

# MuseumsForward

## Case study of a museum program in addressing eating disorders and body Image

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### Abstract

Museums play an essential role in many health care issues, including helping patients, training medical professionals, and educating the public about health and wellness issues. As the mental illness with the highest mortality rate, eating disorders have drawn the attention of museums. The purpose of this study was to explore how one museum address eating disorders and body image within their programming. Using a case study design, data were collected through documents and facilitated interviews with participants in an eating disorder program, *Sharing the Museum - Sharing the Douglas*, at the Montreal Museum of Fine Arts, Montreal, Quebec, Canada. Results pointed out that art museums could be a place for eating disorder patients to break isolation and build up positive feelings. Implications suggest that museums should continue to emphasize diversity, equity, accessibility and inclusion work to build up their reputation and then partner with health systems to build more programs to benefit the eating disorder patient community.

### Keywords

Eating disorders, body image, public health, art therapy, art museum

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## Introduction

Over the last 5-10 years, museums have increasingly embraced their role in shaping discourse around public health (Iconic, 2014). Museums play an essential role in many health care issues, including helping patients, training medical professionals, and educating the public about health and wellness issues (American Alliance of Museums, 2013). For example, the Cummer Museum of Art and Gardens, in Jacksonville, FL, offers *Kids Together Against Cancer*, a workshop for families coping with a cancer diagnosis. The workshop gathers clinical social workers, artists, and patients at the museum for discussions about art, art-making, and mental health support (American Alliance of Museums, 2013). The Field Museum, in Chicago, IL, worked with the University of Chicago's Institute for Genomics and Systems Biology to analyze pathogens and parasites in animals to help health centers understand and address emerging health threats (American Alliance of Museums, 2013). The Children's Museum of Manhattan, in New York, NY, created the *Eat Play Grow* program to help children understand what comprises a healthy diet.

Since the outbreak of Covid19, public health has become even more important. For example, the National Gallery Singapore created virtual programs like *Slow Art*, which provides weekly video conferencing sessions via Zoom to help citizens build a positive attitude to fight the virus and help them become better suited to the quarantine and to post-pandemic life. In short, public health is becoming an undeniable direction for many museums around the world. This article describes a case study designed to explore how one museum address one particular health issue within their programming: eating disorders.

## Museums and mental health

There are five ways museums might contribute to visitors' health and well-being: i) promoting relaxation; ii) acting as an immediate intervention that creates beneficial changes in physiology, emotions, or both; iii) encouraging introspection, which can be beneficial for mental health; iv) fostering health education and acting as public health advocates; and v) enhancing health-care environments (Camic & Chatterjee, 2013). Research shows that engaging with museums could provide positive social experiences, reduce social isolation, offer calming experiences, decrease anxiety, and increase positive emotions (Chatterjee & Camic, 2015).

Previous research suggests that art or cultural activities could benefit participants' mental health. In Norway, a study of 50,797 adults showed that participation in receptive and creative cultural activities was

significantly associated with good health, reasonable satisfaction with life, and low anxiety and depression scores in both genders (Cuypers et al., 2011). Research from Australia also shows that recreational arts engagement could be utilized to improve the mental well-being of the general population. As a result, activities like volunteer work and art engagement programs in cultural organizations have been encouraged (Davies et al., 2015).

Art museums, especially, show a lot of potential for elevating mental health, often using art therapy to create programs to help communities improve their mental health (Davidow, 2021). "Art therapy is an integrative mental health and human services profession that benefits humans through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship ("About art therapy," n.d.)". Also, museums combine art therapy with other museum functions like education, helping participants understand themselves better, fostering the ability to form and sustain positive relationships with others, encouraging social inclusion, and inspiring creativity (Coles et al., 2019). For example, the art therapist at Florida State University worked closely with the museum educator at the Museum of Fine Art to create an art therapy group for local middle school students (Rochford, 2017). Museum educators fostered students' learning about art pieces which the art therapist had selected before the trip. Art therapists assessed which students needed help with teachers and then developed goals, like building healthy self-esteem and exploring identity and family relationships. Educators and art therapists worked together to build trust with students and engaged the group in a discussion about art pieces. In the end, students' teachers reported that the students displayed positive behavioral changes in the classroom.

Art therapy programs in museums can benefit all age audiences to improve their mental health. For example, Transition Space at the Museum (TS@M) aims to promote the well-being and psychosocial rehabilitation of young people (12 to 25 years old) with mental health problems to reduce their stigmatization (Archambault et al., 2020). The Tampa Museum of Art is expanding in-person and virtual offerings in Connections, a community art engagement program geared toward people with depression, memory loss, and post-traumatic stress disorder (PTSD) in all ages (Davidow, 2021). Several art therapy activities at a museum in California focus on older people (around the age of 80) to help elders reduce lonely feelings and help them develop a positive living attitude (Bennington et al., 2016).

## **Eating disorders and body image**

The American Psychiatric Association defines eating disorders as “behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions” (American Psychiatric Association, n.d.). Eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder, pica, and rumination disorder. Nine percent of the United States population, or 28.8 million Americans, will have an eating disorder in their lifetime. Eating disorders can cause serious physical, psychological, and social functioning problems, and have the highest mortality rate of any mental illness, with 10,200 deaths per year or one death every 52 minutes (Deloitte Access Economics, 2020). Eating disorders affect everyone: all ages, races, genders, and sexual orientations. For example, 46% of 9 to 11-year-olds are “sometimes” or “very often” on diets (National Association of Anorexia Nervosa and Associated Disorders, n.d.). However, people of color with eating disorders are half as likely to be diagnosed or to receive treatment. Transgender college students report experiencing disordered eating at approximately four times the rate of cisgender classmates. Gay men are seven times more likely to report binge-eating and twelve times more likely to report purging than heterosexual men. Overall, more than 70% of people with an eating disorder never receive specialized treatment (Mitchison, 2017).

For the treatment part, eating disorder patients usually have other mental health issues like depression, or anxiety disorders. They might compound long-term difficulties with low self-esteem, or obsessionalism (Mickley, 2001, p. 4). The treatment of eating disorder could be difficult and time-consuming. Some psychotherapist expressed that their eating disorder patients under treatment for years but the patients remained as ill as before (Mickley, 2001, p. 1). It needs support not only from professionals include therapists, psychiatrists, but also social support including families and friends.

Body image includes thoughts and feelings that people have about their body including facial features, weight estimation, body size, and body shape. People tend to develop body image opinions in their childhood. Media, toys, peers, and parents could all affect children's development of body image (Smolak, 2012). For example, cartoons are three times more likely to portray overweight characters as more unattractive than the under- and normal-weight characters. Toys like

Barbie and GI Joe have unrealistic body sizes, which influence kids' body images.

Body image disturbance is a core diagnostic feature of eating disorders such as anorexia nervosa and bulimia nervosa. For example, there are two criteria required for a diagnosis of anorexia nervosa: (1) "intense fear of gaining weight or becoming fat, even though underweight," and (2) "disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation or denial of the seriousness of the current low body weight" (Delinsky, 2012). Research on other eating disorders, like bulimia nervosa and binge-eating, also shows that patients experience a high level of body image dissatisfaction and body image disturbance. For example, patients report many negative automatic thoughts and dysfunctional assumptions about their weight and shape like, "If I stop purging, I'll gain weight and people will think negatively about me" (Crowther, & Williams, 2012). Meanwhile, they over evaluate their weight and hyper focus on the parts of their bodies that they don't like. Distorted body image is a main defining factor of several eating disorders. In order to recover from eating disorders, patients need to be counseled to improve their body image satisfaction (Delinsky, 2012).

### **Museums addressing eating disorders and body image**

Some museums have tried to address eating disorders and healthy body image through their programming. In 1996, a program called *Feast, Famine and Female Form* was created at the Baltimore Museum of Art, in Baltimore, MD, by an eating disorder psychologist and Eating Disorders Awareness and Prevention Inc. (Wolff, 2006). By showing 30 women's bodies through art, the program explored body image questions such as, "What defines feminine beauty?" and "What should define it?" The program was used to call attention to the seriousness and prevalence of eating disorders (Smith, 1996). In 2018, Birmingham Museum & Gallery, in Birmingham, AL, created an exhibition that explored underrepresented stories of body image and identity. The exhibition examined the questions, anxieties, and stereotypes faced when trying to attain the ideal body we see reflected in public spaces (Birmingham Museums, 2018).

Also, an exhibition called *THIN*, began the tour in February of 2007 at The Women's Museum and then traveled to university art museums until 2010, visiting the Smith College Museum of Art, the Snite Museum of Art at the University of Notre Dame, and the University of Missouri (Evans, 2013, p. 1). The exhibition exposes the ugly underbelly of eating

disorders to the public. By using multiple ways, including large-scale portraits, documentary photographs, and interviews to show scenes of eating disorder patients, *THIN* allows the public to learn about eating disorders and revoke their empathy for eating disorder patients (Evans, 2013, p. 7).

Museums are wise to approach these issues with care and thought, since body images can be traumatic. An eating disorder therapist mentioned a children's museum which contained a picture to joke about how horrible obese bodies looked on the image. The image is trying to teach children how calories go in and out of the human body but at the same time expressed a stress and anxiety for kids to worry about their body image (Macri, 2015). Museums could be helpful places for fostering positive attitudes towards body images, but could also create harm for people who suffer from eating disorders and body image issues if not addressed with care and compassion (Macri, 2015).

### **Study purpose**

The purpose of this research study was to explore how one museum address eating disorders and body image within their programming. The research focused on three questions: 1) How does the Montreal Museum of Fine Arts (MMFA) characterize its role in addressing eating disorders? 2) What assets does the MMFA have to address eating disorders? 3) What is the public response to the MMFA addressing eating disorders?

### **Methods**

This study used a case study design with multiple data sources (Yin, 2014), focused on a single case, the MMFA's *Sharing the Museum – Sharing the Douglas* program. Data were collected through semi-structured interviews and document analysis.

### **Research context**

The MMFA is an art museum located in Montreal, Quebec, Canada. It is the largest art museum in Canada by gallery space. It has the social prescribing pilot program in which medical providers refer patients to the museum for a range of health conditions including chronic pain (Chatterjee, 2019). The *Sharing the Museum – Sharing the Douglas* is an art therapy program designed for people with eating disorders, specifically anorexia, and bulimia, which started in 2014. The program

takes place every six weeks, for a total of 13 visits, and participants come to the museum for a whole afternoon. The group size is less than 12 participants. Every group is accompanied by two medical specialists from Douglas Hospital, as well as museum educators and art therapists. There are three parts to the program: a) introduction tour, b) lunch, and c) studio workshop. In the introduction tour, museum educators engage participants in discussion about four to six artworks in the museum, all of which have the same theme. Then, participants have lunch together. Later, they go to the studio workshop to create individual artwork. Art therapists ask participants questions about what they have seen or what they created in their artwork and try to let them reflect on their own thoughts. Thus, participants engage with art and take part in a creative workshop to break their isolation, develop belonging feelings within their community, and build a positive body image.

Four practitioners from MMFA participated in the study, all of whom are involved in the eating disorder program. The sample included two art educators who worked at MMFA and led the introduction tour, Josée Lavigne and Gwen Baddeley, as well as Stephen Legari, who is a registered art therapist leading the studio workshop part of the program, and Marilyn Lajeunesse, who works as the educational program manager at MMFA for more than twenty years.

### **Data collection**

Interviews were conducted remotely with the four practitioners over a video call on Zoom or by phone (see Appendix A for the interview guide) and transcribed using Zoom. The length of the interview was between 30 to 60 minutes. All of the interview questions were focused on how MMFA characterized its role in addressing eating disorders, what special assets within the program helped to address eating disorders, and the public response to this program.

Program practitioners were asked to share relevant documents that provided insight into the eating disorder program. Two documents were shared, including *Body talk: Examining a collaborative multiple-visit program for visitors with eating disorders* and an adjunctive, museum-based art therapy experience in the treatment of women with severe eating disorders.

### **Data analysis**

Interview transcripts were analyzed using context analysis to identify common themes and patterns. All of the themes were based on research questions, including MMFA's roles in addressing eating disorders, MMFA's special assets for solving eating disorders and body image programs, and public response to the *Sharing the Museum – Sharing the Douglas* program. A critical friend engaged in the analysis process to check the validity and reliability of these themes and patterns.

## Results

### **How does the Montreal Museum of Fine Arts characterize its role in addressing eating disorders and body images?**

Case study results point to three essential roles that the Montreal Museum of Fine Arts (MMFA) plays in addressing eating disorders: a) safe space, b) social environment, and c) positive experience.

#### *Safe space*

As described in a key program document, the primary goal of the *Sharing the Museum – Sharing the Douglas* program is “to provide an unthreatening environment that allows participants to surpass feelings of isolation, create a feeling of belonging to the wider community, foster a climate for self-discovery and regain a positive body image.” In particular, the goal of the introduction tour is to create a safe space for participants. Josée, an MMFA art educator, mentioned, “The first important thing for them is to feel that they are comfortable in that museum setting. Also, they feel accepted with no judgment, as a safe psychological space.” During the introduction tour, museum educators greet and welcome participants, and then go into the museum to visit a specific set of artworks. Typically, participants are shown four to eight artworks in the museum connected by a theme. The theme changes whenever the same group of participants visits. A second MMFA art educator, Gwen, responsible for the introduction tour, expressed, “My job was really to look at artworks with the group and give prompts in a way. I would ask questions to let participants think about the artwork. So, it’s more about artworks, but hopefully, we could create a comfortable environment where people feel that they could speak or share things.”

Next, art educators guide participants to look at different artworks and ask them questions to get them to start to think about the artwork. In this way, museum educators played an essential role as mediators to

relax participants and make them feel it's a safe space to be in the museum. As Gwen, mentioned, "If the visit goes well, that establishes a good dynamic and a positive energy going into the rest of the visiting."

Also, since the introduction part of the visit is based on artworks, art educators and visitors focus not on each other, but on the artwork. As described in a program document, the goal is "to provide individuals who have been diagnosed with eating disorders an opportunity to interact with art objects in the museum's collections and to create their own artwork." The artwork is a third object to be talked about, and art educators use it to create a non-judgmental environment for program participants. Once the safe space atmosphere has been built up, participants feel more comfortable enjoying the whole activity. They tend to open up more and express themselves more during the visit. By working on creating a comfortable environment for eating disorder patients, MMFA built up another safe space for the eating disorder community in which they can express themselves without the fear of judgment. The registered art therapist, Stephen, mentioned,

"Our work focuses on, 'How do we project a non-judgmental stance or humanist stance?' We care about people living with the fear of a lot of judgment and self-judgment, so first, how do we welcome people so that they might have an experience of difference that if they could see the museum as an intervention, one of difference."

### *Social environment*

As a museum, the MMFA provides a productive social environment for people suffering from eating disorders and distorted body image. Since a group of participants is mixed with those who are receiving inpatient and outpatient treatment, the whole activity provides a chance to break isolated feelings. As Josée mentioned, patients are always facing feelings of isolation: "Eating disordered patients always feel isolated because they know that their behaviors are different." Stephen also mentioned,

"The program, it's meant to be to run alongside more intensive clinical care. Because the patients were outpatients, and we even received some inpatients, the care they were receiving was more intensive and multiple times a week at the clinic. The museum is a way for them to come and practice some of their clinical goals but in a public cultural environment. Those goals include expressing yourself in a public environment, naming your feelings, expressing an opinion, tolerating different opinions."

Participants get a chance to eat, create artwork and interpret with other people experiencing the same anxiety and stress. Participants who are receiving inpatient treatment for their eating disorder can step outside of a hospital or clinical setting and see what's out there and engage amongst themselves and other people. Stephen said, "The whole program gives them a chance to express themselves in a public environment naming their feelings, expressing an opinion, and tolerating different opinions."

For patients with eating disorders who are always paying attention to what they eat, the MMFA creates an environment to escape the stress feelings from eating disorders or disturbed body image. One of the art educators, Josée, said, "Yes, we are focusing on eating disorders, but it is so much more than that. It is a life experience that takes them out a little bit, even if it's just for a bit of time, to get out of their suffering." Stephen added, "Their thoughts were on something else besides what their thoughts normally are on, so [it's about] interruption. 'I was looking at this art and I wasn't thinking about my body.' Maybe that only lasted for a few seconds." The social environment that MMFA provided gave patients with eating disorders a chance to break the isolation feelings and distract them from consistent stress and anxiety feelings about their negative body image.

### *Positive experience*

In the *Sharing the Museum – Sharing the Douglas* program, participants can reflect on themselves through the artwork. The internal emotion could be external to an object and then be released. When participants describe their feelings through an object, they don't have to worry about whether they will hurt other people or not. For example, if someone says they hate the flower's color on the painting, the painting will not be hurt. According to program staff, it creates a non-judgmental environment at the same time. Like Gwen said, "Just like looking at art, in general, can bring you outside of yourself, so you might be thinking through things or dealing with emotions, but you can project that in an external way by seeing it in something else."

Providing pleasure to people is an essential role of a museum. This sentiment is reflected in Stephen's comment, "How can the museum be a place where we can play? To practice the experience of pleasure is important. Pleasure is a big deal for everybody. How can I experience pleasure, having experienced pleasure, through my body, then

encounter material, and have some positive feedback to me about my presence here?" Gwen also mentioned, "It is nice to look at art and to see that all human beings share some of these things. We all go through some really difficult times. Also, it is just a pleasure to experience beautiful things that can make you feel good." The introduction tour and the studio workshop allowed visitors to encounter and make art. By making art, participants could express themselves in a way that doesn't need to be verbally described. Art therapists encouraged them to be more nuanced to remind them that the feeling isn't black and white and could be gray between the two points. In general, the MMFA plays a role in creating positive experiences, including pleasure, self-express, and self-reflection.

### **What certain assets does the Montreal Museum of Fine Art have to address eating disorders?**

Data from this study suggests that the Montreal Museum of Fine Arts has three assets to address eating disorders: a) reputation, b) partnership and professionals, and c) public program.

#### *Reputation*

As one of the oldest museums in Canada, the MMFA also has the oldest education department and programs in the province. Through the *Sharing the Museum* program, they have worked with community organizations for over 20 years. The public has had free access to all of the museum's educational activities since the early development of this program. This program is designed to serve different groups ranging from new immigrants and homeless people to people with mental disorders or addiction problems. The MMFA provides free access to those communities. Marilyn, the MMFA's educational program manager, stated,

"As the museum has gained a certain reputation, from that point of view, not just people with mental health issues or immigrant refugee groups, but we have worked with families from the neighborhood that tends to be disadvantaged. We worked with people with disabilities. We work with people who are doing literacy programs that can't read or write or women living in a temporary residence because they've been victimized. There are so many different groups that we've worked with, and all had certainly given us the reputation for being welcome and flexible enough to satisfy their need and their interests."

The previous director of the MMFA emphasized art education, which could be extended into wellbeing and art therapy. Gwen mentioned, “The director we had before put a lot of emphasis on art education and this notion of like wellbeing and eventually art therapy.” Since they prioritize education's function in the museum, multiple programs have been built over the 20 years. The MMFA gained a reputation for community program work, which helped them easily partner with new communities they wanted to work with later. Due to their reputation for community work, MMFA successfully gathered professionals, including nurses, art therapists, and museum educators, to join the *Sharing the Douglas* program to provide support with recovery from eating disorders.

### *Partnership and professionals*

Since the MMFA has a reputation for community programs, the MMFA gained great resources to partner with different communities, such as what was undertaken for *Sharing the Museum – Sharing the Douglas*. In this way, the program includes medical professionals, nutritionists, and researchers. Additional partners and professionals joined the program, which makes it easier for MMFA to build the partnership and attract more professionals. For example, the MMFA partnered with Concordia University, and every year there are internship positions open for art education students or art therapy students. Thus, when there is an expansion in the museum, MMFA could more easily gather professional teams. As Gwen mentioned, “All assets go to like a cycle because the partnerships started with a really solid reputation and then attract more professionals.” Also, in her interview, Marilyn, said that the eating disorder program also started because one of the board of trustees members had family members who were suffering from eating disorders. The trustee connected the Douglas Hospital and the MMFA, which eventually led to the creation of the *Sharing the Museum – Sharing the Douglas* program.

Through MMFA’s partnership with the health system, in Quebec, doctors can give patients with mental disorders a prescription for a museum visit. Patients can use this prescription to visit the MMFA for free. These efforts from partnerships and professionals improved the accessibility of the MMFA considerably. Based on those facts, we can see that partnerships and professionals are critical assets for MMFA to build a successful program and be accessible to various populations.

### *Public program*

The reputation, partnerships and professionals work together to build the public programs in the MMFA. Great public programs that serve people make the MMFA more accessible to the public. Marilyn mentioned that at the beginning of the public program work, MMFA had a program designed for new immigrants to learn French. People who want to join always have free access to it. The *Sharing the Museum Sharing – the Douglas* program is well designed for patients who need to be exposed to a public environment to improve their wellbeing. It is a place for patients with eating disorders to enjoy a public environment. Like Stephen said, “People are moving around and reflecting when they are talking, whispering, and taking pictures. It should be an inclusive space for people to do that because museums have to constantly strive to be environments where people feel welcome, so museums are designed to be a hub of cultural and social activity. You work with people that maybe feel marginalized from something. Those allow us to have a different or new experience or allow for different and new ideas.”

### **What is the public response to the Montreal Fine Art Museum addressing eating disorders?**

The public response to the *Sharing the Museum – Sharing the Douglas* is positive. The museum sends out a feedback form after the participants' visit. Based on the interviews with Stephen, Josée, Marilyn, and Gwen, most of the feedback is positive. Some participants don't find the program interesting or helpful, but it's a really small fraction. Marilyn said, “The reaction from the group is quite positive. Of course, there is always someone who expressed that they feel the program is boring or something negative, but eight out of ten participants gave a positive rating on the survey.” Results from a published article on the program (Thaler et al., 2017) “indicated that patients enjoyed the program and found it interesting and enriching.”

Several research publications are based on the *Sharing the Museum – Sharing the Douglas* program. The MMFA, as one of the innovative museums that started to focus on wellbeing, serves as an example for other museums to learn how to play their role in the public's wellbeing field. Especially during the pandemic, everyone started to focus more on wellbeing and health. Museums as public institutions should play their role in public health. However, as a niche program specifically

designed for patients with eating disorders, the general public doesn't know about it unless they are in recovery at the Douglas Hospital. Also, in the MMFA, since the museum is large and there is always something going on in the museum, people from different departments, like the curatorial departments, don't know what's going on in the education department unless they are interested in it.

## Discussion

The purpose of this research was to explore how one museum address eating disorders and distorted body image within their programming. In addition, the study aimed to assess how museums could use their assets to create a program or space which could benefit the eating disorder community. As the first collaborative project between hospitals specializing in the treatment of eating disorders and art museums (Baddeley et al., 2017), the *Sharing the Museum – Sharing the Douglas* program at the MMFA inspired other museums and health institutions to consider collaborating.

Results from this study suggest that art museums can create a safe space for patients undergoing treatment for eating disorders. The program at MMFA is a space for such patients to express themselves, and to reflect on themselves and their body image safely. The "seeing" and "doing" practices are done not only for the pure pleasure these activities bring but also for therapeutic purposes. The MMFA provides a safe space for participants to relax and enjoy the activity by fulfilling those goals. As previous research mentioned (Thaler et al., 2017), "non-threatening properties inherent in art have been thought to promote feelings of safety and well-being." At the same time, MMFA is providing a social environment. Since the program is designed as art therapy sessions across multiple visits, participants can practice working towards their clinical goals in a public setting. When discussing or working on artwork, they express their feelings by describing or creating artwork. By doing those activities together, visitors can disrupt their feelings of isolation and use distraction by viewing beautiful artworks.

Since patients with eating disorders tend to have difficulty accessing their emotions, setting up an art therapy studio could help patients bypass intellectualization or evoke emotional responses (Thaler et al., 2017). Since art therapy could be easily conducted in art museums, museums could use this unique asset to benefit more people with mental health issues, especially eating disorders. The program also plays the role of fostering positive experiences for visitors. In a relaxing

environment, participants tend to open themselves up to experience emotions. As Camic and Chatterjee (2013) mentioned, “museums could promote relaxation or act as an immediate intervention that creates beneficial changes in physiology, emotions, or both and encourages introspection to benefit mental health” (p. 69). By engaging in the program at MMFA, visitors gained positive social experience, reduced social isolation, decreased anxiety, and increased positive emotions (Chatterjee & Camic, 2015).

Reputation, partnership, professionals, and public programs are essential assets which helped the MMFA in addressing eating disorders. Throughout their twenty years of community work, the MMFA built up a reputation as being inclusive, diverse and accessible. This reputation benefits the MMFA to build partnerships with other organizations. Partnerships also contribute to exposure of the museum’s name and resources and greater reach (“Educational programs engage Museum members, public,” 2015). Museum educators, art therapists, and facilitators ensure the whole program can run as it is planned. *Sharing the Museum – Sharing the Douglas* is an example of how a collaborative art therapy program could operate and benefit the patient community. As Thaler described, participants could feel calmer or more composed after their art therapy session in the museum (Thaler et al., 2017). The program at MMFA as a research site and collaborative program benefits communities of researchers, providers, patients, and families of patients with eating disorders.

This case study research was done with staff members that are currently or had been employed at the *Sharing the Museum – Sharing the Douglas* program of the Montreal Museum of Fine Arts. There were some limitations to this research. Due to the global pandemic and geographical limitations, the researcher could not travel and experience the whole program. It is noteworthy that the program was not being offered throughout the global pandemic. Plus, the researcher could not collect direct data from the general public. To analyze the general public response, the researcher used published articles or reports as resources. Finally, two of the interviewees left their employment at the MMFA, so they might not know the latest changes in the program.

## Implications

## Research

This research suggests that museums can support patients with eating disorders by creating a safe and creative space by using art therapy and education. To achieve this goal, the museum collaborated with professionals and different organizations, including medical professionals from the Douglas Hospital, an art therapist from the university, museum educators, and facilitators. Future research could focus on determining if this adjunctive part of their treatment actually improves their recovery process, e.g., shortens hospital length of stay, duration of HLOC (higher level of care). In addition, research could focus on other museum programs that focus on mental health communities like Alzheimer's.

### **Practice**

For other museums that are willing to put effort and money towards building a program like this, they need to work on their DEAI and build their reputation first since this is key for partnerships and collaboration. The reputation of DEAI for museums is important when the museum wants to create a program aimed at patients with eating disorders. One of the MMFA's missions is to reach out to the widest and most diverse public possible (Baddeley et al., 2017). In order to fulfill their mission, they designed community programs over the past 20 years, ranging from new immigrants and refugees with mental health issues to families. By persisting in those community programs, the diversity, equity, accessibility, and inclusion of the MMFA's visitors have been improved. Since the coordination of supply and demand, the employee's DEAI level has also improved since the museum needs different professionals to serve different communities. Thus, the MMFA could serve marginalized communities that include patients with eating disorders and create a specific program for such a niche group. For other museums, during program facilitation, the reputation of DEAI work could help the museum build partnerships with organizations from different fields more easily. Like the MMFA's program, health organizations and educational organizations are willing to join the MMFA's program to reach the goal together. Thus, when the museum earned the reputation of DEAI, it tended to get richer resources to sustain more programs, especially the program designed for marginalized communities. Museums should keep emphasizing DEAI work to partner with different organizations in the future to help more people with mental health issues such as eating disorders.

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## Appendix A

### Interview guide

1. How does the Montreal Fine Art Museum characterize its role in addressing eating disorders?
  - a. What role did you do during the program development process?

- b. What motivated you to develop a program about eating disorders?
  - c. What are the goals of the program?
  - d. What role do you think the Montreal Fine Art Museums is playing in addressing eating disorders?
  - e. Why is it important for museums to address issues like this?
2. What certain assets does the Montreal Museum of Fine Art have to address eating disorders?
- a. What unique assets do you think art museums have to help them address issues like eating disorders/body image?
  - b. How did the Montreal Fine Art museum use those assets to address eating disorders?
  - c. What strategies were used to reach the program's goals?
  - d. Which of these strategies do you think was most effective, and why?
  - e. Which of these strategies do you think was most effective, and why?
3. What is the public response to the Montreal Fine Art Museum addressing eating disorders?
- a. Was there any public reaction to the museum's exhibition/program? If so, can you describe it?