issues in the collaboration between art therapy and museum education**

While the previous authors and articles examine similarities in the fields of museum education and art therapy, not all agree on their equal contribution to a museum based art therapy program. Both have different goals and methods that will inevitably influence a program’s outcome. Unlike the museum educator, whose aim is to develop a connection

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between visitors and the artwork, the art therapist’s intention is for a deeper introspection and continued patient follow-up. Therefore facilitators should approach potential issues with attention to the particular needs and goals of each situation.

Treadon, Rosal, and Wylder explain that although some of their techniques are similar, museum education and art therapy have key differences that seem to compliment each other when used in tandem on a museum based art therapy program:

“the museum educator’s skills included the ability to introduce art objects to the participants, whereas the art therapist’s role was to help the clients engage in discussion about the emotional impact of the selected pieces. The museum educator held knowledge about the exhibits and how to begin engaging small groups in discussing the aesthetics of the art. The art therapist’s contribution included an understanding of the emotional and psychological needs of the clients, possible issues that would arise from being in a different environment, and being prepared for various reactions from the participants.”

Yet there are others, like Anita Sachs introduced in Chapter 1, who do not feel the need to incorporate museum educators on art therapy based programs, even if they take place in a museum. Andree Salom, who is an advocate of placing art therapy programs in a museum setting, declines to mention the need for museum educators at all. He describes the role of art therapists on these programs as taking on museum curatorial and educational roles. Referring to the museum setting (not museum educator), Salom describes the space and the collection as co-leader with the art therapist facilitating:

“Museums, their settings and the objects they care for can be effective allies in art therapy treatment…this article proposes four metaphorical roles that museums can play to facilitate treatment goals. These roles are: museum as co-leader, museum as group, museum as self, and museum as environment.” In each of these roles Salom describes aspects of the museum setting but fails to incorporate any of the individuals who

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79 Treadon, Rosal, and Wylder, 292.
80 Salom, “Reinventing the Setting: Art Therapy in Museums,” 81.
construct the visitor experience (the museum educators, curators, exhibition designers).

This effectively excludes an important part of the museum experience and could hinder any museum based art therapy program. In fact, Salom’s description recalls those antiquated notions of museum education, which delegated educators to minimal roles and considered the objects themselves sufficient enough for didactic learning. After seeing in the previous chapter how important the museum educator is in enhancing the museum experience and defining the roles of each field earlier in this chapter, Salom should reconsider the key roles in his art therapy program structure.

Peter London echoes Congdon’s theories and uses these assumptions as a springboard for looking at art therapy as a way to contribute to art education. “Three assumptions which provide much of the rationale for the utility of art education [through art therapy]…art links all humanity…art can enliven the usual lackluster quality of ordinary life…a heightened sensibility will lead to a more civilized person and society.”

Unlike the first assumption, art therapists are not seeing the art or art-making process as a way to link people, but as a way for people to work on inner issues and self-healing.

Regarding the second assumption, art therapy is a way to improve one’s quality of life by helping patients work through their issues. When discussing the third assumption through the lens of art therapy London mentions how the goal of the art therapist is to bring about a better inner person who will most likely have a better relationship with society.

However he does indicate that the differences between art therapists and museum educators lie primarily in their intentions: “art therapy employs art as an instrument of transformation, first the transformation of self, then eventually the transformation of society. Art education employs art primarily as an instrument of decoration, first of the

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81 London, 47.
object, then perhaps the space, but rarely the person, or the society.\textsuperscript{82} London unfortunately sees a museum-based art therapy program as a contribution instead of a collaboration. His statement above seems to imply a very superficial role for museum educators. Yet while they do not have the same therapeutic intentions of art therapists, museum educators do seek to introduce the artwork on a deeper level with visitors and help them make connections with the art and their community.

To further complicate the issue, as museum education is not standardized in the same way as art therapy, not all museums approach visitor experience in the same manner. Some museums continue to maintain a lecture-based technique on tours and lack the open-ended methods previously mentioned as the best way to build a connection between visitors and the artwork.

Both Linda Turner and Michelle Lopez would agree that intention is the key difference between the roles of museum educator and art therapist. As Treadon and London indicate, the educator aims at the surface of learning to build a connection between the art and the visitor while the art therapist looks deeper to identify internal issues and explore how they can be healed through the creation of art. However, like Salom, not everyone agrees that the museum is an appropriate setting for an art therapy program and does not see a logical collaboration between museum educators and art therapists. Lopez explains that the art therapy field does not recommend the museum as a place to acquire clinical skills. So while she is a fully trained creative arts therapist in the state of New York, she was not able to use any of the Queens Museum programs (including ArtAccess) or any other museum based art therapy program towards the

\textsuperscript{82} Ibid., 48.
practicum hours that would contribute to her art therapy license.\textsuperscript{83} Similarly she cannot title any of her programs as art therapy based. A licensed art therapist would need to lead the program (New York state does not authorize anyone other than a licensed art therapist to lead an art therapy program). Clearly the Art Therapy Credentials Board (ATCB) does not see the museum as a fitting setting for art therapy if they will not authorize any practicum hours on museum based programs. Some may argue that if the museum space is not authorized for art therapy by the ATCB then it is not an appropriate space for these programs. However, the ATCB is not restricting art therapy in museums, they simply indicate that it is not an appropriate \textit{clinical} space for an art therapist who would need to keep clinical records, notes on client progress, and retain the clients’ original artworks.

As mentioned earlier in this chapter, Lopez encourages a collaboration between art therapy and museum education but without credentialing she is not authorized to label her program as art therapy and has made that distinction clear as is reflected in her goals. Lopez sees this as an advantage, without clinical goals the museum educator working on an art therapy based program can reflect more on the visitor in lieu of their illness and can focus on expanding their creativity and experience during the program.

\textbf{Collaborative Solutions}

Whether or not a museum program is labeled \textit{art therapy}, if it is carefully coordinated and proves beneficial to visitors it can be considered a success. With the museum educator in charge of leading the gallery experience and the art therapist directing the art making and therapeutic session there would be no issue of overlapping responsibility during a program. Both roles are essential, as both groups are

\textsuperscript{83} Michelle Lopez, interview by author, New York, NY, June 27, 2012.
professionals in their own respective fields. The museum educator is familiar with the artworks and exhibitions and has studied the best ways to enhance visitor experience in the galleries. Without this role, the art therapist while able to facilitate an art therapy session, would be lacking the best tools to incorporate a restorative gallery experience. In the same regard, art therapists are essential in leading therapeutic sessions, which cannot be facilitated by museum educators unless they are also licensed. The art therapist is adept at working with populations most in need of healing and wellness and has the tools to create a safe space for visitors while encouraging them to open up and work on socialization skills in a museum setting. With all of the above in mind, it seems an appropriate solution for art therapists and museum educators to work in tandem with clearly defined roles.

After reviewing the Memphis Brooks and QMA case studies in the previous chapter and defining and further analyzing the role of museum educator and art therapist in this chapter, readers have a better sense of the place that art therapy can have in a museum setting. Despite slightly different goals museum educators and art therapists can work and should work in tandem. Clearly defined roles can help avoid any conflict of interest and can ensure that the goals of both professionals are achieved – museum educators are able to build a connection between visitors and the artwork in a community setting, and art therapists are able to cultivate the healing process by deeper inquiry and emotional investigation. The following chapter will use the Rubin Museum as an example of how one can blend the above methods and goals in order to provide the best healing and recovery experience in a museum setting.
Chapter 4: Art Therapy at the Rubin Museum

The Rubin Museum of Art (the Rubin) is one of the premier museums dedicated to Himalayan Art in the Western world. Located in New York City, it was founded by Shelley and Donald Rubin in 1999 as a non-profit trust, and opened its doors to the public in October 2004. Before Shelley and Donald Rubin purchased the 70,000 square foot building in 1998 to house their private collection of Himalayan Asian art, which would become the Rubin Museum of Art’s collection, the building was originally a Barneys department store. Even after extensive renovations many of the original features were retained, including the large spiral staircase that radiates from the center lobby winding up through each gallery floor, seven stories high. The museum's collection consists of over 2,000 art objects from various regions in and around the Himalayas, including but not limited to: northern India, Tibet, Nepal, Mongolia, and Bhutan. The vast majority of the collection includes Buddhist, and some Hindu, religious artwork.\(^8^4\) Despite the religious nature of its objects, the Rubin maintains its focus on the art and culture of the region, it is not a religious institution: “Its mission is to establish, present, preserve, and document a permanent collection that reflects the vitality, complexity, and historical significance of Himalayan art and to create exhibitions and programs designed to explore connections with other world cultures.”\(^8^5\)

The underlying symbolism behind the collection, and their original functionality as spiritual objects repurposed for the museum environment, could potentially provide an outlet for those in need of healing and wellness. While the museum's educators focus on


artistic process, sacred traditions, cultural exchange, and historical significance of the Himalayan region, as well as the overall visitor experience, the museum itself and the scope of its artwork could be useful for art therapists and their healing work.

As a relatively young institution, opened in 2004, the Rubin Museum has made efforts to better understand its visitors in order to provide them with an engaging and dynamic museum experience. Two large-scale visitor studies were conducted by a non-affiliated outside contractor, Audience Research & Analysis (ARA), in 2008 and in 2011. 500 visitors, including 320 gallery visitors and 180 program attendees, were included in the six-day 2011 survey. The results were noteworthy, particularly when examining the Rubin as a space for healing and recovery and as a potential setting for the practice of art therapy. When participants were asked what was the main reason for their visit to the Rubin: “Overall, to experience a peaceful, self-reflective environment, explore interest in Buddhism and spirituality, and learn about art of the Himalayan region were the top three reasons, especially among gallery visitors.” Other relevant responses regarding reasons for visiting the Rubin, highlights of the visit, and reasons for returning: “It is a sanctuary here;” “It's peaceful, quiet, serene, very neat and clean, like the design;” “Love the museum, very peaceful, makes everything clear to me;” and “Serenity of environment.” Not one visitor responded negatively about the environment and as the top rated responses indicated, visitors were particularly drawn to the Rubin for the same reason; it is an atmosphere conducive to a restorative experience. Atmosphere, spirituality, and the museum’s collection were all salient reasons for visitors to come to the museum and will be explored further in this chapter.

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There are several key features of the Rubin Museum that make it an ideal environment for healing and wellness, as well as a potential therapeutic tool. The first, and arguably the most important, is the atmosphere at the Rubin. The building and its galleries offer a peaceful and relaxing space specifically designed to welcome visitors and invite them to further explore the artwork. Secondly, although the Rubin is not a religious institution, the spiritual foundation of the collection can provide support and inspiration for visitors in need of healing and wellness. And finally, several key objects from the collection can be utilized by both museum educators and art therapists for therapeutic purposes, with the goal of recovery and restoration for people coping with mental illness.

**Atmosphere**

The atmosphere of the Rubin Museum is defined by the physical attributes of the building and galleries, and a series of details including architectural elements, lighting, and gallery space that work together to contribute to the overall mood and ambiance of the environment. With 25,000 square feet shared across six floors of galleries, the Rubin is an inviting space to explore without being overwhelmingly spacious. Lorraine Maxwell and Gary Evans write about the importance of the physical context in a museum space and emphasize the necessity of avoiding architectural complexity and confusing floor plans. “People feel more comfortable and relaxed in smaller, well-differentiated spaces where they are less visually exposed. In other words, these physical attributes contribute to positive emotional affect. …[while conversely] spaces that are not legible and therefore produce a sense of disorientation or feeling lost can contribute to feeling
anxious."\(^{87}\) This is important when considering the museum as a safe space, a sanctuary. At the Rubin, each floor represents a different exhibition that encircles the central spiral staircase (Figure 1 & 2). The galleries can be explored easily without visitors feeling as if they are wandering through an endless maze of rooms or distracted by another nearby exhibition. As per Maxwell and Evans’s definition, this would provide a sense of comfort, as one can circle the gallery floor and easily find one’s way back to the central staircase without getting lost.

The Rubin’s façade is also far from imposing and blends into the urban architecture of nearby storefronts and apartment buildings, and is different from the temple-like architecture of some museums, such as the Metropolitan Museum of Art, where visitors might feel overwhelmed while walking up a seemingly endless staircase, through the towering doors, and into a vast hallway with vaulted ceilings stretching high overhead. The Rubin does not fall under this category of the Beaux Arts temple as McClellan describes it, whose architectural magnitude has the power to overwhelm and distract from the art it contains. Neither does the Rubin have the “white cube effect,” described by McClellan as a feature of many twentieth century museums, whose stark appearance, vast space, and lack of architectural elements run the risk of another form of distracting effect. “Itself an expression of the modern aesthetic, the white cube – characterized by unadorned and windowless white walls, polished wooden floors, and artificial ceiling light…designed to block out the external world and concentrate the beholder’s gaze.”\(^{88}\) The Rubin succeeds in creating a space without harsh florescent lighting or overwrought architecture, elements emphasized by Falk and Dierking as


\(^{88}\) McClellan, 129.
important to the visitor experience and add to the concept of museum as sanctuary. It features all of the elements that combat Direct Attention Fatigue (DAF) as described by Kaplan et al: being an environment out of the ordinary that can be explored easily, and housing art objects that can be fascinating and unusual to many visitors who are unfamiliar with Himalayan art. The Rubin’s educators make special efforts to develop those elements of Fascination and Compatibility by making personal connections for visitors and introducing the art objects in a focused and engaging manner.

In addition to those architectural elements contributing to the museum’s restorative environment, the Rubin has made every effort to make its art more accessible for people unfamiliar with Buddhist or Hindu philosophies, and sacred traditions of the Himalayan region. The entire second floor gallery consists of an exhibition, Gateway to Himalayan Art, intended as an introduction to familiarize visitors with the religious tenants and art objects from the region (Figure 3 & 4). A large section of the second floor is dedicated to the materials and processes involved in creating these art objects. The visual didactics breakdown these processes in step-by-step detail by illustrating and explaining not only these physical processes but the spiritual tenants embodied by the artworks as well (Figure 5). Explore Art areas on several floors provide visitors with a quiet space to learn more about the objects and concepts in the galleries by using exhibition catalogues and related texts, or online resources (Figure 6). Touch objects (Figure 7 & 8) are available for visitors and are often used by museum educators during tours for reference purposes and to engage the senses. These small hand-held objects are either replicas of pieces on display or represent the materials used to create them. The availability of touch objects corresponds with the Compatibility factor in a restorative
environment. Chryslee recommends “that museum professionals design exhibitions that allow handling of the objects or simulations of them.” 39 This emphasis on education and simplification of complex philosophies and detailed artwork, provide a level of comfort to visitors to ensure they do not feel overwhelmed by these concepts. Chryslee further emphasizes the importance of color and lighting in museum galleries: “color brightness and saturation are directly correlated to pleasure…increased intensity of light is pleasant, but glare or discontinuities in lighting are unpleasant.” 40 Track lighting highlights and compliments the art objects placed against a colorful wall space. The Rubin makes an effort to design exhibition spaces that correlate with the elements of a restorative environment and, as Chryslee describes, “that provoke visitors’ mental and emotional stimulation and facilitate their cognitive involvement and engagement.” 41

The Rubin Museum also has made extensive efforts to make its collection and physical environment accessible for visitors with disabilities. To ensure visitors with disabilities can comfortably move around the gallery space and access the artwork. The United Spinal Association was invited to the museum on May 22, 2012 to perform a physical assessment of the building and determine compliance with Title III of the Americans with Disabilities Act. All of these efforts set the stage for creating an atmosphere where visitors feel comfortable and safe, and complement the sense of healing and wellness facilitated by museum educators and art therapists. A newly built Education Center adjacent to the main museum building makes group activities easily accessible after time spent in the museum’s galleries. This space could also function as an activity center and gathering space for art therapy groups after a museum experience is

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39 Chryslee, 21.
40 Ibid., 20.
41 Ibid., 20.
facilitated by art therapists and museum educators. Having this area to work with special needs groups is another advantage of the Rubin Museum space, and provides an ideal spot for leading art making sessions after exploration in the galleries.

**Spirituality**

“The spiritual life, to which art belongs and of which she is one of the mightiest elements, is a complicated but definite and easily definable movement forwards and upwards. This movement is the movement of experience. It may take different forms, but it holds at bottom to the same inner thought and purpose.”

Wassily Kandinsky was an influential art theorist and abstract painter, “the first champion of non-objective art, or *concrete art*, as he preferred to call it.” He wrote extensively on the spiritual aspects of art as well as the importance of color symbolism. Through a rejection of material reality he experience objects, events, and music in terms of color, not in a physical sense but as an emotional response with each color affecting a viewer’s sentiments in a distinctive manner.

To Kandinsky, color and the physiological response are intrinsically connected: “But to a more sensitive soul the effect of colours is deeper and intensely moving... They produce a corresponding spiritual vibration, and it is only as a step towards this spiritual vibration that the elementary physical impression is of importance.”

Kandinsky searched for the spiritual in art, and examined how art and spirituality can influence emotion and the human psyche. He understood art as an affirmation of the spirit, with the physical form having no meaning outside of the artist’s innermost feelings and emotional reactions. In this sense, color could in fact be used as a

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94 Ibid., 129.
95 Kandinsky, 30.
tool by artists, a “powerful medium” and a “means by which he can influence the human soul.” Julio Peres, member of the Neuroscience and Behavior Department of the Institute of Psychology at the University of Sao Paulo, and his colleagues identify a link between spirituality and resilience in victims of trauma. Peres provides a general definition of spirituality, which is not limited to any specific religion, but by opening the door to various religious tenants, he recognizes an individual’s personal belief system as the coping mechanism and tool to be used in recovery without prescribing to the principles of a particular religion. Peres also stresses the importance of good examples and precedents in the process of healing and recovery: “Spirituality and religiosity may also be cornerstones in reframing perception and constituting behavior.” These factors may be harnessed for use by art therapists at the Rubin Museum, combining the healing properties of spiritual belief, and the restorative potential of the museum’s collection that are based on spiritual tenants.

The goal of the following section is to suggest the integration of spirituality and mindfulness within the context of the Rubin Museum and its collection, and how these approaches might be used in tandem with other art-therapy methods while working with visitors seeking healing and wellness. This approach is not to be confused with the promotion of any particular religion. As mentioned earlier, the Rubin is an art museum, not a religious institution or house of worship; museum educators do not teach or endorse Buddhism or Hinduism. However, due to the religious context of its collection, along with the healing potential embedded within the philosophies and practices of Buddhism/Hinduism, certain elements associated with those religions, such as

96 Selz, 134.
97 Peres et al., 346.
mindfulness and yoga, might be effective in promoting healing and wellness when combined with secular based therapeutic practices in the galleries. Hinduism is a system of philosophical practices and beliefs that developed in northern India based on ancient religious texts, dating as early as 1400 B.C.E. that include chants and other rituals in daily worship. The religion is primarily concerned with a cosmic order shared by humans and gods which is closely connected and linked through the cycle of death and rebirth.\textsuperscript{98} Buddhism, a religion that developed after Hinduism in the same region, focuses on the teachings of the historical Buddha, Shakyamuni who lived around 500-600 B.C.E. Buddhists believe the world is an illusion and that through wisdom and compassion suffering in life is alleviated. This is a path towards emptiness, removing oneself from the endless cycle of death and rebirth.\textsuperscript{99} Both religions bear some resemblance in ritual practice and belief. “The three basic and prevalent methods are: recitation of mantras (sacred words) involving speech; performance of ritual gestures (mudras) involving the body; meditation (especially visualization of and identification with deities) involving the mind”\textsuperscript{100}. These three elements will be examined in the following section in reference to therapeutic methods that could be applied in the museum environment, particularly at the Rubin.

Mimi Farrelly-Hansen, an artist, art therapist, and founder of the Art Therapy and Transpersonal Counseling Psychology program at Naropa University, Boulder, Colorado explores the connection between spirituality and art therapy in her book \textit{Spirituality and Art Therapy: Living the Connection}. Her goal is to examine “two premises: that art

\textsuperscript{99} Young, \textit{Buddhism}, 40.
\textsuperscript{100} Radmila Moacanin, \textit{The Essence of Jung’s Psychology and Tibetan Buddhism: Western and Eastern Paths to the Heart}, (Massachusetts: Wisdom Publications, 2003), 22.
making is inherently spiritual and that spirituality is an important ingredient in therapy or becoming more whole.”¹⁰¹ She approaches art therapy from the perspective of several different religions, as well as from a non-denominational spiritual platform. Most relevant to this discussion are the chapters addressing the role of Buddhism in the healing arts. Bernie Merek, author of, “Each Time a New Breath: Buddhism, Art and Healing” writes about using Buddhist psychology and meditation to increase awareness and alter the habitual perceptions of his patients.¹⁰² He emphasizes the importance of awareness and mindfulness, key aspects of Buddhism, in the application of art therapy to achieve wellness.

Mindfulness

Mindfulness is a term referenced often at the Rubin and is rooted in Buddhist and Eastern philosophies. Traditionally used in meditation and spiritual practice, it was adopted for use in therapeutic practices as early as the 1900s through Gestalt therapy, and has since become mainstream in the process of trauma recovery and research.¹⁰³ Techniques include various processes intended to focus one’s mind on increased self-awareness of inner feelings and sensations. The United States Department of Veterans Affairs, National Center for PTSD, issued an article written by Vujanovic et al on the potential for mindfulness in the treatment of trauma, which defines the term as “…observing thoughts, feelings and sensations by focusing one’s attention on the current moment…entails a stance of acceptance, or willingness to experience an array of

¹⁰¹ Farrelly-Hansen, 17.
¹⁰² Ibid., 69.
thoughts and emotions without judgment.\textsuperscript{104} Through descriptions of several mindfulness-based interventions, the authors stress the usefulness of integrating this technique into other existing treatments to improve outcomes. Their research culminates in the identification of four ways in which the application of mindfulness practice can enhance treatment: the first allows for deeper engagement between the participant and therapist during the treatment process; the second describes how mindfulness can be used prior to treatment to prepare the participant for what might arise during this process; the third offers participants a way to distance themselves from intrusive thoughts and reoccurring symptoms; and finally participants can apply mindfulness to better comply with treatments that lead to a fuller recovery.\textsuperscript{105} Bernie Merek provides practical suggestions for integrating these methods into art therapy and practice: “Gently allow your mind to scan your body…ask yourself if this place in your body has a color, a shape, a texture, or a movement…working with paint (or pastel or clay) allow this image to make itself on paper.”\textsuperscript{106} Other studies have specifically linked art therapy techniques to the mindfulness approach in what is called Mindfulness-Based Art Therapy (MBAT). Daniel Monti and his colleagues published their findings after a trial of MBAT for women with cancer and found a significant decrease in stressful symptoms and increased quality of life as compared to the control group in their study.\textsuperscript{107} These positive outcomes encourage further trials and research into the potential for mindfulness application in art therapy.

\textsuperscript{105} Ibid., 2.
\textsuperscript{106} Farrelly-Hansen, 76.
Mindfulness at the Rubin

Mindfulness practices are tied closely to the Rubin Museum, whose museum educators encourage visitors to *Look Deeply, Think Deeply, Feel Deeply*. The museum hosted a professional development training called “Mindfulness in Education” on November 8, 2011, led by Rikki Asher, Director of Arts Education for Queens College for the City University of New York, and Marcos Stafne, Head of Education and Visitor Experience at the time of the program. The Rubin again hosted the same professional development on June 7, 2012, and it is now a permanent offering as part of the museum’s Professional Development packages for schools. The goal of this professional development is “intended to provide museum educators and teachers with an understanding and appreciation of mindfulness as a method that fosters reflective practice that focuses attention inwardly, built around awareness and the nature of being human and learning.” Clearly the Rubin has acknowledged the importance of mindfulness in a museum setting as a reflective practice that can be integrated into tours and general visitor interaction in order to focus attention on the art, increase visitor comfort level, and enhance overall experience. Mindfulness techniques taught at the Rubin are very similar to those techniques utilized during mindfulness therapy-based sessions, as described earlier in Vujanovic’s article. Some of the museum-based strategies include: “1) relax the body; 2) focus on the breath; 3) engage with a work of art mindfully through noticing;
4) listen attentively; 5) reflect on experiences.”

Museum educators at the Rubin also are provided a background on the application of mindfulness in a museum setting. Combined with other educational techniques and experiences, such as being aware of the museum’s peaceful ambiance, researching in the Explore Areas, sharing touch objects, mindfulness is a useful tool that art therapists can utilize in the Rubin Museum setting when working with groups, and is particularly relevant to the museum’s collection, with a strong emphasis on Buddhist art and philosophy. All these techniques could be used by art therapists either before or during a gallery portion of an art therapy program, and then explored later during the art-making process to aid participants in healing and recovery.

**Mindfulness and Yoga**

A final practical application of mindfulness is yoga, relevant to this discussion as it ties therapeutic practices at the Rubin Museum. Paul Salmon and colleagues from the Department of Psychological and Brain Sciences at the University of Louisville describe a program developed by Kabat-Zinn that uses the application of Hatha Yoga to Mindfulness-Based Stress Reduction (MBSR). Salmon “described three key components – sitting meditation, Hatha Yoga, and body scan (a sustained mindfulness practice in which attention is sequentially directed throughout the body).” He reminds readers that yoga, as understood in the Western world is often associated solely with the physical practice when, in fact, it is historically rooted in the Eastern practice of connecting the

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110 Ibid., 3.
111 March 4, 2011 the Visitor Experience department held an internal training called “Mindfulness in Action” with Rikki Asher intended to familiarize the museum educators with Mindfulness practices. The session included the practical application of Mindfulness techniques and creating empathy by taking on the role of the visitor. The session ended with a discussion of ways to be more mindful day-to-day.
mind, body, and spirit and plays an important function in physical and emotional wellness. The physical demands of yoga were originally intended to be used with the meditative aspects of Buddhist philosophy; Salmon’s article, however, indicates a medical-based, non-religious functionality. He even links the restorative aspects of yoga to those suffering the effects of trauma: “To the extent that Yoga is linked to attention-focusing mindfulness, it is likely to reduce sympathetic over-activation associated with PTSD symptoms. Yoga may also be effective in reducing physiological symptoms of PTSD…”

While the Rubin does not offer yoga classes to the public or allow yoga practice in the galleries, this historical practice is closely tied to many of the poses of the figures on display. These figures, in turn, could be used by art therapists or museum educators to make connections between the art in galleries and the practice of yoga. Furthermore, while yoga postures cannot be practiced in the galleries, the other two components of Kabat-Zinn’s MBSR, such as sitting meditation and body scan, can be implemented while on the museum floors, and incorporated with art-viewing while in front of the objects. Yoga postures could be integrated later when the group is in the Rubin’s Education Center. For example, the third floor exhibition, *Masterworks: Jewels of the Collection*, features an entire room dedicated to the Lukhang Murals, with full-scale photographic reproductions of the original murals located in the Lukhang Temple near the Potala Palace in Lhasa, Tibet (Figure 9). Large sections of these mural depict yoga practitioners: “the central mural illustrates the development of a Great Perfection practitioner depending on his qualities, the teachings transmitted to him, the practices he should perform, and the experiences he should have during them, until ultimate realization…in these depictions, practice instructions and resulting experiences are placed

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113 Ibid., 62.
side by side.”¹¹⁴ Here is an opportunity for the facilitator to discuss yogic applications and point out the various movements and their spiritual premise, which will offer a visualization for the group to discuss together.

**The Collection**

Given the centrality of a museum’s collection (those art objects that are part of a museum’s permanent collection and not on loan from other institutions) to its identity, it is important to point out the connections between its objects and the various theoretical and experimental applications of art therapy. The goal of this section is to propose a practical application of art therapy and therapeutic spirituality methods within the Rubin Museum through the use of several key objects from its collection. The following should also be considered part of larger themes that could be applied to similar objects of the same subject (for example, there are several Buddha statues and paintings at the Rubin and these methods could be used with any of those pieces). Museum educators and art therapists working in tandem could use these suggested objects and themes in the galleries for people in need of healing and wellness. These themes include Mandalas and Mantras, Buddha, Tara, and Ganesh.

**Mandalas & Mantras**

A Mandala “signifies a sacred enclosure…a place created for the performance of a certain ritual or practice, or for the use of a great teacher or mystic.”¹¹⁵ Although it appears two-dimensional in paintings, it represents a three-dimensional palace within

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which reside numerous deities. Perhaps the best way to begin a conversation on the use of Mandalas and Mantras in the practice of art therapy and application in a museum environment is with Carl Jung (1875-1961). Jung was one of the most influential thinkers in the field of psychology, himself a medical doctor and psychotherapist whose theories and methods are “reminiscent of Buddhist ethics, as enunciated in the eightfold path, particularly in right action and right meditation.” During a particularly introspective period of his life, from 1913 to 1919, through visualization techniques and art making, he documented his confrontations with the unconscious in a red leather-bound book referred to as the Liber Novus, the Red Book. Recognizing this unique connection between the world of psychology and the tenants of Buddhist spirituality, the Rubin Museum hosted an exhibition, The Red Book of C.G. Jung: Creation of a New Cosmology, that displayed the Red Book for the first time from October 7, 2009 to February 15, 2010. Particularly relevant to this study are Mandalas, sacred symbols in Tibetan art and Buddhist religious practice that were envisioned and painted by Jung as therapeutic tools. As cited by the Rubin Museum during their exhibition: “Jung was fascinated by the mandala—an artistic representation of the inner and outer cosmos used in Tibetan Buddhism to help practitioners reach enlightenment—and used mandala structures in a number of his own works.”

Other theorists have explored the potential of Mandala creation to promote wellness. Jennifer Allen conducted a study and wrote her thesis on the effectiveness of Mandala creation in alleviating the symptoms of PTSD in college students. She also cites Jung and his use of Mandalas in the exploration of the conscious and unconscious

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116 Moacanin, 27.
psyche, emphasizing the creation of these symbols as a therapeutic alternative to talk therapy, which might not be suitable for people with language limitations or those who are non-verbal. She concludes “that not only is mandala creation effective in alleviating PTSD symptom severity, it is also effective in reducing other trauma associated symptoms such as depression, trait anxiety, and occurrence of physical health problems. Furthermore, engaging in drawing may, in and of itself, be therapeutic and aid in the reduction of trauma associated symptoms.”

The Rubin Museum acknowledges the connection between Mandalas and their use in therapy, particularly art therapy. On August 26, 2012 the Rubin in conjunction with the NYU Art Therapy program hosted a Mandala Workshop for incoming first year students of the NYU Art Therapy program. Students were welcomed into the museum for an hour in the galleries and presented with a series of objects leading up to the final piece, the Kalachakra mandala. Here they were introduced to the concept of the Mandala and its use in Buddhist ritual, meditation, and contemporary practice. For Tibetan Buddhists, the Mandala represents a blueprint for transformation, with each deity in the Mandala representing a tool for spiritual transformation. During the workshop, comparisons were made to Jung’s own practice of working with mandalas as symbols and tools for psychic transformation. “He [Jung] concluded that the mandala is an archetype of order, of psychic integration and wholeness, and appears as a natural attempt at self-healing.”

“Mantras are sacred sounds, auditory symbols, that have no concrete meaning but, like the sound and rhythm of music and poetry, have the power to evoke profound

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119 Moacanin, 72.
feelings and states of consciousness that transcend thought and ordinary speech.”

They are chanted by Buddhist and Hindu practitioners to achieve a sense of balance, healing, and inner peace. Often integrated into Buddhist paintings in the form of a written text, these are visual representations of the transcendent sounds “believed to embody the nature of a deity. The three doors of action are the body, voice and mind. It is through the actions of these three that good actions and bad actions are believed to be produced.”

One example is the Hevajra Mandala (Figure 10) part of the Rubin Museum’s permanent collection and will be displayed in the upcoming exhibition Flip Side: The Unseen in Tibetan Art (03/15/13 - 08/12/13). This unique two-sided painting is an ideal object to share with visitors in need of healing and wellness as it contains an image of a Mandala on one side and the accompanying mantra, or chant, written in a circular format on the back, which is part of a ritual to consecrate the object. The inclusion of a Mantra in Buddhist paintings, such as the Hevajra Mandala, could be integrated into art viewing at the Rubin Museum specifically for those groups in need of healing and wellness and could be incorporated into later art-making activities.

Bormann, Liu, Thorp, and Lang conducted a study on spiritual wellbeing in veterans affected by PTSD through the use of “mantram”, akin to a mantra, by “repeating a mantram—a sacred word or phrase…it is thought that the intervention re-directs attention and initiates relaxation to decrease symptom severity.” The authors analyzed how mantram repetition could be used as a tool to focus attention and reduce stress in

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120 Ibid., 55.
several ways: quickly producing a relaxation response; pausing to provide a response to
the stressor; and finally, connecting to one’s inner healing self, which is suggested as an
important coping tool. Their conclusions indicated that mantram chanting had indeed
helped to reduce the severity of PTSD symptoms. Additionally, mantram repetition can
be used with ease in any location: “it is portable and may lead to greater adherence than a
practice that requires longer blocks of time.”123 This research supports the use of
mantram recitation in a variety of environments, including the Rubin Museum.

Buddha

The founder of the Buddhist religion, Buddha Shakyamuni, also known as
Siddhartha Guatama, is a historical figure born around 563 B.C.E. He began living a
sheltered life of luxury as a prince in a beautiful palace. When he traveled beyond the
palace at the age of twenty-nine, he discovered suffering in the world around him in the
form of sickness, old age, and death. He vowed that he would overcome the endless
cycle of death and rebirth (samsara) and attain enlightenment.124 The Buddha
inspirational life story provides rich material to be mined for art therapy groups at the
museum. Once awakened to a world of suffering, the Buddha’s life was changed forever.
Through meditation and yoga, he overcame suffering and the endless cycle of death and
rebirth through a profound awakening under the Bodhi tree. Judith Herman, author of
Trauma and Recovery: The Aftermath of Violence – from Domestic Abuse to Political
Terror, describes the process and difficulty that some trauma survivors may endure when
retelling their story: “As the narrative closes in on the most unbearable moments, the

123 Ibid., 6.
patient finds it more and more difficult to use words … [and] may spontaneously switch to nonverbal methods of communication, such as drawing or painting.”125 Here is where the museum educator and art therapist can work in tandem. Sharing stories of the Buddha’s history can be coupled with art-making (whether through writing, drawing in the galleries, or by making art projects in the education center) to offer a non-verbal option for visitors. When they find it hard to vocalize their own stories, it may be easier for them to relate their life stories to that of the Buddha. For example, one story involves the Buddha meditating all night during which time Mara, the god of desire, attacked him numerous times with storms, weapons, darkness, and the temptations of lust, thirst, and discontent, with no success. This is also an opportunity to introduce the Buddha’s teachings, such as the Four Noble Truths and the Eightfold Path constituting “the eight elements are correct action, correct speech, correct livelihood, correct view, correct mindfulness, correct meditation, correct intention, and correct effort.”126 The Shakyamuni Buddha sculpture (Figure 11) currently in the Rubin’s second floor exhibit Gateway to Himalayan Art is an ideal piece with which to start this conversation with visitors. His serene expression and mannerisms invite visitors to look deeper and when coupled with the stories of his life and teachings, have the potential to provide a peaceful outlet for visitors in need of healing and wellness.

125 Judith Herman, Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror, (New York, Basic Books, 1997), 177.
126 Lopez Jr., 51.
Tara

“Om tare tuttare ture svaha [the mantra of Tara] is famous throughout the Himalayan Buddhist world as a heartfelt prayer as well as mystical chant.” Tara is a female Buddha that returned after enlightenment as one of the eight great Bodhisattvas in the Buddhist pantheon of deities. As a Bodhisattva, she has made “the commitment…to liberate all sentient beings from suffering, a commitment made in the form of a vow.” She is particularly known for her ability to protect from the eight great fears – lions, elephants, fire, snakes, bandits, prison, water, and demons, as well as perform various other miracles when called upon by her followers. She is an ideal subject for visitors in need of healing and wellness, and these groups should be introduced to the Tara (Figure 12) painting in the Rubin’s Gateway to Himalayan Art exhibition. Tara is the central figure, her right hand forms the gesture of generosity while her left is at her heart holding the stem of a blue utpala flower in a gesture of blessing. She appears throughout the painting in individual vignettes encircling the central figure, protecting from the eight great fears. Not only is she a compassionate protector figure and an inspirational female figure, she also represents longevity. Buddhists believe that meditating on the figure of White Tara “and her vast compassion for every form of life, you produce a great stock of merit and positive volitions. So by means of the sadhana you fulfill the conditions for long life.” Overcoming death is yet another inspirational aspect of Tara that can be shared with visitors.

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128 Lopez Jr., 72.
Ganesh

“[Ganesh] is best known for being the remover of obstacles and the bringer of good luck and is still worshipped before important undertakings.” One of the most beloved of Hindu deities, Ganesh (Figure 13) who was created by Parvati, the wife of Shiva, is perpetually young and filled with joy, wisdom, and mischief. This statue is located in the Rubin’s spiral wall area and unlike the objects on the gallery floors here visitors are allowed to leave “offerings” of money, small flowers, candies, and other objects. His appearance makes him more accessible to worshippers, with the head of a beloved elephant and the body of young boy with a large belly. He is typically depicted riding on a mouse or rat; he is hardly as fearsome or imposing as other Buddhist or Hindu deities. A protector and remover of obstacles, he and his stories of strength and endurance, might serve as sources of comfort and inspiration to people on the road to healing and wellness.

Proceed with Caution

A final note of caution when introducing the Rubin Museum as a place to promote healing and wellness through its collection: the museum environment should be considered a potential resource for art therapists and museum educators but not should be viewed as anything more than a tool to facilitate a restorative experience. It is not a guaranteed solution, treatment, or cure for people suffering from trauma, mental illness, or any other emotional state that requires healing and should not be advertised as such. Group facilitators should consider this and their audience before introducing specific art objects or spiritual themes. Dr. Thomas Ettinger, Founder and Coordinator of New York

University’s (NYU) Forensic Psychology MA program from 2006-2009 and Co-Director of NYU’s 9/11 Arts Project for World Trade Center first responders\textsuperscript{132}, cautions that “there are also many themes [at the Rubin] that could disturb, such as personified demons, and especially the entire Eastern concept of the loss of self. PTSD recovery involves strengthening a sense of self, and regaining a connection with Earthly reality - they are battling against a sense of loss of self.”\textsuperscript{133} Ettinger’s reference to “personified demons” alludes to images of wrathful deities that are in fact not considered demons in the Buddhist religion, but protectors. Despite their horrific appearance, these deities aid practitioners on their path to enlightenment, destroying ignorance and other obstacles with a profound sense of compassion and wisdom. While some visitors may consider this inspirational or even comforting on some level, others may be disturbed by the imagery. For example, there is a wrathful painting in the Rubin’s second floor exhibition Gateway to Himalayan Art called Lord of the Pavilion, Mahakala Panjarnata (Figure 14) whose central figure framed by a background of flames and standing on a corpse, holds a curved knife in his right hand and a skullcup (hollowed out human skull) filled with blood in his left hand. He bares his teeth and wears a crown of human skulls complimented by a necklace of human skulls along with bone ornaments and snakes. He is surrounded by various other figures including some additional wrathful beings who hold an assortment of objects such as knives, skullcups, and human bones. At the bottom right of the painting is another figure that may appear fearsome to some viewers:


\textsuperscript{133} Tom Ettinger, “RE: Museums and PTSD Programs,” Email to Laura Sloan, December 15, 2011.
Chitipati, Lords of the Charnal Ground Pyre, who are two dancing skeletons carrying bone sticks.\(^n134\)

Ettinger’s comments on the “loss of self” are in reference to the Buddhist concept of Emptiness, as defined by Donald Lopez in his book *The Story of Buddhism*: “It is a common Buddhist tenet that direct perception of reality is necessary for the achievement of liberation from rebirth…this reality is referred to as emptiness or the selflessness of phenomena. It is Emptiness that must be directly perceived by the mind in order to destroy desire, hatred, and ignorance and the karma of the deeds they have motivated over countless lifetimes.”\(^n135\) While this Eastern concept of Emptiness represents an ultimately positive outcome, enlightenment, the Western perception of Emptiness may seem frightening when confronted with the loss of self, particularly for those people suffering from a traumatic experience or from various other forms of mental illness. Echoing Ettinger’s comments, Judith Herman details the disconnection and numbing that some people can feel after the effects of a traumatic experience. She believes that there are three stages of recovery: “The central task of the first stage is the establishment of safety. The central task of the second stage is remembrance and mourning. The central task of the third stage is reconnection with ordinary life.”\(^n136\) To Herman the central task of reconnection is the development of a new sense of self, seemingly contrary to the meditation on Emptiness that Buddhism encourages. Matthieu Ricard provides a definition of Emptiness in *Demonic Divine* that reads similar to Jung’s observation: “Emptiness does not imply nothingness. Rather it refers to the infinite potential for


\(^{135}\) Lopez Jr., 248.

\(^{136}\) Herman, 155.
phenomena to appear in a vast network of interdependent processes – which would be impossible if everything consisted of inert, immutable, self-contained entities.”

Yet however positive the message, whether from the Buddhist perception or from Jung’s point of view, if visitors are mentally unprepared for an introduction to the Buddhist concept of Emptiness it may not be the appropriate topic for an art-viewing session in the museum galleries.

Another note of caution regarding scientific evidence citing a correlation between the tenets of Buddhism and the process of healing and wellness: Despite the articles cited earlier in this paper, there have been other studies whose results prove inconclusive regarding the effectiveness of religion and spirituality in the treatment of trauma and the pursuit of healing and wellness. The U.S. Department of Veterans Affairs National Center for PTSD provides an online series called VA/DoD Clinical Practice Guidelines for PTSD (2010) and in their section on Complimentary and Alternative Medicine (CAM) they describe several methods used in the treatment of PTSD that are not considered part of conventional medical practices in the United States (Table 1). They found that 89% of VA facilities are offering CAM with the most common methods being “Meditation, Stress management/relaxation therapy, progressive muscle relaxation, biofeedback, guided imagery.”

In terms of a guideline for practicing these techniques, “CAM approaches that facilitate a relaxation response (e.g., mindfulness, yoga, acupuncture, massage, and others) may be considered for adjunctive treatment of hyperarousal

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symptoms”\textsuperscript{139} were given an “I” rating (insufficient evidence to recommend for or against its practice). In fact, the Bormann et al study, cited earlier in this paper, was given a dual rating of “B/I” which indicates that while Mantram recitation could be recommended as a service to eligible patients, due to issues with the study there still remains insufficient evidence to recommend for or against the routine practice of Mantram intervention. While patients were largely satisfied with the results of the study and self-reported positive results, the clinicians assessed only a small effect on the severity of patient symptoms. This seems to indicate that patient perception of the results may outweigh what the literature supports, which could be considered a positive outcome in itself. The final conclusions of the VA/DoD practice guideline indicate that “CAM may facilitate engagement in medical care and may be considered in some patients who refuse evidence-based treatments. However, providers should discuss the evidence for effectiveness and risk-benefits of different options, and ensure that the patient is appropriately informed.”\textsuperscript{140} Additionally, if CAM is to be used, it should be in conjunction with other approved treatments, not as a primary method of intervention.

So how does this fit into the museum model? As mentioned earlier, the museum should be considered a tool for art therapists and museum educators. It is the setting where healing and wellness can be promoted through art viewing and art making. It is not intended to be a primary mode of medical treatment, or as a cure for any specific mental state, as with the aforementioned treatments that the VA recommends should be considered secondary approaches to the treatment of PTSD.

\textsuperscript{139} Ibid., 13.
\textsuperscript{140} Ibid., 47.
Review, Conclusion, and Recommendations

“Museums are, and will continue to be, subjected to analysis and critique across a broad ideological spectrum because they matter and because they are susceptible to change. Criticism is integral to museums, as it is to any important social institution, and should be viewed as the legitimate prerogative of all who care about their future.”\textsuperscript{141} As McClellan clearly states, museums are in constant flux and it is important to frequently evaluate and reassess their role in society. The research for this thesis began with a look at the evolution of museums and their progression from civic and political propaganda tools intended to cultivate local poor, to schools for artists, to serving society in a communal space via education and social outreach initiatives. This evolution was further examined through the lenses of Museum as Sanctuary and Museum as Experience. Museums have become a sanctuary in our post 9/11 world and this impact is emphasized by both James Cuno and Lois Silverman who see the museum as a community refuge. They explain the importance of a social space that can act as both a personal sanctuary offering visitors time alone with the art, as well as a community space where group interaction combines with art viewing and art making. Furthermore, the museum space is described by David Carr as a special experience set apart from the daily routine. Falk & Dierking refer to the physical space and how it can be curated to affect the overall visitor experience enhancing their encounter with the art. The museum should be seen as a holistic experience and exhibition design, layout, wall color, signage, and capacity, should be considered along with the rest of the experience in order to create a restorative

\textsuperscript{141} McClellan, 11.
environment for visitors. All of this analysis sets the stage for the development of art therapy programs in a museum setting.

After reviewing the practical application of art therapy in the Queens Museum of Art and Memphis Brooks Museum of Art one can draw the following conclusions about museum-based art therapy programs: Regardless of a program’s title, the incorporation of art therapy in a museum setting can be beneficial to visitors in need of healing and wellness; and both museum educators and art therapists share similar techniques but with different outcomes and goals they need to fully collaborate to ensure a successful art therapy program. One of the points discussed in Chapter 2 was an issue of semantics. While QMA and Memphis Brooks both share similar program structure and educator pedagogy, using a multiple session format providing a museum gallery experience in tandem with art making, they choose to label their programs differently. QMA does not include art therapy in the title of their program despite facilitation by trained creative arts therapists, while Memphis Brooks uses the art therapy label. Karen Peacock has several theories: there may be a lack of art therapy knowledge and shortage of art therapists, some museums may want to distinguish their work from that of art therapists, while others are related to the institution’s funding restrictions. However, despite their titles, both programs reported positive results from visitors after surveying program participants. Each institution must make their own contextually appropriate decision based on their current resources while at the same time remembering that semantics is not the critical issue, it is the goals and end results that should guide programming decisions.

As detailed in Chapter 3, both museum educators and art therapists are critical components of a successful museum-based art therapy program. Museum educators are
experts on the art objects, exhibitions, gallery layout and museum facilities, all key components of a restorative museum experience. They are adept on creating a guided art viewing experience for visitors, helping them connect with the art and feel comfortable in the museum setting. Art therapists are necessary to facilitate a therapeutic art making experience and maintain a continued connection with participants after leaving the museum space. Unlike the museum educator, whose goal is to develop a connection between visitors and the artwork, the art therapist’s intention is for a deeper introspection and continued patient follow-up. Therefore when developing museum-based art therapy programs, facilitators should clearly defined the roles of both professionals to avoid any conflict of interest.

This cautionary note and collaborative solutions are interspersed throughout Chapters 2, 3, and 4 in order to ensure readers are aware of the need to carefully plan and organize a successful art therapy program in a museum environment. Museum educators, when determining the level of art therapy they would like to incorporate in their programs, should make sure to fully understand their visitors to ensure they can function in a public space. Specific art objects should be carefully selected to ensure the subject matter is not be frightening or disturbing to participants. Similarly, certain subject matter may need to be avoided depending on the needs of the group. A poorly planned space and a poorly cultivated experience can have a negative impact on visitors and because the museum is also a public space all visitors must be considered, not only those participating in art therapy programs. As a shared community space the privacy of art therapy participants should be considered as well as the needs of general public visitors.
The Rubin Museum of Art is an ideal environment for healing and wellness, and therefore a potential space for art therapy programming. Its atmosphere is peaceful and relaxing, inviting visitors to take their time to explore the artwork. An easily accessible space, gallery floors are laid out in a circular pattern so there is no worry that visitors will get lost. Visual didactics help explain religious iconography and touch objects are available to help visitors better relate to objects on display. The spiritual nature of the collection can provide support and inspiration for visitors and several key objects from the collection, such as Buddha, Ganesh, and Tara, can be utilized by museum educators and art therapists for therapeutic purposes. As the Rubin’s collection is primarily Buddhist art, those concepts such as Mindfulness, Hatha Yoga meditation, and mantras can all promote wellness and be used in conjunction with art therapy activities.

After reviewing the enormous potential of art therapy to expand Accessibility programming in museums, it is equally important to stress the reverse. Museums are able to bring added value to art therapy programs through art viewing, an additional layer to art making that can enhance the entire therapy process. The success of art viewing in combination with art making is evidenced in the previous chapters through a review of literature, interviews with professionals in the field, and case studies at institutions who are already incorporating this reciprocal relationship in their programs. The museum is yet another tool for art therapists, a setting that can promote healing and wellness through both art viewing and art making. With help and encouragement from museum educators, these programs can expand and thrive, establishing a precedent for future Access programming.
Figure 1. Rubin Museum of Art, Spiral Staircase. Photograph by David De Armas.
Figure 2. Rubin Museum of Art, Spiral Staircase. Photograph by David De Armas.
Figure 3. Rubin Museum of Art, 2nd Floor Gallery. This image shows how religious objects are explained with comprehensive wall labels. Photograph by David De Armas.
Figure 4. Rubin Museum of Art, 2nd Floor Gallery. This shows the Materials and Techniques section, clearly labeling and showing each step in the process of sculpture creation. Photograph by David De Armas.
Figure 5. Rubin Museum of Art, 2nd Floor Gallery. Didactic wall imagery is clearly displayed throughout the exhibition. Photograph by David De Armas.
Figure 6. Rubin Museum of Art, Explore Area. Photograph by David De Armas.
Figure 7. Rubin Museum of Art, Touch Object. Photograph courtesy of the Rubin Museum of Art.
Figure 8. Rubin Museum of Art, Touch Object. Photograph courtesy of the Rubin Museum of Art.
Figure 9. The Lhasa Lukhang Mural [section]

Figure 10. Hevajra Mandala.

Figure 11. Shakyamuni Buddha. Currently on display in the permanent 2nd floor exhibition: Gateway to Himalayan Art. Selected for its peaceful demeanor, symbolism (signs of the Buddha, also this is the historic Buddha, earth touching gesture at the moment of enlightenment)

Figure 12. Tara. Selected for her role as compassionate Bodhisattva, she is also a protector from the eight great fears, a very relatable figure for viewers. Like the Buddha sculpture there is a peaceful element about this piece. Important to note is her serene expression and relaxed body position.

Figure 13. Ganesh. Selected for his status as the remover of obstacles, Ganesh is a lovable approachable figure.

Figure 14. Lord of the Pavilion Mahakala Panjarnata. This is an example of one of the many wrathful deities located in the Rubin Museum. The fearful appearance of this object could be intimidating or frightful for certain visitors.

<table>
<thead>
<tr>
<th>Citation</th>
<th>Intervention</th>
<th>Outcome</th>
<th>Finding</th>
<th>SR</th>
</tr>
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</table>
| Chiesa   | • Vipassana meditation  
          • Usual care | PTSD Checklist-17-civilian version (PCL-C) | • Based on one poorly designed study  
          • Unable to determine effect of VM on PTSD severity in small sample of incarcerated individuals | I |
| Da Silva | • Iyengar yoga  
          • Hatha yoga  
          • Vivekananda yoga | Any measurable improvement in mood or anxiety from baseline | • 3 case series  
          • Unable to determine effect of yoga either as monotherapy or augmentation to antidepressants | I |
| Ospina   | • Medication practices  
          • Active and inactive controls | Any measurable data for health-related outcomes | No studies of PTSD met inclusion criteria | I |
| Joyce    | Reiki for psychological symptoms | In progress | | I |
| Krishnanprakomkrit | • Concentration meditation or mindfulness  
                           • Pharmacological therapy  
                           • Other psychological treatment  
                           • Other methods of medication  
                           • No intervention or WLC | • Improvement in clinical anxiety  
                           • Clinical Global Impression  
                           • Treatment acceptability, adverse effects  
                           • Dropouts  
                           • Experiences related to meditation | • No RTCs of PTSD were found  
                           • Unable to determine the effects of meditation for treating individuals with PTSD | I |
| Jorm     | • Medicines and homeopathic remedies  
          • Physical treatments  
          • Lifestyle  
          • Dietary changes | Various, not specified | • Single RCT shows effectiveness of massage in children but inconclusive in adults  
                           • Case series suggests promising results for exercise in adults  
                           • Limited evidence suggests relaxation may lower anxiety symptoms | I |

SR = Strength of Rating  
“I” = Insufficient evidence to recommend for or against routinely providing the intervention

Table 1. Findings of the U.S. Department of Veterans Affairs National Center for PTSD after analyzing Complimentary and Alternative Medicine (CAM) methods used in the treatment of PTSD that are not considered part of conventional medical practices.

files/CAM/Player/launchPlayer.html?courseID=1509&courseCode=PTSD101_cam 
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