

Cultivating Emotional Wellbeing:
Museums & Art Therapy

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Abstract

CULTIVATING EMOTIONAL WELLBEING: MUSEUMS & ART THERAPY

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Museology

Museums are expanding the social role they play in their community through wellbeing initiatives. Although art therapy programs are an emerging trend in the developing museums and health field, and are known to positively influence wellbeing, research is lacking regarding the cultivation and holistic impacts of emotional wellbeing. The purpose of this research study was to examine whether, and in what ways, museum-based art therapy programs cultivate emotional wellbeing. This qualitative case study investigated 3 open group, single-visit art therapy programs. Data were collected through direct observations, semi-structured interviews with program facilitators, and document analysis. The findings suggest that museum-based art therapy programs can cultivate emotional wellbeing, and that they do so in three main ways: 1) program goals that emphasize wellbeing; 2) viewing and discussing art in the gallery, allowing verbal expression of thoughts and feelings; and 3) art-making, allowing artistic exploration and expression of emotions. Further, benefits of the programs studied here included: 1) health and wellness outcomes as related to a general sense of emotional wellbeing, 2) socialization and increased feelings of joy and acceptance, and 3) experiencing and regulating specific emotions. These findings suggest museum professionals and art therapists can expand upon the spectrum of positive emotions to further impact participants' wellbeing beyond physical or mental health.

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Chapter 1: Introduction

“Health and wellbeing are increasingly understood as tied up with, and not separate from, learning, creativity, and connectedness, and thus part of what museums have always offered to their communities, even if not articulated in these terms.”

-Desmarais, S., Bedford, L. and Chatterjee, H.J., (2018, p.53)

Museums have evolved in the past decade to be more inclusive and accessible to the communities they serve, in part by expanding the learning and creative opportunities they offer by focusing on their role in health and wellbeing. Two recent studies conducted in the UK illustrate this role. First, *Museums for Health and Wellbeing* documents the range of museum programs that address health, wellbeing, and social care (Lackoi, Patsou, and Chatterjee, 2016). Specifically, the report identifies a total of 603 such programs from 261 museums in the UK, looking at them through the lens of the audiences served (older communities, those diagnosed with dementia, those diagnosed with mental health, etc.), and the method of activity (events, one-off's, short and long-term projects). The authors claim,

“In recent years there has been a considerable increase in programs not only to improve health and wellbeing, but also to provide accessible education, boost vocational skills, support people with special educational needs (SEN) and work with some of the most marginalized people in society such as offenders, people living in poverty and refugees” (p. 7).

Positive outcomes of health and wellbeing programs in museums include positive social experiences; opportunity for learning and acquiring new skills; increased positive emotions; increased self-esteem; increased inspiration and opportunities for meaning making; and positive distraction from clinical environments (Chatterjee and Noble, 2013). However, while the report offers a general landscape programs and potential program outcomes, it provides little empirical evidence to support them.

A follow-up report published in 2018 investigated more deeply the nature (and development) of the museum, health, and wellbeing sector from the perspective of the museum professionals involved (Desmarais, Bedford, and Chatterjee, 2018). Focusing on challenges and successes of working in a cultural/policy-making changing landscape, the report explained several ways museums currently address community health concerns. One example that illustrates the role museums are taking in connection to health and wellbeing is through a “social prescribing” or a “social return on investment” methodology where health care professionals form partnerships with museums and will prescribe patients to attend the museums events, programs, or exhibits. Another way museums are showing a commitment to health and wellbeing is through a co-creation service design for wellbeing-oriented projects that actively engages new and diverse audiences. While this report provides some of the most up-to-date research on this emerging sector, what lacks empirical research is the impact to participants.

The American Alliance of Museums (AAM) has documented the nature of museum-based health and wellbeing programs in the US (AAM, 2014). Their report provides examples of the various ways in which US museums are addressing healthcare needs, from tours specifically designed for special audiences to exhibitions created by certain health-inflicted groups. In addition, museums offer outreach programs to individuals in hospitals that otherwise wouldn't have access to the therapeutic effects of object-handling (Chatterjee, Vreeland and Noble, 2009) and partner with medical schools to assist doctors and other personnel in training observational skills and combating empathy erosion through reflective practice and conversation (Gooding, Quinn, Martin, Charrow, and Katz, 2016). What the AAM report shows is that museums are well positioned to address health issues in communities and are currently offering a range of such programs. Art therapy programs are one example.

Art museum-based art therapy programs are often multi-visit programs and while their design is dependent on the institution, one common form is a gallery visit and discussion with a museum educator, followed by an art-making workshop with a professional art therapist (state licensed, and/or nationally credentialed/certified). For example, a pilot project at the Florida State University Museum of Fine Arts involved art therapists and a museum educator who together, created a seven-week program for local middle school students with the goal of improving emotional development, i.e. building healthy self-esteem, exploring identity, and building on family relationships (Treadon, Rosal, and Thompson Wylder, 2006). The program occurred at the school to introduce appropriate behaviors and specific art pieces as well as at the museum where together, the students viewed artwork in the galleries, had a reflective discussion on the artworks they viewed, and participated in several art-making activities, including creating mono-prints using Plexiglas and watercolor paint.

Research on multi-visit art therapy programs has tended to focus on pilot programs, programs for older adults with dementia or Alzheimer's, or programs for veterans suffering from PTSD (Bennington, Backos, Harrison, Etherington, and Carolan, 2016; Klein, Morrissey, Margolis, 2015). Through a phenomenological approach, Bennington et al. (2016) found participants of museum-based art therapy programs reported increased wellbeing and social connections. In addition, Klein et al. (2015) found similar results when studying people with PTSD, in particular, increased psychological wellbeing and cognitive stimulation. These studies, in addition to a study conducted by Baddeley, Evans, Lajeunesse & Legari (2017) all focus on participant impacts, namely, psychological wellbeing. Further research on the wellbeing impacts of museum-based art therapy programs explore physical and social wellbeing and occasionally emotional wellbeing. However, emotions themselves are not frequently the focus of empirical

research. In particular, Muri (1996) and Treadon, Rosal, & Thompson, (2006) touch on emotions in their studies, finding that art therapy programs can enhance participants self-esteem, self-acceptance, and confidence. All are related to personal development but are adjacent to emotional wellbeing.

It is important to acknowledge that wellbeing as a term is ambiguous across disciplines (Ander, Thomson, Lanceley, Menon, Noble, & Chatterjee 2011; Chatterjee and Noble, 2013). Ander et al. (2011) began to articulate wellbeing as it relates to art and culture and created a Generic Wellbeing Outcomes Framework. Further, they concluded that “In order to develop a true framework, [...] research would need to refine the true meaning of these dimensions [that of generic wellbeing and sub-divisions of wellbeing] in cultural terms” (p. 247). Adapted from the Ander et al. (2011) Generic Wellbeing Outcomes Framework, Chatterjee and Nobles (2013) defined wellbeing, in relation to museum work, by distilling four dimensions: personal wellbeing; social wellbeing; cultural wellbeing; and physical and sensory wellbeing (p.96-97). Pertinent to this study is one out of the five sub-divisions of personal wellbeing, that of emotional wellbeing which reads:

“Activities within a museum, including displays and exhibitions on certain topics, as well as events and participative activities, that encourage positive emotions such as empathy, tolerance, happiness, kindness, and laughter. Activities and collections that distract from or combat negative emotions- calming anxiety and bridging enjoyment and acceptance to depressed, sad or angry people. Providing an environment that is safe, calm and friendly. Using collections to explore emotions and emotional intelligence” (p. 96)

While psychological and social wellbeing in art therapy programs for multi-visit programs have been studied, little is known about open group, single-visit programs. What is the nature of these programs? How do these programs impact people’s social development? Their emotional development?

Purpose

The purpose of this study was to examine whether, and in what ways, museum-based art therapy programs cultivate emotional wellbeing. The study was guided by the following research questions:

1. How and in what ways is emotional wellbeing integrated into museum-based art therapy programs?
2. What are the emotional wellbeing benefits to program participants?

Significance

Those who will benefit from this research vary across three distinctive, yet collaborative fields. This study helps the still-emerging field of art therapy within psychotherapy and psychology. Researchers focused on art therapy, and practitioners, will benefit from this contribution to the literature for there is lack of empirical research within non-clinical settings and will contribute to the conversation on what art therapy is and looks like in different contexts. In particular, the implications of art therapy within the museum context, for a single-visit, group session. Museums are still in the stages of promoting health and wellness exhibitions and programs and with this study, museum educators can continue to develop programs that help make the museum accessible and engaging to a wider audience. Specifically, museum practitioners developing and/or modifying programs with a health and wellbeing focus will benefit from the empirical evidence this study provides by considering social and emotional outcomes as integral to programs. This study expands conversations around the social and emotional learning that occurs in the museum context and how continued programs can incorporate health and wellbeing as learning outcomes and goals. Additionally, researchers involved in adult learning will gain insight into the potential of the museum as an informal

learning context. This aids in developing evidence for the need and importance of social and emotional learning as related to emotional wellbeing.

Chapter 2: Literature Review

The purpose of this research study was to examine whether, and in what ways museum-based art therapy programs cultivate emotional wellbeing. The study is informed by three bodies of literature. The **first** examines art therapy as a discipline and the frameworks through which psychologist's approach emotional wellbeing. The **second** body of literature focuses on the emerging field of *museums & health*, looking both nationally and internationally at its foundations, learning opportunities, partnerships, and the therapeutic roles museums offer their community. The **final** area of research concentrates on art therapy in museums, and what partnerships and programs have been implemented. While the field is increasingly focusing on health and wellbeing outcomes for museum programs and exhibits, there is little research on the intersections of art therapy and participants' social/emotional learning and emotional wellbeing, especially for open group, single-visit museum-based programs.

Art Therapy & Emotional Wellbeing

What is art therapy?

Art therapy, as a division of psychotherapy, has a relatively short, yet interdisciplinary history. *The Wiley Handbook of Art Therapy* explains the complex profession through historical and theoretical frameworks. Maxine Borowsky Junge (2016), a professor and practitioner of art therapy, describes the field as “an interdisciplinary mix of visual arts and psychology” and explains the profession as having an evolution in the United States as well as in England (p. 7). The former dates to the 1940's with Margaret Naumburg (who was and still is called by many the “mother of art therapy”) publishing clinical cases. However, in England, the term “art therapy” was used as far back as the 1930's with artist Adrian Hill formally coining the term in 1942 (Junge, 2016).

Two of the most important components that make art therapy an interdisciplinary profession is the combination of arts and art education, and the use of the mental health discipline of psychoanalysis. “Pioneers of modern art education such as Franz Cizek, Viktor Lowenfeld, and Florence Cane were major influences in the development of art therapy” (Junge, 2016, p. 9). The teaching methods of these individuals mirrored the practice of learning through doing - in particular, through doing art. Junge references other important early influences including “outsider art” or the art of the insane and psychiatric patients in the early 1920’s in understanding symbols and self-expression, and the theories, techniques, and methods of psychoanalysis built by Sigmund Freud and Carl Gustav Jung.

In order for art making sessions to truly be a part of mental health and human service efforts, literature points to the need for intentionality in art materials and the importance of the creative process itself (Canas, 2011; Rubin 2011). Rubin (2011) discusses the significance of selecting art materials that allow for creativity and reflection. For example, if difficult art supplies such as screen printing are used, participants might become overwhelmed and not able to create something that allows for personal meaning-making. The goal for the therapist is to evoke meaningful creations, “since [it is assumed] that any creation reflects ideas and feelings inside the maker at the time of its creation, [thus] being able to reflect on art at the moment it comes into being offers a powerful opportunity for learning about the self” therefore, materials chosen need to be both simple and unstructured (Rubin, 2011, p.6). Utilizing materials anyone can use creates a sense of inclusion in addition to instilling a sense of respect among the participants, the art therapist, and the art materials. Building a relationship, specifically one of respect and trust, is reflected in Canas’ (2011) work in which art therapists “can provide a

valuable perspective [by] emphasi[zing] the process” and centering empathetic observation (p.32).

Another key component to the profession, as it currently stands, is the exploratory or experimental experience inherent within art therapy. Rubin (2011) discusses an ongoing debate regarding “play experimentation” and asserts that in the literature on creative processes, both artists and psychologists agree that experimentation is essential if genuine creative work is to be achieved. Additionally, important in fostering this creative process, the environment needs to encourage such behavior:

“In order to help clients to experience a genuine creative process, [it] is [important] to create a physical and psychological environment in which such freedom becomes truly possible. Then, encouraging the kind of exploration and nonjudgmental playing with the possibilities of what materials can do can enable the most meaningful and most personal experience” (Rubin, 2011, p.14).

This illustrates the complexity of art therapy as a practice and the intentionality when employing workshops or interventions inside, and potentially outside, clinical spaces.

As the profession currently stands, art therapy, as defined by the American Art Therapy Association (2017) is:

“An integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship [...and] is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change” (“Definition of Profession” para 2).

There are art therapy associations around the world, each with their own journals and conferences. In the coming July of 2019, the British Association of Art Therapists and the International Art Therapy Association will, for the first time, come together and have a combined conference in London on practice and research (“BAAT: Courses & Conferences,” n.d.).

Art therapy for social change

A growing body of literature in the art therapy field is focused on the practice of community-based art therapy as a tool for achieving social change (Kaplan, 2007; Marxen, 2009; Ottemiller & Awais, 2016; Potash & Ho, 2011). To address mental health stigma and create a sense of inclusion, “community-based art therapy offers a theoretical framework that emphasizes community empowerment,” allowing for more welcoming practices and engaging diverse audiences (Ottemiller & Awais, 2016, p. 14). Potash and Ho (2011) investigated the process of building trust and relationships to foster social change through art therapy. They conducted a phenomenological study of 46 people who participated in a facilitated viewing of 15 artworks made by 13 artists living with mental illness, after which, the participants reflected and made their own art piece followed by a group discussion. The underpinning notions of the study were that “unique contributions to social activism may derive from the art therapist’s ability to foster the creative process [and promote empathy] in the service of facilitating relationship[s]” (p.74). The results of the guided relational approach to understanding mental illness revealed a fostered sense of empathy towards artists living with mental illness and a breaking down of the stigma related to mental illness by recognizing commonalities among all people.

Two further examples explain how art therapy, and the art therapist, can be a tool for social change. Hocoy (2007) describes a conceptual model, the social action praxis, to illustrate the role that art therapists can play in dismantling or perpetuating societal norms/phobias. As Hocoy explains, the social action praxis exists both within the practice of art therapy and in society at large; “from an interdependent view of the *Self*, doing clinical work that is cognizant of the societal implications *is* social action, and being politically active *is* doing therapy” (p. 31). Additionally, art therapy as a tool for social change is often positioned within the implementation

of community-based art therapy. Through creating community oriented, therapeutic experiences, (such as a community mural, exhibitions, etc.) the art therapist becomes instrumental in “redressing social disparities [...] empowering [...] and] advocating for dialogue” to change oppressive norms (Hocoy, 2007, p. 36). Allen (2007) describes a community mask making project at the School of the Art Institute of Chicago as a form of social change. Evidence from the project showed that from a partnership between a faith-based community organization (where congregations offer one night per week shelter to the homeless) and an artist-run studio, social action can be the outcome. The primary social outcome in this case was raising awareness on a community issue, (homelessness) in addition to educating the community about the issue (through art making and exhibiting).

Theoretical frameworks commonly utilized in art therapy

One of the primary theoretical frameworks in art therapy is psychoanalytic. Rubin (2016) suggested “not only was psychoanalysis the dominant orientation for individual psychotherapy, but family and group therapy were also developed by analysts” (p. 27). In an attempt to outline the techniques of psychoanalytic art therapy, Rubin explains an ongoing debate over **art as therapy**, where the goal is a sense of healing through the process of making art (with less discussion and more of an emphasis on creating an artistic product) vs. **art psychotherapy**, where the goal is to uncover and provide insight on the individual where the art is used as a transference of feelings (with less emphasis on the product of the art and more “interviewing the art”) (p. 30). The primary difference is how art psychotherapists hope to encourage transference of ideas and feelings onto the art-making to shed light on emotional and mental wellbeing. Whether one approach is favorable to the other, both utilize a set of techniques including:

- **The setting**, where the “art therapist establishes a physical and psychological space in which it is safe to be freely creative” (p. 30);

- **The Therapeutic Alliance**, “a relationship that is sturdy and trusting enough to withstand the inevitable strains of transference and resistance” (p. 30);
- **The Task**, where “what is requested in art is as open-ended as possible” (p. 30);
- **Stimulation**, “designed to help patients get in touch with unconscious imagery” (p. 31);
- **Observation**, where all verbal and nonverbal behaviors are considered significant (p. 31);
- **The Activity**, where the art therapist is active in order to “facilitate the patient’s authentic expression” (p. 31);
- **The Interviewing**, whether during or after the session “designed to help patients to associate as freely as they can to their artwork” (p. 31);
- **The Art Product**, where “the artwork produced is treated with care and respect, [and] understood as an extension of the person’s self” (p. 31);
- **Confidentiality**, and the importance of having consent from the participants before showing any artwork; and
- **Patience**, where “although it is possible to conduct short-term analytic art therapy, this approach works best when more time is available” (p.31).

Together, these techniques suggest that art therapy, in addition to being an opportunity to be creative and create relationships, is a profession with intentional and analytic foundations.

Another commonly used theoretical approach to art therapy is the Expressive Therapies Continuum (ETC). This framework, “with its emphasis on the elements specific to art therapy [...] based on the multifaceted characteristics of visual expressions” (Lusebrink, 2016, p. 57). Diverse in its development, this approach encompasses other mainstream frameworks such as art as therapy, dynamically oriented art therapy, phenomenological art therapy, and Gestalt art therapy. The ETC framework proposed that the brain is associated with different levels of information, which are influenced by visual expression and the processing of imagery. There are three levels within the ETC framework, described on a continuum between two opposite poles, “whereby the extreme end of each pole represents variations as an indication of possible psychopathology found in visual expressions...

1. **Kinesthetic/sensory (K/S) level** [-] simple motor expressions with art media and their corresponding visual manifestations of energy [with the] sensory component [focusing] attention on the exploration of materials, surfaces, and textures [;]

2. **Perceptual/ affective level (P/A)** [-] focusing on forms and their differentiation [with the] affective component characterized by increased involvement with, and expression of, affect and affective modification of forms [;] and
3. **Cognitive/ symbolic level (C/SY)** [-] characterized by the cognitive integration of forms and lines leading to concept formation, categorization, problem-solving, [etc. with the] symbolic component emphasizing global processing [and is] characterized by affective images” (Lusebrink, 2016, p. 58-59).

This interdisciplinary theoretical approach combines the expressive processing of art making with the use of specific materials (media dimensions) to enact differentiations of visual expressions, thoughts, and feelings while also aiding cognitive development.

For as far back as 50 years, the theoretical framework Cognitive-Behavioral Therapies (CBTs) has been used by art therapists. The interdisciplinary foundations of this approach arise from the social learning theory of Bandura (1969) to explore how humans behave and how humans perceive themselves (Rosal, 2016). Today, CBT is defined as having different guiding principles, but one dominant approach used is explained through three components:

1. “**Content engagement** or re-examining problematic situations in order to imagine novel responses;
2. **Attention change** or helping clients to sustain or shift attention in order to better adapt to various situations; and
3. **Cognitive change** or gain perspective or alter meanings of emotionally significant situations” (Rosal, 2016, p. 69)

This framework has been proven to be effective for particular target groups, including people with anxiety disorders, eating disorders, and personality disorders.

Positive psychology & emotional wellbeing in art therapy

One widely recognized framework for art therapy is positive psychology. Within the past two decades, research led by Seligman (2002) has solidified the theory, originally termed “authentic happiness” and now known as positive psychology, with a greater emphasis on the relationship between happiness and wellbeing. As Seligman describes, Positive Psychology encompasses three elements: the study of positive emotions; the study of positive traits; and the

study of positive institutions (2002, p. xi). It is with an understanding of strengths, emotions, and virtues that wellbeing can be understood. Seligman provides five measurable elements which enhance wellbeing: positive emotions, engagement, positive relationships, meaning, and accomplishments, also referred to as PERMA (King, 2016; Seligman, 2013). Crucial to this revised theory is how each element alone does not result in wellbeing, but rather, “the goal of positive psychology in well-being theory [...] is plural and: to increase the amount of flourishing in your own life and on the planet” (Seligman, 2013, p. 26). In other words, being healthy and being happy are intertwined elements that are fostered through positive relationships and experiences.

While the World Health Organization’s definition of health (which includes physical and mental wellbeing) has been cited in many arts and health studies (Camic & Chatterjee, 2013; Chatterjee & Noble, 2013; O’Neill, 2010; Stuckey & Nobel, 2010) there is a growing body of literature investigating emotional wellbeing more specifically (National Prevention Council, 2014; Stewart-Brown, 1998). Director Sarah Stewart-Brown of the Health Services Unit at the University of Oxford in 1998 stressed the importance of recognizing social and emotional wellbeing in relation to overall health by defining health as “being confident and positive and able to cope with the ups and downs of life” in addition to referring to “epidemiological studies that show social and emotional support can protect against premature mortality, prevent illness, and aid recovery” (p.1608). The notion that emotional and social wellbeing influence physical disease and health is also presented through the National Prevention Strategy which states “fostering emotional wellbeing from the earliest stages of life helps build a foundation for overall health” including conditions such as anxiety, impulse control disorders, and chronic/acute conditions (such as obesity, diabetes, etc.) (“National Prevention Strategy,” 2014, para 1). In

other words, when investigating health and wellbeing, there is a growing consideration for emotional wellbeing, which includes fostering positive emotions.

An investigation into wellbeing as it applies to emotional intelligence is present in applied psychology literature (Zeidner, Matthews & Roberts, 2012). Emotional intelligence (EI) is recognized as a set of hierarchical competencies that identify, process, and regulate emotions (Zeidner et al., 2012). Some research suggests EI positively impacts health behaviors and outcomes (Johnson, Batey & Holdsworth, 2009; Salovey, Mayor & Caruso, 2002; Zeidner et al., 2012). For example, individuals with higher “EI are more likely to maintain proactive self-care practices” (Zeidner et al., 2012, p. 5); “EI-related competencies facilitate more active coping behaviors” (p. 6), and, individuals with high EI are “less likely to develop certain problematic habits” such as gambling, drinking, etc. (p. 6). Thus, research suggests emotional intelligence plays a role in health as it applies to emotional wellbeing through fostering healthy behaviors.

Both emotional intelligence and emotional wellbeing are considered within the practice of art therapy. The cohesion of positive psychology and art therapy is termed by some to be Positive Art Therapy, that which strives to enhance wellbeing. Isis (2016), a respected practitioner, represents the current anecdotal literature on applying positive psychology to art therapy. Isis (2016) states art therapy and positive psychology complement each other; through implementing techniques with therapeutic fundamentals such as warmth, empathy, trust, and genuineness. To encourage an exploration of these positive emotions, some evidence suggests certain exercises in an art-making experience can enhance a person’s “flourishing” and increased feelings of wellbeing (Isis, 2016; Seligman, 2011). One example is through having people create “positive tangible responses with line, shape, and color [when asked] the question ‘what went well;’” the core emphasis being to identify positive emotions and strengths (Isis, 2016, p. 93).

Further, pulling from the PERMA model, Isis (2016) applies happiness, wellbeing, and emotional intelligence to the practice of art therapy. “It is [critical] to first cultivate positivity and wellbeing [...and] positive psychology encompasses the notion of cultivating and sustaining a fulfilling life” (p. 90). Within this construct (PERMA) there are five elements critical to wellbeing, alongside six virtues and 24 “signature strengths” that enable a flourishing life. In addition to the PERMA elements listed above, the six virtues that contribute to enhanced wellbeing are wisdom/knowledge, curiosity, creativity, judgement, love of learning, and perspective. Found within each of these virtues are “signature strengths” defined by Seligman (2011) as having “a sense of ownership and authenticity [...] and a sense of yearning to find new ways to use it” (p. 38-39). Examples of these strengths include courage, teamwork, perseverance, honesty, social intelligence, zest, and spirituality (Isis, 2016, p. 92). Additionally, with the definition of art therapy including elements such as fostering self-awareness, developing social skills, and managing behavior, it seems fit that a positive psychology framework and art therapy complement each other when looking at intended outcomes of art therapy (Isis, 2016). This glance at the literature suggests art therapy is an optimal discipline to apply psychological frameworks as well as wellbeing theory when positivity is at the core of health interventions.

Museums for Healing & Learning

The foundational role of Arts in Health

An emerging area of study within museology is *Museums & Health*, which is grounded in the evidence from decades of research and associated good practice from the *Arts in Health* field (Chatterjee & Noble, 2013). Research in this sector is transitioning from anecdotal to systematic. Chatterjee and Noble (2013) cite Clift et al. (2009) as reflective of England’s policy and research and Rosalia Staricoff’s literature review (2004) as two evidence-based examples.

One study that deserves recognition is Matarasso's report (1997) which represents "one of the most comprehensive and widely cited studies to date regarding the wider impact of participation in arts" (Chatterjee & Noble, 2013, p.10; cited as Merli 2002). The Matarasso report draws from 90 projects such as programs delivered through festivals, museum outreach, etc., as well as 500 participant questionnaires (Chatterjee & Noble, 2013). The result of this study was the emergence of six themes: personal development, social cohesion, community empowerment and self-determination, local image and identity, imagination and vision, and health and well-being (Chatterjee & Noble, 2013, p.10). "Of particular significance is a set of 50 social impacts of participation in the arts which have been widely cited across the arts/culture and health literature [including an] increase [in] people's confidence and sense of self-worth; [a] contribut[ion] to the educational development of children; [and] strengthen[ing] community cooperation and networking" (Chatterjee & Noble, 2013, p.11-12). This suggests that with access to cultural activities the health and wellbeing of individuals can be positively enhanced.

More recently, in 2010 two literature reviews were conducted to understand the relationship between cultural attendance and public mental health (O'Neill, 2010; Stuckey, Nobel, 2010). Stuckey and Noble (2010) explained how the clinical and informal practice of the arts (including music engagement, visual arts therapy, movement-based creative expression) and expressive writing can promote health and wellbeing. The extensive literature review spans a 22-year period using both quantitative and qualitative evidence for the claim that "creative expression can make a powerful contribution to the healing process [that] has been embraced in many different countries" (p. 255). Among the findings were wellbeing outcomes such as reductions in stress and negative emotions, an improved focus on positive life experiences, self-worth and positive emotions. While this information is helpful in advocating for communities to

engage with arts and culture, the authors highlight the lack of empirical research due to the overarching presence of anecdotal and theoretical contributions.

Pushing forward, research suggests when the government is involved, people are more likely to participate and thus benefit from involvement in the arts and the cultural community (APPG, 2017). In 2017, the All-Party Parliamentary Group (APPG) in England conducted a report to investigate arts, health, and wellbeing initiatives. This organization, formed in 2014, suggests the current need to understand and address public health concerns outside the delivery of medical interventions. Evidence from this inquiry report suggest three key findings:

1. “The arts can help keep us well, aid our recovery and support longer lives [;]
2. The arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness, and mental health [;]
3. The arts can help save money in the health service and social care” (p. 4)

Further, the report highlights the need to change the culture surrounding health to reduce stigma and limited access to public health resources through the implementation of a Social Prescribing Network (p. 6). This system would suggest a shift to approaching arts in health care environments, arts programs for people of all ages, a shift in medical training, medical humanities, and arts therapies, and attendance of cultural venues/ events such as museums.

The amount of research that contributes to the *Arts in Health* field is vast. Within this review the evidence suggests people benefit mentally, physically, and emotionally from a variety of arts and cultural activities that can occur in a range of places. As museums become more visitor-focused and community oriented, evidence from *Arts in Health* research supports the museum as a place to provide cultural activities to promote healthy living.

Emerging Museums & Health literature

One grounding principle of this new area is the social responsibility of the museum (Camic & Chatterjee, 2013; Silverman, 2010; Whelan, 2015). In Silverman’s (2010) influential

book, *The Social Work of Museums*, there are five ways museums can hold social roles and contribute to social change in their communities through health and wellbeing:

1. “Promoting relaxation
2. An immediate intervention of beneficial change in physiology, emotions, or both
3. Encouraging introspection, which can be beneficial for mental health
4. Fostering health education
5. Acting as public health advocates and enhancing health-care environments” (p.51)

These suggestions demonstrate the diverse ways museums can take more active roles in their communities. The impact of such active roles results in what Whelan (2015) describes as building “social cohesion and [reduction in] social exclusion” (p. 217).

Camic and Chatterjee (2013) support the notion of the museum having a social role in its community. The authors state museum programs have begun to address public health concerns such as addressing “issues such as mental health problems, dementia, cancer, lifelong learning for older adults, health education, and social capital” (p. 66). They offer a “culture and health framework,” founded on 3 components: 1) healthcare, social care and museum partnerships, 2) healthcare and social services referring people to museum-based programs, (also known as social prescribing) and 3) local museums/ art galleries offering “health and wellbeing & social inclusion” activities for different groups of people. If museums are to expand their role as public serving institutions with social responsibilities, evidence of existing programs and their impact is crucial, as Camic and Chatterjee describe as creating and implementing assessment tools.

The American Alliance of Museums has advocated for museums as social institutions to address health issues. In 2014, AAM published *Museums on Call-How Museums are Addressing Health Issues*. The report shed light on work being done in museums related to 10 specific aspects of health (Alzheimer’s, autism, mental health, visual impairment, etc.) across the country. While this type of landscape review provided insight into different interventions

museums offer their community (in the US) to address public health issues, it did not provide empirical evidence from the participants of the program/exhibit, but rather, suggested positive impacts from helping community members cope with loss to increased feelings of calmness and satisfaction to increased willingness to communicate and build relationships.

The same year, the UK began an important initiative in researching the relationship between museums, health, and wellbeing while also creating a network for institutions doing this work (Dodd & Jones, 2014). *Mind, Body, Spirit: How Museums Impact Health and Wellbeing*, was a year-long research project funded by the Arts Council England (ACE) and initiated by Research Centre for Museums and Galleries (RCMG); suggesting political investment to collaborate between cultural institutions and public health efforts. The report brings forward health as a social issue and positions museums as a potential mechanism: “as public forums for debate and learning, their work with specific audiences through targeted programmes, [contribute] to positive wellbeing and resilience by helping people to make sense of the world and their place within it” (p. 3). Derived from this report were tools for measuring health and wellbeing outcomes: the UCL’s Museum Wellbeing Measure Toolkit and the Warwick-Edinburgh Mental Wellbeing Scale. These frameworks have been used in multiple studies and suggest museums are places in which wellbeing, in addition to learning outcomes, can be measured.

Two more recent studies conducted in the UK further illustrate the role museums can play in addressing public health. First, *Museums for Health and Wellbeing* identifies 603 of such programs from 261 museums that address health, wellbeing, and social care (Lackoi et al., 2016). Specifically, programs are examined through the lens of the audiences served (older communities, those diagnosed with dementia, etc.), and the method of activity (events, one-off’s,

short and long-term projects). Referencing the study's research context, positive outcomes include: positive social experiences; opportunity for learning and acquiring new skills; increased positive emotions; calming experiences; increased self-esteem; increased inspiration and opportunities for meaning making; positive distraction from clinical environments; and increased communication among staff, family, friends, etc. (Chatterjee & Noble, 2013).

A follow-up report published in late 2018 investigated more deeply the nature of museum programs from the perspective of the museum professionals involved, focusing on challenges and successes (Desmarais, Bedford, and Chatterjee, 2018). Several of the findings major themes include: the need to work with older audiences; the benefits of cultural participation; delivering health through culture using "social prescribing"; co-creation service design for programming and curation to become participatory spaces; and the relevance to serve all sections of the community. The second survey administered for this report investigated the challenges and opportunities museum professionals face including: developing relationships with new audiences; having successful partnerships; effective evaluation of initiatives; creating organization change with health and wellbeing at the core of work (particularly education strategies); and perspective on where/how to get funded. Interestingly, from all this information what is lacking is data on the impacts of the participants and their emotional wellbeing; there is anecdotal evidence but little concrete research.

Together, these momentous reports and studies show that *museums and health* is a new area within museology, nationally and internationally. Further, *museums and health* has the potential to be adaptive to a variety of program/exhibit formats and modified to various groups who might otherwise not feel welcome in the museum. Whether through programs or exhibits, there are new and unique opportunities for museums to be working in and with their community.

Museums' learning capacity: intersections of social & emotional learning and wellbeing

If museums have a social role to fulfill, then the learning outcomes resulting from a museum experience go beyond content knowledge to include social and emotional learning. Museum education utilizes various approaches to understand how people learn and the benefits people receive from experiences with arts and cultural organizations. One commonly used framework is the General Learning Outcomes. The measurable foundations of this framework are skills, knowledge and understanding; enjoyment, inspiration and creativity; attitudes and values; and activity behavior and progressions. Crucial in the context of emotional learning and wellbeing is the sixth element: attitudes and values, which includes “increased motivation and opinions about ourselves (e.g. self-esteem)” (Arts Council England, n.d.).

Further, the England's Arts Council created the General Social Outcomes (GSO). This framework describes how to examine the benefits of art and cultural activities, one of which is by helping to “demonstrate a contribution to social cohesion, health and well-being” (“General Social Outcomes, para 1). Together, these two frameworks provide the basis for museum education as a means to both foster learning and enhance overall wellbeing through encouraging self-esteem and positive relationships. Chatterjee & Noble (2013) suggest that health and wellbeing are a strand of GSOs, and that museums have the opportunity to contribute to several outcomes including: “1. Encouraging healthy lifestyles and contributing to mental wellbeing, 2. Supporting care and recovery, 3. Supporting older people to live independent lives, [and] 4. Helping children and young people to enjoy life and make a positive contribution” (p. 95).

Further, the convergence of social and emotional learning (SEL) as it pertains to health and wellbeing is present throughout education literature more broadly (Greenberg, Domitrovich, Weissberg, Durlak, 2017). Greenberg et al. (2017) explored social and emotional learning as a

public health approach to education, with an emphasis on classroom interventions and programs. They propose SEL has become more accepted in educational curriculum, stating “in a recent national survey of teachers, 97% said that SEL can benefit students from all socioeconomic backgrounds” (p. 17). Some of the short-term outcomes include positive attitudes towards self and others, fewer behavioral problems, and reduced emotional distress. The connection between SEL and public health education as seen in long term outcomes include healthy relationships, reduced criminal behavior, and college/career readiness. This suggests SEL is a growing addition to curriculum, one that museums can and should be aware of if they are to continue developing and facilitating programs that correlate to school curriculum.

There is also evidence to suggest learning outcomes and wellbeing outcomes are intertwined if not the same (Ander et al., 2012; Chatterjee & Noble, 2013; Dodd et al., 2002; Salom, 2008; Wood, 2008). Chatterjee & Noble (2013) support the cohesion of learning outcomes and wellbeing outcomes through an investigation of eight diverse case studies throughout the UK. Crucial is the explanation, from the museum professionals doing this work, of learning outcomes *alongside* wellbeing outcomes. For example, Case Study 7, the Salford Museum and Art Gallery’s Memories Matter project focused on creating a program, emphasized on reminiscence activities for older people in the gallery setting. Learning outcomes included knowledge-based outcomes (local and social history), and attitudinal learning (communication and relationships with others), which, connects with several of the health/wellbeing outcomes including increased socialization, improved self-esteem and more positive outlooks on life.

Learning with and for the medical professional

Museums often partner with organizations to collaborate and deliver programs, exhibits, and develop important projects for their community. In an effort to reach wider audiences,

museums have begun to partner with social service agencies and healthcare training programs. Research suggests one particularly effective collaboration is bringing together museum education and objects with universities and medical schools. Numerous case studies have investigated the benefits medical students (or those in residency) gain from attending workshops and other programs in a museum space (Alvarez, 2011; Duke, Grohe & Williams, 2011; Evans, Johnson & Krucoff, 2016).

In the *Journal of Museum Education* (2016) guest editors described in “Health and Wellness in our Communities: The Impact of Museum” several programs that promote skill building, attitude change, and self-care for healthcare professionals. One example was the collaboration between the Museum of Fine Arts in Boston, MA, and the Harvard Combined Dermatology Residency Program (Evans, Johnson & Krucoff, 2016). In 2014, a four-session workshop for dermatology residents was designed using a Visual Thinking Strategies-based curriculum to practice and enhance visual diagnosis in clinical practice. Important to note was that this case study employed pre and post evaluations to measure whether the professionals gained additional skills from being in a museum space. The results indicated that the residents demonstrated overall satisfaction from the workshops as well as improved observational skills (Evans, Johnson & Krucoff, 2016).

Using art as a tool for healthcare professionals to build medical skillsets is one impact, another is how reflection and discussion impact wellbeing and help to combat empathy erosion physicians often experience. Gooding, Quinn, Martin, Charrow, and Katz (2016) researched the benefits of a museum-hospital collaboration. One partnership was a program built between the Brigham and Women’s Hospital Department of Medicine and the Boston Museum of Fine Arts that focused on a “humanistic curriculum [to] address these challenges through a reflective

practice and a focus on physician wellness” (p. 123). This unique collaboration manifested into an evening program of five gallery activities: a visual thinking strategies exercise, a group exercise on metaphor-making with contemporary art, group drawing, a group discussion on death and dying, and a meditation exercise. While the authors suggest positive short-term impacts for the emerging/practicing physicians, there are no reported long-term impacts. Evaluation of learning outcomes continue to be a challenge; however, evidence suggests that programs developed from such a partnership influences observational skills and emotional intelligence, in particular reflection and empathy.

Another social service partnership research indicates as beneficial is museum educators and clinical social workers. Through collaboration and development of workshop programs, social workers are able to expand their creativity in treatment through the use of potential space and viewing art (Spencer, 2012). *Art, Potential Space, and Psychotherapy: A Museum Workshop for Licensed Clinical Social Workers* is an example of clinical professionals utilizing the museum space to build on a professional skill set, in this case, a behavioral skillset including self-awareness, openness, tolerance, and patience.

Museum outreach takes many forms, one of which is working with hospitals to bring programs to those who cannot physically visit the museum (AAM, 2014; Candlin, 2007; Chatterjee, 2008; Chatterjee & Noble, 2009; Chatterjee, Vreeland & Noble, 2009). Helen Chatterjee, a pioneer in *Museums in Health* has executed several studies looking at object-handling of museum collections as a component of health/healing interventions. *Museopathy: Exploring the Healing Potential of Handling Museum Objects* is one in depth example that illustrates the medicinal purposes museum objects have for hospital patients (Chatterjee, Vreeland & Noble, 2009). The research from this pilot project suggested there are multiple forms

of touch/ways to touch when conducting object handling of museum objects to bedside patients; the results of which are improved wellbeing. In particular, “the health-care potential of museum objects to assist with counselling on issues of illness, death, loss and mourning, [...] and help restore dignity, respect and a sense of identity” (p. 164-167).

The impact of improved emotional wellbeing and an exploration of identity development as seen in various studies suggests museum-based programs are making an impact in their communities (Ander et al., 2011, 2012; Chatterjee, Vreeland & Noble, 2009; Silverman, 2010; Wood, 2008). Wood (2008) examined emotional wellbeing outcomes of museum-based interventions by interviewing 37 people involved in museum work that focused on mental health (Chatterjee & Noble, 2013). From observations of the museum-sessions and semi-structured interviews, 14 themes emerged, including a: sense of connection and belonging; optimism and hope; emotional capital and resilience; identity capital and self-esteem; support; and safe, rich museum environment. Similar results have also been cited in studies illustrating the potential museums have in enhancing their relevance to more people in their community, including those that suffer from any form of mental distress or social isolation (Camic & Chatterjee, 2013; Chatterjee & Noble, 2013).

The museum as a therapeutic resource

In an effort to expand the potential of the museum to be a space where people can reflect and heal, there is anecdotal evidence to understand what makes the museum, the building and its objects within, therapeutic and calming to people. Assistant Curator at the National Museum of Contemporary Art, Athens, Elisabeth Ioannides (2017) states, “gathering in a non-medical setting, surrounded by artworks and objects, away from the austerity of the hospital, the stigma of the mental health clinic, machines and white coats, makes people feel that they are in a more

hospitable and friendly environment, which can lead to inspiration” (p. 102). Ioannides further describes how the art museum, and the objects within, help visitors expand their levels of understanding and empathy through imagery recognition of the human experience. Also explored is the potential for the museum, as a therapeutic tool, to enhance visitors’ emotional wellbeing and development. “For some visitors, the museum’s ambiance of safety and security, attributed to the fact that such spaces typically contain valuable and priceless items that are very well protects, allows them to feel secure such that they can free their minds and explore” (p. 104).

The realization of the therapeutic role of museums is a relatively new area of research (Hamil, McNiff, Fish & Sajani, 2016; Ioannides, 2017; Marxen, 2009; Salom, 2008; Silverman, 2002; Treadon, Rosal & Wylder, 2006). One of the most prolific, both in publishing and being referenced to, is work produced by Salom as early as a decade ago. In one of the first examinations of this healing potential, *The Therapeutic Potentials of a Museum Visit* Salom (2008) states “museums are safe spaces for the objects they hold and for the persons that visit them, providing environments that can function in therapeutic ways” (p. 98). The ways in which the environment is safe and allows people to learn about themselves is described by Salom as “within the wide range of objects, there is enough diversity to help guests discover what similarities they have with others as well as what makes them unique as individuals [and] within exhibits, individuals can explore themselves through the reactions they have to particular pieces” (p. 98).

Salom (2011) continued research on the museum as a therapeutic artistic institution through an examination of two case studies that explored life stages of the participants; a group of 10 older adults (aged 70 and older from a care facility) and a group of 4 adults (3 young adults, aged 20-35, and 1 middle adulthood adult, aged 35-65). Expanding on the therapeutic

elements credited in 2008, here Salom proposes four metaphorical roles the museum can play in museum-based healing programs: the museum as a co-leader, the museum as a group, the museum as self, and the museum as environment. Salom's research suggests there are specific reasons health initiatives can be implemented in a museum, those that include the objects themselves, as well as ways the museum can act to engage its community.

How can wellbeing be measured in the museum?

Looking at literature that spans *applied arts and health* and *psychology*, two psychology-originated frameworks have been applied to a variety of museum-based case studies measuring wellbeing: The Positive and Negative Affect Schedule (PANAS), and the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) (Chatterjee & Noble, 2013; Thomson, Ander, Menon, Lanceley & Chatterjee, 2011; Thomson & Chatterjee, 2014).

The Positive and Negative Affect Schedule (PANAS) is a measurement framework focused on psychological wellbeing (Chatterjee & Noble, 2013; Thomson & Chatterjee, 2014). This framework is a twenty-item list of mood adjectives, ten of which are positive emotions (including active, alert, attentive, determined, enthusiastic, excited, inspired, interested, proud, and strong) and ten of which are negative emotions (including afraid, shamed, distressed, guilty, hostile, irritable, jittery, scared, nervous, and upset). All of these emotions are rated on a five-point likert scale. Thomson et al. (2011) used PANAS to study the therapeutic effects of museum objects with hospital patients. The study used a repeated measures design where "dependent variables were PANAS (Positive and Negative) scores out of 50 and VAS (Well-being and Happiness) scores out of 100" (p. 48). Further, "a mixed design was used to compare facilitators (A and B) and boxes of objects (1 and 2)" among 40 female in-patients from UCLH Gynecological Oncology and Oncology wards. The key findings indicated "highly significant

increases in positive emotion, wellbeing, and happiness” (p. 51). In terms of using PANAS to measure wellbeing, the authors concluded it “successfully tested on factors concerned with reliability and validity [however a potential] disadvantage is that some mood adjectives could be interpreted similarly (e.g. ‘afraid’ and ‘scared’), particularly within a hospital environment” (p.43).

Another framework is the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS). This measurement tool, developed by the NHS Health Scotland, University of Warwick and the University of Edinburgh in 2006 is designed for participants, ages 13-74, to self-administer (Putz, O’Hara, Taggart & Stewart-Brown, 2012). Initially, this mental wellbeing measurement was used for people residing in the UK to help provide research on effective strategies for measuring mental wellbeing (outside of mental health) (Putz et al., 2012). In this questionnaire, there are 14 positive phrases within 5 response categories ranging from ‘none of the time’ to ‘all of the time’ for assessing mental wellbeing. Included in the Practice-Based User guide are instructions for distribution, collection, and analysis. Research shows this framework has possibility for implementation in a museum setting, as was seen in the *Artefact* project which spanned four museums in North Wales (Chatterjee & Noble, 2013). By using WEMWBS to assess participants at the start and end of the program (along a 10-week span), quantitative evidence included short term impacts such as enjoyment and calmness, and long-term effects such as increased confidence and awareness (Chatterjee & Noble, 2013).

Within the past ten years, research has been dedicated to evaluating the above measures in order to create a museum-focused measurement framework to measure general wellbeing. The champion of this research is Dr. Helen Chatterjee and Dr. Linda Thomson of the National Alliance for Museums, Health & Wellbeing. Dr. Chatterjee, a professor at the University College

London (UCL), and Dr. Thomson, alongside fellow researchers, developed the UCL Museum Wellbeing Measures Toolkit. Included in this toolkit are sets of measurement scales that assess the levels of wellbeing from participants of museum/gallery activities (Thomson, Chatterjee, 2013). The first set of measures are two Generic Wellbeing Questionnaires, both a short and long version. The short version is a one-page, 6-item questionnaire “phrased in the past tense and refer to an aspect of emotion or quality of life experienced by a participant” (p. 4). Each of the six statements are presented on a likert scale ranging from 1 (none of the time) to 5 (all of the time). The full version, a 12-item questionnaire includes additional statements. The second set of measures includes four Wellbeing Measures Umbrellas, an umbrella for Positive, Negative, Older Adult, and Younger Adult. These measures, presented in a hexagonal shape with six sections of different colors, and available in black and white or color, offer participants the chance to engage in a highly visual measurement tool. For all of the provided measurement tools, directions are available as well as a means for how to analyze the data in a number of different approaches.

Art Therapy in Art Museums

Integration of art therapy into museums

Since the 1990’s the museum field has been interested in, and experimented with, art therapy in the museum space. Muri (1996) and Alter-Muri and Klein (2007) explored the use of integrating artifacts and museum spaces to enhance art therapy treatment plans. Initially, Muri introduced art history into art therapy treatment plans, with the definition of art history including discussing artwork and visiting museum galleries. In this interdisciplinary therapy treatment, examples of working with a 19-year-old male, (a man in his mid-twenties) and an elderly woman, showed “increased self-esteem, greater self-acceptance, increased social awareness, and

enhanced creativity” (p. 102). Further, Alter-Muri and Klein (2007) re-asserted these findings by stating “art history can be integrated successfully into art therapy treatment and can play a valuable role in enhancing self-esteem, sublimation, socialization skills, introspection and creativity” (p. 102) for a variety of communities such as the elderly and those with mental illness.

Since the late 1990’s and early 2000’s, museum-based art therapy is relevant in the literature, being published across disciplines in both formal and informal platforms. Assistant Curator Elisabeth Ioannides from the National Museum of Contemporary Art, Athens (EMST) recently was interviewed for *Museum* and when asked why art therapy should be offered in museums her response was:

“Museums provide collective imagery and offer opportunities to learn about artifacts and their historical and cultural meanings. They depict information regarding the human experience and visitors can view artworks that could relieve them of feelings of isolation, can convey to people that their negative experiences have also been experienced by others, can enhance people’s self-esteem, confidence and creativity and foster intellectual stimulation” (Patmali, 2017).

Additionally, Ioannides explains art therapy and museums make such an effective partnership because both have similar goals and benefits, including: improved social skills, improved mental or emotional states, and they both foster creativity and imagination (Patmali, 2017). The evidence Ioannides also provides further emphasizes the growing interest in museum-based art therapy for there are specialist interest groups that focus on the collaboration of these two entities and institutions across the world are currently doing this work. The range of examples provided span programs in different continents including Greece, the UK, Australia, and the United States (Patmali, 2017).

In 2016, a Preliminary Report on the current state of health programs throughout the UK addressed what communities, illnesses, and training was currently available. The results

indicated that among the activities reported, museums that have therapy activities encompassed 2.15% of all such projects. One of the two institutions doing this work (with qualified art therapists and/or psychologists) was the Bristol Museums, Galleries & Archives project *Overcoming Phobias* program that used immersion therapy and object handling to help those who suffer from phobias. However, in this report there was no mention of the impacts these programs had on the participants. The UK is also ahead of the US with regard to organizations devoted towards art therapy and museum collaboration. The British Association of Art Therapists has a branch entitled Art Therapy in Museums and Galleries that encompasses 20 regional groups. On the website, there is an abundance of case studies, handouts for art therapists' entering the nonprofit sector, a blog with recently published articles, and other resources.

The art therapist & museum educator partnership

Within the past couple years, multiple articles have been published on the benefits of collaborations between professional art therapists and art museum educators (King, 2018; Peacock, 2012; Rochford, 2017). In order for museums to implement health and wellbeing programs, there needs to be institutional buy-in, where collaboration with the community is at the core. One widely referenced study was Peacock (2012) who through a survey design, collected 9 (out of a total of 20 surveys sent and 18 responses received) completed, cross-sectional e-mail surveys. Among the key findings was "it is clear that a particular museum's overall mission is key in determining whether the museums' staff were utilizing art therapy in their programming" (p. 135). The importance of partnerships is further emphasized when implementing programs and exhibitions of participants' work as a way to reach wider audiences,

including health care agencies with potential visitors such as those in the foster care system or veterans.

From the literature, another key component for these programs is the need to have clear communication, and to collaboratively, create clear and intentional goals. Rochford (2017) explored the collaboration between museum educators and art therapists through a visitor-focused lens. In order for learning to be a collaborative process, Rochford explains the need for communication amongst both parties if the goal is to “affect social development and education of visitors, [... explore] sensitive topics, [provide] opportunities for community engagement, and [create] inclusive environments for diverse groups,” specifically in a museum space (p. 209).

Further, Lauren King’s thesis, titled *Art Therapy and Art Museums: Recommendations for Collaboration* explored the potential for beneficial collaboration through an integrated systematic literature review (King, McDaniel, Eckmeier, 2018). The paper aimed “to provide a comprehensive overview of art therapy programming in art museums to delineate therapeutic factors of those unique space” (p. 1-2). From the 17 articles analyzed, there were four areas that were identified as needing further attention to benefit future collaboration between museum educators and art therapists:

1. use of the media dimension variables of the ETC [expressive therapies continuum] to provide rationale for use of specific materials in reference to specific populations and/or treatment goals [;]
2. identification of therapeutic factors of art therapy and verbal therapy [;]
3. identification of therapeutic factors of the art museum [;]
4. art making in the museum space versus an adjacent room (p. 42)

These results illustrate the current landscape of museum-based art therapy and areas for improvement, particularly, clarification for the selection of art materials, artwork viewed, and research on the therapeutic factors and impacts of such a collaboration.

Important museum-based art therapy projects

Four programs illustrate the complexity of this emerging area of literature; museum-based art therapy programs mold to the specific target audience, and thus, there is no one model for program development. In the literature, of the published and widely cited studies, evidence from predominately pilot programs, suggest a focus on children is effective in improving social and behavioral skills. Second, when investigating museum-based art therapy initiatives for adults as a means to improve mental wellbeing and improve social inclusion, much work is being done overseas. These examples also suggest, while a limited number of programs exist, there is anecdotal rather than empirical evidence of participant impact published. Additionally, there is lack of evidence that focuses on emotional wellbeing, and how it is perceived by the museum professionals and participants.

There is evidence to suggest museum-based art therapy programs can be especially beneficial for youth in learning how to manage feelings of anger or despair. Treadon, Rosal, and Thompson (2006) conducted a pilot study at the University of Florida to study the outcomes of a museum-based art therapy program in partnership with a local middle school. A core component in developing the program was the collaboration between the museum educator (from the Florida State University (FSU) Museum of Fine Arts) and the art therapist, a faculty from the art therapy program (FSU). They dedicated extensive time towards creating shared goals for the program. One of the primary objectives soon became “the use of art objects to help teens better understand family roles and the feelings associated with being a member of a family group” (p. 33). The target sample was then seven middle school students, ages 12-14 who reported exhibiting problematic behaviors and mental health concerns such as manipulation, attention-seeking, and

argumentativeness with the goal to work on healthy behaviors such as building self-esteem, identity, and family relationships.

The program was developed to take place onsite as well as in the children's classroom; seven sessions total, of which five were held in the classroom and two were at the art museum. With the primary theme of family relationships and appropriate behavior, the museum staff and art therapists taught the students behaviors for both in the museum and in the classroom, including reductions in symptoms of depression and obsessive-compulsive behaviors. While there is no empirical data to support the success in the change of behavior, anecdotally, "each session offered unexpected student reactions such as a lack of resistance or negative behavior, [and an] eagerness of students to engage and talk about their work" (p. 299). This suggests the museum is an optimal place to engage students.

Another powerful art therapy and museum collaboration project targeted for children occurred at the New Orleans Museum of Art (NOMA) in 2008. This community-initiated project began after the resulting devastation of Hurricane Katrina. In an effort to process and heal from the traumatic event, the Hyogo-New Orleans Museum of Art Children's Art Therapy Initiative was developed (Peacock, 2012; Rochford, 2017; Wherry, 2008). The program was funded by the Hyogo Prefecture of Japan with the goal to serve children from a local charter school by taking the children to the now destroyed school site, to the NOMA galleries, and to the NOMA sculpture garden (Wherry, 2008). Among the various art making activities the children engaged in, one main project was an "installation art piece to process their grief about the loss of their old school and [used] art and creativity to learn healthy coping skills to manage their anxiety and sadness" (Wherry, 2008 cited in Rochford, 2017, p. 212). Several of the art pieces made by the children were then presented in an exhibition at the NOMA called *Coping with Katrina*:

Artwork from the Hyogo-NOMA Children's Art Therapy Initiative in 2008 (Rochford, 2017; Wherry, 2008).

The culmination of the children's artwork into a public exhibition is a core component of the program, where the children can feel a sense of pride and feel confident. Rochford (2017) suggests the community engagement piece of having the children present their work was beneficial in dealing with the stress of the traumatic incident and Wherry (2008) found evidence that "after participating in the art therapy program, the children displayed a reduction in hostile behavior, self-critical thoughts, and need for mental health services, and an increase in seeking support when upset" (Wherry, 2008 as cited in Rochford, 2017, p. 212). This program, and the exhibition, show the positive impacts museum-based art therapy can play for children and the community they reside in. Thus, the museum can initiate social change through community engagement efforts by expanding its learning capacity to include outcomes such as increases in confidence.

Recognizing museum-based art therapy is being spirited by practitioners overseas, two programs are important when looking at programs for adults and the impacts they make in their community. One of the most recently published museum-based art therapy case studies was conducted by A. Salom in Bogota, Columbia for a particular group of adults, indigenous women. At the Museo del Oro (Gold Museum), 15 displaced indigenous women participated in an exploratory art therapy study *Sharing Stories with Images and Materials* (Salom, 2015). The small sample size of participants were all expert weavers between the ages of 12-40 (Salom, 2015). In two separate three-hour workshops, participants were divided by ethnic background, either Wounaan or Guambiano, and explored materials and weaving techniques, visited the museum galleries, and made their own artistic projects in preparation for a final exhibition

display. Among the materials available to the participants, Salom intentionally provided Western craft supplies including charcoal, dry pastels, cardboard, craft paper, clay, food coloring, brushes, glue, glitter, and strings of sequins. However, as a means to honor the participants experienced techniques, also provided were tools commonly used in their culture/practice, including beads, industrial thread, and weaving boards.

This program focused on creating a safe space for immigrant populations in the museums to which individuals can openly discuss their journey and gain support from others in similar situations; through the creative process of art therapy. “The museum was able to house an encounter respectful of participants’ rhythms, creations, languages, history, and points of view,” opening communication (p. 16). As a result, the program was a representation of the triangulation between museums, potential space, and immigrant populations as they relate to subjective and objective points of view. This further suggests the museum, and the cultural activities it provides for its community, enhances social inclusion.

Even more recent and in a different country, museums are expanding their access to enhance psychological wellbeing and promote inclusion. In Canada, the Montreal Museum of Fine Arts (MMFA) has committed to diversifying its programming and outreach to serve underserved populations, including those with eating disorders (Baddeley, Evans, Lajeunesse & Legari, 2017; Thaler, Drapeau, Leclerc, Lajeunesse, Cottier, Kahan, Ferenczy, and Steiger, 2017). Beginning in 2014, the Montreal Museum of Fine Arts (MMFA) partnered with the Douglas Mental Health Institute and the Department of Creative Arts Therapies at Concordia University to implement an art therapy program for individuals with eating disorders (Thaler et al., 2017). The goals of this program were three-fold: 1) to promote a “discovery of art in a non-threatening environment,” 2) “allowing participants to interact with and share observations about

presented works of art,” and 3) to create art of their own” (p. 2). Additionally, the objectives of this program point to a sense of self-discovery and identity, feelings of belonging to the wider community, and regaining positive body image (Baddeley et al., 2017). The program, called *Sharing the Douglas/Sharing the Museum* is a regularly offered program taking place every six weeks, for a total cycle of 13 visits, for a group of 12 participants (and at least two clinicians) visit the museum for an afternoon. The program structure encompasses a lunch, a visit to the galleries, and an art therapy activity. The lunch, a crucial component to the participants treatment takes place as soon as they enter the museum, followed by a 60-90-minute, discussion-based, thematic tour focusing on four or six artworks. The final component is the art-making led by a professional art therapist. Here, the art therapist remained flexible, alert by monitoring the materials used and any reactions to these materials, in addition to engaging with the participants in group discussions regarding their emotions, responses to the art therapy portion of the museum visit, and their artwork (Thaler et al., 2017).

Thaler et al. (2017) evaluated the sustainability of this museum-based art therapy. With a sample size of 78 patients between October 2014 and June 2016, the researchers “measured participant satisfaction with the program, as well as immediate (short term) effects of mood, self-image, and eating symptoms” (p. 2). Qualitative data, the patient’s satisfaction with the program, was derived from questionnaires that utilized thematic analysis, a method proposed by Braun and Clarke (2006) to identify themes. The quantitative data, the effects on mood, self-esteem, and eating symptoms were assessed through the use of the Profile of Mood States (POMS-BI), the Visual Analog Scale, and the Body Satisfaction Scale. From this data, the program overall was found to be a pleasing and enriching experience for the participants, however, there were several reports of slightly higher tiredness and no significant short-term impacts on body image. More

specifically, the art therapy portion was found to be a means for self-expression and creativity and the museum visits were viewed as opportunities for discovery and learning. Across all studies and across seas, museum-based art therapy programs focus on building healthy relationships and improving participants view of themselves.

Summary

The purpose of this study was to examine whether, and in what ways, museum-based art therapy programs cultivate emotional wellbeing. In the first body of literature, four psychological frameworks commonly used in art therapy were explained with an emphasis on positive psychology as it relates to emotional wellbeing; both in the art-making space and for the individual, through promoting positive self-image and exploring emotions. With an understanding of art therapy and emotional wellbeing, emerging literature on *museums and health* was explored. This was done by gaining an understanding of wellbeing benefits from cultural participation, the expanded learning opportunities and partnerships for the museums' community, and the therapeutic roles museums offer. The last body of research expanded on the notion of museums having a social responsibility by implementing art therapy to access wider audiences. Specific programs addressed the variety of approaches in addressing community needs by tailoring programs to specific audiences. Insight indicated these programs stimulate wellbeing, however, empirical evidence of emotional wellbeing outcomes was absent. While the museum field is interested in incorporating community health and wellbeing into museum operations, there is little research on the intersections of art therapy and emotional wellbeing, participants' social and emotional learning, and programs designed for the general public, especially for open group, single-visit programs.

Chapter 3: Methods

The purpose of this study was to examine whether, and in what ways, museum-based art therapy programs cultivate emotional wellbeing. This research was guided by two questions:

1. How and in what ways is emotional wellbeing integrated into museum-based art therapy programs?
2. What are the intended emotional wellbeing benefits to program participants?

This study used a case study design (Stake, 1995; Yin, 2014). Data collection methods were threefold: i) direct observation of participants engaged in program activities; ii) semi-structured interviews with program facilitators involved in the design and/or implementation of the programs; and iii) document analysis. This chapter describes the three museum-based art therapy programs where data were collected and explains the criteria by which these sites were chosen. It also describes the study sample, data analysis procedures, and methodological limitations.

Sampling

A comprehensive search of art museum websites identified 64 art museum programs related to wellbeing (see Table 1).

Table 1: Art museum programs related to wellbeing

Museums Offering Wellbeing Programs (n=210)	Number of institutions that reported program/event	Number of programs offered to date
Mindfulness/meditation programs	22	22
Yoga in the museum programs	32	32
Art therapy programs (utilizing professional therapists)	10	19

Other art museum-based wellness programs were identified, but they focused on a particular audience, for example creative aging programs, specialized programs for veterans suffering

PTSD, specialized tours for the visually impaired, and programs for those on the Autistic spectrum. These programs were not considered for this study due to their narrow scope.

From the 64 programs identified in Table 1, 3 were chosen as case studies for this research. These sites were selected based on their alignment with three primary criteria:

1. Programs were art therapy-based, thus facilitated by a professional art therapist;
2. Programs occurred in the museum and were listed on the calendar during the window for study data collection;
3. Programs emphasized exploration of the self within the museum to illicit comfort.

Museum-Based Art Therapy Programs

For this case study, 3 art museums were selected out of the 10 total art museums currently offering programs. In total 4 people were interviewed, 3 professional art therapists, of which 2 acted as the only facilitator of the program at their institution, and 1 museum educator working as a co-facilitator. Additionally, two sites were visited for data collection.

Museum 1

Located in Ohio, this institution's art therapy program was established as an extension of a more intensive, multi-visit art therapy program at the museum. On the website, the museum describes the program as welcoming "you to a special mindfulness art series [...] that focuses on slowing down, *relieving stress*, and learning to use creativity to *increase awareness of self* and be present in the moment." The cost of the program is listed as \$15 for attendance (or \$12 for members) which included the cost of the materials. Registration is required, and spots were limited. The program is facilitated by a professional art therapist with extensive experience. This art therapist, and program facilitator, has been working with art therapy for 7 years and began

working at the museum 3 years ago. Since 2016, when this art therapist was hired, the museum has offered art therapy programs.

Art therapy programming at this museum thus began in 2016 after staff was inspired by an exhibition where artists reflected on their life. The staff then had the idea of “what if we brought in community members that typically wouldn’t come to the museum and give them a tour as well as allow them to do art?” Such conversations initiated the multi-visit art therapy program. The open group, single-visit, workshop program observed for this research study had a similar history. As a collaborative process initiated by the former Marketing Director working with the art therapist, “the idea was how do we reach more community members [and] how do we bring that whole mindfulness part to our local community?” Thus, while the multi-visit art therapy program is managed by the art therapist, the workshops, and in the frame of this study the open group, single visit program, is a collaboration between the education department and art therapist. The target audience for this open group, single visit program is adults for the activities and curriculum are adult-based.

The researcher visited this site in March 2019 to observe the 2-hour long program. The program, presented as a workshop, occurred entirely in one of the museum’s art studios from 6-8pm, beginning with a mindfulness exercise followed by an art making activity. (See Figure 1). There was a total of 14 adult participants who attended. Towards the end of the program, the researcher took several photos of the art projects that were then utilized as physical objects for analysis by the program facilitators during the semi-structured interview. (see Figure 2, 3, and 4). Additionally, the researcher was given documents for analysis, including a program brochure and the museums catalog.



Figure 1- Museum 1 art making set up

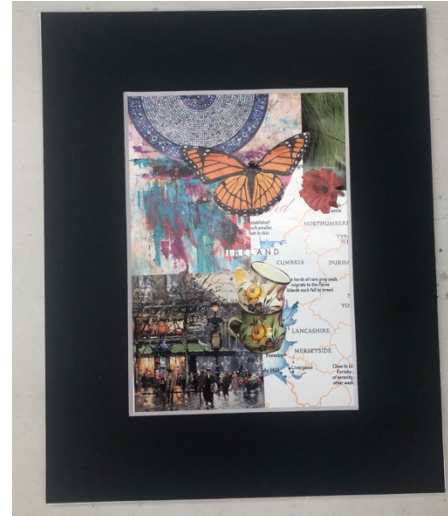


Figure 2- Museum 1 art piece 1



Figure 3- Museum 1 art piece 2



Figure 4- Museum 1 art piece 3

Museum 2

Art therapy programs offered at this institution in Mississippi are plentiful. Currently, the art museum offers a bi-monthly workshop for community members suffering from cancer or chemotherapy as well as bi-monthly programs for the general public, with an indication towards community members in need of memory recognition. For this study, the program selected was described on the museum’s website as an opportunity for “art exploration in the galleries,

followed by hands-on engagement in the studio to stimulate observation, recall, and cognition.”

Both art therapy programs are free to the public, but registration was required. Unique to this institution, registration was done through one of the programs partners, a local, academic medical center. The program was facilitated by a professional art therapist, who has been practicing art therapy for 38 years and working in this specific institution for 3 years, and a museum educator who has been working in this capacity and at the museum for 2 years.

The history of art therapy programs at this museum is unclear due to lack of documentation and transfer between past managers and current staff. When interviewed, both the professional art therapist and museum educator indicated the first iteration of the program was initiated by museum staff around 2006 and was inspired by the Meet Me at MOMA program at the Museum of Modern Art. The museum educator specified the program initially began as an outreach program where the educator went to a nursing home to facilitate dialogue and an art-making activity. Then, about 5 or 6 years later the program moved to the museum where it then gained an important partnership about 3 or 4 years later and to this day is still very involved in the program. The partnering organization facilitates the registration for all the participants as well as creates and conducts evaluations periodically for the program. Additionally, when this partnership was formed, the professional art therapist (who still co-facilitates the program) was added to the program.

The target audience for the current open group, single visit program has changed over time. Initially the program was designed to be for Alzheimer’s patients and their family members or caretakers, however, in an effort to reduce stigma, both the art therapist and museum educator intentional changed the language to be for “anyone with memory loss, [ideally] people who have beginning memory loss, Alzheimer’s, dementia [accompanied] with their caretakers.”

Additionally, the professional art therapist highlighted that using a more inclusive common denominator allows for a wider audience, such as those who have memory loss “due to depression, Parkinson’s disease, [someone] who had a traumatic brain injury, etc.” whereas the museum educator highlighted the change to encompass adult, community participants.

The researcher attended two sessions of the open group, single-visit program at this site in March 2019. These programs were each 2 hours in duration, with a lunch offered for all participants in between the different sessions. The researcher attended the morning session, from 10:30am-12pm for which there were 11 people present. The first 10 minutes were spent in the studio/classroom (see Figure 5); the next 25 minutes were spent in the gallery participating in observations and discussions (see Figure 6); and the remainder of the time was spent in the studio/classroom working on the chosen art project. Lunch was served to all participants, tacos and iced tea until 12:55pm. The facilitators gathered participants after eating or welcomed people as they walked in and the second session began in the gallery at 1pm with a total of 9 participants. For 30 minutes, there was discussion and observation followed by the remainder of the program taking place in the studio/classroom.

In the program, photographs were taken of the art projects that were then utilized in the following semi-structured interviews. Participants used clay to make individual pieces as well as parts for a cohesive art piece that consisted of individual rectangles (see Figure 7) and a circular piece that would act as a base once the rectangles were put together (see Figure 8). Additionally, documents were given to the researcher including an informal evaluation report of the program over a 3-month period, the questionnaire the participants completed, and the resource used by the educator on the history of the art piece.



Figure 5- Museum 2 art making set up



Figure 6- Museum 2 gallery set up



Figure 7- Museum 2 art pieces



Figure 8- Museum 2 collective art piece

Museum 3

Museum 3 is an art museum in Tennessee that currently offers a variety of art therapy programs including specialized programs with partnering organizations (that roughly last 8 weeks), informational events for those interested in the practice of art therapy, and workshops.

The open group, single-visit program researched for this study was described on the museum's website as "experience personal growth, understanding, and transformation as you create and view our collection and exhibitions in a new way- or for the first time!" All of the museum-based art therapy programs are facilitated by a professional art therapist and are offered for adults. The art therapist has been practicing for 7 years and been working at the museum for 5 of those years.

From the interview with the professional art therapist, the museum has offered art therapy programs since 2007. The first art therapy program, the more intensive, multi-visit art therapy program at the museum was described in the museum's documents as partnering "with a variety of community agencies to provide art therapy experiences, both inside and outside the museum [...] beginning with an outreach program to serve those with Alzheimer's disease, dementia and other memory loss, the program has grown to include [other] partnerships." A further explanation of the current multi-visit art therapy program is "each year, the museum partners with an area organization in a multi-visit outreach program, which includes art-making sessions with a certified art therapist, museum tours, family/caregiver tours, and an exhibition of the resulting artwork."

For these multi-visit programs, the professional art therapist and Director of Education work closely on the development of the program, particularly, which art piece will be selected for viewing, the topics discussed, and what questions they as co-facilitators will ask in the galleries. The professional art therapist interviewed for this study indicated the museum expanded its art therapy programming to include Art Therapy Info Sessions to the general public on the field of art therapy. It was from this expansion that the staff were inspired to further expand the program; "as the art therapist explained "People who have come to those info sessions, over the last I guess 2 or 3 years [...] wanted to be able to participate in some type of

psychology in arts-based experience, [a] kind of art therapy inspired experience” to which the art therapist explained she had done some workshops in the community and after speaking with the Director of Education, expanded the program. This request from the public instigated museum-based art therapy taking a new form and as the art therapist stated, “this is the first year we’ve done it, so we started in the fall of 2018 [where] we offered [a workshop once a month in] August, September, October, November, and now we’re doing February, March, April, and May.” It was this program, an open group, single-visit program that was the focus for this study.

For this study, the researcher interviewed the program facilitator, a professional art therapist, in early March 2019. Observations of the program were not feasible due to the institutional concerns for their visitors. Therefore, document analysis of the program was used to supplement the interview. In particular, the museum published a resource guide to art therapy programs in 2014 specific to the more multi-visit art therapy programs. The program studied here, occurred March 28th, 2019 from 1-3pm and cost \$10 for the general public and \$5 for museum members. The instructor informed the researcher that approximately 80 minutes were spent in the galleries, including discussions and two mindfulness exercises. The remaining 45/50 minutes were spent in the studio and included making art, discussion around the art, and filling out an evaluation form. Pertinent to this research site was that the facilitator placed an emphasis on *not* calling this program art therapy. Described was how the program is a part of the more intensive, and healthcare related art therapy program. In particular, these workshop programs “are more of an art based psycho-educational and experiential offering... [and] are inspired by my work and approach as an art therapist, but the way I run them and process and discuss emotions, experiences, topics, and art work is different when compared to an art therapy group.”

Data Collection

At each case study site, data were collected using a combination of three different methods: a) general observations of the program itself; b) interviews with museum professionals involved in the creation and/or facilitation of the program; and c) document analysis.

General observations of the program setting, activities, and dynamic were conducted (see Appendix B for the observation protocol). Semi-structured interviews were conducted with 4 total professionals, 3 of which were professional art therapists and 1 museum professional that were working with or for the museum at the time of the program (see Appendix A for the interview guide).

Across all three sites documents were provided by museum staff or was available on the museum's website. For Museum 1, documents were given to the researcher onsite from both the program facilitator and the Marketing Director. The researcher was given a brochure of the multi-visit art therapy program, and the Spring 2018 museum catalogue with an interview from a participant and statistics from the pre-established, and multi-visit, art therapy program. Museum 2 distributed documents to the researcher onsite from the program facilitators as well as from one of the programs partners. In this case, the researcher met with a representative of the partnering organization to discuss the provided evaluation instruments and report the day before the program. Documents from Museum 3 were solicited from the institution's website as well as via email. The museum published a resource guide to art therapy programs in 2014 specific to goals, successes, and considerations for the multi-visit art therapy program.

Data Analysis

Qualitative data from the audio recorded interviews were first transcribed and analyzed within each site and then across all three sites (Yin, 2014). Further, transcriptions were analyzed

to answer each research question, using both an a priori and an emergent coding rubric. For RQ1 and RQ2 Chatterjee and Nobel's (2013) adapted Generic Wellbeing Outcomes Framework was used to hypothesize and categories mechanisms for cultivating emotional wellbeing and intended benefits. Emergent coding was utilized to reveal current trends and patterns. In addition, direct observations were reviewed a priori to examine for evidence supporting emotional wellbeing defined in Chatterjee and Nobel's (2013) adapted Generic Wellbeing Outcomes Framework. The researcher then incorporated data or quotations from the document analysis.

Limitations

A significant limitation of this study is the narrow sample size of museums offering programs that are facilitated by an art therapist. Many art museums market "therapeutic" art-making activities or meditation programs however, the majority of these are led by museum educators rather than social service or health care professionals, thus programs lack the knowledge and practices that effectively engage the healing process. Further, the process for selecting sites with this criterion was a limitation and, in the future, the researcher could post a call out on museum discussion boards/listservs such as the AAM Newsletter.

An additional limitation is the frequency of museums offering these programs; often occurring only once a month or every several months. In an ideal situation, the researcher would collect data from the participants directly to gage their emotional wellbeing, particularly in a pre- and post- program survey. Utilizing a pre- and post- design over a period of several sessions and among several programs would have been ideal as opposed to a single, 2-hour experience. However, due to the timeline of this research, such practices were not feasible. In relation to methodology, the interview instrument is also a limitation in this study for the final section, which refers to artworks for physical analysis, positions the facilitator as a potential interpreter if

the artists did not provide statements that directly relate to, or indicate emotions chosen for this study (i.e. happiness, sadness, calm, anxiety). Further, only four emotions were selected from the Generic Wellbeing Outcomes Framework as opposed to the eight described (empathy, tolerance, happiness, kindness, laughter, calming anxiety, enjoyment, and acceptance).

Furthermore, acknowledgement must be made of the nature of art therapy programs in museums, most of which are clinical, closed-group populations (potentially vulnerable adults). The researcher identified most of these programs work with specific health groups or are offered for particular groups with specific medical or social barriers (i.e. a program offered for community members suffering from substance abuse, families navigating the child welfare system, adults diagnosed with autism, people suffering from cancer and chemotherapy, etc.). The programs researched for this study is one of the first endeavors to look at non-clinical art therapy programs in museums. Thus, potential discrepancy over whether the programs studied here are in fact considered art therapy among the art therapy field is a limitation. However, in an effort to minimize differences in cognitive development or health status, the researcher selected programs that were offered to the general public.

Chapter 4: Results & Discussion

The following chapter summarizes the results of this qualitative research case study. Organized by research questions, analysis is articulated through themes and sub-themes.

RQ1: How, and in what ways, is emotional wellbeing integrated into museum-based art therapy programs?

Three themes show how these case study museums integrated emotional wellbeing into their open group, single-visit art therapy programs: 1) wellbeing as a program goal; 2) wellbeing in the gallery portion of the program, and 3) wellbeing in the art-making portion.

1) Emotional wellbeing as a program goal

While all three case study museums identified program goals in service to health and considered emotional wellbeing a component of holistic wellbeing, only one site had explicit emotional wellbeing goals with the purpose of exploring specific emotions and building emotional intelligence. Museum 3 explained a key part to this was awareness as related to emotions:

“I hope that people develop more of a sense of awareness of the connection between all parts of themselves and their health and wellbeing, knowing that emotional wellbeing- if you can develop a sense of awareness of where your emotions come from or how to cultivate other ones then you’re going to be able to apply that to all aspects of your life.”

Further, the facilitator from Museum 3 was the only participant who discussed a great deal about the distinctions and connections between various terms used in this work, including emotional wellbeing, holistic wellbeing, and wellness. Here, emotional wellbeing was perceived as a part of holistic wellbeing, which “is more of that holistic sense of physical, emotional, social, [and] spiritual wellbeing.” Wellness on the other hand, was described as having “to do more with physical being, however, it’s become a term I think in our culture where people use it

interchangeably with wellbeing.” After exploring these words, the art therapist responded to the question on how the program’s emotional wellbeing goals are achieved by explaining,

“with art therapy, we’re utilizing the materials, the creative process, the discussions that we have, the products that people create or the pieces of art, in this case in a museum; so, my goal is to utilize all of those things to create an experience in which people learn about these topics and overall wellbeing and are able to feel a sense of accomplishment.”

Emotional wellbeing as a program goal across the 3 sites were described in different ways and categorized by three distinct sub-themes. For some sites, wellbeing was emphasized relative to the *physical environment* and the ways in which the facilitators strived to make the space *safe, peaceful, relaxed, and fun*. One facilitator from Museum 2 spoke of creating “a safe space where people feel comfortable to share [with the group].” The other facilitator from this institution further explained that one goal for participants is to “relax [...and we] try to make it fun, but like a very peaceful environment in an open space for people to talk to one another, which I would say is a wellbeing goal.”

At Museum 1 and 2, facilitators used exercises to create a safe and relaxed environment, for example through guided imagery and deep breathing. Towards the very beginning of the program in Museum 1, the facilitator had everyone close their eyes, “get comfy and relaxed,” and then led participants through a breathing exercise before the program’s “crash course on soul collage” art-making activity. This breathing exercise involved the participants inhaling for three seconds, and then exhaling collectively. This type of exercise was also seen in both programs observed at Museum 2, where in addition to introductory collective breathing, the facilitator also had participants stretch their arms. At Museum 1, the facilitator played music in the background throughout the program, as well as offered participants coffee, in an attempt to create an environment that fostered relaxation. Museum 2 offered participants a full-service lunch (before

or after the program depending on which session). These elements served both holistic wellbeing in reference to physically or mentally feeling good as well as emotional wellbeing where the environment encouraged positive emotions such as calmness.

Some case study sites integrated emotional wellbeing into their program goals by emphasizing the *emotional environment* facilitators strived to create in service to wellbeing. Emphasis was placed on how these programs focus on *socialization*, in an attempt to be *supportive* and *welcoming* to all participants where they feel comfortable to explore and share their feelings. One facilitator from Museum 2 said she aims to “build community and a support group.” The other facilitator from Museum 2 explained, “We try to provide community ...and] I think there’s also this supportive piece that is a big part of this, as well as socialization.” Further, the facilitator from Museum 3 discussed creating a supportive emotional environment where people talk and create relationships. This facilitator also explained their practice as an art therapist and how that influences the development of the program’s goals:

“We’re focused on increasing social connectedness, or exploring relationships, so this has to do with both connecting with myself, as a person working for the museum and as an art therapist, and each other, you know the people in the workshops. We also want to create more of a sense of social connectedness to the museum as a resource and as a center for people to continue to come whether we’re running programs or not.”

Another example of creating a supportive environment where emotions can be explored and expressed was from Museum 2 who spoke of couples being able “to interact in a healthy way, [where] they can create something that maybe contains and communicates ideas, thoughts, and feelings that they can share with each other.” Further, one way in which this emotionally supportive environment was created was explained by a facilitator from Museum 2, who emphasized the use of certain language:

“We definitely try to make it, like a very peaceful environment in an open space for people to talk to one another [...] So, whether it’s the language we as instructors say [...] such as,] Everyone’s opinions are heard,’ ‘There’s no right or wrong answer,’ you know, ‘People have different thoughts and opinions, please respect those differences,’ and like different ground rules help out to kind of protect that wellbeing.”

The third sub-theme of wellbeing in program’s goals were *feelings and qualities* facilitators hoped participants would experience during or after the program, all of which were related to emotional wellbeing. These included experiencing *positive growth, potential*, and becoming *aware of emotions*. Museum 2 explained emotional wellbeing goals as being a part of the programs design “because if you didn’t have an emotional wellbeing goal then everyone would leave angry or frustrated [and] we don’t want people to leave angry or frustrated.” The most discussed quality was experiencing *connection*: a connection to others in the program, a connection to themselves and their thoughts and feelings, and experiencing a connection to the museum, either to the institution itself or specific to artworks. The facilitator from Museum 1 explained the goal of these programs as being primarily individualized, where it “is really about connecting with yourself [and] being focused on what is happening in the moment.” Both facilitators from Museum 2 spoke of connections that were individualized as well as in relation to the group. One facilitator from Museum 2 explained creating an opportunity for people to

“Make connections to the artwork, connections to their thoughts about the artwork, connections to memory that might be sparked because of the artwork and then in the art-making relate back to the art piece or once again to their own experiences, so feelings [and] thoughts they might have.”

During program observations, participants were seen making connections both in the gallery portion (if applicable) and most often, in the art-making portion by responding to questions and discussions while making connections to past memories, people, and places.

Facilitators also described specific feelings and qualities they hope participants feel. These included feeling *relaxed, proud, confident, accomplishment, dignity, respect, pride, resilience*, and an *absence of anger, frustration or judgement*. Both facilitators from Museum 2 discussed promoting dignity and respect, with one facilitator speaking of respect as it relates to confidence: “We want them to leave either in a relaxed state or a confident state because a lot of times, people are unsure, but this environment can be really something that’s hard for people, like creating and being judged when they create, but we like to leave them being more confident.” The facilitator from Museum 3 discussed how their approach to art therapy, one grounded in the theoretical framework of Positive Psychology, explores “positive emotions and help[s] people understand what they are, where they come from, how to cultivate them, but also how you utilize them in order to face challenges and be more resilient in your life.” This was the only instance in which a facilitator directly related their art therapy practice/ frameworks to the goals for these museum-based programs. This same facilitator, from Museum 3, shared other goals, including “maybe experiencing a sense of pride or accomplishment.”

2) Emotional wellbeing in the gallery portion of the program

Museums chose artworks in relation to themes that would enhance the experience and connect to people’s emotions.¹ The design of the gallery portion of these programs was described in two different ways, the *considerations* (if any) for the participants’ wellbeing and ability to explore emotions, and the *targeted emotions felt when viewing and discussing artwork*.

The only *consideration* directly stated by all 3 facilitators across Museums 2 and 3 was the *reflection of past programs*. Specific to the program studied here, considerations included: the past experience for participants (which mediums elicited joy and how previous content aided

¹ It should be stated, Museum 1 did not have a gallery portion to the program and this was described as a decision made by the Education Department who are “more focused on the studio aspect of doing versus the galleries.”

future content), and the relation to a topic (either of the artwork or to the overall program focus, for example experiencing the senses or exploring a certain emotion such as connection).

Other considerations for the gallery portion of the program included the *accessibility of the space*, the *exhibitions on display* and the *content of the artwork* as it would affect the participants, and the *potential creativity for the art making portion* of the program. Accessibility was explained both physically in terms of a space in the museum, as well as socially. By designating a space, participants had the opportunity to reflect and express their thoughts and emotions; a core component of emotional wellbeing,



Figure 6- Museum 2 gallery set up

using collection to explore emotions and emotional intelligence. One facilitator from Museum 2 explained how wellbeing is considered in relation to space, “We’ll gravitate towards pieces we think will accommodate a large group of people sitting around them and is in a space that will be conducive to looking and listening and talking. [...] for example, we won’t be in the hallway or near the café because it’s too noisy.” (Refer to figure 6 for gallery set-up for the observed Museum 2 program.)

For this case study, the researcher observed two programs from Museum 2 and observed how the set-up of the gallery, i.e. the chairs and the artwork itself (which allowed people to walk around and circle the piece) supported accessibility on a social/emotional level by being in a space that provided a degree of privacy where participants could reflect and talk about the artwork. After providing context for the artwork (and its relation to the museum’s current

exhibition on display), the facilitator used questions that prompted inquiry and observation; of the materials used and any symbolism of the piece. Examples of this was when the facilitator asked the participants, “What was one thing that struck your eye [and later on in the discussion] once given the name [of the piece] what do you think?” Responses to these questions included, “It looks spiritual,” or in one case, a participant saw the artwork as a vision board, with inspiring words, goals, hope, and vision. Such responses indicate that by observing artwork and discussing in a group the symbolism of the piece, individuals are able to expand upon their emotional intelligence and cultivate positive and potentially motivating emotions.

Medium, and the *relation of material to the art-making portion* of the program was discussed across Museums 2 and 3 as influencing emotions felt by participants. One facilitator explained, “We’ll think of the art piece as it connects to a possible activity because there’s such time constraints of the program, so we really want to make sure the studio part is really thought through when we choose an art piece.” This was explained in relation to making sure participants did not feel rushed or overwhelmed with the process and the steps to make pieces, all of which affect emotions. Another facilitator had similar ideas, however emphasized trying “to incorporate different types of mediums, so like acrylic paint, we’ll use drawing materials, we’ll use collage, we’ll use clay, depending on the piece we’re looking at.” The use of different materials then directly relates to what participants feel, for example, the cool and malleable feeling of clay and eliciting calmness, or the less stressful process of cutting magazine pictures.

The second sub-theme was people’s *connection to emotions*, particularly exploring relationships and a sense of *connection*. Museum 2 described how the chosen artwork had a connection to people and community, as well as religion. Document analysis showed the importance of selecting works with emotional content. The resource used by the educator in the

gallery explained, “The piece represents a unity of the [thirty-nine Oklahoma] tribes and their prayers ascending upwards.” This shows wellbeing in relation to socialization and community.

Further, Museum 3 indicated pieces chosen for viewing was in direct relation to their practice as an art therapist, one that focuses on cultivating positive emotions with an art historical context:

“[I select] pieces that I believe are going to enhance the experience or understanding that people have of a topic [...] I’m not only developing and learning more about the topics to share with people, I’m thinking how am I going to utilize art, therapeutic skills, principles, research...How do I incorporate art history and the art process for the artist, and the context in which the art was made? [...] For me, I like to bring the art history and context and information about the artist into the sessions or workshops as much as its relevant to the discussion.”

Documents provided by Museums 1 and 3 indicated similar, and more in-depth reasoning for the gallery design of the multi-visit programs. Museum 1 showed evidence of the gallery portion of the multi-visit programs fostering emotional wellbeing, specifically, by exploring emotional intelligence. As the program brochure described, “During the tour participants reflect on themes in the artwork allowing them to process their own experience.” Museum 3 similarly had insights from program participants and their community in relation to the multi-visit program. Taken from the art therapy guide, the document included a section on research related to a past program where participants made artworks that were then showcased in an exhibit, to which a researcher conducted a qualitative pilot study. Results suggested the museum was a place to enlarge/ transform community. The study utilized a survey (of seventy-five visitors of the exhibition) who responded “yes, definitely” (77%) when asked “do you think the museum artworks and environment played a role in the art therapy?”

3) Emotional wellbeing in the art-making activity of the program

Documents provided by Museum 1 and 3 indicated in-depth reasoning for the art-making portion of the multi-visit programs offered. A program guide from Museum 3 stated, “Through

therapeutic art making directives that incorporate a variety of media, participants gain new problem solving and coping skills, and learn how art can be used as a tool to stabilize their mood and affect.” Museum 1 also discussed the art-making component of these programs as being “designed to restore functioning, self-esteem, and [a] sense of personal well-being.” These statements support a key component of emotional wellbeing which is exploring emotions and emotional intelligence.

For the open group, single-visit art therapy programs studied here, there was intentionality in the design of the art-making activities of these programs. The ways in which emotional wellbeing was integrated into this portion of the programs was through *considerations to people’s experience*, and *feelings or qualities connected to participants*.

The first theme in understanding how emotional wellbeing was integrated into the art-making activities for these programs was *considerations made that would influence participants’ emotional response*. A consideration explicitly stated across Museum 2 and 3 was how the material and the medium itself influenced participants’ enjoyment and emotional response. The facilitator from Museum 3 spoke of certain frameworks that influenced how they designed the art-making activity:

“As an art therapist, we’re trained to understand how different materials, or directives, or creative processes help evoke certain emotions or how do people experience them, like is it more tactile and kinesthetic or is it more cognitive and affective, so, whenever I’m asking people to create something, I’m always thinking about how are the materials going to impact them, but also what directive, [and] by directive [I mean] what do I ask them to create [will impact them]. Sometimes I’ll have something planned, but a lot of times I’ll have two or three [directives] planned maybe with similar materials so I’m able to adapt to where the workshop or group has gone.”

Further, one facilitator from Museum 2 explained how the color and texture of the art material influenced people’s ability to feel calm and feel a sense of connection,

“We talked about the color of clay [...] We really wanted more of an earthy tone [...] because] working with something that looks like the earth I think can be very nurturing [...] Also the piece we looked at had an earthy quality to it, so while the gray clay would be ok, when it fires it will be white, and that’s great for glazing but for an unglazed piece, which these will be, it’s nice to have some color to it.”

The second major premise to this portion of the program focused on *feelings* facilitators hoped the art-making activities would cultivate for the participants. These art-making activities strongly connected to participants’ lives in order to offer them a space to explore their own feelings. Some facilitators took an “*open-ended*” approach where they did not have targeted emotions the art-making activities would elicit in participants, but rather, they perceived the feelings participants would experience as *evolving*, and *emerging* dependent on the group that day. Both facilitators from Museum 2 spoke specifically of *memory*, the *past*, *telling stories*, *family*, and *home* as general themes explored in the art-making activities as entry points to exploring participants’ feelings. As one facilitator from Museum 2 explained,

“Themes of future, past, life style, we’ve had somethings that have specifically dealt with culture, and we encourage that, we encourage people to include aspects of themselves both culturally and family-wise and what home or sense of place means; all those things have come up pretty regularly.”

The specific themes discussed across case study sites Museum 2 and 3 included *hope*, *prayer*, *wish*, *personal strengths*, and *invigorating the senses*. One facilitator from Museum 2 explained the first (of two prompts) given to the participants for the art-making activity focused on themes directly tied to the artwork viewed:

“Because the individual tribal pieces were related to like prayers, or hopes, maybe for their tribe or their community, we thought maybe focusing on hope, or prayer, or wish, you know, for yourself, and then we thought it might be good to have a choice, so “one thing you wish others knew about you” and that in some cases did get people, that was a prompt that sort of helped them focus.”

Additionally, several comments were made in relation to the discipline of art therapy and its impact on facilitation of the art-making. A facilitator from Museum 2 spoke of both prompts given to the participants and explained the thought behind the second prompt:

“This is just something I focus a lot on in my groups because I do work in clinical situations as well. With the medical model, there’s a tendency to focus on problems and symptoms and diagnoses, and I think it can be very helpful to focus more on personal strengths [...] Everybody does have strengths and so I just thought it was a real positive prompt for the group piece.”

The facilitator from Museum 3 explained that as an art therapist, materials are very important in the experiential aspect of these programs, particularly for the program studied here:

“Because mindfulness and savoring [the topic for this particular workshop] is so much about tapping into your senses, I feel like the directive will be driven more by the materials which activate the senses versus something that’s more cognitive about what it is that you create.”

The researcher observed two behaviors during the studio component of the program that showed how participants connected their artwork to their own emotional wellbeing: *engagement* and *focus*. Direct observations from Museum 1 showed that for a majority of the time, participants were quiet and working on their individual pieces, indicating a sense of *calmness*. Further, direct observations of the final ten minutes of the program from Museum 1 included a show-and-tell of the projects everyone made, where participants went around in a circle and discussed what they experienced and which components they enjoyed. For example, when one participant was describing their project, with eggs in a basket, they explained, “A lot of family stuff came up [for me and] a lot of growth stuff is happening.” Further, one participant explained their piece, (with images of maps) represented a memory or wish board and showed “where I’ve been, where I want to go, and my mom.” While everyone in the program shared their piece, some participants shared more, either in terms of their personal story or connection, or explaining their liking of colors or images.

Direct observations from Museum 2 showed participants connecting their artwork to their emotional wellbeing for participants were engaged and worked on their art pieces the entire time of the program and would often smile while making. Similar to Museum 1, participants in both programs from Museum 2 were asked to go around and share their piece with the group. During each person's sharing, the other participants gave their full attention to the speaker and at times, would clap and most people smiled while listening, and speaking. Such behaviors show elements of emotional wellbeing, that of positive feelings such as happiness, kindness, and laughter.

RQ 2: What are the emotional wellbeing benefits to program participants?

In answering RQ2, analysis was split into two parts to reflect the methodology: i) emergent themes related to emotional wellbeing; and ii) reactions to specific emotions that might have been explored within the program.

Part 1- Emergent themes related to emotional wellbeing

All facilitators explained benefits where participants experienced an improved state, whether that be physically, mentally, or emotionally. Only 1 site explicitly discussed emotional wellbeing benefits by identifying specific positive emotions the facilitator hoped, and perceived, the participants would experience such as *gratitude* and *strength*. Three themes characterized wellbeing benefits of the open group, single-visit art therapy programs studied here: 1) health and wellness outcomes as they related to a general sense of positive feelings and emotional wellbeing, 2) socialization and increased feelings of joy and acceptance, and 3) experiencing and regulating specific emotions.

1) *Health and wellness outcomes*

The first theme described across the three case study sites was general health related outcomes. One health and wellness benefit described was *experiencing a sense of growth and increased quality of life*. Museum 2 indicated evaluation forms are currently being edited but the use of such forms helps understand participants lived experience. From document analysis of the previous version of the survey, questions included simple demographics, group composition, and program visitation, as well as questions regarding quality of life before and after the program as well as open-ended reflection questions on the gallery and the studio portion of the program. Further, Museum 3 explained the way in which to measure success and gauge how participants are benefiting from these programs as,

“coming back to that holistic understanding of wellbeing, you know, how is it impacting their emotional wellbeing, their physical wellbeing, their spiritual wellbeing, their relationships, or the way they see themselves or self-concept? I think these workshops hit on so many different aspects and there’s potential to not only have people be able to learn and grow and heal emotionally, but also physically.”

For other case study sites, health and wellbeing benefits took the form of *relaxation* and the *reduction of stress*. Museum 1 explained these programs allow participants to “kind of relax and allow themselves just to be.” Direct observations of the program from Museum 1 revealed one participant who said, “Oh, I really needed this today. This is the first time I felt relaxed all day.” Further, a facilitator from Museum 2 explained, “They may have come in with some stress and anxiety and after sitting quietly in the gallery and looking at art and then doing the art making it actually helps to reduce stress and anxiety.” It is from the absence of negative feelings (such as anxiety, stress, sadness, etc.) that participants exhibit positive feelings and cultivate emotional wellbeing.

2) *Socialization*

Facilitators also described these open group, single-visit programs benefit participants through *socialization* and the resulting *increase in acceptance* and *support*. Both facilitators from Museum 2 discussed *feeling less alone* and *feeling validated* as the positive feelings participants experience because of the group setting. Direct observations from the program observed at Museum 1 showed the social benefit of these open group, single-visit programs when one participant, after being encouraged by the rest of the group to share her piece, said they have dealt with depression for several years and this program was a real change. This participant explained, “I have never tried anything creative [but I thought], ‘I’ll see what it feels like in that room.’” Additionally, the researcher observed positive comments by participants from Museum 1 and 2 who left the program saying statements such as “It was nice spending the evening with everyone,” and “I love this group.”

Among the facilitators, success was described in relation to *any change in engagement or social interaction of participants* with other group members for it relates to emotional wellbeing and expressing positive emotions. As the facilitator from Museum 3 explained, “To me, it’s also about how do people engage and maybe how does that engagement change or shift throughout the two hour workshop, the way[s] in which people relate to the art, or talk about themselves or relate to each other.” One of the facilitators from Museum 2 expanded on the wellbeing benefit of interacting in a group and described a situation where “the two new folks that came in today, their willingness to talk at the beginning versus at the end, it was quite different [...] they didn’t shut down, you know, they decided to talk more and experiment and work with a material that they’ve never worked with before.” Further, explained was how the *changes in people’s engagement with the activities* or *increased interaction with others* served as mechanisms for

improving emotional wellbeing by experiencing a sense of *joy* and *acceptance*. For example, one facilitator from Museum 2 explained,

“I think that groups are beneficial in terms of the ability to exchange with each other, to support each other. If a person is feeling depressed or upset about something, you know, we encourage people to talk about it, or put it in their artwork, and then perhaps bring it up. And you have other people who have experienced the same thing who can relate to and help a person feel less alone.”

3) *Experiencing & regulating emotions*

These programs are facilitated (or co-facilitated) by professional art therapists who work with participants to identify, process, and regulate their emotions, so a clear benefit is that participants have greater emotional self-regulation. The facilitator from Museum 3 provided the most in-depth explanation behind: how to define emotional wellbeing, certain emotions targeted in their practice, and specific emotional wellbeing benefits to participants. As the facilitator explained,

“I think they’re experiencing a variety of positive emotions even when we’re discussing more challenging topics [... and] if you’re able to experience positive emotions in the context of exploring difficult topics, then I think that’s healing and it’s empowering for people and you’re going to discover strengths in yourself.”

The challenging emotions discussed included grief and processing losses, anger, disappointment, and frustration. The facilitator also highlighted that these programs are designed in a success-oriented manner where “everyone feels a sort of connection and engagement and success whatever that means to them” in the context of emotional wellbeing and cultivating positive feelings. The facilitator continued explaining the emotional benefits and motivation for participants to attend these museum-based programs by explaining,

“I think people come to these workshops and come to art therapy as well because something’s happening in their lives or they want to grow as a person and that can be uncomfortable and challenging. But I think by talking specifically about

emotions, which comes up in every workshop whether it's about emotions or not, we can help people understand that emotions don't just pop up. You can cultivate certain emotions and they can come from very specific experiences or places or practices that you can implement in your lives, and that's a big part of my goal as an art therapist and workshop facilitator is that people can take practices with them that will enhance their experience and understanding of positive emotions [...] so I think we can contribute to people's emotional wellbeing or holistic wellbeing in so many different ways."

Thus, general *emotional wellbeing benefits* were explained as being gained through *experiencing a variety of positive emotions* and specific benefits included *feelings of connection, engagement, and success*.

The facilitator further explained how their art therapy practice influenced their approach to which specific emotions are targeted in these museum-based programs, in the case of this study, the open group, single visit programs. These specific emotions included *gratitude, inspiration, and strength*. For example,

"Gratitude has been found to be one of the most impactful positive emotions, as far as developing practices around gratitude and then having them impact your happiness or quality of life or outlook [...] Science shows that it helps with physical health, it helps with your relationships, it helps with mental [outlooks such as] being optimistic- that's where I think positive psychology is so empowering because a big part of [it] is the research behind the practices, and these practices are accessible to people."

Further, in explaining how to assess these emotions or benefits, as was discussed among the other case study sites, evaluation forms were utilized. The facilitator from Museum 3 explained, "People on the feedback forms have said that the workshops are therapeutic, or relaxing, or surprising, you know feeling a sense of awe or curiosity are also positive emotions."

Part 2- Reactions to specific emotions

Within this section of analysis, facilitators were asked to reflect on, and refer to the observed program. The researcher asked facilitators to discuss participants feeling two positive

emotions as they relate to emotional wellbeing, happiness and safety, and to identify indicators of such emotions in the art projects.

Moments where participants expressed happiness

The first specific emotion examined in this study was happiness. Facilitators from Museum 1 and 2 were able to directly refer to particular art projects and highlight specific indicators. The facilitator from Museum 1 said, “It is about the artist and how they describe their work. So, I know this one, [with the] butterfly, she talked about past adventures and wanting new adventures, so that to me indicates joyful, happiness, excitement for life.” (Refer to Figure 2).

Further, Museum 1 indicated people sometimes say, “I had a fantastic time,” as an example of joy and also suggested social media, specifically Facebook, as a place where people leave positive feedback, in particular, indications of happiness and joy. Observations by the researcher support comments made by facilitators from Museum 1 and 2. The researcher overheard participants make comments such as “It’s been great fun,” and “I had so much fun today.”



Figure 2- Museum 1 art project 1

Additionally, document analysis of evaluation feedback forms for the multi-visit program from Museum 1 indicated that 99% of participants reported feeling happy after the program, and 70% reported feeling proud. Both facilitators from Museum 2 indicated specific projects that

elicited happiness. For example, one facilitator said, “Definitely this one that says, ‘Humor’ on it [...and visual indicators that reflect happiness are that] It’s really lax, like the way it’s written, you can also see a smile face, I don’t think someone can draw a smile face without smiling, so I would say that, and then ‘life is fun’ [was] on the back.” (Refer to Figure 7).

Further, facilitators from Museum 2 and 3 indicated overall participants experienced happiness. A facilitator from Museum 2 explained,

“I think maybe because of the directives that we provided for the individual and group pieces elicited very positive emotions, in just about all of them, ‘love, peace, joy’ I mean there are a lot about ‘love,’ a lot of people seemed to relate back to their spiritual or their faith as to maybe areas of support for them.” (Refer to Figure 7).

A facilitator from Museum 3 explained, “For our recent workshops, people expressed and exhibited positive emotions- i.e. peace, calm, relaxation, happiness, gratitude, surprise, satisfaction, uplifted- during the gallery and studio components.”

Moments where participants felt a sense of safety

Emotional wellbeing was also cultivated in participants for facilitators across the 3 case study sites indicated participants felt *safe* and *comfortable*. For example, a facilitator from Museum 2 explained, “I feel like all of them [the art projects] are really an expression of feeling safe, because if a person didn’t feel safe, I don’t think they would do this, I don’t think they would have participated, some of these things are fairly personal.” Museum 3 discussed their observations of the participants behavior explaining, “all participants appeared safe, open, and invested in their artwork as they created in the studio as well as when they participated in the gallery portion.” In instances where the facilitators felt comfortable to speak on behalf of the participants more specifically, examples of projects or comments were provided. One facilitator

from Museum 2 referenced several words on projects such as “love all, support, devotion” as specific indicators of feeling safe within this group program. (Refer to Figure 7).



Figure 7- Museum 2 art pieces

Chapter 5: Conclusions & Recommendations

The purpose of this research study was to examine whether, and in what ways museum-based art therapy programs cultivate emotional wellbeing, by exploring a) the ways in which emotional wellbeing is integrated into these programs, and b) the benefits participants experience in service to their emotional wellbeing. Using a case study design, data were collected through semi-structured interviews, direct observations, and document analysis at 3 art museums. This chapter summarizes conclusions from this study, situating the key findings within the literature, and suggests implications for practitioners and future researchers.

Conclusions

How and in what ways is emotional wellbeing integrated into are museum-based art therapy programs?

The findings of this study suggest that the museum-based art therapy programs studied here do in fact cultivate emotional wellbeing in three ways: 1) program goals that specifically emphasize wellbeing; 2) viewing and discussing art in the gallery, which allowed participants to verbally express their thoughts and feelings; and 3) art-making, which allowed participants to artistically explore and express their emotions.

There is value in building community and engaging in cultural activities in the service of wellbeing. This is supported by public health literature and current shifts in museology to provide both in-house and outreach opportunities (Chatterjee & Noble, 2013; O'Neill, 2010; Silverman, 2010; Stuckey & Nobel, 2010; Whelan, 2015). In particular, literature points to the success of collaborative programs between the health field and museology (Alvarez, 2011; Duke, Grohe & Williams, 2011; Evans, Johnson & Krucoff, 2016; Spencer, 2012). The success of collaborative wellbeing programs in museum work is seen through various social impacts, such

as personal development (encompassing increased confidence and sense of self-worth), learning and acquiring new skills, social cohesion and inclusion, and increased inspiration and communication among family, friends, and community (Ander et al. 2012; Chatterjee, Noble, 2013; Dodd et al., 2002; Salom, 2008; Stuckey & Noble, 2010). Research also shows the museum itself is viewed as a safe, calm, and therapeutic resource for its community and thus, a main contributing factor towards the success of integrating wellbeing programs into museum spaces (Hamil, McNiff, Fish & Sajjani, 2016; Ioannides, 2017; Marxen, 2009; Salom, 2008; Silverman, 2002; Treadon, Rosal & Wylder, 2006).

Further, the notion of creating art in a group environment as a means to cultivate individual and collective wellbeing is supported by a growing body of literature focused on the practice of community-based art therapy as a tool for achieving social change (Kaplan, 2007; Marxen, 2009; Ottemiller & Awais, 2016; Potash & Ho, 2011). Another framework utilized in the practice of art therapy that harnesses emotional wellbeing is positive psychology and art as therapy (Isis, 2016; King, 2016; Rubin, 2016; Seligman, 2011). These frameworks serve as a means to explore emotions both externally, by focusing on exploring positive emotions while discussing art, or internally, by exploring a range of emotions while making art. Further, research on multi-visit programs suggests the collaboration of art therapy and museum collections and spaces (to view, discuss, and make art) can relieve feelings of isolation and enhance people's confidence and creativity (Patmall, 2017).

The case study museums studied here reflect the literature on programs fostering a welcoming and safe space where participants can explore their thoughts and feelings. In particular, the process of making art and feeling comfortable to share their piece with the group allowed participants to explore their emotions, build on their emotional intelligence, and foster

emotional wellbeing. Facilitators emphasized the nature of the museum environment as a means to explore individual and collective emotions, particularly, expressing positive feelings of connection to self and others. Across both the gallery portion and the art-making activities of the programs studied here, facilitators placed emphasis on creating environments that fostered support, peace, and relaxation by having participants work independently as well as share their art with the group.

Facilitators from the museums studied here also referenced specific frameworks as tools upon which participants can explore and create. The most discussed theoretical frameworks were positive psychology and art as therapy. Sites that utilized positive psychology were particularly able to foster emotional wellbeing for at its core, this framework focuses on understanding positive emotions. While the programs studied here were short in duration, having programs designed with gallery discussions, art-making, and studio discussions, all of which were centered on initiating positive emotion exploration, participants were able to cultivate emotional wellbeing. Further, the framework of art as therapy enabled participants to also initiate positive emotion exploration and regulation.

As defined by the adapted Generic Wellbeing Outcomes Framework, emotional wellbeing encompasses people feeling positive emotions such as happiness, empathy and kindness, and negate negative feelings such as anxiety, or sadness (Chatterjee & Noble, 2013). The programs studied here align with the ability to foster personal and social development and show that wellbeing programs aid people in learning and building skills, such as communicating thoughts and feelings and cultivating specific emotions, ranging from connection, accomplishment, resilience, positive growth, happiness, and calmness. Additionally, the programs studied here build on the opportunity for single-visit programs to offer participants the

time and space to focus on cultivating positive emotions through the therapeutic practice of viewing art and making art, even if those positive emotions are not explicitly designed for the programs or stated by the facilitators.

This study contributes to the literature in multiple ways. First, it provides empirical evidence for the nature of single-visit, museum-based art therapy programs. Current literature focuses on multi-visit programs that offer participants stepping stones towards recovery or are designed in a way that is tailored towards their treatment or group dynamic. The benefit of this study is the evidence for the nature of single-visit programs, which can offer unique opportunities for potentially wider audiences. The single-visit, open group programs studied here are positioned to be more accessible to community members who are interested, or are in need of self-reflection, and healing but do not meet certain requirements to be involved in a multi-visit program (i.e. not coming from a clinical/care facility, lack doctors note/recommendation, etc.).

Another benefit to examining single-visit, open group programs is how the single programs, most of which were about 2-hours in duration, can initiate, or further propel people at various stages of health, to examine themselves and explore their level of emotional intelligence. While it could be argued only so much internal work can be done to examine emotions in a 2-hour session, the programs studied here offer new insight into how even a designated space can be rewarding and comforting. These programs can help people understand the wide range of emotions (both positive and negative) before diving deep into personal experiences or even trauma, and the benefit of having a professional art therapist is to observe the emotional environment of the room and provide assistance to people when needed.

This leads to a final benefit of this study which was how the museum offers unique resources to art therapy programs that make them particularly engaging and beneficial to

participants. By offering community members an opportunity to try an experience- one that can be more intimidating by going to a psychologist or other type of doctor- the museum offers people an opportunity to explore their feelings in what is often referred to as a safe space. Salom (2008; 2015) and Silverman (2010) speak of the therapeutic role of museums and this study shows the ways in which the museum is calming and therapeutic, i.e. physical and emotional environments where professional art therapists are able to moderate emotional exploration and guide participants in unique ways treatment plans may not. Other unique resources the museum offers, as was seen in this study, was how collections, and certain artworks, help target and identify emotions. Art museums collect works that explore time, culture, place, and emotions, of which are useful to people who are perhaps exploring specific emotions for the first time. The programs studied here show the effectiveness in having both dialogue and observation alongside art-making to explore emotions and build on individual emotional wellbeing.

What are the emotional wellbeing benefits to program participants?

Literature points to various multi-visit, museum-based programs that show the impact of improved emotional wellbeing alongside the exploration of identity development (Ander et al., 2012; Chatterjee, Vreeland & Noble, 2009; Silverman, 2010; Wood, 2008). Wood (2008) examined emotional wellbeing outcomes and observed several themes, such as a sense of connection and belonging; optimism and hope; emotional capital and resilience; identity capital and self-esteem; support; and a safe, rich museum environment. Further, literature on the psychological and social impact of multi-visit art therapy programs in museums varies across age ranges and health status' (Alteri-Muri, 1996; Alteri-Muri & Klein, 2007; Patmall, 2017; Treadon

et al., 2006). Examples of the wellbeing impacts of these programs included increased creativity, self-esteem, greater self-acceptance, and increased social awareness and social skills.

While the literature has provided researched on the benefits of multi-visit museum-based art therapy programs, the benefits found from this study situate single-visit museum-based programs as opportunities to impact participants' emotional wellbeing. The emotional benefits of such programs included connection, encouragement, support, validation, and happiness. Further, the use of the adapted Generic Wellbeing Outcomes Framework shows the continuation of evaluative measures museums are creating to capture and gage both general wellbeing and specific emotional wellbeing outcomes. Aligning specifically with emotional wellbeing as defined by the adapted Generic Wellbeing Outcomes Framework, positive emotions experienced and observed in the programs studied here were happiness, calmness, and safety. This study shows that even a single, 2-hour program, can impact peoples' emotional wellbeing in positive ways by cultivating positive emotions. These programs also contribute to the literature for they offer informal educators insight into learning outcomes beyond factual content. The social and emotional learning that can come from even a single-visit program was present in the programs studied here with participants learning skills such as communicating their thoughts and feelings to friends and/or strangers and learning how to create art as a means to emotionally express themselves.

However, cohesion amongst the facilitators on wellbeing terminology was not present, thus further work needs to be done to have clear definitions of terms such as general/holistic wellbeing and emotional wellbeing. Further, while most programs studied here did not explicitly state which positive emotions were explored throughout the gallery or art-making sessions, holistic benefits facilitators framed as adjacent to emotional wellbeing included experiencing a

sense of positive growth and quality of life, relaxation, and a reduction of stress. These benefits, as well as feelings of support and feeling less alone align with the benefits Salom (2015) found which focused on the museum as a safe space for an immigrant community to learn and grow.

Implications

The results of this study demonstrate the valuable nature of wellbeing-oriented museum-based art therapy programming. The data indicate that wellbeing encompasses aspects of physical, mental, and emotional wellbeing and facilitators perceive these aspects as connected. It is when there is acknowledgement of exploring emotions specifically, and diving into the meaning and manifestation of positive emotions, that emotional wellbeing is cultivated.

The conclusions of this study may prove useful to museum professionals interested in expanding programming opportunities to consider emotional wellbeing when designing and implementing programs for a variety of audiences. Museum educators could consider modifying program goals and activities to focus on cultivating specific emotions. For example, this could be incorporated into the gallery portion of programs by implementing inquiry discussion questions around an artwork to explore specific positive feelings, such as questions around happiness, empathy, and tolerance. Further, Museum 3 explained there is a broad range of positive emotions and highlighted feelings such as gratitude, inspiration, pride and strength, all of which could be explored individually in future programs. Museum educators could consider focusing on a different emotion for every open group, single-visit program to further allow participants to explore the range of positive emotions more in depth or explore feelings that usually don't receive as much attention.

Moreover, findings from this study show there are a variety of ways to measure and record indicators of success. Facilitators of museum-based art therapy programs could consider

incorporating evaluative thinking into survey designs that integrates questions that expand participants' perception of positive emotions in addition to reflecting on their experience.

Across two of the research sites, facilitators spoke of the nature of these single-visit open group programs as extensions of multi-visit programs designed for specific audiences. Research has been done on the nature and impact of multi-visit programs, however, there is little research on single-visit museum-based art therapy programs. Further research into the challenges and benefits of these programs could be beneficial for museum professionals and art therapists interested in nonclinical art therapy practice.

Across the case study museums facilitators spoke of the range of physical, mental, and emotional benefits to participants. This study focused on emotional benefits to participants and the impact of museums on emotional wellbeing. While facilitators provided rich insight and direct observations aided in the understanding of the group, further research, in particular a phenomenology, could yield insight on the lived experience of the participants of these programs. How do the participants perceive emotional wellbeing? To what extent do participants experience a change in their emotions? Further, what are the motivations for program participants to partake in these single-visit programs? These questions could be answered in a variety of approaches. This might include pre/post surveys with participants to gauge their understanding of emotions and emotional development. Another approach might include focus groups with the participants where they explain their feelings and build on their emotional intelligence through open-ended dialogue as well as analysis of their individual art projects.

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Appendix A Semi-Structured Interview Questionnaire

Interview Script:

Please keep in mind throughout this interview that I am primarily interested in your personal experiences as a practitioner in museum-based art therapy programs within this specific art museum.

For the first set of questions, I'd like to ask you to reflect on the work you currently do at [INSERT NAME OF MUSEUM].

1. How long have you been working in museum education, public programming, or art therapy?
 - a. How long have you been with this particular art museum?
 - b. Have you always worked in this capacity? With these types of programs?
2. How long has [INSERT NAME OF MUSEUM] offered art therapy programs?

For the next set of questions, I'd like to ask you to reflect on the [INSERT NAME OF PROGRAM].

1. How did the [INSERT NAME OF PROGRAM] come to be at [INSERT NAME OF MUSEUM]?
 - a. Who was involved in the programs structure?
2. Who is the target audience(s) for this program?
 - a. What factors contributed to the identification of this audience?
3. What are the goals for the program?
4. Does the program have any health or wellbeing goals?
 - a. If so, what are those goals?
 - b. If so, what do you do in the program to achieve those goals?
5. More specifically, does the program have any emotional wellbeing goals?
 - a. If so, what are those goals?
 - b. If so, what do you do in the program to achieve those goals?
6. Are there typically specific art pieces selected for viewing during the program?
 - a. If yes, what were they?
 - b. If yes, why and how where they chosen?
7. How are certain art projects chosen for the art-making activity?

- a. What, if any, are the themes of these projects?
8. How do you know if the program has been successful?
9. How do you think people benefit from participating in the program?
 - a. Do you think there are emotional benefits from participating in the program?
 - b. If yes, how would you describe those emotional benefits? What are they?
 - c. If yes, how do you know that participants are benefitting in this way? What evidence do you have to support that idea? Can you give me an example of something you've heard a participant say, or something you've seen a participant do, that supports this idea that participants benefit from the program emotionally?
 - d. If yes, what do you think it is about the program that contributes to these emotional benefits?

Now I would like to show you several images of projects that were made during the program.

1. Of these artworks, can you point to one that you think indicates that the participant felt happy while making the piece?
 - a. If yes, where do you see the happiness in the project? Can you point out visible indicators of it?
 - b. If yes, what makes you think those are indicators of happiness, as opposed to some other emotion?
2. Do you see any projects that indicate sadness?
 - a. If yes, where do you see the sadness in the project? Can you point out visible indicators of it?
 - b. If yes, what makes you think those are indicators of sadness, as opposed to some other emotion?
3. Can you identify a project that you think shows the participant felt safe while making the piece?
 - a. If yes, where do you see the feeling of safety in the project? Can you point out visible indicators of it?
 - b. If yes, what makes you think those are indicators of feeling safe, as opposed to some other emotion?
4. Can you identify a project that you think shows moments of anxiety?
 - a. If yes, where do you see that anxiety? Can you point out visible indicators of it?
 - b. If yes, what makes you think those are indicators of anxiety, as opposed to some other emotion?

Thank you for your time! Your insight and responses are extremely helpful in my research.

**Appendix B
Direct Observation Guide**

Observable Behavior for Emotions & Engagement	obs. 1	obs. 2	obs. 3	obs. 4	obs. 5	Supporting evidence/notes	
Observer:							
Date/Time of program:							
1) Shows positive emotion: happiness							
A) Talks about the art making them feel good							
B) Talks about the art-activity making them feel good							
C) Smiles while creating art or while engaging with others while making art							
D) Laughs							
2) Shows positive emotion: confidence							
A) Shares project with others in space							
B) Talks about wanting to show artwork outside the museum space/ after the program							
3) Shows positive emotion: comfort/ empathy							
A) Openly speaks with multiple people present							
B) Openly speaks with facilitator							
C) Talks about emotional state of others around them							
D) Talks about feeling calm in the museum							
E) Talks about feeling safe in the museum							
4) Shows engagement: museum objects							
A) Points to artworks on display							
B) Asks questions about artwork							
C) Talks about artwork with peers							
D) Talks about the artwork being interesting or amazing							
5) Shows engagement: art project							
A) Asks questions to peers/ facilitator							
B) Works on project entire time							

Appendix C
DESCRIPTION OF CONSENT & TALKING POINTS

Cultivating Emotional Wellbeing: Museums & Art Therapy
Jenna Green
Museology Graduate Program
University of Washington

Consent talking points will include the following:

- Data collector's name and affiliation
- Purpose of study
 - The purpose of this study is to examine whether, and in what ways, museum-based art therapy programs cultivate emotional wellbeing.
- Voluntary nature of participation; there are no consequences for choosing not to participate
- Participation includes a 30-minute interview
- You can choose to not answer a question if you do not want to
- The interview will be recorded
- Responses will remain confidential; you may be quoted, but without any identifying information
- Do you have any questions?
- Do you agree to participate in interview?
- Name and phone number of a study contact person