

ART MUSEUM EDUCATION AND WELL-BEING

A thesis submitted to the College of the Arts  
of Kent State University in partial fulfillment of the  
requirements for the degree of  
Master of Arts

by

Christine R. Pace

August, 2016

Thesis written by

Christine Pace

B.A., Kent State University, 2011

M.A. Kent State University, 2016

Approved by

---

Robin Vande Zande, Ph.D., Advisor

---

Michael Loderstedt, M.F.A., Interim Director, School of Art

---

John R. Crawford-Spinelli, D. Ed., Dean, College of the Arts

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## ACKNOWLEDGEMENTS

I would like to thank many people for their contributions and unwavering support during my studies at Kent State University. My research would not be complete without each and every person who has helped me through this journey.

To Dr. Robin Vande Zande, I extend a thank you for your role as my advisor. You are an incredibly dedicated and passionate role model to me and to others within the art education program. Words cannot express the gratitude I feel for your guidance during the past couple of years. I especially want to thank you for making my dream of studying the MMFA a reality, and for using your own resources to visit. Your caring and generosity will not be forgotten.

To Dr. Linda Hoeptner-Poling, I extend a thank you for your unending encouragement. I can always count on you for a “pick-me-up,” and I cannot imagine my time at KSU without you. You have touched so many lives, and will continue to, and I thank you for being a constant source of inspiration.

To Dr. Richard Adams, I extend a thank you for your enthusiasm and generosity in taking me on as an out-of-subject student/advisee. I have so much enjoyed getting to know you and your work, and I cannot imagine this past year without you. Thank you for your guidance and for always making yourself available when I need help. Someday, I will provide you with a lobster dinner and unlimited Scribbles coffee in appreciation for all that you have done.

To Juliann Dorff, I extend a thank you for your constant support in every endeavor I have taken on throughout my undergraduate *and* graduate degrees. I cannot imagine teaching without you, and while I am so excited for my career to come, I am incredibly sad to think about moving away from your energy, love, and encouragement. Thank you so much, in so many ways, for being the wonderful teacher (and person) that you are.



To my parents, Rich and Mary Pace, and my brother, Andrew Pace, I extend a thank you for always inspiring, encouraging, and supporting me in pursuit of my goals—even if they may seem far-fetched and/or hard to understand. Thank you all for modeling ambition, hard-work, and love within everything that you do.

To everyone who has helped me throughout the writing process, I extend a thank you: Leann Schneider, Daniel Cortes, Mitch Anderson, Evan Shelton, Hannah Jahnke, Missy Higgins-Linder, and Lauren Lutkus. A special thank you goes out to Missy and Lauren for keeping me alive during my first year of graduate school, and to Kelli Reynolds, Dillon Sedar, and Cody Knepper for doing the same during my second year. I love you all and I cannot imagine my experience in graduate school without all of you.

## Chapter I: Introduction

### Introduction

After completing my undergraduate studies and obtaining my degree in art education in 2011, I decided to continue exploring my field. I stepped outside the boundaries of the cinderblock walls of public school, and into the open, marble structure of the Cleveland Museum of Art. Throughout the course of a semester, I discovered applications of art education in ways that I had never before experienced, and felt enlightened and inspired by new possibilities. I realized that the practice of art education can be applied both inside and outside the classroom, and can be shared with more than just school-age students to create rich, impactful experiences. From this point, I realized that my teaching self wanted *everyone* to reap the benefits of art education.

In March of 2015, approaching the end of my first year of graduate studies, I attended the National Art Education Association (NAEA) National Convention. Though many sessions piqued my curiosity, I found none quite as engaging as the “Museums, Health, and Well-Being” presentation by Marilyn Lajeunesse of the Montreal Museum of Fine Arts (MMFA) in Quebec, Canada. Lajeunesse spoke of the work that her museum had been doing for the past fifteen years, focusing on the initiative of a program called “Sharing the Museum” (STM). This program:

Provides a free educational experience to community organizations working with people who would not otherwise be able to visit the Museum. More precisely, these partner organizations work with cultural communities, senior citizens, youth at risk, residents of underprivileged neighbourhoods [sic], low-income families, and people with physical or intellectual disabilities. (Montreal Museum of Fine Arts, 2015)

Lajeunesse explained that many partnerships were formed within this initiative and still continue today. The programs created from these partnerships benefit both the participants—by improving their general well-being, providing social interaction, and reducing the stigma of their physical, mental, environmental, and/or societal conditions—as well as the museum—by enriching programming, diversifying the approach to education, and increasing the number of museum visitors. Long after the presentation ended, the idea of providing art education access to people from *all* walks of life really stuck with me. Within a month, I was engaged in dialogue with Lajeunesse, learning about the seemingly extraordinary opportunities that art museum education can provide. Drawing upon my past experiences, both in museum work and classroom education, and knowing that I wanted to do work for the *good of all people*, I dove into this topic and discovered my niche in art education.

My interest, then, is exploring how art education *is* considering (presently) and *can* consider (in the future) the well-being of society within museum programming specifically. This encompasses the idea of improving and maintaining a quality life through art education that is accessible to everyone, especially those who would traditionally not have the opportunity or feel welcome to participate in these sorts of programs. Within *Chapter I*, I will define key terms in order to provide a clear and basic understanding of words that I have purposefully chosen, strengthening the foundation for my main research question. I will also provide a purpose and justification for my research, citing scholarly sources to validate my interests. Lastly, I will present the main and supporting research questions that have driven my thesis.

## Definitions

As stated above, my research interest is in exploring how societal well-being is present within art museum educational programming. Before continuing, it is necessary to define the following terms for clarity:

Museum- “a non-profit, permanent institution in the service of society and its

development, open to the public, which acquires, conserves, researches, communicates, and exhibits the tangible and intangible heritage of humanity and its environment for the purposes of education, study, and enjoyment” (International Council of Museums, 2007, <http://icom.museum/the-vision/museum-definition/>).

Museum Education- “(1) a set of values, concepts, knowledge, and practices aimed at

ensuring the visitor’s development; it is a process of acculturation which relies on pedagogical methods, development, fulfillment, and the acquisition of new knowledge;

(2) the mobilization of knowledge stemming from the museum and aimed at the development and the fulfillment of individuals, through the assimilation of this knowledge, the development of new sensitivities and the realization of new experiences” (Desvallees & Mairesse, 2009, p. 31).

Art Museum Education- values, concepts, knowledge, activities, and/or practices

developed in or by the art museum and art educators for the purpose of imparting or fostering new knowledge and supporting both individual and societal development

(International Council of Museums, 2007; Efland, 1990; Falk & Dierking, 2013; Burnham & Kai-Kee, 2011).

Educational Programming- all types of instruction created for the purpose of educating

visitors and/or the public within a museum space (International Council of Museums, 2007; Falk & Dierking, 2013).

Consider- “to think about and be drawn toward a course of action” (Oxford Dictionary, 2015). This definition is especially important because not only is *thought* included but the *action* process is included, as well.

Manifest- “display or show (a quality or feeling) by one’s acts or appearance; demonstrate. Often *be manifested in*: be evidence of; prove” (Oxford Dictionary, 2015, <http://www.oxforddictionaries.com/us/>). Also: “able to be seen; clearly shown or visible” (Merriam-Webster Dictionary, 2015, <http://www.merriam-webster.com/dictionary/manifest>). I will use these definitions of *manifest* to justify my observations; I want to see how well-being is demonstrated, shown by quality or feeling, and/or clearly visible within programming.

Well-being- consideration of the wellness of the whole person in multiple dimensions. I am taking a holistic stance on the ambiguous term of *well-being*, believing all mental, social, *and* physical factors to be equally important for a happy, healthy, and functioning human being. Prominent psychologist, Carol Ryff, has proposed a six-scale model that “offers a richer, multidimensional view” of well-being (1995). Ryff’s six components of well-being are: (1) Positive self-regard (self-acceptance), (2) Positive relationships with others (high-quality relationships, including non-romantic, with others), (3) Purpose in life, (4) Personal growth (recognizing your talents and potential and utilizing these to the best of your ability), (5) Autonomy (feeling that you are free to make choices for yourself and your life), and (6) Environmental mastery (managing surrounding demands and opportunities to meet your own needs) (Ryff, 1989; Ryff &

Keyes, 1995; Ryff & Singer, 2006). I also draw upon foundational ideas of positive psychology: being well is not only the *absence* of disease but being able to thrive in all aspects of the self (Positive Psychology Center, 2016, <http://ppc.sas.upenn.edu/our-mission>).

### **Purpose and Justification**

It is necessary to discuss the issue of well-being in order to justify my research on this topic within the context of art education. Our world is full of growing health issues—mental, physical, social—which affect people of all demographics. The U.S. Department of Health and Human Services states that “between 2010 and 2050, the United States is projected to experience rapid growth in its older population,” and in 2050, “the number of Americans aged 65 and older is projected to be... more than double its projected population... in 2010” (2013). On a global scale, the United Nations Department of Economic and Social Affairs reports that “older persons are projected to exceed the number of children for the first time in 2047” (2013, p. xii).

As populations age and lifespans increase, healthcare is on the minds of many. While there are many positives to increasing longevity (advancing medical techniques/technology, more stable conditions, etc.), “the prevalence of non-communicable diseases and disability increase as populations age” (United Nations Department of Economic and Social Affairs: Population Division, 2013, p. xii). This requires caretakers, medical attention, and quite often a large amount of time and money. Not only will this large part of the population be faced with these complications but more subtle effects will occur, as well. It is estimated that “40% of older persons aged 60 years or over live independently, that is to say, alone or with their spouse only” (p. xiii). This statistic is measured on a global scale—in developed countries, 75% of these people live independently. Living with a spouse (which is considered part of the “living

independently” statistic; i.e. not in a nursing home or with a family member) does provide some socialization, and research has shown that elderly people who live with their spouses prefer this lifestyle and report feelings of happiness (Kehn, 1995). Unfortunately, as time passes, many will lose a partner and may continue to live on their own (also part of the “living independently” statistic). Lack of social interaction resulting from bereavement or loss adds to a likeliness that this population will also face increased feelings of isolation, anxiety, and/or depression. Because of the variety of problems facing an aging society, the World Health Organization states the need for health systems to be transformed in order to ensure affordable access to services that respond to the needs of older people (2015, <http://www.who.int/ageing/health-systems/en/>). As the elderly population booms and medical costs continue to prove unaffordable to many, society is faced with the challenge of finding alternative opportunities for improving public health and well-being.

The aging population is not the only concern, however. According to the National Alliance on Mental Illness, one in five adults in the U.S. experiences mental illness in a given year, and one in five youths (ages 13-18) have or will develop a serious mental illness (2015). In the United Kingdom, the number of people who will experience some sort of mental illness throughout the course of a year jumps to one in four (Dodd & Jones, 2014). Mental illness directly links to serious problems such as homelessness, addiction, incarceration, and, tragically, suicide (National Institute of Mental Health, 2013). These problems affect individuals and society as a whole.

The prevalence of mental health issues, the elderly population increase, and the rising disability/disease rate in this population are only some of the challenges facing our world. These issues affect family members and friends, politics and economics (e.g. the need for and funding

of medical advances, legislation, social security/Medicare, etc.), and in turn, society. As global citizens today, we must ask ourselves what we can do to prepare for the future.

Within recent work, Jocelyn Dodd and Ceri Jones (2014) discuss changing views on health and well-being. Because of the aforementioned problems, health is now seen as a complex societal issue and not just a medical one. It is no longer the sole responsibility of a doctor to address the health and well-being of patients; it is now understood as a community-wide endeavor.

If art museum education can help to solve these issues, results would greatly benefit society as well as strengthen the public view of museums as institutions for public good. In regards to a *general* art curriculum (within a school, museum, and/or other setting) Lucy Andrus (2014) states that “many experts in art education [and] art therapy... have attested to the learning potential in art experience, describing the cognitive, affective social, and psychomotor development (Anderson, 1978; Brigham, 1978; Carrol, 1999; Cowan & Clover, 1991; De Chiara, 1994; Eubanks, 1998; Henley, 1997)” (p. 178). Art education, then, provides opportunities for well-being of the *whole* person (i.e., the many, holistic aspects that Carol Ryff cites). There are already many promising studies (Staricoff & Loppert, 2003; Reynolds & Lim, 2007) showing that participation in a cultural or creative activity can have measurable impact on participants’ health and well-being (see *Chapter II: Review of Related Literature, Empirical Research* for review of specific studies).

In justification of specific context, it is important to remember the initial purpose and intended unifying goal of museum creation: to establish an institution for public education and betterment (see *Chapter II: Review of Related Literature, Art Museum Education and Art Education: A History*). Schools and museums can both be seen as community institutions, able to



provide educational opportunities to the general public, but because the museum is not restricted to an age range and can often be free to access, there is *more* of an opportunity for visitation by all. School-aged youth are an important part of society but they do not make up its entirety. And while the school institution was seen as more of a community or gathering place in the past, and is “still used for some public functions, *schools are considerably less accessible today* [emphasis added]” (Delacruz, 2010, p. 24). Threats of violence, political agendas, and “user fees and regulations limiting who can and cannot use school facilities for political, religious, or other specific non-school purposes” plague modern schools and often turn groups away (Delacruz, 2010, p. 24).

Another troubling issue in education is the prevalence of racial, social, and economic disparities among groups of students. The U.S. Department of Education conducted a Civil Rights Data Collection (CRDC) in 2011-2012, which collected data from every public school within the country. Arne Duncan, the U.S. Secretary of Education, stated in response to the report: “it is clear that the United States has a great distance to go to meet our goal of providing opportunities for every student to succeed” (U.S. Department of Education, 2014, <http://www.ed.gov/news/press-releases/expansive-survey-americas-public-schools-reveals-troubling-racial-disparities>). Within the report, it is stated that “Black and Latino students are significantly more likely to have teachers with less experience who aren’t paid as much as their colleagues in other schools,” affecting their quality of education and opportunity (U.S. Department of Education, 2014, <http://www.ed.gov/news/press-releases/expansive-survey-americas-public-schools-reveals-troubling-racial-disparities>). 81% of Asian-American high-schoolers and 71% of white high-schoolers attend schools where a broad range of math and science courses are offered; less than half of American Indian and Native-Alaskan high school

students have access to this full range in their schools. “Black students (57%), Latino students (67%), students with disabilities (63%), and English language learner students (65%) also have *less access* [emphasis added] to the range of courses” (U.S. Department of Education, 2014, <http://www.ed.gov/news/press-releases/expansive-survey-americas-public-schools-reveals-troubling-racial-disparities>). The CRDC cites that disparities in both opportunity and discipline begin in the very early years of schooling: “Native-Hawaiian/Pacific Islander kindergarten students are held back a year at nearly twice the rate of white kindergarten students” (U.S. Department of Education, 2014, <http://www.ed.gov/news/press-releases/expansive-survey-americas-public-schools-reveals-troubling-racial-disparities>). When specifically considering arts education opportunities, economic difficulties play a huge role. As a result of budget cuts, the Washington Post (2012) reports that “schools in areas serving children from low-income families have reduced or completely cut their arts and music programs” (Hawkins, 2012, [https://www.washingtonpost.com/blogs/the-root-cause/post/will-less-art-and-music-in-the-classroom-really-help-students-soar-academically/2012/12/28/e18a2da0-4e02-11e2-839d-d54cc6e49b63\\_blog.html](https://www.washingtonpost.com/blogs/the-root-cause/post/will-less-art-and-music-in-the-classroom-really-help-students-soar-academically/2012/12/28/e18a2da0-4e02-11e2-839d-d54cc6e49b63_blog.html)).

These grim statistics support my claim that the setting of the museum is an integral part of my study. The museum institution is the most able to provide the opportunities—especially arts opportunities—to *everyone*. Of course, museums can struggle in raising visitor involvement of minority, low-income, and/or disenfranchised groups, but this is something that many museums are working through with outreach efforts and special programs (as will be discussed). Lois Silverman (2010) states that even a brief review of museum history “reveals that the idea of museums as agents of well-being and social change has ancient and enduring roots” (p. 5). The *mouseion*, an early model of the museum, provided people with inspiration and the possibility of

transformation, which is seen as a foundation for providing social service. Interaction, relationship building, and communication (which fit within the realm of Ryff's six scales) were all promoted through visits to the museion, as well as to the later developed models of museums. Silverman explains that art museum education continues today to aid in well-being both personally (*the self and identity*) and socially (*group*), and inspires change and reform (Silverman, 2010), which will be more fully discussed in *Chapter II: Review of Related Literature*. The founding principles of, and the opportunities and ideas promoted by the art museum as an institution all contribute to make this space the ideal setting for art education programming for societal well-being.

### **Research Questions**

My main research question and the driving force of my thesis study is: *How does well-being manifest in art educational programming at the Montreal Museum of Fine Arts within non-traditional participants?* I want to look at well-being for all people, but in order to do that, it is important to focus on the least served (further reasoned within *Chapter V: Interpretation and Conclusions, Emergence of Themes*). Least served populations are often those identified with some exceptionality (the elderly, the mentally ill, etc.). My supporting question helps to define and focus my research design, collection, and analysis procedures within my study: *How do art museum personnel (educators, administrators, staff) perceive, define, and implement well-being into curriculum and teaching?* In aiming to answer my research questions, I have explored educational programs, conducted interviews, and applied the information gained. This process has allowed me to more understand the programming at the MMFA, clearly state a need for, and to apply/model this type of programming in the future.

## **Chapter II: Review of Related Literature**

### **Introduction**

Within *Chapter II*, I will review relevant literature, separating material into two categories: theory and research. The texts explored within this chapter will allow me to establish a theoretical framework for my study of well-being within art museum education, as well as further justify and establish my research choices. Within the first section, I will specifically:

- Cover a brief history of art museum education (as related to art education) within the United States, exploring in more detail the theories and contexts that set the stage for my research.
- Draw parallels between the two fields of art education and art museum education, discussing their similar founding principles and evolution of ideas, and also contrast the differences that appear throughout history, including the major criticism of museums as elite.
- Further refine my definition of well-being, including theory developed by Carol Ryff, ideas from within the field of positive psychology, and the incorporation of holism.
- Discuss the relationship between well-being and art education—relating art museum education specifically—within various literary sources.

### **Art Museum Education and Art Education: A History**

Theories in art education have had a strong effect on the development of art museum education. There has long been a lack of unifying theory in art museum education. Because the world changes so quickly and movements come and go, there is no *one* theory that can be used through all of time; this idea holds true in any sort of educational setting. The lack of research

and literature on art museum education (as compared to art education) is also a major factor. With all of these combined, art museum educators have, historically and currently, tended to look to art education for development and programming focus. (Burnham & Kai-Kee, 2011; Falk & Dierking, 2013) Art museum education shares many similarities to general art education—within my research, I look at art museum education as a specific type of art education.

It is important to first present a brief history of art museum education, in relation to art education, in the United States. While it is necessary for *me* to discuss the subject of the museum for my specific interests, it is also an important subject for *all art educators* to study, as the two are interrelated. Within this *Theory* section of *Chapter II*, I will cite museum theories and developments that have had an impact on art education (and vice versa), along with accompanying problems and/or criticisms. I will also discuss how the context and needs of society have contributed to the foundational ideas within art museum education; the field will continue to evolve as new needs and ideas surface. I will then move to consider societal well-being within the art museum context, giving more relevance to my specific research.

In *The Social Work of Museums*, Lois Silverman (2010) begins art museum history with the development of the *mouseion*, one of the first models of the museum as an ancient, classical temple devoted to the Muses. It was here that people came for inspiration and the possibility of transformation, as well as social interaction. Eventually, though, the elite developed *cabinets of curiosities*, which were kept privately in the homes of wealthy Europeans during the 1500s. The first true *public* museums as we know them today developed in Europe in the mid 1700s, emerging from these collections of the privileged. In the United States, specifically, public museum popularity did not arise until after the Civil War. This was a result of the industrial, social, and intellectual developments of this time period (Silverman, 2010). American citizens

were realizing that, in spite of becoming industrialized, America was still dependent on Europe for high quality, decorative arts culture. The purpose of the art museum, then, was to make collections of fine arts accessible to everyone, refine citizens, and educate the general public on high taste and innovative design, as there was a need for aesthetically pleasing, yet practical items (Zeller, 1989).

It is important to note that this is also what art education in schools did around this time, taking the needs of society into consideration for curriculum development. An early purpose of art education had been to teach students the skills they would need to succeed in the workplace; during the Industrial Revolution, art curricula were heavily focused on technical design and drawing. After the revolution, when need for these skills waned, art education was used to teach students about aesthetics and how, in part, to appreciate beauty. The two fields of art education and art museum education, then, were interconnected by this common idea of designing curriculum to respond to society. (NTIEVA, n.d.; Wilson, B., & Hoffa, H., 1985)

Another unifying factor between the two fields, it is clear that the purpose of *education* has been a priority for art museums since creation. As early as 1909, Benjamin Andrews published a text on the purpose of museums, stating that the aim of the museum was to “accelerate the transfer of general experience and knowledge to the individual,” (p. 1) and that this transfer of knowledge, or education, “should have a very positive and definite relation to the *greater public* [emphasis added]” (p. 80). In relation, George Brown Goode, a spokesman for the Smithsonian Institution during the late 1800s, stated that he saw museums as “democratic, serving the needs and interests of ‘the mechanic, the factory operator, the day laborer... as much as those of the professional and the man of leisure’” (Zeller, 1989, p. 34). Both Andrews and Zeller refer, very early on, to the recognition of the audience as *the public*, not exclusive to any

group. Over time, though, the majority public opinion shifted and museums were seen as only serving the interests of the elite. Betty Smith, author of “Art Education and the Museum” in *Art Journal* (1966), brought bold attention to this issue. She observed that the museum, as a general institution, appeared to offer “to a mass audience, the privileges once enjoyed by, and associated with, the few” (p. 14). I am inferring that her statement speaks to the fact that the content, programming, and education at the time were not relative to the general public; it seemed that museums put privilege on a pedestal.

It is hard to say where the founding idea of “art museum education for everyone” was altered. At the beginning, art museum educators focused on the needs of their visitors and how to better serve them; for example, in 1911, the Boston Museum of Fine Art provided immigrants with free transportation to their museum and an Italian-speaking guide (Zeller, 1989). This does not sound like an elitist museum, which would be welcoming only the privileged populations and casting out others. It is possible that problems may have begun later in time, due to a lack of structure and organization. As the museum field advanced, it grew “unevenly and often without design”: many scholars proclaimed a variety of differing opinions on what art museum education should be, and educators continued to simply respond to what they considered to be the demands of the public without a unifying theory to follow (Burnham & Kai-Kee, 2011, p. 25).

### **Museums and Schools: DBAE and an Attempt to Unite**

Not surprisingly, art education within schools underwent a similar frenzy of ideas. The thoughts of the Progressive Era in the United States (late 1800s-1920s) encouraged some art educators to take note from psychologist John Dewey and base curriculum on the needs and interests of the whole child (Kretchmar, 2015). The followers of Dewey believed in the exploration of surrounding environments and social context to create meaning within education,

a philosophy that is still drawn upon today. Around the same time, however, other educators believed that children should be free to develop on their own, *without* the influence of society or social standards (Eisner, 1972; Stankiewicz 2001). And yet another theme in most progressive art education curriculums was a focus on creative expression (Wilson & Hoffa, 1985; NTIEVA, n.d.; Eisner, 1972). This idea, however, proved to be somewhat problematic in practices that did not consider all parts of theory; some educators interpreted *creative expression/freedom* to mean that they should allow students to do whatever they pleased, withholding any guidance or direction. Of course this was not helpful in allowing students to construct knowledge, as students were either unable to solve problems without support or unable to connect knowledge to their surroundings (Eisner, 1972). Similar to art museum education at the time, art education in schools lacked organization.

Not until the 1980s, with the development and publication of Discipline Based Art Education (DBAE), did art educators and art museum educators have literature in attempt to unite the two fields. The main focus of DBAE was an art education model created to include the study of art history, aesthetics, studio production, and criticism, in order to make the field more credible in the eyes of the public. Art museum educators were quick to pick up on the theory of DBAE, and many, especially those working at Getty supported institutions, learned methods alongside classroom art educators (Pittman-Gelles, 1988). Williams (1996) states that, “with the advent of DBAE... as central to curriculum planning, art museums have assumed particular importance in the study of art” (p. 34). Not only, then, did the DBAE model have an impact on the credibility of the field of art education, but it also helped to recognize art museum educators as important instructors in the field of art education. Although positive in its inclusion of the four major disciplines and action to unite the two fields, DBAE was not without criticism. The model



did not support opportunities in addressing multicultural issues, focusing instead on teaching only Western works (Efland, 1990). This supports a continued separation of groups, classes, and entire cultures within society, and can also be likened to the elitist criticisms of art museums from the mid-twentieth century. For better or for worse, shared literature within the field of art education became—and still remains—a tool used to explore, establish, and attempt to relate art education, art museum education, and society.

### **Postmodernism, Constructivism, and Progression**

From the 1990s to the 2000s, a major focus in both art education and art museum education was on the broad movement of Postmodernism—though DBAE was, and still is, being practiced by many (Burnham & Kai-Kee, 2011). In contrast to the criticism of DBAE, Postmodernism is inclusive and all encompassing; Pearse (1998) states that “postmodernism can absorb everything” (p. 35). Postmodern ideology includes the beliefs that there are no “ranking” systems in place for art and value is equally dispersed through all forms, that art is interpreted and meaning is derived according to our own, individual experiences (Barrett, 1997), and that artworks “do not stand above or apart from culture, but are in fact embedded in a cultural web” (Anderson, 1997, p. 72). Because of popularity in the field of art education, postmodern methods and practice were adopted into art museum education, as well. It is my personal belief that postmodern theory was practiced within art museum education not just because it was somewhat required by the “majority vote” of art education—I think it is deeper than that. If postmodern theory can absorb everything, and draws from progressive ways of thinking (e.g. taking into account social and societal context in order to create meaning, Dewey’s philosophies, etc.), it was natural for art museum educators to gravitate towards this practice. The museum has the

ability to host a much more diverse collective of groups than K-12 schools, and—if truly appealing to *all* people—must encompass all cultures and contexts within education.

In relation, Constructivism was practiced and also encompassed within the theory of Postmodernism. In line with Constructivist thinking—learners construct and create their own learning—museum educators began to focus more on visitor experience and visitor-centered learning (Burnham & Kai-Kee, 2011). Society, even today, is full of people who “draw their status from experiences they have... rather than the wealth of objects they possess” (Xanthoudaki, Tickle, & Sekules, 2003, p.53). This meant that in addition to art historical, critical, studio, and aesthetic skills, it was recognized that art museum educators now needed to add “listening, supporting, prodding, and negotiating” to their resume in order to encourage higher thinking experiences (Burnham & Kai-Kee, 2011, p.46). Though some art museum educators and even visitors were hesitant to withdraw from the comforts of traditional lecture methods, we now see that another shift in museum education practice was apparent during this time.

Through the exploration of all of these developments, I have found that ideas do not always fit into a linear progression, nor are they completely separate from each other. Instead, they are interconnected and have the ability to reappear at multiple points in time. Take, for example, Dewey’s ideas from the early 1900s on connecting education to social context in order to create meaning—Postmodern practice encompasses many of the same ideas, almost a century later. In fact, our contemporary, issues-based approach to art education today (as taught within our own, university art education program) draws from Dewey’s progressive ideas, as well. We teach our students that they do not exist within a vacuum—rather, they are active members within their schools, surrounding communities, and society in general. Art education gives them

the power to interpret issues within these environments and create meaningful, sometimes transformational contributions. A philosophy cannot exist within a vacuum— just as we look to history in order to learn, we can also draw from ideas of past educational developments.

Berry and Mayer (1989) state that “a philosophy of art museum education should not be defined only in terms of its methods... but in terms of values it promotes, the content/substance it seeks to convey, and those whom it seeks to reach” (p. 47). Though this was written in 1989, it continues to hold an incredible amount of insight towards the field of art museum education today. Each movement throughout art education and art museum education promotes values relative to context and society; this relevance and constant flux is what can serve to unite the two fields. The shared philosophy of art museum education and art education, then, seems to be found in the cooperation of museum educators and classroom teachers to constantly reconsider societal needs and context. This allows for an experimental practice, an open-minded give-and-take strategy, and a passion towards learning that keeps everyone current.

### **Psychological and Sociological Theory**

Before discussing the relationships between well-being and art education/art museum education, it is important to review theories developed on the topic. Not only will this review serve to further justify my definition of well-being—through psychological and sociological theory—but it will also prove support through a variety of credible sources.

I will begin by reviewing the work of prominent psychologist, Carol Ryff. Within *Chapter I*, I define well-being using Ryff’s six scales: (1) Positive self-regard, (2) Positive relationships with others, (3) Purpose in life, (4) Personal growth, (5) Autonomy, and (6) Environmental mastery (see *Definitions* section, p. 12). My personal definition for this study is that well-being is a consideration of wellness of the whole person in multiple dimensions, and I

find that Ryff's six-scale model includes factors that engage the *whole person*--not just the physical *or* mental *or* social.

In Ryff and Keyes's "The Structure of Psychological Well-Being Revisited" (1995), the authors discuss the roots of well-being coming from two distinct sources: first, the work of psychologist Norman Bradburn and second, a trend of literature published around the early 1980s, emphasizing life-satisfaction. Bradburn's book, *The Structure of Psychological Wellbeing* (1969), made way for the theory that happiness was the ability to balance positive and negative effect; important, yes, but still different from the other trend of work that was also prominent in this field just a decade or so later. This trend, as aforementioned, focused more on measuring quality of life and took a mainly cognitive approach. It is important to note the variations in defining well-being—even Ryff and Keyes state that "altogether, prior endeavors have grappled... with the core underlying question: What does it mean to be well...?" (p. 719).

Ryff first published her six scales of well-being in 1989, and her work continues to be recognized and used in research today. Ryff cites that her model is a "convergence of multiple frameworks," such as Erikson's psychosocial stages, Maslow's hierarchy of needs, and Jung's account of individuality, among others (1989, p. 720).

Though the original model was published in 1989, Ryff continues to discuss, defend, and revisit her model in order to keep current. In 2006, she published a text with Singer and cites that her six-factor scale has been used in many studies (Clarke et. al., 2001; Van Dierendonck, 2004; Chen & Chan, 2005; Springer & Hauser, 2005), with only one (Kafka & Kozma, 2002) that "failed to provide support for the six-factor model" though Ryff states that "that study is not credible, given the size of the sample relative to the number of PWB [Positive Well-Being] items..." (Ryff & Singer, 2006, p. 1106). Ryff's scales, then, are a valid model; she continues to

publish supporting research in order to refute any accusations of outdated information (originally published in 1989, reprinted in 1995 and defended in 2006), and the six-factor model continues to be used in modern research (see studies cited above).

I also draw upon foundational ideas of positive psychology in order to inform my well-rounded definition of—and possible ways of achieving—well-being. Positive psychology is a field within psychology that focuses on strengthening and building up positive aspects of a person, such as hope, future-mindedness, and/or perseverance (Seligman & Csikzentmihalyi, 2000). In relation to Ryff's scales, these aspects of a person can contribute to autonomy, environmental mastery, personal growth, and many more dimensions. If these positive traits of a person can be focused on and improved, this person may be more quickly on their way to being well. It is also important to keep in mind that positive psychology believes that being well is not only the *absence* of disease but being able to thrive in all aspects of the self (Positive Psychology Center, 2016). A person need not be physically or mentally ill in order to benefit from ideas of positive psychology or well-being—it is really this focus on strengthening the whole self, and not concentrating on just “healing” one negative aspect.

In relation to this idea of the “whole” person, I am taking a holistic stance within my discussion of well-being. A holistic approach is “one that involves the whole person, their mind, their body, and their spirit” (London, 2006, p. 1); it is all-encompassing. I propose that these mental, social, *and* physical factors are equally important for all people, and I believe that the self, as a whole, cannot function optimally without even one of its parts. Carol Ryff's scales support a holistic stance because they are not focused on just the physical or mental person but on all parts of a person—for example, environmental mastery can be achieved by physically managing an environment (becoming more fit and/or healthy), mentally managing an

environment (changing a thought pattern), and/or socially managing an environment (creating social support structures).

Holistic education supports learning through “direct engagement with the environment” and also places emphasis on collaboration (Miller, 2000, <http://infed.org/mobi/a-brief-introduction-to-holistic-education>). Already these ways of learning support Ryff’s scales of well-being—environmental mastery and positive relationships with others, for example. In a museum setting, where learners are surrounded by artworks, artifacts, and many different opportunities for interaction (group members, educators, program administrators, other visitors/public), participants are naturally set up for a holistic art experience.

### **Well-being Relations**

Lucy Andrus writes a chapter in *Reaching and Teaching Students with Special Needs* (2014) that makes a case for an art education approach that considers what is best for the whole student—not just intellect or test-preparation—which relates to this idea of holistic education.

Andrus begins the chapter by citing the benefits of art education and then moves into a discussion on the mutual sharing and influence between art education and art therapy. She closes her chapter with the recommendation of a therapeutic art education approach, stating that this is currently a practice of many art educators, whether they realize it or not. In planning for the benefit of the *whole* student—physical, mental, social—Andrus is indeed considering students’ well-being in a holistic way, as well as identifying that the practice of art education naturally supports this.

Peter London and his team (2006) also reason that art education naturally supports a holistic approach in order to provide students with opportunities for “elevated living,” or, similarly, well-being (p. 1). Within the category of “mind,” many core subjects teach students to

reason, but art educators have the ability to help students imagine, dream, remember, and believe through interpretation, discussion, and creation of artworks— “reason is only one capacity of the mind’s intelligence” (p. 2). This will allow students opportunity for personal growth, autonomy, purpose in life (planning their own futures using these skills), environmental mastery—all of these scales of Carol Ryff’s. Andrus also cites many examples within current art education that fit right into Ryff’s six-factor model. She states that one of the reasons that an arts-based curriculum maximizes student learning is because “involvement in art experience promotes a sense of ownership which is closely tied to motivation, self-efficacy, and productivity” (2014, p. 178). Using Ryff’s theory, an arts-based curriculum helps to satisfy well-being, as “autonomy” relates to a self-efficacy and sense of ownership over personal choices, and “purpose in life” can be synonymous with productivity.

It is not just Andrus and London/his team, though, that are citing these benefits or developed skills through art education; “many experts in art education, art therapy, and special education have attested to the learning potential inherent in art experience, describing increases in cognitive, affective, social, and psychomotor development (Anderson, 1978; Brigham, 1978; Carroll, 1999; Cowan & Clover, 1991; De Chiara, 1994; Eubanks, 1998; Henley, 1997)” (p. 178).

The following bulleted list contains skills developed through contemporary art education (often cited in advocacy for the field), along with possible corresponding factor(s) of well-being in italics:

- Development of self-identity- *Positive self-regard* (no right or wrong answers; art offers another way to see oneself as worthy); *Personal growth*; *Autonomy* (individual identity)

- Increased vocational possibilities and contribution to the workforce- *Purpose in life* (future planning/finding a niche); *Personal growth* (recognizing talents and potential; utilizing towards the future)
- Cultivation and expression of a sense of beauty/Aesthetic awareness- *Environmental mastery*; *Purpose in life* (appreciation)
- Opportunity for self-expression- *Personal growth*; *Autonomy*; *Environmental mastery*
- Social and emotional growth- *Positive self-regard*; *Positive relationships with others*
- Development of empathy- *Positive relationships with others*
- Engagement in and interpretation of contemporary/social issues- *Positive relationships with others*; *Personal growth*; *Autonomy*
- Development of skills in problem solving, critical thinking, and meaning-making- *Personal growth*; *Autonomy*
- Increased mastery and self-esteem- *Positive self-regard*; *Personal growth*
- Exploration of personal and outside cultural values- *Positive self-regard*; *Positive relationships with others* (Bolin & Hoskings, 2015, p. 47)

Each one of the above skills has the potential to satisfy at least one of Ryff's six factors. It can be inferred, then, that the practice of art education can help to keep students well, as all of these skills are typical to any art education practice.

The skills developed and gained through art education, along with the methods and ideology of educators, all have the ability to fulfill wellbeing for *every* student. Throughout her text, Andrus (2014) refers to teaching both students with special needs specifically (e.g. physical and/or learning disabilities, mental illness, underprivileged backgrounds) and *all* students collectively. Note the inclusiveness of this idea; all students have the potential to reap these



benefits and all groups of students are included. In fact, Eric Jensen, author of *Arts with the Brain in Mind* (2001), states that students with special needs and/or populations of low income/high poverty students have been shown to benefit even *more* so than their peers of average need and background, with higher net gains on learning assessments when taught an arts-based curriculum. Jensen echoes the claim of art education for all, saying that “research and our own experience show that all levels of society can and do participate in the arts” and that “race, religion, culture, geography, and socioeconomic levels do not constitute barriers” (p. 5). The National Visual Arts Standards (1994), as cited in *Art Education for Social Justice* (Delacruz, 2010) includes the statement: “an education in the arts benefits *society* [emphasis added] because students of the arts gain powerful tools for understanding human experiences” (p. 23). If all students are well, society gets closer to well-being, too.

### **The Museum Setting**

I have explored how art education can consider well-being for students and I have also defined how art *museum* education is the practice of art education through a museum context. As previously discussed, the museum (versus the idea of the classroom) is an important factor. The well-being possibilities that exist naturally through art education can be made available to *all* in the museum.

Within the past 15-20 years, art museum education has seen a revival, along with more concentrated accessibility efforts (Villeneuve, 2007). More art museums are considering the well-being of the whole public within educational programming, as it is essentially what they were founded on. Mentioned earlier, Lois Silverman’s work discusses the relationship between social work and museum education. Social work, as defined by the International Federation of Social Workers (2000), “promotes social change, problem solving in human relationships, and

the empowerment and liberation of people to enhance well-being” (Silverman, 2010, p. 24). The statements and ideology of Silverman resonate so strongly with me—the purpose of social work is for the well-being of all people.

In one way, art museums have been able to provide *the self* with opportunities for well-being. Art museums have been found to provide possibilities for relaxation and restoration (artwork viewing, contemplation, discussion), which are effective ways to relieve stress. Silverman cites research within her discussion: “in a unique study conducted at the Guildhall Art Gallery in London, even a brief lunchtime visit appeared to produce a ‘rapid and substantial’ reduction in levels of the stress hormone cortisol as well as in self-reported levels of stress among local office workers” (2010, p. 44). Related, the opportunity for individual (and group) *communication* (observation, reading, and speaking; making personal meaning and also with companions, museum staff, and visitors) is also provided within the art museum environment (Burnham & Kai-Kee, 2011; Falk & Dierking, 2013; Silverman, 2010). Silverman states that “while communication competence is essential for everyone, some individuals may be at risk for its development because they lack access to relevant opportunities” (Silverman, 2010, p. 49). Museums, though, force us to respond in some way to the art, artifacts, and environment, whether it be making internal meaning from our personal observations or sharing ideas effectively in a group. This thinking and response that museums force upon visitors is called *introspection*. Silverman notes: “for individuals coping with challenge or needing to make changes in their lives, introspection is an essential activity” (p. 45). Introspection is not just relative to certain individuals; *everyone* must cope with challenge or change at some point in their lives.

A major aspect of the self is *identity*, which art educators strive to aid students in developing during creative growth (Lowenfeld, 1957; Silverman 2010). Looking back to progressive ideas, some theorists believed that children should be free to develop creatively—though many felt that the guide of the educator was important—and that students should be able to grow into their own. Silverman points out, though, that development of identity can be difficult and that “any individual can become a minority and face struggles for belonging” (2010, p. 54). Art museums can provide opportunities for identity development, including: role enactment (trying on different roles such as museum explorer, discussion facilitator, quiet observer, etc.), group affiliation and membership (artifacts and discussion communicate shared meanings among a group), personal meaning-making (the responses, opinions, feelings, imagination, memories, etc. that arise during museum encounters), and personal storytelling (narratives inspired by museum objects, discussions, or experiences that talk about who people were, are, or could be).

Besides supporting individual development of the self, art museums also provide many opportunities for *group* well-being. With regard to companionship, museums can help to: provide opportunities for people to meet, offer pairs meaningful activity to share, and stimulate conversation between people which affirms bonds—“art museums have been notably effective at restoring conversations and enhancing relationships by providing opportunities for ‘talking about art they have seen together’” (Silverman, 2010, p. 72). Families are another group that take advantage of art museum education in order to learn, play, and engage (Burnham & Kai-Kee, 2011; Falk & Dierking, 2013; Silverman, 2010). Silverman states that “play builds children’s individual adaptability and resilience—as well as imagination, creativity, and problem-solving capacity among family participants of all ages” (2010, p. 108). Through art museum education

experiences with family members, knowledge about family rituals, traditions, and history can be discovered by intergenerational sharing. Lastly, museums have been found to enhance group care. For some, health care facilities are uncomfortable, unpleasant, or stigmatizing but museums can offer a neutral and non-clinical setting for care, which may feel affirming or special (Silverman, 2010). Educational programming may provide a fresh alternative to “boring talk or simplistic arts and crafts” (p. 119).

While serving both groups and individuals, art museums are seen as venues for education and challenging typical ways of thinking. All museums provide support for change, whether it be on the individual, relationship, or societal level. Many find museums to be inspirational or motivational—and often challenging oppressive views—which allows for the good of all people. The opportunities provided by, the founding principles of, and the ideas promoted by the art museum all contribute to make this space the ideal setting for art education programming for societal well-being.

### **Empirical Research**

I will now review existing, scientific studies in order to further justify and establish my research. It is important to look to these studies and analyses in order to fully grasp the context of this topic. Many promising studies demonstrate that art and art museum education have the power to benefit both individual and community health and wellbeing through cultural participation and/or creative activity (Reynolds & Lim, 2007; Bygren et al, 2009; Colbert, Cooke, Camic, & Springham, 2013; Eeckelaar, Camic, and Springham, 2012; Staricoff & Loppert, 2003).

To begin generally, I review Bygren, Johansson, Gjibovsk, Wilkinson, and Sjtstrom’s “Attending Cultural Events and Cancer Mortality: A Swedish Cohort Study.” In this 2009 study,

researchers found that people who rarely or moderately attended cultural events (art galleries, theater, museums, etc.) were about three times more likely to have died of cancer during the follow-up research than those who frequently attended. The participants of the study were randomly selected and cancer free when the study began in 1990-91. The follow-up occurred thirteen years later, with researchers adjusting various genetic or environmental factors to legitimize the study. It is important to note that this effect was only seen with participants who lived in urban areas, possibly because of availability and ease of attendance at cultural activities. Within a different source, *Measuring Health: A Guide to Rating Scales and Questionnaires*, author Ian McDowell echoes this same idea. He clearly states: “People who are well-integrated into their communities tend to live longer and have a greater capacity to recover from disease; conversely, social isolation is a risk factor for sickness” (2006, p. 150). Pushing this idea further, many researchers looked specifically at art educational activities as integrating into community and/or participating in a cultural activity.

Looking to specific art activities, one qualitative research study examined a group of eleven women living with cancer, recruited by Reynolds and Lim (2007) upon the basis of involvement in art-making. Each of these women had either taken up arts and crafts creation since their diagnosis, or had previously been involved in the arts and had deepened their practice. Researchers interviewed each participant for 60-90 minutes (hoping to discover what factors—personal, contextual, etc.—were important in the choice to create art), recording and analyzing data when complete. Results of this study found that common reasons for turning to art creation were stress and emotion management, maintenance of a positive identity, providing a purpose and allowing achievement, and involving other family members—many factors of well-being that I have already discussed. Reynolds and Lim included many personal quotes from

participants, which are strongly supportive of the research claims and quite powerful as coming directly from the participants. For example, one of the reasons in turning to art creation (as listed above) was found to be providing a purpose and/or opportunities for achievement. A participant in the study was questioned about her practice of embroidery during chemotherapy: “I can remember getting my picture done and I thought, ‘Oh, I produced a picture. I can still be of some use’” (as quoted by Reynolds & Lim, 2007, p. 14).

Colbert, Cooke, Camic, and Springham’s case study (2013) also worked with a patient population. This study provided a chosen group of psychosis patients the opportunity to “explore the meaning of their life experiences through reflecting upon paintings in a public art-gallery” (along with trained professionals) (p. 251). It is important to note the idea of moving into this specific setting of “The Art Gallery” in this study, significant enough to be mentioned within the title. Here, researchers assumed the observer-as-participant role, participating with the patients in the experience of sharing personal narratives during parts of the study, though still maintaining their research identity. After discussion and interpretation of works, creation of personal art, and then the sharing of their own pieces, patients were interviewed and recorded. After four weekly sessions, the research team analyzed results, creating a table of adjectives and action descriptions to identify each participant (named with a pseudonym) for individual analysis. Results of the study found that the sessions had helped participants to feel bonded to one another and to form a feeling of community within their group through interactions with, discussion on, and creation of artwork.

Being a case study (research is focused on one specific group or program), this research was especially useful for my own work. I appreciated that the research team informed each participant of this study and gave background information so that each participant was not

completely in the dark—but also did not give so much information as to influence their answers. At the beginning, the researchers quickly identified that there was a theme of a “‘them and us’ divide” that emerged from the stories of the participants; the participants felt that they were labeled as different from everyone else. In order to prevent this through the rest of the study, the researchers participated alongside the patients when possible. This study helped me to decide on my own observer-as-participant role within my research.

Another study done within the walls of the museum, Eeckelaar, Camic, and Springham’s 2012 research begins with a justification: there are a rising number of people diagnosed with dementia, and we, as a community, have a responsibility to explore options for care and treatment (as previously discussed in *Chapter I: Introduction, Purpose and Justification*). Both an art educator and an art therapist helped to facilitate and design the program involving the participant patients and their family/caregivers, which involved viewing art works in a public gallery followed up by meaningful art-making activities. The purpose of the three-week program was to investigate how these activities could impact episodic memory (remembering specific events and/or experiences) and verbal fluency (speaking without hesitation, repetition, etc.). Results of the study found that episodic memory could be improved by aesthetic experiences, and although verbal fluency was more difficult to declare, many other patient benefits were reported, such as “improved mood, confidence, and reduced isolation” (p. 262). Again, the researchers mention the setting of the public art gallery, though not much of the atmosphere is elaborated on here. Instead, the focus is on procedures and goals. The researchers are careful to make clear that they are only exploring an *association* between the arts program and the dementia patients’ cognition, not laying claim to a causal link between the two. I strive to

emulate this in my own research; instead of *evaluating* programming at the MMFA, I explore the consideration and association between well-being and programming/curriculum.

Even though it takes place outside of the physical, museum walls, “Using Museum Objects to Improve Well-being in Mental Health Service Users and Neurological Rehabilitation Clients” connects surprisingly well to studies cited within the museum (Ander, Thomson, Blair, Noble, Menon, Lanceley, Chatterjee, 2013). These researchers acknowledge the use of museums in human “wellbeing, social inclusion, and learning” but focus most on a specific piece of this theme: object/collection handling (p. 208). Research was conducted in three settings- inpatient rehabilitation, outpatient rehabilitation, and inpatient mental health care- where occupational therapists regularly work with patients. Museum staff brought in a variety of museum objects available for handling use and worked in conjunction with health care staff. Records were kept of interviews with participants and all staff, as well as any observational notes. At the conclusion of the study, it was found that participants felt a variety of benefits that contributed to their wellbeing (vitality, tactile stimulation, social skills, sense of identity, learning new things, among others).

Although the museum itself, as a space/environment, is really important to me, I found it very interesting to draw similarities between this study and many others. For example, the researchers describe that object handling brings up memories and a self-awareness or self-identity unearthing—this same effect can be found within the museum, as well. Certainly, it is the memories and interpretation that come from the interaction with the objects that is important, and it was interesting to find that these interactions can sometimes take place outside of museum walls. Conversely, though, one must consider how “outside” these participants really were if they were provided with all of the objects and opportunities that are found within the museum.



Because of this, I may personally consider these spaces to be museum spaces, although they were not in a “credible” museum institution.

I will conclude existing research examples with a most striking study done on this topic—an experimental study conducted by Staricoff (a doctor and scientist) and Loppert (an arts historian) in 2003. Both researchers were directors at the Chelsea and Westminster Hospital’s “Arts Research Project” in the U.K. Setting out to disprove that findings from similar art studies were “impossible to measure,” Staricoff and Loppert designed a research experiment to measure the “clinical impact of a vibrant hospital arts program” (2003, p. 64). The study included both an experimental group (tested in the presence of the arts) and a control group (tested in the *absence* of the arts), which were both tested in the same location, with the same procedures, and using the same medical team each week. Results found that “75% of respondents reported an overwhelmingly positive attitude towards the visual arts and performances,” and in a strictly clinical study of a group of chemotherapy patients, research found that anxiety levels in patients exposed to visual arts were 20% lower than control groups, and that depression levels were 34% lower (2003, pp. 74). It is important to note the methodology used by Staricoff and Loppert; it is very uncommon to find an arts-based study *quantitatively* measuring wellbeing, which was the goal (and success) of this program. Though this specific study does not take place within an established museum setting, I feel that it is still important to note the *measured effects* of art education on well-being within this research. Moreover, similar to the above study by Ander et. al (2013), because of the opportunities provided by and the materials available within this space, I feel it is an almost informal museum space.

The findings of these studies all tend to read as a solution—though not the whole solution, merely the *start* of one—to the question of how well-being can manifest in art

education, specifically art museum education. I found it common for researchers to conclude their studies with a call for further research and study on this topic, as it is a newly emerging interest. Within much of my own research, I also found that it seems that many of the United States art museums are lacking in diversity of programming. During previous research for my pilot study (see *Chapter III: Methodology, Topic Development, Pilot Study*), I struggled to find *any* art museums within the U.S. that had programs considering the well-being of society, except for Alzheimer's and dementia programming. Many museums within the U.K, Europe, Australia, and Canada have progressed with a wide variety of programs for well-being, and I strongly feel that because of the museum focus on education and the growing body of research showing exploration of this topic, the U.S. is heading that way, as well.

## Chapter III: Methodology

### Topic Development

Before delving into methods and methodology for my thesis research, I will present an overview of my preceding pilot study research. As mentioned in my introduction within *Chapter I*, I first became aware of this topic through attending Marilyn Lajeunesse's conference presentation at the National Art Education Association in March of 2015. At this time, I was nearing the end of my first year of graduate school and was still undecided in choosing the topic of my thesis. During previous classes, I found myself interested in many issues, especially those concerning social justice, cultural studies, and the variety of potential benefits stemming from art education. I was immediately interested, then, in the idea of connecting art education and well-being for all, and Lajeunesse's presentation motivated me to explore this further. When I first met Lajeunesse after her talk, we exchanged contact information and she provided me with a list of reading material. After I finished Lois Silverman's *The Social Work of Museums* (2010), I knew I had chosen the perfect subject to research; my interests and passions were wholly intertwined within the study of well-being and art education.

### Pilot Study Research

I began to design my research for this preliminary study with the idea that it may eventually lead into my final thesis topic. In order to learn more about the subject, the idea, and the actual practice of art museum education programming for the purpose of well-being, I chose to interview a variety of art museum educators from museums across the United States and Canada for my pilot study. Because of time constraints and lack of translation abilities, I kept my scale confined to these English-speaking areas and supplemented with information learned through literature research. After scouting and email recruiting, I was met with more interest than

expected; I was able to speak with a total of five museum educators, each from a different institution, about the types of programs they currently offered in relation to well-being.

I found each interview experience to be quite different—I was met with varying levels of excitement, areas of interest, and general experience—but I gained the most information from and was most intrigued by my interview with Lajeunesse (who had agreed to interview with me as part of my pilot study). Realistically, I was biased on this source as I had been in contact with Lajeunesse for months ahead of my study and had only just “met” the other museum personnel, but I also attribute this to the fact that Lajeunesse and the MMFA’s programs in general had been established for (by far) the longest amount of time. She was able to speak knowledgeably about each and every program during our interview and specifically mentioned the ideas of inclusion and accessibility for *everyone*, an idea that through transcription and coding, I did not find replicated nearly as much in any other interview.

A major theme that I drew from a combination of literature research, interviews, coding, and analysis of my pilot study was the lack of museum education programming for well-being, especially within the United States. To clarify, I may more specifically state this as a lack of *innovative* or *inclusive* programming for well-being—I found that almost every art museum I researched online had some sort of programming for Alzheimer’s and dementia patients, which is absolutely wonderful but also quite limited. Research into other programs has convinced me that there is much *more* to be done—many other museums, primarily in the United Kingdom, Canada, and Europe, offer alternative programming such as hospital partnerships, programming for people with mental health issues, at-risk youth, homeless populations, and/or refugee and immigrant populations (Museum of Modern Art, 2016; Dodd & Jones, 2010; Network of European Museum Organisations, 2011).

Using triangulation, I confirmed this idea in my interviews as well. Lajeunesse stated (in reference to the diversity of programs for well-being offered at her institution): “I have to say that I think we’re kind of... exceptional that way because I’m thinking of other museums that might be doing that sort of thing, and they may from time to time...” (personal communication, November 11, 2015). This statement shows that Lajeunesse feels that her museum is “exceptional” because of the variety of well-being programs the MMFA offers and the diversity of populations served; this is not typical of other museums. In contrast to Lajeunesse’s interview, then, stand both of my interviews with museum educators from two different United States art museums. One educator, D\*<sup>1</sup>, seemed to stress that her Alzheimer’s and dementia programming is the only program for well-being within her museum to fit my inquiry. Another educator, S\*<sup>2</sup>, seemed very excited about working towards well-being—she exclaimed “yes!” in response to a question about whether or not a public museum is responsible for public well-being. Despite her excitement and enthusiasm for well-being programs, S further drove in the point that *something* is lacking. In trying to dig a little deeper in this interview with S and see if her museum had any more innovative programs (besides Alzheimer’s/dementia tours), I found that there were ideas in the works but no action had been taken. S stated at one point in our interview: “So, we’re trying to figure out what that might look like but they do really want to develop a partnership...” (in regards to a new program with bereaved individuals or hospice patients). At another point, I asked her about the challenges of programming for well-being and she states that one of the hard parts is “scaling it down”:

So, we decided... let’s try to tackle mental illness and [then after]

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<sup>1</sup> Use of privacy- name not stated.

<sup>2</sup> Use of privacy-name not stated.

all the things [the mediator] went through with us, we decided ‘oh, this is really big,’ and so right now, I don’t know where [the director] is on that thinking... (personal communication, November 5, 2015)

When I review this, especially in contrast to the comments made and information provided by Lajeunesse, I feel that it is very likely that many art museums *want* to offer advanced programming and create options for more populations—but it seems to be just out of reach.

My pilot study helped me learn to prepare for, conduct, and analyze research, and also brought me closer in refining my thesis topic. I consider the study an important part of my thesis, as it led me to solidify and justify my research questions. When concluding the pilot study, it was clear that the MMFA is one of the most advanced art museums in implementing well-being, at least within the variety of institutions I had focused on. Further, I felt that the information gathered when speaking with the other museum educators supported my idea that this type of programming is on the ‘radar’ of museums and that concern for well-being is here to stay.

## **Research Design**

### **Overview**

My research consists of a qualitative collective case study of the various programs within the Montreal Museum of Fine Art’s (MMFA) STM initiative. My study aims to gain an understanding of how well-being manifests within this initiative, a collection of art education programs, at the MMFA. During the month of March 2016, I was able to observe a variety of the MMFA’s programming that falls within this collection, including classes and workshops conducted with groups of visitors with cognitive and physical disabilities, and other groups that reflect characteristics of underserved museum audiences (e.g., “at-risk,” low-income, and

others). Each program is tailored to participants and created through a collaboration of researchers, educators, administrators, and others involved with participants. All programs are free and special needs accommodations are provided as required or requested. In order to answer my research question—how does well-being manifest within this programming—I explored the ways in which well-being is implemented within curriculum at the MMFA. I made a point to discuss reasoning, reactions, and critiques with my interview participants, to better understand how to best facilitate these programs from museum educators' and personnel perspectives. During my examination of global demographics and issues (see *Chapter I: Introduction, Purpose and Justification*), I explained that programming for well-being is necessary and will be useful to art and museum educators around the world. As a researcher, I examined this well-established program as a case study for shaping well-being in a variety of populations.

### **Description of Site and Participants**

This research took place on-site at the MMFA in Quebec, Canada. The specific museum location is necessary to my research because of its existing STM programming and established reputation. The MMFA has been offering programming for well-being since 1999 and was recently recognized for its efforts in education and improving social health by the *premier* (prime minister) of Quebec and his cabinet members (personal communication, November 5, 2015). The education department has also been asked to collaborate and share ideas with other museums seeking to develop similar programs, including Vancouver, Art Gallery of Ontario, Royal Ontario Museum, and Bank Street College's Graduate School. MMFA presentations of STM programming have been requested at multiple conferences and professional gatherings, including the Symposium at the National Gallery of Canada 2009, MobilisAction 2010, and the 2015

National Art Education Association Convention (personal communication, March 2015; Lajeunesse, Sharing the Museum 2009-2015 Reports).

In 1999, a donation of one million dollars was awarded to the MMFA to be used in the creation of new programming for new audiences. It is important to note that the MMFA is a “mixed non-profit corporation,” meaning that it receives both private (fundraising, private donors, grants) and public funding (from the provincial and federal government) (MMFA, 2016). The MMFA’s funding sources may better position it to provide more extensive educational resources and services to its community than other public museums of similar size and demographics. While this should be kept in mind for practical application to other museums (which will be discussed later in this paper), the MMFA’s programming warrants closer study as an example of what research, creative programming, and adequate funding can accomplish within a cultural institution.

Prior to the 1999 donation, the Department of Education and Public Programmes at the museum had been considering how best to “minimize disincentives to visit” and to bring in new audiences, such as “cultural communities, the elderly, disadvantaged peoples,” etc.—but it was really this award that called programming to action (Champagne, 2009, p.2). The first pilot project aimed at expanding museum audiences began with “My First Visit to the Museum.” This project focused not only on enrichment but also on helping participants to develop “the capacity of autonomous learning”—already supporting one of Carol Ryff’s scales, *autonomy*—and understand how to use the museum (2009, p. 5). The first program participants were a group of residents from a local drug addiction treatment center who met multiple times. The program outcomes were successful enough to warrant continued funding and eventually, expansion. Each year, the program targeted a different audience—for example, 1999-2000 included



“disadvantaged young adults,” 2000-2001 cultural communities, and 2001-2002 “disadvantaged families and schools” (p. 6). As additional donors began to award funds to the efforts, the MMFA’s programming capacity increased, and the programs were able to reach more than one specific population per year. The project’s name evolved to “Crossing the Threshold of the Museum,” incorporating all groups under one program. In 2004, the project was again renamed to its current iteration, STM. By 2009, after 10 years of development, the program had “welcomed close to 100,000 people within the frame of its community programming,” representing more than 1,750 organizations (2009, p. 29). Program attendance continues to rise with many new organizations joining the initiative since 2009, when Champagne’s “Ten Years of Community Action” report concluded.

The longevity and evolution of the MMFA’s STM program make it a particularly useful case study for museum-based programs seeking to improve community well-being, and are the basis for its selection as my research site.

I traveled to the MMFA to conduct research in person from March 1-April 1, 2016. I spent as much time at the museum as possible, immersing myself in both the environment and programming—I was generally at the museum six days per week. After April 1, 2016, I allowed myself a window of one month (May 1, 2016) to follow up with educators/administrators regarding further questions, clarification, and/or outcomes of programs that could be beneficial to my research. I was unable to interview one of the program administrators in person because of scheduling conflicts, and I completed this interview via telephone during this month-long follow-up period.

Research participants consisted of six total MMFA art museum educators and museum/program administrators, whose insights are particularly valuable since these individuals

are most closely connected with the development of the educational programming being studied. The educators and administrators were all white females, with the majority having an average of five to seven years of experience within museum programming. One of the museum administrators interviewed, however, has been active within the MMFA's education department for over fifteen years, in contrast to another museum educator interviewed who has only been working at the MMFA for three years. The average interview participant was in her mid to late thirties, though I did interview a couple participants that were quite a bit older. Initially, my aim was to interview one or two museum educators and/or administrators from each program for a total of six to twelve interviews; however due to time constraints, I interviewed six educators and/or administrators working with various programs. Though I had originally wanted to conduct more interviews, the interviews I did conduct—supplemented by observation—provided more than sufficient material to analyze.

I observed nine different programs within the STM initiative. Each program meets at different times and with varying consistency. These specifics are noted within *Chapter IV: Results and Analysis* and *Appendix A*.

Interview participants gave written consent for interviews to be audio recorded, transcribed, and published within my thesis research. I have obtained permission from the MMFA in order to use their specific museum name, as well as Marilyn Lajeunesse's name, throughout this text.

### **Methods and Methodology**

Qualitative methodology deals with understanding situations from the views of the participants and becoming immersed in research; “qualitative researchers are especially interested in *how* things occur” (Fraenkel, Wallen, &Hyun, 2012, p. 427). As previously stated, I

made a conscious effort not to *evaluate* the MMFA's programming. The researchers/museum staff have been performing their own evaluations and analyses over the course of the STM programming—almost two decades. My research focuses on the process of developing the STM programs and how “well-being” manifests for its participants. In order to best realize the goals of this research, I chose to use qualitative data collection methods to triangulate data (interviews, observations, field notes, journaling, and content analyses). The resulting data analysis represents the experiences and insights of the MMFA's museum educators as filtered through my personal experience and understanding.

Qualitative methods fit my research design most closely. Research that “may identify a study as ‘qualitative,’ include[s] a concern with ‘what’ ‘why’ and ‘how’ questions rather than ‘how many,’ [and] a focus on processes,” (Ritchie, Lewis, McNaughton-Nicholls, Ormston, 2014, p. 3). In order to answer my research question—how does well-being manifest within this programming—I focused on these questions of “what,” “why,” and “how” when conducting interviews, recording observations, and analyzing data. Jick (1979) quotes Weiss in stating that “‘Qualitative data are apt to be superior to quantitative data in density of information, vividness, and clarity of meaning—characteristics more important in holistic work, than precision and reproducibility’ ” (p. 609). These reasons for performing qualitative research—“density of information” and “clarity of meaning”—fit within my holistic inquiry in order to understand the ways that well-being is implemented within MMFA programming.

I have also analyzed literature from the MMFA that included numerical statistics and information (the “how many”), which combines with my qualitative research information to create a somewhat mixed-methods analysis. Jick (1979) states that “various notions [on social science research] share the conception that qualitative and quantitative methods should be

viewed as complementary rather than as rival camps” (Jick, 1979, p. 602). I do not mean to state that I have chosen qualitative research because it is *better* than quantitative research; simply, qualitative research helps to answer *my* specific questions. Though I focus more on this qualitative research to answer my questions, I will use quantitative data in support of my claims in *Chapter V: Interpretations and Conclusions*.

A collective case study methodology (within my qualitative research) was pursued in order to generalize key aspects of programming for well-being for museums seeking to implement similar programs, and to uncover information unique to the MMFA setting and programming. A collective case study involves multiple components (“cases”) at the same time, and thus it is considered to be more compelling and more likely to lend itself to valid generalizations (Fraenkel, Wallen, & Hyun, 2012). Generalization within qualitative research is not quite the same as generalizing quantitative research, however. Fraenkel, Wallen, and Huyn (2012) quote Eisner in stating that “for qualitative research, this means that the creation of an image—a vivid portrait of excellent teaching, for example—can become a prototype that can be used in the education of teachers or for the appraisal of teaching” (p.437). This sort of prototype, or model, that is created from generalizing my findings can be applied in similar settings by other practitioners. It is important to note that the prototype is applied in practice by these practitioners in the situations as they see fit—*according to their own interpretations*—but also that the concepts can be transferrable to different circumstances with modification. I completely encourage discussion, modification, and/or further investigation of concepts within my findings in an effort to echo the calls for more research on this topic.

Baxter and Jack (2008) state that “rigorous qualitative case studies... allow the researcher to explore individuals or organizations, [and] simple through complex interventions,

relationships, communities, or programs” (p. 544). In choosing collective case study, I have allowed myself the opportunity to explore relationships and programs in the context of this specific museum. These relationships between participants, between participants and non-participants (either program personnel or the general public), and within participants’ experiences exist on the same plane—everything that I observe within my study is happening within a certain time frame in a specific, physical location. I am able to analyze these relationships, speculating about other contexts and applying insight from interviews, to find some sort of connection between my factual observations and interpretive analysis—although not necessarily a direct relationship or causal link.

### **Role of the Researcher**

I chose to be an observer-as-participant during program sessions in order to collect quality data (in the form of field notes and journaling). My aim was to be as unobtrusive as possible while still identifying myself as a researcher (Fraenkel, Wallen, & Hyun, 2012). I did not provide these groups any details about my research ambitions before or during programming—I did not want my research to influence the actions of the participants and educators/administrators. I did obtain consent (written and/or through Lajuensee) from the museum educator(s) and/or program administrator(s) that lead each program, however, before any observations took place. This role was chosen (as opposed to a complete observer role) in anticipation of situations when I might be asked to participate in activities in order to make participants more comfortable. In these cases I participated only when necessary and asked to do so.

### **Methods and Research Instruments**

My methods for obtaining data included interviews with program administrators and/or museum educators involved in the MMFA's STM initiative, content analyses of the museum's relevant programming literature and annual reports, and observational fieldwork of programs in session.

Using purposive sampling, I interviewed a total of six museum educators or program administrators, each from a different STM program, in order to get a variety of experience and opinion. Interviews were semi-structured and one-on-one; four were conducted within a private space, face-to-face, and two were conducted in a private space by telephone. Each interview lasted between 30 and 60 minutes, and was audio recorded with written permission on consent forms provided before interviewing began. These semi-structured interviews were created by myself, as researcher, with a set of eight questions. Questions were designed as a mixture of direct (*what is your role within museum education?*) and more open-ended (*How would you define well-being? In your opinion, where is the future of museum education for well-being going?*). Direct questioning allowed for direct answers—I got exactly the information I was searching for (e.g., museum educators' backgrounds, roles, and titles), while open-ended questions allowed the participants to expand upon their own ideas and share *how* they were thinking. Many of my open-ended questions leaned towards opinion or values questions; they were “aimed at finding out what people *think* about some topic or issue,” in alignment with the goal of my study (Fraenkel, Wallen, & Hyun, 2012, p. 453). I also allowed for adjustment or additional follow-up questions as the interviews progressed, especially in cases where the participant was a native French speaker and needed clarification on an English term. I transcribed each interview directly from the audio recording, later using these transcriptions for analysis and coding, which I will discuss later in this chapter.

As other sources of data, I was able to access the MMFA's "Annual Reports" on the STM programs and also a "Ten Years of Community Action: Report on the Programs" (TYCA) comprehensive review. The "Annual Reports" were written each year from 2009 onward, mainly by Marilyn Lajeunesse, the Educational Programs Officer I had been working with, for both the museum audience and current program donors. The TYCA review was written by Marie-Eve Champagne, an employee of the MMFA in 2009. Although written in French, I was able to translate the text entirely and correctly with the help of online tools (Google Translate), in-person resources at the museum (the majority of staff were bilingual), and my own knowledge of the French language. I was also fortunate to have Lajeunesse as a constant resource, as she provided me with translation questions and an overall review. The report begins with an overview of the museum and a history of programming, and describes the MMFA's development of STM from its conception in 1999. Year by year, each program development is described and explained within this report, allowing the reader to understand how the programming grew to its existence today. Although possibly inherently biased, as I will discuss later in this chapter, all of the literature I reviewed (six annual reports, one comprehensive report) was rich in history, referenced both quantitative and qualitative measurements, and contributed to my understandings of the initiative.

During field observations, I immersed myself within each program, taking care to identify myself as a researcher but also remaining open to participation in order to establish trust and maintain a comfortable atmosphere. I obtained permission to observe the groups through Lajeunesse, as she has had an established relationship with each of the directors for many years, and she volunteered to obtain consent from program administrators in order for me to conduct research. I did not provide program groups with specific details into my research ambitions,

rather, I gave them the title of my study and told them that I was interested in studying the MMFA's STM programming. Within qualitative research, "the natural setting is the direct source of data, and the researcher is the key instrument" (Fraenkel, Wallen, & Hyun, 2012, p. 426). In order to obtain the most useful records, I concentrated on maintaining an objective and factual stance when writing observations of programming, especially within instruction methods of museum educators and program administrators. I hand-wrote as much detailed information as possible, careful to note any obvious tones of voice or collective feelings. I never documented names or identifying traits in order to maintain anonymity. See Appendix A for field notes and descriptions of programs.

This variety of data collection methods establishes triangulation for this research. Often found in qualitative research studies, triangulation is a practice used to ensure credibility (Fraenkel, Wallen, & Hyun, 2012). By using multiple sources of data, the researcher is able to verify ideas in multiple ways. For example, I am able to verify a need for museum programming to enhance community well-being not only because my interview participants have stated so, but because my content analyses of the TYCA and annual reports revealed that more organizations working with underserved groups continue to approach the museum about creating more programming for well-being. Observation of programming has lead me to the same conclusion. Because I am able to support the same idea through a variety of data sources, I am able to more confidently present my findings.

## **Data Analysis**



All interviews were audio recorded with written permission obtained from each participant before interviewing began, and then personally transcribed for analysis and coding. I also typed my observational field notes at the end of each day, keeping a digital log of this information.

After all interviews were transcribed and my field notes and content analyses were digitized, I attempted to condense my information. In order to sort the overwhelming amount of text I had amassed, I created an excel table using interview questions as categories along the top columns and interview participants (identified only by a single letter for the purpose of anonymity) along each side row. I then “plugged in” to the table their answer information in the form of key words and ideas. This visual organizer allowed me an alternate way of sorting my data. I also cut my observations and content analyses down to key words and ideas, as well, enabling me to more easily find repeating themes and connections.

A code is a “researcher-generated construct that symbolizes or ‘translates’ data” (Saldana, 2016, p. 4). The purpose of coding, then, is to do just what I did by shortening my information to key words and/or key ideas—coding allows the researcher to symbolize a chunk of data with just one word or short phrase. Each of my key words serve as a code that symbolizes the ideas of the data I gathered within interviews, observations, and content analyses. Codes are meant to be heuristic—when a researcher assigns a code, he or she is not putting a definite or simplistic label on the information. Instead, coding allows the researcher to further analyze, interpret, and discover new meanings and connections. (Saldana, 2016)

My coding methods were driven by the nature of my research and research questions. It should be noted, however, that these coding methods were used *after* I had reduced my transcriptions and notes to key words. Striving to answer *how* well-being manifests within

programming and *how* personnel *perceive, define, implement, etc.*—these are epistemological questions that try to understand a phenomena and others’ perceptions—I used mainly Descriptive and Concept Coding. Descriptive Coding allows the researcher to identify information based on *topic* rather than simply abbreviated content; this means that although the coding term may be simplistic, it is more of an idea-based theme. Similarly, Concept Coding assigns meaning to data and suggests an idea. When analyzing interview transcripts and field notes specifically, Emotion Codes were also used to call attention to emotion expression during interviews, and situations in which I inferred emotion while observing. (Saldana, 2016)

Because of my coding system and use of a visual organizer, I was able to connect similar and repetitive themes from different data sources, allowing me to discover relationships between multiple ideas. These ideas were then aggregated into major themes and will be discussed within Chapter V (see *Emergence of Themes*).

Figure 1. Page 1 of 4 of my Excel interview response visual organizer.



*Figure 2. Excel interview response visual organizer, color-coded by theme.*

### **Assumptions and Limitations**

Within this section of Chapter III, I discuss any assumptions and limitations relating to my research, including the presence of bias. I will divide information into categories of:

- Delimitations: boundaries that the researcher sets—him or herself—so that goals do not become impossibly large and/or too difficult to complete.
- Limitations: factors that are out of the researcher’s control.
- Bias: “any tendency which prevents unprejudiced consideration of a question” (Pannucci & Wilkins, 2010, p. 1)
- Assumptions: things accepted as “true or at least plausible by researchers and peers” (PhD Student, 2016, <http://www.phdstudent.com/Choosing-a-Research-Design/stating-the-obvious-writing-assumptions-limitations-and-delimitations>)

Many delimitations—the boundaries that I control as the researcher—were set before research collection began. Because of graduation deadlines, time was a main factor when setting limits. The one month stay at the MMFA, the number of interviews, and the one month follow-up period were all decided in order to allow myself time to thoroughly analyze and interpret results, write my thesis, and graduate by August of 2016. I felt it necessary to spend the full month at the MMFA in order to gather enough research on a variety of programming and interview multiple personnel. Population and programming also played roles within the establishment of delimitations. I chose to focus my research on programming within the *Sharing the Community* initiative instead of all educational programs at the MMFA, as this programming was specifically written with well-being in mind—my main research interest. It was important for me to study these underserved or underrepresented groups keeping in mind the idea of common good—helping the *least* advantaged populations will, according to justice theory, help *all*. The establishment of these programs and the recognition of the MMFA—along with limited time, of course—affected my choice to only study at this particular museum.

Limitations also affect research. I found myself limited by time in ways that were out of my control. Regarding the programs actually taking place: I did not get to see *all* of the different populations using the museum programming because of the schedule and general unpredictability of human nature. Some programs only occurred every *other* month—and not the month I was present—while others were cancelled due to sickness, transportation difficulties, or other conflicts. I also found that while most people I interacted with were bilingual, there were a small number of museum personnel that only or predominantly spoke French. Because of time and budget constraints, I did not interview these personnel, as I would have required translation services. This did not prove to be a problem, as there were many, many museum personnel between the nine programs I observed.

*Context sensitivity* comes into play as the idea that context has the possibility of influencing my research, often in the form of a limitation (out of my control). Of course the physical/environmental context—the museum as a setting—is important to consider but the social context is important, as well (Fraenkel, Wallen, & Hyun, 2012; NHS, 2016). The Canadian government operates differently than the government in the United States, and it can be said that the political environment is different, as well. Canada's government states that power is shared between federal and provincial governments, and Canada is “well-known as a champion of peace, human rights, equality, and democracy” (Canadian Education Center Network, 2003). The social environment of the country, then, is governed with and affected by these values in a manner that may be different than that of the United States. Canada has the reputation of being a country tied to socialism, which America has much less so—for this reason, publicly funded programming for the good of *all people* may be more generally supported in Canada. Though not based on any research, I personally felt that the public (in Montreal, at least)

was more supportive of the arts, especially community-based arts programs. I witnessed multiple murals and public art installations around the city, and people were abuzz with new developments of “art hives”—public art spaces that welcome everyone and focus on respect, inclusion, and learning, almost like pop-up art studios all around the city (Art Hives, 2016). This national culture of sharing, cultural community, and inclusion could definitely help make museum-based programming for well-being more successful in Canada. In relation to funding, the MMFA receives money from both public/government *and* private sectors. This is not typical for many of the United States’ museums and must be considered when discussing support and program impact.

Generalizing my results over space and time is not concerning, due to the fact that my research is contemporary. With regards to space (while keeping in mind the social/political context discussed above), findings from my pilot study and literature review demonstrated that museums across the United States are aware of and thinking about implementing programming for well-being. If anything, because of healthcare needs within the United States compared to other countries like Canada—the United States has privatized, independent healthcare, may tend to be more expensive for individuals, etc.—the United States may be a great candidate to have these alternative healthcare programs available.

### **Bias**

Bias is defined as “any tendency which prevents unprejudiced consideration of a question” (Pannucci & Wilkins, 2010, p. 1). It can be seen as inevitable; “some degree of bias is nearly always present in a published study” (p. 1). My own bias could be labeled as observer bias, which is the possibility of personal ideas influencing what the researcher (e.g. observer) sees and records. My own bias from past experiences as an educator and/or working within

museum education comes into play during this study. Although I may have background experience, I do not believe this to be a negative bias—simply, my observations and analyses are filtered through my own views. I also feel that a goal of art education *should* be well-being, to some degree, and that all people, as humans, have a common goal of achieving well-being. This bias also affects the way I filter information.

Reading about this before I began designing my research, I took the advice of the text: try to become aware of and control bias. I recorded all interviews and played them back when transcribing in order to note tone and/or emotion, but also for the purpose of taking down, word for word, the interviewee's direct responses. I made sure to interview a variety of museum educators, personnel, and program administrators in order to gain diverse information. I also consciously kept empathetic neutrality, recognizing that complete objectivity is impossible and remembering that my main research goal was not to evaluate or prove—which can drive bias to include only supporting results—but to *understand*; after all, my research focuses on the *how*. Empathetic neutrality allows the researcher to take a nonjudgmental stance toward whatever content may emerge. (Fraenkel, Wallen, & Hyun, 2012)

In regards to content bias, I must recognize that the brochures and reports that are sent out by the MMFA to donors/for funding may be inherently biased in support of the programming at the museum. I have used these materials within my content analysis, however, and found them to be rich in value and technical information. Numerical data and statistics are presented and cited by researchers, and although descriptions could possibly be biased in favor of programs, all information is straightforward.

Assumptions are accepted as “true or at least plausible by researchers and peers who will read” my thesis work. Although I have not recognized many assumptions within this specific research,

I recognize that I could fall into one of the most common assumptions in research: “the assumption of honesty and truthful responses” (PhD Student, 2016, <http://www.phdstudent.com/Choosing-a-Research-Design/stating-the-obvious-writing-assumptions-limitations-and-delimitations>). Since I conduct interviews as sources of information, I must assume that all responses received are honest and true. Digging deeper into this assumption, though, I do not find it to be a problem because the statements of personnel I interviewed reflected some aspect of their world. It is my research goal to understand how they are programming, and how they are *thinking* about programming, so it only makes sense to get their views of their environment. As found within Fraenkel, Wallen, & Hyun (2012): “The individuals involved in the research situation construct reality; thus, realities exist in the form of multiple mental constructions,” or context, in this case (p. 429).

In order to overcome any assumptions that might be troublesome, I cross-checked this “truthfulness” by looking at different types of data. For example, not only am I using statements made by museum educators and administrators, but I am also supporting these ideas with literature analysis and/or observations. Within much of my analysis (*Chapter IV*), statements and stories told by personnel match in ideology and context, showing that various data sources support the same claims.



## Chapter IV: Results and Analysis

### Introduction

Throughout my month at the museum, I compiled a large amount of data through observation, content analyses, and interviews. During the coding process, multiple themes emerged that seem to speak to the nature of the MMFA's museum programming. Before discussing these, however, I find it important to present my results in a mainly descriptive manner, as this follows the process I used with my data—describe, then analyze, *then* interpret.

I will first describe the process of programming, as it provides a foundation for the “how” I am looking at—*How does well-being manifest within programming with non-traditional participants? How do art museum personnel perceive, define, and implement well-being into curriculum and teaching?* My interpretation of process has been informed through a variety of sources. I was able to observe almost every step of programming within the STM initiative, including pre-program organizational meetings and in-progress activities. Asking questions about implementation, which is partially personal, allowed me to gain insight from many different educators and administrators. The MMFA's literature (annual reports and the TYCA review) was also a wealth of information on the progression of program steps; this text provides a solid and referential basis for museum educators and administrators to consistently draw from.

It is important to discuss programming steps, as this analysis can reveal methods for future application in other contexts. While steps may not include the same details or follow the same order in every museum, laying out process is an important base to move from. I have created a list of basic steps that I interpret to fit the programming processes: creation, development, execution, evaluation. These are general labels I have assigned to the steps in the process of programming. There will always be alternative labels and rearrangement and

repetition of stages but I want to be clear that I only encourage these variations. In order to generalize programming, as previously discussed, I am providing a prototype or model that is adaptable to museum settings (that is, those with adequate funding) according to museum educators' and administrators' interpretations.

## **Programming Process**

### **Creation**

The creation phase is the first step I have identified within the programming process. During creation, the idea of a program is born, usually as a result of community or outside need and desire. For example, the entire creation of the STM initiative, now a collection of many programs, was born of a single donation and request of the McConnell Foundation. This foundation's mission—encouraging Canadians to build “a more innovative, inclusive, sustainable, and resilient society”—aligned closely with the MMFA Education Department's “desire to reach a new audience” and the personal interests of Helene Nadeau (The McConnell Foundation, 2016; Champagne, 2009, p. 2). Nadeau, the head of education at the MMFA during the late 1990s and the time of the donation, felt strongly that community programming was important and that the MMFA should address “attitudes and prejudices as sources of closed-mindedness, ignorance of the mission of museums...” and the elitist image often attributed to the institution as a whole (Champagne, 2009, p. 2).

In order to create programs and see where needs were, museum educators and administrators looked to museum attendance information. They found groups that were not currently attending the museum or were underrepresented and compiled a list of reasons why these populations may not be visiting. A list of points of attraction was also created so that the museum team had appealing ideas to draw from, as well (Table 1).

Table 1

*Underrepresented Populations and Reasons. Adapted from Champagne, 2009, p. 4.*

Underrepresented Population	Why Not Visiting	Museum Points of Attraction
Cultural Communities	Life priorities; cultural differences; lack of awareness of the institution.	The museum houses collections of art from around the world.
Elderly	Lack of awareness of both educational and recreational potential of artwork; fear of not possessing knowledge to appreciate the visit.	(none listed)
Clients that need adaptations	Do not think there are differentiated communication opportunities.	Guided visits with interpreters; guided visits with adaptations for hearing and visually impaired.
Families	Fear of inappropriate energy from children.	Studios; games/workshops; cultural programming for families.
Disadvantaged Schools	Limited priorities (human, social, economic priorities).	Government aid.

This research allowed for establishment of a need for these populations, ideas of the negative views that may be keeping them from visiting, and possibilities for improvement and attracting these visitors. Because of this background research, programming began almost immediately once the donation was received (Champagne, 2009).

The responsibility of creating programming today generally rests with the department heads within MMFA education. Lajeunesse is responsible for working with community groups in order to begin partnerships, though she works with a team of other educational administrators within the museum. L, a museum education administrator, stated that the creation phase involves “building projects with other colleagues from scratch; meeting people who are university

professors, community organizations, art therapists, [and similar others] to build the projects, put them in place, and follow all steps necessary” (personal communication, March 2016). She also describes the first interest meeting as one where everyone—educators, administrators, organizational leaders—is “trying to see if we have similar ideas and values” and makes sure to stress that she is not the only one to be involved in creation: “we co-create these programs together” (personal communication, March 2016).

I include the topic of recruiting organizations and choosing populations to work with in “creation” because specific population influences many decisions during development. When beginning programming, the MMFA compiled the list mentioned above and reached out to these groups through community organizations that regularly work with them. The first point of contact was a telephone call to the organizations to gauge interest in a partnership and/or visit to the museum, followed by mailing of brochures and information about programming. I found it interesting to read that instead of advertising the “benefits” of the programs, the museum education team decided to focus on explaining how the objectives of each program fit with the objectives of each organization contacted. This requires more research on the museum’s part, of course, but it helps to move away from seeming like a sales pitch and promotes this feeling of collaboration. If interest was expressed, museum educators and/or administrators would make the first visit on the territory of the “clients”—or community organization they were working with—to give an in-person presentation to all involved and explain the program. A physical visit to the museum was not required until after this stage (Champagne, 2009).

This process continued for the first few years of the “My First Visit to the Museum” and by the time the museum moved officially into the STM titled programming, programs for well-being and underserved populations had already been in practice for five years. Because of the

reach of the museum and success during these first five years, museum educators and administrators no longer needed to reach out quite as fervently as they had done in the past. Instead, organizations were approaching *them*—seven “special projects” (tailored to the needs of a specific group *at the request of that group*) were accepted in 2004-2005, nine in 2005-2006, and by 2008-2009, 21 special projects were created in one year alone (Champagne, 2009). Currently, there is a proposal form for organizations to fill out (see Appendix C), located on the museum’s website, in order to express interest in a special program. The form requires groups to provide a description of what they expect the program to be, its objectives and goals, and a timeline for creation and development. These forms help to streamline the program requests and keep them organized, especially as more groups become involved.

### **Development**

I consider the development phase of programming to be the process of personnel working together to *develop*, or build up, each program from the initial inception phase of creation. The development phase seems to be another step where teamwork and collaboration is integral—museum educators, administrators, program leaders, and researchers all work together to make sure programs are at their best.

In order to create comprehensive programming, communication and approval have consistently been required by all parties involved. As the museum’s programming matured over a few years of pilot testing programs, museum educators and administrators placed even more of a focus on meeting with community organizations during development. Just before the official launch of STM, the education department reached out to the leaders of community groups. More than 100 organizational heads then participated in a meeting where information about STM was disseminated. Organizations were also given the chance to ask questions concerning new and old

programming, and the idea of special projects was introduced. This meant that any organization could request that a special project be designed for their specific needs and desires, instead of using a pre-existing museum tour and/or activity (Champagne, 2009).

Presently, the MMFA schedules meetings with community group leaders before, during, and after programming. Many programs run for about a year at a time and commit to building a plan for this amount of time. Of course, organizations can come back year after year—the Jewish General Hospital program has been using museum services consistently since 2004. Before a program has begun though, even if it has taken place at the museum in previous years, a starting meeting is scheduled with the outside organization to talk about common goals and objectives (personal communication, March 2016; Champagne 2009). Every person I interviewed mentioned that the creation and development stages of each program consist of many meetings. J states that limits and parameters need to be “really clear because sometimes we—[the museum]— have the museum employees, there’ll be me—[the educator]—who is actually doing the activity, and then people who are behind the creation of the program, and there’ll be sometimes the researchers and the art therapists, so that’s four, five different groups of people that all have to be on the same page” (personal communication, March 2016). G reveals that meetings are not always in person— she describes how she and the museum team develop educational programming and a theme, then send this information to the art therapist so that he or she can use it to develop a workshop that connects. She does state that communication is key, though, even if every meeting is not face-to-face. All three of the museum educators seemed to recognize the importance of clear, established goals in order to develop a successful program.

Program administrators emphasized much involvement up front, as well. N, a psychoeducator who works with one of the special programs, states that she often meets with an

education department head and her organization's head in order to "coordinate and plan things." She also mentions that her organization's head is very involved in researching the program and building a case for this type of activity within a museum setting. C, another program administrator, provides answers similar to those of N. She also states that it is important for her and her colleagues to physically go and check the exhibits before the group visit and the program development, in case of any patient-sensitive material.

All three of the museum educators I interviewed stated that Lajeunesse was mainly in charge of creating and developing content for programs. This would include ideas for relevant lesson themes, best-fitting activities and discussion for the participants, accommodation possibilities, and appropriate studio/art-making. There is some opportunity, however, for museum educators to be a part of this piece of creation, as well. Both G and K, museum educators, stated that when there are available hours, museum educators are able to work on developing content. K talks about her process of building content:

I would start in the museum, just walking around to see if I could figure out a theme... I would choose about eight works and then start to do research on the works. So that would be the visit part. And then in the studio, we would do a drawing or painting project based on that (personal communication, March 2016).

K also provides more detail on this planning process a bit later into our interview, realizing that "the Alzheimer's [program] is a little bit different" in that she must only choose about three works and spend a longer time with each piece. Even though this eight work choice is maybe standard for some groups, K and the other educators must adapt according to the needs of the population involved.

Each program also needs a set of principles to guide development—these are used to keep programming in check and make sure that goals are being considered every step of the way. During the initial pilot program of “My First Visit to the Museum,” three fundamental principles were decided by the museum team working on the project: establish human contact, create a situation to study, and keep an open mind to the needs of the clients. Similar objectives from the McConnell Foundation—the donors for this pilot study—were also used when developing initial programming. Moving through the second pilot project and even into the STM official program, the museum team kept the same basic principles, though depending on the donors that provided funding, some objectives were tweaked. During the finalization of STM programming, the museum worked to consolidate partnerships with organizations already using programs *and* newly created organizations. The objectives of participating agencies were then included in program initiatives in order to make programming accessible to all. The combining of objectives and principles from the museum, participating community organizations, and donors only helps to reinforce the importance of teamwork throughout this process (Champagne, 2009).

### **Execution**

I define execution as the actual process of the programming happening. This includes the dissemination of content—lesson themes, activities and discussion, making accommodations, and studio/art-making—and all those involved with this. Just like the first two steps, the execution of programming requires teamwork and collaboration of many different roles.

While my analysis of the TYCA review and the MMFA annual reports gave me little insight into execution, I gained a lot of information about this step through interviews and observation. By interviewing museum educators, a museum education administrator, and two community organization administrators, I was able to get a well-rounded sense of execution and



build a complete picture of this stage. By observing a wide variety of programs within this initiative, I was able to check the interview information against real-life happenings and enrich my description of program execution.

I found that often, community organization administrators accompany participant groups during programs at the museum; both C and N state that they are no stranger to the MMFA. C is usually the only program specialist that comes with her group, while N is one of two to three. The number of specialists that accompany each visit is usually based on the number of participants in the group and their ability to interact independently. Both through observation and when interviewing museum educator G, for example, I found that some programs even have a nurse, a medical specialist, and/or an art therapist from their organization attend the visits with participants. C says that in regard to having one of their administrators be present for each visit: “We’re just accompanying our people. But maybe they wouldn’t go if we wouldn’t go” (personal communication, April 2016). Their presence can be very important.

L states that after preparation and planning (creation and development phases), “we don’t need people in the higher decision—the people that have put the programs together—because then it goes down to *la terrain*, or the floor” (personal communication, March 2016). I also observed that although there were program specialists accompanying all of the programs, I did not encounter any “higher up” administrators or organizational heads during the actual sessions. L informed me that these people are more behind the scenes in terms of programming, and during the actual visit, only the museum educator(s), program specialist(s), and (sometimes) an art therapist are present.

One piece of information I did find within the TYCA review made clear that the entire museum needs to work together in order to make these programs successful. Not only do

museum educators and administrators need to be involved for many of the steps, but other departments play a role, as well. Employees working within public relations must launch events, create promotions and publicity, and draft and distribute press reviews to raise awareness of programs; security within the museum must be present during programming and within the galleries in order to ensure the safety and protection of everyone; and the billing department/front desk must be aware of and cooperate with special programming in order to provide the free admission. It is clear that execution involves more than just a few parties (Champagne, 2009).

In regard to content, N mentioned that during the multiple years of programming she has attended at the museum, she has never felt that it has been repetitive, though she feels comfortable in knowing the basic program format. She recognizes that the schedule of the visits is generally the same in order to keep consistency; each special program usually begins with a visit to the galleries to look at anywhere from three to seven or eight works of art (depending on the population), includes a break where refreshments may be served, and concludes with a “workshop” of an art-making activity. L also spoke about this general format but clarified that according to the program, museum educators must change up the pace and/or tweak the process—there is no one, set formula to accommodate every group. I can definitely second this notion, as I observed that this “schedule” during programming varied from group to group. I also observed that this consistency in process of the programming seems to make repeat participants feel more comfortable—many asked if we were getting close to the break, what the art project would be later, and (of course) what kind of cookies they would have that day. When asked if content gets repetitive, N states that the themes in programming are quite different from

visit to visit, which she feels is important because a lot of her patients come to the museum multiple times throughout their program.

K, a museum educator, also brought about the fact that the same museum educator does not often work with the same program year after year. She states that “it’s purely an administrative thing—we work from the seniority list.” This could possibly help in making sure that programs are not repetitive, as different educators often bring with them different ideas. On the benefits of this year after year change, K says that, “for a [group] it might be interesting to see how each educator sort of goes about it” and “to ensure different projects, also” (personal communication, March 2016).

In interviewing museum educators, I could see how this was true; each educator has somewhat of a different view of how and why they teach these groups within the museum. G “lets their interests lead” and tries to leave her curriculum up to the visitors. She goes into each visit with a loose plan but takes into account which artworks her group reacts (or does not react) to. G states, in regards to artwork discussion: “I think there’s a lot of openness, which is fantastic in my line of work because it leaves a lot open to interpretation” (personal communication, March 2016). J describes her job as “teach[ing] them—[the visitors]—how to learn in a museum setting. And how to be in a museum setting so that they are comfortable and want to come back.” J seems to place a large emphasis on inclusion and teaching to her participants’ needs when they visit. She states that it is important for her to “consider what clientele is coming, for what activity; age group, background, language, amount of schooling, [and] purpose and length of program.” In support of general well-being, “we’re talking about art as a way of expressing themselves in order to come to terms with certain issues or just to make their life more complete” (personal communication, March 2016). K seems to take a more cultural education stance,

stating that she feels the museum collection should be shared with all the public because it provides so much rich history of Montreal and Canada.

### **Evaluation**

Through a variety of sources, I discovered that evaluation can differ from program to program, depending on a number of factors. I am considering evaluation to be the assessment of programs, not necessarily as “successful” or “unsuccessful” *as a whole*, but more in the ways that each program is examined, and who is involved in this examination. Evaluation is technically the last step in my programming process, though I have found that the process never really ends.

While analyzing the TYCA review, I found that evaluation methods have changed over the course of programming. It seems that there is little information recorded about the evaluation process of the first pilot project “My First Visit to the Museum,” but once the museum moved into “Crossing the Threshold of the Museum,” annual reports were created. One report was written for each year of existence from 1999-2003—and included a section for evaluation. In 2001, members of the education department “met to establish criteria for evaluation,” defining objectives that would provide a basis for assessing programs. These included “determine if the services offered were adequate” and “collect commentary and responses from community groups” (Champagne, 2009, p. 14). The team then met with separate evaluation professionals to create more specific actions such as “conduct brief telephone interviews with several representatives of community groups,” and “establish a series of meetings with focus groups,” in order to help reach goals (p. 14).

After following through with phone interviews, personal interviews, and focus groups, the museum team gained further insight into how better to help participants of these programs.

This may have been something as simple as finding out that there is “an initial, negative perception of the museum, especially among young people” but then the experience of the “professionalism of the personnel, their passion for their subject, and the quality of conduct” was appreciated during the program (Champagne, 2009, p. 14). In other cases, it led to the discovery of something surprising, like finding that many participants felt that “security staff could encourage the feeling of welcome more” or that participants reported a deeper “appreciation of the experience and artistic work produced... after a time of reflection” (p. 14). These ideas helped the museum personnel to better structure programs for participants and address some issues that they may not have known existed. Again, the feedback received does not deem each program a full success or failure, rather it gives the education team ideas of what is working well and what can be improved.

When “Sharing the Museum” was officially named as the collection of community outreach programming at the museum, the evaluation of programs moved away from focus groups and telephone-interviewing, and more towards the opinions and research of personnel involved. Annual reports were written each year by the museum education team and included a description of programs and statistics on attendance. These statistics generally show an increase of participants from year to year, though there are two years in which participant numbers have slightly decreased—possible reasons involve government funding and organizations combining during these years (“Sharing the Museum” annual reports; Champagne, 2009). Some of the program descriptions offer quotes from program personnel, stating the skills that these activities work to improve within participants. It seems that this general increase in attendance and statement of improvement possibilities is what is shown to the public—public donors at least—as a form of evaluating programs and showing “success.”

There is much collaboration that goes into evaluation, though, that may not be readily visible to someone uninvolved with programming. Through interviews, I discovered that a variety of personnel are called upon to aid in assessing programs, and the roles involved differ from project to project. Each of the museum educators I interviewed work with different special programs, so they gave varied answers. J has been the sole educator with her program for two years now and feels very much involved with the evaluation process. She states:

With the special groups, especially if there's a repeat [the next year] and we need to improve, we'll meet at the end and sometimes even during to make sure that we're still on track... My feedback is important, just as much as theirs, because [we] want to make sure that they got what they wanted. (personal communication, March 2016)

The “they” that J refers to is the research team that is involved with her program. Because she is working on a program that partners with a hospital and patients, there is a research team from the hospital that is collecting data to attempt to make a case to continue this program. Unfortunately, I am unable to share any of the research team’s information and can only share what I observed and what J has told me about the process, but I can say that the evaluation in this case is heavily based upon the research team’s objectives. I was able to sit in on a pre-program meeting for J’s project and observed that all of the evaluation objectives have to be established before the program even begins. This will allow J to keep the program on track and also make sure that the research team is able to collect the data they need. It is reassuring, though, to hear her refer to group meetings and say that her feedback is just as important as theirs—I interpret this as meaning that she still feels value and some independence in teaching, even though the research team has a big influence on objectives.

Another museum educator, G, shares that some programs (like hers) have evaluation forms they distribute to participants and sometimes museum educators, though this is something that is controlled by the organization (personal communication, March 2016). The MMFA does not currently use program evaluation forms and tends to assess more informally, with feedback sessions or group meetings between museum educators and administrators. G states that when the organizations do use these forms, they are usually given to participants as soon as they arrive at the museum, and then once more at the very end of the workshop stage—the same form or questionnaire is used both times. G is also able, though not required, to fill out a “written debriefing” at the end of the project day on how she experienced the visit. She believes that this allows the program administrators “a way to, in real time, assess how it’s going and also to help the person who’s in charge” (personal communication, March 2016).

K, however, has had a much different experience in the evaluation of the programs she has been involved with. “Once you’re done,” she says, “that’ll be it. And I won’t talk about it, they won’t talk about it, there will be no written reflection” (personal communication, March 2016). She does state that even though she does not feel a part of any official evaluation, as read in her quote, she does feel that “there is always feedback coming and going” (personal communication, March 2016). K is in constant contact with the museum education programming director, who is, in turn, in contact with the organization’s director. If there were any problems, K would be able to at least report them to the director. But she still feels that some sort of formal evaluation or even a group meeting would benefit her programs—to return to the idea of even just speaking with museum educators who have worked with the same programs in the past, she thinks that “if we had more time... it might be an interesting idea to talk about what they did, what you do, what worked, what didn’t...” (personal communication, March 2016).

L has a much broader view on evaluation, as she often oversees the assessment process being an educational administrator and project coordinator. She states that some programs involve evaluation sheets that are created by doctors or researchers from the organization, confirming G's statement on questionnaires as evaluations. L also informs, however, that there are multiple ways to evaluate programming, and that sometimes this also happens throughout the program instead of just at the end. L says: "sometimes we have a program and we live it, we experience it, but at the same time we're evaluating it. And then after, we have a proper sit-down committee and we discuss it" (personal communication, March 2016). She also brings up this point that evaluations on the museum side can be very informal because many of the programs already have researchers of their own that are doing quantitative and/or survey research. Again, this depends on the program, and is not to say that museum programs do not, at times, conduct their own research.

N, being a psychoeducator and an organization administrator, is very involved in evaluation, though possibly because she is on the "organization side" as opposed to the "museum side." When the last meeting of the year is complete, N says, everyone involved in the project for that year will meet with her organization head to go over the questionnaires. The questionnaires are given to participant patients at the beginning and end of each activity, to "measure the appreciation of the activity by the patients and what they think about the activity, what it brings to them" (personal communication, March 2016). The completed forms are then given to the organization's researchers, who analyze the data and present results to all involved in the final meeting. N is very positive when talking about the research her organization has completed thus far—"usually they're good and so it just encourages us to continue the same planning" (personal communication, March 2016). Again, results from these researchers are not yet published and I



was unable to obtain any detailed information, though N did inform me that “we’re proving that it [the museum program] has good effect and that the patients really appreciate it” (personal communication, March 2016).

The last community organization administrator I spoke with during an interview was C. When asked about evaluation, C seemed surprisingly confused— “What do you mean?” she asked when I inquired about who was involved during the evaluation process of her program. “Like, they ask us if we enjoyed it?” she asked as a follow up, replying quickly with “I mean, we come back...” in sort of a doesn’t-that-make-it-obvious tone. I was caught off guard by this response, especially after I had heard so much about evaluation from other personnel, that I had to pause for a moment. C did continue after thinking for a moment, saying that “it could be interesting,” but explaining her answer further saying that:

For us, because of the kind of program we have, we don’t... need to provide an evaluation for each class. When I see people enjoying themselves and I see people getting more familiar with art and knowing a little bit more about it, more bonded, feeling comfortable—for me, just the fact that people come is a success for me because we succeeded in having people mobilized, going out of their home, coming into a place like that, so it’s already something very positive (personal communication, April 2016).

C has been involved with this programming at the museum for seven to eight years now, so I am unsure as to whether this plays a role in not feeling that evaluation is necessary. It could very well be that research has already been published by her organization, or it could be that she is just not at all involved in the evaluation stage—though it is likely the first reason. In any case, C seems to be doing some informal, possibly subconscious assessment if she is recognizing these

positive effects, even it is just a personal evaluation. These thoughts and her personal evaluation criteria still have an effect on how she interacts with her participants during the programming, and—an even larger impact—if her participants continue to use the museum’s services.

### **Summary of Programming Steps**

In analysis of the programming process, I find that the process as a whole is not as straightforward as I had previously thought. It does not necessarily follow steps—creation, development, execution, and evaluation—in a straight line, and then end in neat completion. Instead, I have found that different steps of the process influence other steps, which may cause some phases to be repeated or used “out of order.” For example, G, J, and L all tied the evaluation step to the execution—and even the development—steps. G’s program uses evaluation sheets *during* programming in order to stay current on what is going well and what can be improved before the program is over. Much evaluation can be done in-process and during the program, and in J’s case, the evaluation criteria must be established before the program even begins.

Another example can be found within the creation phase. Many team members must look to past programming and evaluations during this phase in order to create a successful/improved program. Personnel must also think about how similar programs have been developed and what techniques were used to execute them. G spoke of her team’s program personnel looking to previous years’ evaluations in order to plan for possible challenges based on past practice; her program uses evaluation sheets consistently in-process, every year.

This set of processes and programming steps does not have to follow an order; in fact, it may be most successful when it does not (see *Chapter V: Interpretations and Conclusions* for further discussion). Above, I have provided steps for future application in other museum

programming contexts. Laying out a model for process is an important base to move from, but it is really the personnel that can make programming for well-being successful. By considering and adapting to specific participant needs, STM programs are tailored to provide opportunities for well-being that may not fit in a neat, step-by-step process.

### **Programs Observed: Description and Analysis**

Brief descriptions of observed programs are as follows. I attempted to keep an objective view while recording data as field notes during programming observation. Descriptions have been personally recorded and analyzed, and may be informed by information obtained from museum educators and/or program administrators within conversation and/or during programming. More detailed program descriptions can be found within *Appendix A*.

Analysis has lead me to understand opportunities for well-being within the programs observed. I found that listing each, individual program within this chapter was very repetitive, as many of the programs share similar qualities. In order to avoid an excessive length and increase readability, I purposefully combined similar programs into programming groups.

Below, I use program aspects taken from the TYCA review, annual reports, and my own observations. These program aspects are listed within the programming groups they apply to, and are immediately followed by measures of well-being presented in italics. I primarily use Carol Ryff's scales as measures for participant well-being within programming, as well as ideas from holism and positive psychology. A brief explanation of how these measures apply to the programming is provided after each italic term. I have created tables portraying this information in a visually organized way, which can also be found within *Appendix A*.

### **Les Impatients**

Description: I was able to observe one planning meeting for this specific group before programming began for the year. This program serves groups of mentally ill adults that are referred to this program by doctors or healthcare professionals. Each program year involves multiple, practicing artists that lead participants through museum viewing and discussion, then complete a studio-creation workshop either at the museum or in their own studios.

Two of the artists at this meeting had been involved in this program in the past, and they were able to speak to the trials and triumphs they had experienced. Although it was still unclear about the exact number of meetings that will take place for this year, the meeting was adjourned as a foundation for the program had been established.

NOTE: I only observed this meeting and not an actual programming session with participants.

### **Jewish General Hospital**

Description: In this program, adult patients currently being treated for mental illness by the Jewish General Hospital, Montreal, come to the museum for once-a-month sessions. 12 adults (all out-patient), three program administrators, and one museum educator were present during the one session I observed.

During their group visit to the “Pompeii” exhibition, the educator began by explaining history in the first room. It struck me that people who were not part of this specific group—the other public museum visitors—stopped to listen. As a result, they became a part of the group, if only temporarily. Throughout the visit, patient participants encountered many of these interaction opportunities; I noticed many participants smiling and waving to children in strollers, and mothers returning the warmth.

I also noticed that from the very beginning, the educator relates the people of Pompeii to everyday people of today, pointing out that we are all human and that we all have the same basic needs. This was a great way for the participants to identify more with the exhibit. The educator makes an impact on programming, keeping the participant interests in mind and developing a relationship with the group. During studio creation, both she and the program administrators offer support to allow participants to create a work of their own.

***Les Impatients, Jewish General Hospital (mental health patients)***

Program Aspect: “The people using the services [of the program] are not considered patients but rather as people impatient to heal and develop their art and their personalities” (Sharing the Museum 2014-2015 Report, p. 3).

*Measure: Personal growth:* These programs provide support for participants to develop on their own and develop their own identities. These participants are not stigmatized as patients, rather as people.

Program Aspect: Participants learn skills for viewing, discussion, and creating artworks (Sharing the Museum Report 2014-2015; Sharing the Museum 2009-2010 Report; observed).

*Measure: Positive self-regard:* Participants feel accomplished with new skills; communication and creation skills help them to feel like contributing and valuable members of society.

*Measure: Positive relationships with others:* Participants have opportunities to engage in discussion with each other, the museum educators/artists, the program administrators, and other museum visitors.

*Measure: Purpose in life:* Participants may discover a vocational skill or passion within art creation that they continue to explore into the future.

*Measure: Environmental mastery:* Participants must adjust their behavior and actions to a new setting (the museum). Participants are challenged to think of how some unfamiliar artworks/ideas relate to their own lives.

*Measure: Holism:* These programs include the museum visit (where a variety of populations are present), discussion, and creation. This programming not only focuses on creation, which could be seen as developing physical skill or even mental planning/problem-solving, but also on the social aspects of the self. As a result, the whole self is given opportunities.

Program Aspect: Participants work alongside their peers; “workshops... create closer ties among the individuals” (Sharing the Museum 2009-2010 Report, p. 2).

*Measure: Positive relationships with others:* Participants can improve or strengthen relationships with peers that may have not yet—or have already—developed.

Program Aspect: Participants work with different artists and different mediums throughout the programming (observed during planning meeting discussion and/or programming).

*Measure: Environmental mastery:* Opportunities to work with a variety of new materials allows participants to learn/master unknown situations.

*Measure: Positive Psychology:* By allowing participants to learn different skills, the artists/educators are allowing for opportunity to discover skills that are strong. If participants are able to find a skill they most identify with, they may be able to focus on this positive development and dwell less on the negative.

Program Aspect: Participants will be guided through art-making techniques/processes by artists, but each individual is able to create meaningful work from his or her own ideas, values, and/or

beliefs (observed within Jewish General Hospital programming; idea of drawing from an individual's background/ideas surfaced within multiple museum educator's interviews).

*Measure: Autonomy:* Participants are making their own artistic and meaningful decisions.

*Measure: Environmental mastery:* Participants learn the skills and techniques to manipulate materials but ultimately create artworks to meet their own plans.

Program Aspect: Participant works are displayed in an exhibition at the MMFA at the end of the program (Sharing the Museum 2014-2015 Report, p. 3).

*Measure: Purpose in life:* The exhibition gives participants a purpose.

See Tables A1-A5 in Appendix A for visually organized program aspects and measures.

### **L'Espace Transition (working with Saint Justine Hospital)**

This program consists of a mixed group of young adults with a history of mental illness and young adults with no history of illness. Participants range in age from 14 years old to mid-twenties. During the sessions that I observed—four in total—one program administrator, one museum educator, and one research assistant from the Saint Justine Hospital were involved.

Program sessions are once a week, two hours total, for 12 weeks. Each week, the program occurs after the museum is closed to the public, so the group has full access to all galleries without the presence of the public.

Although uncomfortable and silent when waiting for each program session to start, participants generally opened up to each other during the planned activities of the program. Educators and administrators planned gallery visits and discussions, as well as each session's studio creation activities, to be collaborative and only successful by teamwork—i.e. “exquisite corpse,” group drawing, descriptive games, and storytelling about the artworks. My favorite

moment came during the fourth and last session I observed, when two participants formed a visibly comforting bond, and encouraged one another in sharing ideas with the group.

I also found that the snack break, which was built into the program halfway through each session, seemed to encourage a feeling of community between participants. This time felt like the most comfortable part of each session, with informal conversation breaking out between the majority of participants.

### **The Douglas Hospital Program**

This is a group of eating disorder patients from the Douglas Hospital. Two program administrators from the Douglas Hospital, one museum educator, and one art therapist were all involved and present during the one session I observed (the Douglas Hospital requires an art therapist). This group's museum programming occurs every six weeks for a two to three-hour session, and begins with a group lunch at the museum. I was unable to be a part of the group lunch because it is a difficult time for the participants and I was not a usual program member, though I believe that this shared meal acts as a community building experience in a similar way to the L'Espace Transition snack.

Throughout this program, I noticed that instead of directly answering questions from participant patients, the museum educator responded with her own questions. This allowed the group to construct the answers together and create their own meaning. I felt that this was an important technique employed by the educator, and it helped to keep relevance, encourage positive relationships with others, and create a sense of accomplishment for those involved in the co-construction of knowledge. I found this similar to the L'Espace Transition programming, in that patient participants learned to create in collaboration with one another, and learn that they already possessed the knowledge needed to answer questions.



At the end of the session, I observed one young woman who was reluctant to leave. I found out that this was her last day of the Douglas Hospital program, through which she had attended the MMFA multiple times. Although she was beaming about finishing the program, she also asked about other art-learning and art-making opportunities around the city—clearly, she enjoyed this program very much. Museum educators provided ideas and encouraged her to continue to visit the MMFA.

***L’Espace Transition, The Douglas Hospital Program (for hospital patients)***

Program Aspect: Socialization and De-stigmatization. L’Espace Transition, specifically, is designed to “destigmatize and help the youth integrate into a social group” (Sharing the Museum 2014-2015 Report, p. 3). The Douglas Hospital program aims to “allow the participants to surpass feelings of isolation [and] create a feeling of belonging to the wider community,” and also states an objective of the project as “the de-stigmatizing of mental health issues, particularly, eating disorders” (Sharing the Museum 2014-2015 p. 3)

*Measure: Positive self-regard:* Programs encourage teamwork and collaborative creation, allowing participants with mental illness an opportunity to build self-esteem and feel more confident with who they are and how they fit into the world.

*Measure: Positive relationships with others:* Some of the patient participants may have been hospitalized/isolated during treatment; by working with other youth during the L’Espace Transition program and peers during the Douglas Hospital program, they have an opportunity to build relationships with their peers. This can help them to feel more comfortable socializing with others.

*Measure: Personal growth:* These programs can also teach the population of participants with no mental illness (L’Espace Transition) and/or the public (Douglas Hospital) to

work together with others/disprove the stigma of mental illness. These programs can help all types of participants—people with mental illness *and* people without—to grow as individuals, develop empathy/perspective, and open their minds.

*Measure: Environmental mastery:* Participants need to collaborate with others in order to be a part of these programs—it is the nature of the program and enforced in activities.

Though it may be an uncomfortable situation for some, all participants will learn to manage or adjust their own behaviors or interactions in order to work in this environment.

Program Aspect: L’Espace Transition artwork is created to show at the final exhibition, which takes place after the full eight sessions (Sharing the Museum 2014-2015 Report).

*Measure: Purpose in life:* Participants are working together to create artwork for the exhibition; this gives them a purpose in creation.

*Measure: Positive psychology:* Participants are looking towards the future and must persevere in their involvement in order to make it to the final exhibition.

Program Aspect: Each session of both programs includes an art-making component (Sharing the Museum 2009-2010 Report; Sharing the Museum 2014-2015 Report; L’Espace Transition planning meeting; observation).

*Measure: Purpose in life:* Through creation and development of art skills, participants may find a niche or skill to pursue as a vocation.

*Measure: Autonomy:* The museum educator and program administrators are simply guides throughout the art-making process—it is up to the participants to take their artwork in the direction they feel best. Participants will realize that they are free to make these choices, even within the presence of “authority” figures.

*Measure: Environmental mastery:* Participants use materials and gain skills that make it possible for them to make meaning through artwork, giving them an outlet for self-expression. J states that art-making for well-being is to provide participants with “an extra way of communicating with others” (personal communication, March 2016)

Program Aspect: Each session also includes an art-viewing/discussion component (Sharing the Museum 2009-2010 Report; Sharing the Museum 2014-2015 Report; observation).

*Measure(s): Autonomy and Personal growth:* Viewing, interpreting, and discussing artworks can help to develop problem-solving, critical-thinking, and meaning-making skills in participants, allowing them to more independently question and experience the world around them. This seems especially critical for the patient participants who may have been under control of doctors and had little opportunity to think independently (observation and personal interpretation).

*Measure: Autonomy:* participants feel that they are free to have and express their own opinions, even if they differ from one another.

*Measure: Positive self-regard:* There are no right or wrong answers during open discussion; participants feel that they are contributing, which can improve self-esteem. I observed this during a discussion in which a Douglas Hospital participant gave a very eloquent answer and the other women were vocally supportive and amazed by her insight.

Program Aspect: Museum educators encourage co-construction of knowledge, teamwork, and collaboration (observed).

*Measure(s): Personal growth and Positive relationships with others:* The museum educator allows the participants to construct their own meaning as a group by

encouraging them to voice their own interpretations and create their own agreed-upon answers; constructing shared-meaning.

*Measure: Environmental mastery:* Participants manage discussion to meet need for an answer/shared-meaning among the group.

*Measure(s): Autonomy and Personal growth:* Participants are pushed to independently question and experience the world around them, creating knowledge and answers that make sense to their own lives.

Program Aspect: Each session includes a group snack break and/or meal (observation; conversations with museum educators).

*Measure: Positive relationships with others:* Meal and snack times serve as a social interaction, and participants took part in informal conversation about their favorite music, hobbies, and activities.

*Measure: Environmental mastery:* Participants must manage a fearful situation in the case of the Douglas Hospital program; overcoming this situation helps to establish an environment of trust/accomplishment for participants, while also adjusting patients to outside situations.

*Measure: Holism:* Snack time encouraged a feeling of community, similar to the way that sharing a meal can. I saw this as a part of the program that is not only feeding the mind (artwork discussion and meaning-making) or soul (art-making and self-expression) but also the physical body.

Program Aspect: N, the psychoeducator working the Douglas, says in her interview that coming to the museum for this program “makes them [the participants] see different things... things that exist outside of the eating disorder” (personal communication, March 23, 2016).

*Measure: Purpose in life:* Drawing attention away from constant treatment or weight gain/anxiety; give a different purpose to life than worrying about illness.

### **Bon Dieu dans la Rue**

This program is made up of homeless women and/or women who have had homeless experiences in the past, along with their children. A museum educator, two program specialists, and an organization head were present for the one session I observed; four women, each with one child, attended.

I observed many hands-on activities during this program session, including interactions with a “tactile kit” brought by the museum educator. While looking at a canvas painting done with a brush, the educator provided canvas and brushes of all varieties. While looking at a large painting done with the artist’s own hands, the educator played music and asked participants to show an imaginary finger painting technique according to the different moods of songs. These techniques gave participants an opportunity to personally connect with works using different mediums of music, movement, touch, and feel.

The art-making activity that immediately followed focused on ideas discussed during the art-viewing gallery visit. Mothers were encouraged to create their own mixed-media artwork using multiple tools, but were also asked to sit next to their child and provide assistance when needed. Children and parents seemed to very much enjoy the art-making activity; even some parents, who may have been a little shy at first, dug into their work when their children did.

### **Accueil Bonneau**

I observed one session of this program, which is made of up homeless men involved with the Accueil Bonneau organization. Accueil Bonneau is a long-established group that helps to provide homeless men with career guidance, living necessities, and a group home in order to get

them back on their feet. This session consisted of six men, one program administrator, and one museum educator. The program takes place twice a month (once at the museum and once at the home of the men), and lasts for about two hours per session.

During the gallery visit, the museum educator focused artwork viewing and discussion on different painting techniques. She asked questions to prompt the participants to notice the different uses of color, brushstrokes, and light, which allowed her to simultaneously involve them within each painting and also prepare them for the studio activity. In the last gallery, she distributed clipboards to each participant and encouraged them to create a sketch of, or inspired by, an artwork in the gallery.

When the group returned to the studio, the museum educator informed the participants that during their next session, they would all be creating a collaborative painting to display in their group home. She asked them to begin a planning sketch of what their ideal painting would be, or to use the time to brainstorm some techniques they would like to use based on what they had seen and discussed within the galleries. Some of the men began drawing more quickly than others, but with the encouragement of the educator and the idea to look back on the sketches made in the galleries, all of the men finished with at least a partial drawing. I was surprised to hear all of the men complimenting each other's sketches—they were sitting at a circular table and could see one another working—and was very impressed by even the less verbal participants' ideas.

***Bon Dieu dans la Rue, Accueil Bonneau (homeless populations)***

Program Aspect: Hands-on learning experiences were used in combination with art viewing and discussion, providing participants an alternate form of communicating and interpreting ideas (observed).

*Measure(s): Positive self-regard and Environmental mastery:* Participants who may be unable to verbally communicate in an efficient manner, have low self-esteem, and/or feel that their ideas are not valuable, are now able to communicate through gallery sketches, movement, and/or physically picking and choosing an object in response to a question.

*Measure: Holism:* Responding to the needs of the whole human by providing modifications and choices during discussion and creation; museum educators get the participants mentally (thinking, speaking), physically (moving, drawing, pointing, choosing), and socially (group discussion and/or collaboration) involved.

*Measure: Positive psychology:* Participants could focus on their strengths—maybe expression through movement, expression through drawing, etc.—instead of feeling discouraged by their weaknesses.

Program Aspect: The annual reports describe these programs working with homeless populations as visits to collections and/or temporary exhibitions, followed by “related practical studio activities” (Sharing the Museum 2013-2014 Report, p. 4; observed).

*Measure: Personal growth:* Studio art creation provides participants with opportunities to learn new skills, recognize their talents, and use these skills to communicate meaning, ideas, and beliefs into the future. Learning new skills can also promote continued growth and development.

*Measure: Positive self-regard:* Learning new art creation skills allows for participants to further their knowledge and education. Often, homeless populations feel isolated and disconnected from society, which can contribute to negative self-esteem and/or discouragement. In learning something new, participants may feel that they are improving themselves, which can help to raise self-esteem.

*Measure: Environmental mastery:* Participants may use their art creation skills as a form of self-expression and/or communication of ideas. Expressing feelings and/or ideas can help participants to manage their emotional needs, providing an outlet.

Program Aspect: Programs provide many opportunities for socialization and/or strengthening of relationships during group discussion and art creation (TYCA review, 2009; observed).

*Measure: Positive relationships with others:* In Bon Dieu dans la Rue, mothers and children work together during discussion and creation, which can strengthen their bond and provide time which they can truly spend together/work together. In Accueil Bonneau, homeless men have a chance to strengthen or create bonds with each other, which is important for group dynamics because they will be living in the same group home.

Program Aspect: Accueil Bonneau, specifically, was cited in the TYCA review: “The [program’s] agency stressed that there had been many small victories throughout the summer: they began to see communication between individuals that was not seen before the program, see residents make themselves available and attentive/arrive on time and return over the weeks, read satisfaction in the eyes of the participants face-to-face with their achievements, and especially the pleasure of participating in a collective manner to a project” (TYCA review, 2009, p. 20).

*Measure: Positive self-regard:* Program personnel could “read satisfaction in the eyes of the participants face-to-face with their achievement”; they could observe pride and self-esteem after participation in the program.

*Measure: Positive relationships with others:* Program personnel could “see communication between individuals that was not seen before the program”.



*Measure: Purpose in life:* Program personnel could “see residents make themselves available and attentive/arrive on time and return over the weeks,” which means that they felt they had a purpose; they had somewhere to be and a job to do.

Program Aspect: Program personnel develop relevant themes for participants. For example, in relation to Accueil Bonneau, Lajeunesse is quoted in saying (in regards to a previous program) that “the theme of the identity and the mask was quite appropriate for these people who are often victims of prejudice. Evoking memories and translating feelings by creation was the main conductor of these workshops” (TYCA, 2009, p. 20).

*Measure(s): Purpose in life, Personal growth:* Relevant themes can help participants feel that what they are doing has purpose and can be applied to help them in their own lives.

### **Dr. Julienne Foundation**

Dr. Julienne was a “social pediatrician” (personal communication, March 2016) and mainly worked in underserved communities around Montreal. The population involved in attending museum programming is children from these underserved communities—the Dr. Julienne Foundation reaches out to these families and organizes opportunities. During the session I observed, there were 15 children between the ages of eight and 13, two young adult helpers, three program administrators from the foundation, and two museum educators. This program runs about two hours per session and one total session per month.

This program meets on Saturday afternoons, which could be more accessible to families and children than a weekday or evening. During this session, the group was led up to the Ancient Asian Art gallery and met by traditional Chinese musicians and instruments. In between songs, the musicians talked about the surrounding Asian art, music, and culture in general. Children learned a song in the Chinese language and were invited to try out the instruments afterwards. By

practicing both visual and musical arts, participants connected with the theme and information presented in multiple ways.

During this program specifically, I observe a lot of the older children participants helping the younger, aiding in a sketch or demonstrating again how to use materials. There is so much encouragement from both the museum educators and program administrators, and I cannot help but feel as if the older children in the group pick up on this and provide encouragement to the younger students, as well. It is clear that the younger children look up to these older ones—they are beaming when they receive positivity and they continue to look over at the older participants' works to marvel at their skill.

### **Mountainview School**

This program works with the Mountainview School for at-risk youth, a sort of “last stop” before students are sent to a detention facility. This specific session consisted of three students, two teachers, and a museum educator. I noticed this high ratio of educators/administrators to participants (1:1 in this case), as the Dr. Julianne Foundation programming for underserved youth was also operating with a similarly high ratio (almost one educator/administrator for every two participants). These two programs had some of the highest ratios of leaders to participants out of many of the programs I observed. I believe that this helps to provide strong support and keep participants on track.

During this program, I was disappointed to observe a majority of the artwork viewing and discussion overtaken by the museum educator lecturing to the students. Not until the third artwork did I observe the educator ask the participants questions or try and get them involved in the work. Instead of lecturing on the use of light or perspective, he finally asked the group to tell *him* how this work can relate to the idea of time. The students responded to this and called out

ideas, either because they were excited to have a chance to be involved, or maybe because they could relate more to the subject of time than the previous concepts.

In the last gallery, the educator asked participants to create a sketch, either of an actual piece of art or just an idea inspired by a work. I observed students hesitating to participate, without strong support from the educator, but was happily surprised when they did begin to take part. This is something that struck me—students obviously had *some* motivation and were likely just looking for encouragement.

When they returned back to the studio space, students were instructed to create something based on their gallery inspiration. Not a lot direction is given, which may be purposeful so that students use their own ideas and feel free to create anything they wish, but I feel that more direction could have provided more support for participants. The students mainly drew landscapes and I heard self-depreciating comments concerning their artworks. This apparently manifested at the conclusion of the program, as only one student took the drawing with her.

***Dr. Julienne Foundation, Mountainview School (for at-risk and/or disadvantaged youth)***

Program Aspect: Both programs provide youth with opportunities to collaborate and work together in a constructive manner (observed within Dr. Julienne Foundation when participants are helping each other with art skills/offering encouragement; observed within Mountainview School when participants are able to share their ideas with one another in a structured/appropriate conversation).

*Measure: Positive relationships with others:* Participants learn to work together in a positive manner.

Program Aspect: Programs have high leader (educators and/or administrators) to participant ratios, allowing for more opportunities for support.

*Measure: Autonomy:* With the support they need, participants learn to make good decisions and choices on their own.

Program Aspect: Programming is designed to give youth an opportunity to learn skills for art creation during each session (observed; conversation with museum educators).

*Measure: Purpose in life:* Participants develop skills early on in their lives that they may find vocational possibilities in, giving them something to work towards.

*Measure: Personal growth:* Participants discover skills that they may feel passionate about/have a natural talent in, which can increase confidence and inspire them to continue to practice to develop skills.

*Measure: Positive self-regard:* Participants learn and master new skills, which increase feelings of self-worth, value, and confidence.

*Measure: Autonomy:* Participants are able to make their own decisions within artwork creation, giving them a sense of control over their own choices.

*Measure: Environmental mastery:* Artwork creation may give at-risk youth a constructive outlet for expression.

Program Aspect: Music activities in the Dr. Julianne Foundation and artwork exposure/discussion in both programs may provide opportunities for learning that these students/youth do not have resources to be exposed to otherwise.

*Measure(s): Positive relationships with others and Personal growth:* Participants have the opportunity to explore outside cultural values and develop a respect for differences.

*Measure: Holism:* This program recognizes the importance of programming for the whole person; not just the interest of visual art but including music and/or discussion to enrich the experience in another way.

### **Alzheimer's Society**

I observed a group of six participants suffering from Alzheimer's Disease and/or dementia, each accompanied by a caregiver or family member. This was only in the "English-speaking group," however; there was another group of similar size that went with a French-speaking museum educator. All of the participants combined for the workshop. Two total program administrators from the Alzheimer's society and two total museum educators (one for each language group) were the personnel involved.

I immediately noticed that the museum educator knew her way around the museum and has worked to accommodate all of the participants. Though there are stairs and even a ramp up to the next floor, the entire group traveled together in the elevator, as some participants are less mobile than others. During the artwork viewing and discussion, chosen pieces were always near a gallery bench or couch, and extra folding chairs were brought along as needed.

I observed that not only did the educator ask questions in a series—starting with the most simple descriptions or identifications, moving slowly into interpretations and relations to participants' lives—but she also used questions focusing on the senses. As participants, caregivers, and administrators talked about what they heard, felt, smelled, or tasted within a work, the educator wove these details together to tell a story about each piece. I felt that the participants and caregivers were extremely involved throughout the entire gallery visit, each contributing at least once, with the exception of the non-verbal woman, whose husband was

interpreting for her. There was a noticeable feeling of warmth and closeness within the group, and I suspect it was because of the accessibility and comfortability within discussion.

Artwork creation took place within the museum studio space, and both groups combined for this after their language-divided gallery visits. Each educator took turns giving simple instructions in both languages, and all participants were involved in creation despite limited physical dexterity. There was one point in which the non-verbal woman's husband snapped at the museum educator in regard to an ability that his wife did not have, but by working together, the educator, husband, and wife created an adaptation so that she could continue to participate.

*Alzheimer's Society (and other Alzheimer's/dementia programs)*

Program Aspect: The annual report states that "these activities are designed to encourage communication and dialogue between the participants around artwork, as well as provide an opportunity for a creative endeavor" (Sharing the Museum 2009-2010 Report, p. 2).

*Measure: Positive self-regard:* Participants feel that their opinions are wanted and valued; I observed many participants wanting to share during this program.

*Measure: Positive relationships with others:* Programs encourage a dialogue between the participants, including the caregivers who often do not have opportunities to socialize.

*Measure: Purpose in life and Personal growth:* Participants appreciate having the opportunity to learn something new (observed).

*Measure: Holism:* Within programing, there is a focus on both communication and discussion, and physical stimulation and creation of an artwork.

Program Aspect: Movement and accessibility around the museum is well-planned by the educator because of the various mobile abilities (observed).

*Measure: Environmental mastery:* It may be difficult for some participants to even make it to the museum, but they are all managing the surrounding challenges of mobility—with the museum educator’s help—in order to meet their own needs and desires.

*Measure: Autonomy:* Participants may feel they are more capable, mobile, and free to make choices within the museum because of the museum educator’s planning.

Program Aspect: Art-making and activities are focused on giving participants an opportunity for expression, keeping in mind their sometimes severe limitations (observed; conversations with museum educators).

*Measure: Positive self-regard:* If participants are able to successfully create, self-esteem can be boosted and a sense of accomplishment can be achieved, as many activities can be difficult for people with Alzheimer’s.

*Measure: Positive psychology:* The activities are designed so that there is no focus on what the participants cannot do—the focus is on what they *can* do.

Program Aspect: The program atmosphere is immediately warm and inviting (mentioned by both L and K in their interviews; observed).

*Measure: Positive relationships with others:* This group of participants is equally as friendly with known members of the group and strangers encountered during the program; I witness all of the participants embracing each other and the museum personnel as soon as they enter the building.

*Measure: Holism:* it may be that this practice of friendship, love, and socialization during this program draws the participants to return; this nourishing of the soul seems important for these participants’ well-being.

## Statistical Data

I will now present statistical data in the form of tables that have been translated or adapted from original tables within the TYCA review. A brief description and analysis of information is located directly below each table.

Table 2a

*Table of Data by Year (Translated from the original TYCA review, 2009)*

<b>Program Year</b>	<b>Number of Participating Organizations</b>	<b>Number of Participants</b>
1999 - 2000	105	5,229
2000 - 2001	156	7,058
2001 - 2002	174	8,267
2002 - 2003	181	10,048
2003 - 2004	100	7,552
2004 - 2005	145	7,955
2005 - 2006	188	12,695
2006 - 2007	271	11,389
2007 - 2008	198	12,310
2008 - 2009	232	15,439

Table 2a organizes the number of participating organizations/participants in museum programming for well-being. The table is organized by attendance per year. It covers the first ten years of programming, beginning with “My First Visit to the Museum,” and continuing through “Sharing the Museum.”

Table 2b

*Table of Data by Year II (Generated from the “Sharing the Museum” annual reports, years 2009-2015)*

<b>Program Year</b>	<b>Number of Participating Organizations</b>	<b>Number of Participants</b>
---------------------	--	-------------------------------



2009-2010	199	14,822
2010-2011	unavailable	15,831
2011-2012	unavailable	16,669
2012-2013	unavailable	17,108
2013-2014	unavailable	21,340
2014-2015	unavailable	22,456

Table 2b organizes the number of participating organizations/participants in museum programming for well-being. The table is organized by attendance per year. It covers the years after the TYCA review was written—I have generated the table to fit the attendance numbers reported within each “Sharing the Museum” annual report since 2008-2009.

Table 3a

*Table of Variations in Percentage (Translated from the original TYCA review, 2009)*

	Number of participating organizations compared to the previous year	Number of participants compared to the previous year
<b>2000 - 2001</b>	+ 45 %	+ 35 %
<b>2001 - 2002</b>	+ 11.5 %	+ 17 %
<b>2002 - 2003</b>	+ 4 %	+ 17 %
<b>2003 - 2004</b>	- 45 %	- 25 %
<b>2004 - 2005</b>	+ 45 %	+ 4 %
<b>2005 - 2006</b>	+ 30 %	+ 47 %
<b>2006 - 2007</b>	+44 %	- 13 %
<b>2007 - 2008</b>	- 27 %	+ 9 %
<b>2008 - 2009</b>	+ 17 %	+ 31 %

Table 3a shows the variation of change (by percentage) in attendance rates of organizations and participants within these organizations. Data is organized by year. A positive percentage change means an increase in attendance, while a negative percentage means a decrease.

Table 3b

*Table of Variations in Percentage II (Generated from the “Sharing the Museum” annual reports, years 2009-2015)*

	<b>Number of participating organizations compared to the previous year</b>	<b>Number of participants compared to the previous year</b>
<b>2009-2010</b>	-14%	-4%
<b>2010-2011</b>	unavailable	+7%
<b>2011-2012</b>	unavailable	+5 %
<b>2012-2013</b>	unavailable	+3 %
<b>2013-2014</b>	unavailable	+ 25%
<b>2014-2015</b>	unavailable	+ 5%

Table 3b shows the variation of change (by percentage) in attendance rates of organizations and participants within these organizations. Data is organized by year. A positive percentage change means an increase in attendance, while a negative percentage means a decrease. Percentage of change was calculated using the difference between the new value and the old value (current year - previous year), then dividing that difference by the old value.

Tables 2a and 2b show that the number of participants and participating organizations has grown almost every consecutive year from the previous year over a 15-year period, with the exception of 2003-2004, 2006-2007 (which actually had more organizations than the previous year but were just made up of less participants), and 2009-2010. Tables 3a and 3b show this rate of change in participation, using data from 2a and 2b. Explanations for decrease in participation during particular years could be related to government funding and/or organizations combining during these years. The general trend for participating organizations over the years is growth, though, which shows that as the STM programming continues to exist, it is expanding its reach.

Table 4

*Distribution of Populations in Programming (Translated and generated from the TYCA report, 2009 and the Sharing the Museum annual reports, years 2009-2015)*

	Disadvantaged Young Adults	Immigrants, refugees, and cultural communities	Elderly	People with disability	Single parent and disadvantaged families	Adult community groups in disadvantaged neighborhoods	People with mental health issues	Illiterate Groups	Others
1999 - 2000	17 %	19 %	13 %	12 %	20 %	9 %	7 %	3 %	1 %
2000 - 2001	13 %	21 %	8 %	11 %	24 %	7 %	9 %	3 %	5 %
2001 - 2002	14 %	23 %	7 %	13 %	28 %	5 %	7 %	3 %	0 %
2002 - 2003	14 %	20 %	12 %	13 %	25 %	5 %	8 %	3 %	0 %
2003 - 2004	11 %	23 %	8 %	8 %	14 %	5 %	12 %	12 %	0 %
2004 - 2005	10 %	40 %	5 %	7 %	8 %	8 %	10 %	12 %	0 %
2005 - 2006	7 %	41 %	8.5 %	5 %	6 %	6 %	13.5 %	12 %	0 %
2006 - 2007	8 %	31.5 %	7 %	6 %	17 %	2 %	13 %	15.5 %	0 %
2007 - 2008	9 %	30 %	10 %	6 %	8.5 %	7 %	14 %	15.5 %	0 %
2008 - 2009	14 %	29 %	6 %	8 %	7 %	10 %	14 %	12 %	0 %
2009-2010	11%	30%	7%	5%	5%	4%	22%	16%	N/A*
2010-2011	10%	33%	7%	5%	7%	6%	11%	21%	N/A*
2011-2012	8.5%	32.5%	10.5%	5%	7.5%	7%	11%	18%	N/A*
2012-2013	8%	34%	10%	6%	7%	6%	9%	18%	N/A*
2013-2014	7%	32%	9%	5%	9%	5%	19%	14%	N/A*
2014-2015	8%	33%	12%	7%	9%	N/A**	17%	14%	N/A*

\*In the “Sharing the Museum” reports, “Other” is combined and added into the “Illiterate/Literacy Groups” category.  
\*\*Within the “Sharing the Museum 2014-2015 Report,” this category of “Adult/community groups in disadvantaged neighborhoods” was eliminated.

Table 4 shows the distribution of populations involved in museum programming for well-being. The table is organized by year. Group information and descriptions have been taken from the TYCA review and “Sharing the Museum” annual reports. This table can help to recognize both positive and negative trends in which types of groups are being served. For example, illiterate groups and people with mental health issues have generally increased in participating in the STM programming since the year 2000. Single parent and disadvantaged families, along with disadvantaged young adults, seem to have generally decreased in participation. Immigrants, refugees, and cultural communities have consistently made up a large part—about a third—of all participants of STM programs, while people with disabilities and adult community groups in disadvantaged neighborhoods have consistently been a small percentage.

This table can be useful in continually evaluating which groups are using the STM programs and resources, but should not be confused with need. It is impossible to say, just by looking at this data, that the groups that make up the least percentage of participation either do not need programming (because they are not using it) or need much *more* programming (because they are not being attracted to the existing programs). There are many factors that contribute to program participation—interest, communication, accessibility, previous experience—and they all must be taken into account when making programming decisions. Table 4a can be a great place to begin when creating new programming—researchers can look to see if any groups are being excluded and decide other factors that may need studied—but I do not find it to be the answer to creating programming for specific groups in itself.

## Chapter V: Interpretations and Conclusions

### Emergence of Themes

After organizing the specific programming information into categories (*Chapter IV*) and tables (*Appendix A*), I was able to more easily analyze and interpret the data as a whole. Keeping my main research question in mind— *How does well-being manifest in art educational programming at the Montreal Museum of Fine Arts within non-traditional participants?*— allowed me to focus my interpretations on discovering the ways that programming provides opportunities for well-being. Because of my coding system and use of a visual organizer, I was able to connect similar and repetitive themes from many different data sources, allowing me to discover relationships, cross-over, and the interconnectedness of multiple ideas. Four main themes have emerged from the aggregation of all data and are discussed below.

### Interaction and Integration

It was useful to ask the museum educators and program administrators what well-being meant to them, as they are the ones who are developing, teaching, and evaluating these programs—it is *their* curriculum and programming that I am striving to understand. By asking each person to define well-being, I thought I would get very basic answers to an introductory question, and have to push further in order to discover deeper, more useful information. Surprisingly, during analysis of this first question, my first theme emerged: “Interaction and Integration.”

I will first define the terms and their relationship to one another. *Interaction* is defined as “the action or influence of things on one another,” or “the act of talking or doing things with other people” (Merriam-Webster Dictionary, 2015, <http://www.merriam-webster.com/dictionary>

/interaction). Throughout data analysis, I have identified four different types of interaction opportunities within museum programming: (1) Interactions between participants and other participants, (2) Interactions between participants and museum/program personnel, (3) Interactions between participants and artwork (which will be discussed more fully within the third theme, *Connecting People to Art*), (4) Interactions between participants and general society/other visitors. *Integration* is defined as “incorporation as equals into society, or an organization of individuals of different groups” (Merriam-Webster Dictionary, 2015, <http://www.merriam-webster.com/dictionary/integration>). I have grouped both interaction and integration together as they have emerged as connected ideas; it is necessary to provide *interaction* opportunities for people in order to allow them to *integrate*, or become a part of, a group and/or society.

Observational and interview data best exemplified the theme of interaction and integration. The TYCA review and annual reports contain statements referring to project objectives and the importance of interactions with others and integration into groups/society: “Social integration [and] facilitating communication...are major objectives” referring to the Jewish General Hospital program (Sharing the Museum 2011-2012 report, p. 4); “objectives of this program [L’Itineraire] were to...improve their openness to others and to develop a sense of group belonging” (Sharing the Museum 2012-2013 report, p. 3); “from the compiled data, we notice that some customers remain insufficiently present at the museum [and] it would be important to enhance their presence” referring to points of improvement and showing that integration of *all* is important (TYCA, 2009, p. 31)—but there are no specifics on how this can be implemented within the museum. I learned most about this implementation through the interviews I conducted with the museum educators, and while observing programming.

Referring to the four types of interactions I identified, they are all equally important; they each seem to provide a different opportunity for well-being. In observing the Dr. Julienne Foundation programming, I observed many interaction opportunities between older and younger children participants. Interactions created visible pride and self-esteem boosts in the older children—positive self-regard—while also providing the younger with a positive mentoring experience. Within the Jewish General Hospital group, I observed a different kind of interaction: interaction between the participant patients and the general visitors. Other visitors became a part of the participant group, if only for a few moments, and it did not matter that these participants were patients with mental illness, or that the other visitors were not an official part of the group. Everyone combined into a collective, eager to learn new information. Conversation need not be involved; participants physically adjusted to make room for new members, participants and visitors shared a laugh or smile, and everyone gasped in shock together. I realize now that not only were these interactions examples of opportunities for positive relationships with others, but they were also moments that could boost self-esteem (positive self-regard), make a participant feel like a valuable part of society (purpose in life), and help the other visitors to accept others/develop empathy (personal growth). These opportunities gave everyone involved a sense of comfort, welcome, and unity, and truly exemplify the beginning of integration.

### ***Comfort, Interaction, and Well-being***

When questioned on the definition of well-being, many of the museum educators initially responded based on an idea of comfort: “being in an environment where you are very comfortable” and “feeling comfortable in your own skin” were two immediate answers from two different educators (personal communication, March 2016).

During analysis, I found that comfort may be related to the ability to communicate and connect. When defining well-being, K states: “You feel confident in that you can communicate who you are as a person, maybe be validated for that” (personal communication, March 2016). J says that art—interpreted to mean both viewing/discussion and making—can be “an extra way of communication with others” (personal communication, March 2016). This can be seen in the Jewish General Hospital example given, where participants who may not have many interaction opportunities in daily life feel comfortable interacting within the context of the museum program. G also states that it is important to “create a little environment around me, with my participants, where they feel safe enough to want to open up” (personal communication, March 2016). The museum can then provide people with this opportunity to feel comfortable enough to express themselves and interact with others, provided there is proper support by educators and administrators.

When you are within the museum, G says, you have a “different way of connecting with what’s in the world” (personal communication, March 2016). Not only, then, can museum education for well-being give people the confidence and opportunity to communicate with others and/or express themselves, it can also provide a way for people to connect or relate to the world in ways they may not know existed. While it is unlikely the Jewish General Hospital patients and other museum visitors ever contemplated their personal connections to Pompeii, educator and administrator designed programming equipped this diverse group of visitors to interact and make connections together.

Making a connection with society or feeling like a part of a group/collective whole is important for everyone—it relates back to Carol Ryff’s *purpose in life* and *positive relationships with others*. In relation, program administrator C says that well-being is, “feeling that you’re a



citizen, you're part of that society... to really feel you have a reason to be there" (personal communication, April 2016). She also states later in her interview that well-being at the museum is, "really being able to use the services that a lot of people use, so not being isolated that way—it's normalizing" (personal communication, April 2016). These answers suggest that being comfortable in a museum program promotes interaction, communication, and integration, which can then promote well-being. In simple, charted terms: Comfort → Interaction, Communication, Integration → Well-being.

During interviews, all museum educators explained in some way that their job is to facilitate and provide for different types of interactions and integration. Duties of a museum educator involve teaching people how to learn within the museum and how to be in this setting (as stated by J), "break[ing] [programming] down so that people feel like they really *do* belong," in the museum and as part of a group (stated by G), and recognizing that you cannot judge anyone coming in for programming because "everything they say is just as interesting and valid as anybody" (stated by K). K goes on to elaborate on this: "more often than not, they are going to challenge [ideas] and have a dialogue," so it is important to keep interactive opportunities open between everyone (personal communication, March 2016).

### ***Positive Interactions***

Data analysis led to the discovery of an underlying detail: most interaction scenarios that are discussed within interviews and literature are positive. J states in her interview that she is trying to teach museums visitors "so that they are comfortable and want to come back" (personal communication, March 2016). L mentions that the museum is responsible for making sure every visitor "has a good time" and "will experience something good" (personal communication, March 2016). Even C, a program administrator from an outside organization, brings up the idea

of encouragement for a positive experience multiple times within her interview; museum educators are constantly creating a positive environment during programming so that participants have a good interaction with the museum, with the people, and with the artworks (both viewed and made).

Although positive interaction experiences are important for helping visitors want to return to the museum—which is important for continuation of programming, funding, and the institution’s welfare—these experiences are also important for the participants individually. Relating back to the Comfort → Interaction, Communication, Integration → Well-being idea, positive interactions—initially between museum educators and participants—can help to put participants at ease. Once comfortable, participants are more likely to communicate, share their ideas, and interact in other ways. Interactions between participants, between participants and artworks, and between participants and the general public can be stimulated once they feel encouragement from museum educators. This encouragement provides the validation they need in order to share their experiences and to know that they are valued (positive self-regard). As a result of positive interactions, participants can take advantage of opportunities for well-being, such as positive relationships with others (encouraged to speak with others), positive self-regard (noted above), and purpose in life (feeling like a part of something; integration). All of these are important for each individual’s well-being.

Not all interactions within the museum are positive. N, a program administrator from an outside organization, states during her interview that, at times, certain groups have been “not so good” (personal communication, March 2016). She explains that there are certain group dynamics that tend to affect programming; sometimes patients have tensions with each other from an incident completely unrelated to the museum, and these tensions carry through into

group activities. Many of the activities are discussion based, and even in art-making and sharing of studio creations, participants are forced to interact with each other. It takes careful planning on both the administrators' and educators' ends in order to facilitate a peaceful group, though N shares that sometimes "[we] can't really resolve this in a few hours" (personal communication, March 2016). Another problem can be found in C's discussion, when she states that "these programs are not always exciting to all participants," and some people do not want their group outing to be the same place every month. She seems to downplay this problem quickly, though, stating that yes, it can be difficult to convince them it will be a new and exciting experience, "but if people come they're happy! And for me, it's very successful" (personal communication, April 2016).

If the ideal interaction/integration experience for well-being is a positive one, *how* can museum educators and program administrators help to create and implement these experiences with a positive result? In addition to the problems stated above, the general STM participants may feel unwelcome, unsure, and apprehensive about visiting the museum. This could be because they are unfamiliar with the institution, have had a negative experience in the past, and/or have been influenced by a negative perception of museums on the whole. When conducting personal interviews and focus groups after the first few years of special programming, MMFA researchers found that, "there is an initial negative perception of the museum," and that, "staff could encourage the feeling of welcome more" (TYCA, 2009, p. 14). None of these factors immediately set the stage for a positive experience, so personnel must work together to provide for participants.

### *Providing Support*

Through analysis, I found that a major factor in providing a positive experience is the creation of a support system. Museum educators must provide support for the participants, but time and time again, the idea of the program administrators' involvement surfaces. I found support to be important in providing well-being opportunities throughout all programs, especially citing the idea in the Dr. Julienne Foundation and Mountainview School programs, as well as in the Jewish General Hospital program analyses in *Chapter IV*.

During her interview, N states that she feels it is *her* role to be there to, "support the patients" through the entire visit. C, the other program administrator, speculated whether or not her participants would attend without her. She says, in regard to having one of their administrators be present for each visit: "We're just accompanying our people—but maybe they wouldn't go if we wouldn't go" (personal communication, April 2016). I found this idea particularly interesting—evidence suggests that the program administrators' presence is important for participants to feel supported in the *real world*. It is especially important for patient participants who are coming out of a long hospital stay, or participant populations who may generally feel isolated, such as the homeless, the elderly, and refugee/immigrant groups. Someone constant and familiar can support the transition into a world completely new.

When I observed the L'Espace Transition program, I noticed that the participants, while generally extremely quiet (to the point of seeming uncomfortable) at the beginning of each session, visibly opened up whenever the program administrator joined the group. She had been involved in the initial screening of the program participants, had chosen who was to participate, and regularly worked with the Ste. Justine Hospital where some participants resided and/or were treated. During the program, she laughed, joked, and lightened the mood to a noticeable point. In

one instance, during the first session's gallery activity where each participant was nervous to speak, she made silly comments to get the participants smiling and more comfortable. After this, they became more comfortable and began to communicate their opinions and interact with others, providing an opportunity for well-being and integration (see above paragraphs on Comfort → Interaction, Communication, Integration → Well-being). Not only is it important that the administrator be present, but that they also establish positive rapport with the participants.

C has described her programming experiences at the museum as very encouraging, which is important in making participants feel comfortable and providing these positive experiences. To take this further, when talking about the educators' encouraging attitudes, she says, "I think the participants learn from that!" She further elaborates: "They [the participants] always say good stuff about what their neighbor is doing, so I think they learn... to appreciate what [other] people are doing" (personal communication, April 2016). As museum educators encourage participants, they are also *modeling* behaviors for them. I interpret this as a scaffolding strategy: educators are modeling behaviors that will help participants learn and succeed, and also giving them the tools to help each other.

Familiarity, consistency, and scaffolding are important in the case of the program administrator, and possibly even the museum educators. It is this support system of a familiar, trusted person that allows these participants, who might feel especially unwelcome or out-of-place, to have these opportunities for the interaction and integration they need so much. Having a consistent experience with personnel, participants feel comfortable and can take advantage of opportunities. The museum educators and program personnel provide this mediation step that many participants may need; once participants have gone through a positive experience in the

“real world,” they may be able to take the next step alone. In the case of scaffolding, museum educators are helping participants to learn skills to help each other, which can be an important part of a lasting support group. It all comes full circle—if participants can feel comfortable, they can begin to interact with others and express themselves, which allows them to feel like a valuable part of a group. This integration, then, allows them a more positive well-being.

### *The Museum Setting*

The museum setting comes into question: is the museum environment necessary for these interaction, integration, and resulting well-being opportunities? There are many opportunities for general interaction and communication outside of a museum setting. N states, though, that the museum environment is very important for her programming; “we try to bring them there to try to change the context for the participants.” She says that she feels it is good for the participants within the Douglas Hospital Program to get out of their homes, out of their routines, and out of their heads. A new context with opportunities for viewing, discussion, and creation offers her patients something else to focus on beside how much weight they are going to gain, their health issues, and other obsessive thoughts. It may also help patient participants to express their feelings and overcome social anxieties and/or fear of eating with the proper support in place.

C, the other program administrator, also emphasizes the context of the museum. She says that coming to the museum for programming provides her patients with a group to go out with—many do not have a lot of family or friends, nor places/activities to interact in. “I find that the illness, especially schizophrenia, really disconnects people with their pleasure, so it’s hard for them to really enjoy stuff,” C says. She continues: “I find that the workshop and the visit to the museum help them to reconnect with that.” Through museum programming, C’s patient participants are provided with many opportunities for well-being that they may not find

elsewhere, including the positive relationships with others that they often lack (see *Chapter IV: Description and Analysis, Les Impatients/Jewish General Hospital*). Because the museum's programs for well-being are specifically tailored to populations, the museum not only provides a solid physical context but a whole, social environment of support.

When talking about creating a comfortable atmosphere for participants, in relation to providing interaction and integration opportunities, K made a statement that leads perfectly into the next theme. She stated that “the idea to open [the museum] to other people is *so* important,” so that they feel they are welcome (personal communication, March 2016). Not only, then, can museum educators and program administrators support well-being by helping participants to become more comfortable within the museum during programming—allowing them to interact and integrate with others—but general views of the museum as an institution can also support (or undermine) efforts of well-being. Within the next section, I explore the second major theme emerging from coding: Accessibility and the Changing Environment of the Museum.

### **Accessibility and the Changing Environment of the Museum**

After analyzing both the museum literature and my own interpretation of program steps (creation, development, execution, evaluation), I found the idea of access embedded. During the creation and evaluation phases of programs, especially, educators, administrators, and program personnel must consider accessibility; if the goal is to open up programming for all, they must make sure they are providing the necessary opportunities.

As mentioned within *Chapter I: Introduction, Purpose and Justification*, the museum as an institution can be viewed as more accessible than schools, particularly because of racial, social, and economic disparities associated with K-12 institutions (*Purpose and Justification*, see pp. 5-10). This does not, however, change the fact that there are certainly negative thoughts

about museums, as well. Not only within the museum's own TYCA (2009) report—where focus groups named negative perceptions as a common view of museums (p. 14)—but also throughout museum history—e.g. Betty Smith's 1960s claim of museums elevating privilege—can we find examples of museums as perceived inaccessible to the public.

From the very beginning of the STM initiative, accessibility was a driving factor in programming. The McConnell Foundation's mission includes building a more inclusive society, which aligned closely with the MMFA's Education Department. Helene Nadeau—the head of education during the time of the McConnell Foundation's donation/the STM beginning—believed that the MMFA needed to address the elitist image often attributed to museum institutions (Champagne, 2009). In order to open up the museum to everyone, it was decided that research was needed to see what groups were underrepresented within the MMFA (see *Table 1, Chapter IV*) in order to create new programming.

Besides providing a public context and resources to create an environment of support (as mentioned above within "Interaction and Integration"), I speculate that the museum setting is important because of outreach and accessibility efforts. During the first few years of programming for well-being, the MMFA's personnel reached out to hundreds of organizations, inviting them to use the museum's free programming services. Because of follow-up, funding, and success of programs, the number of organizations using services for well-being increased almost every year (*Tables 2a, 2b*). Within the past few years, the MMFA has stopped reaching out to organizations in order to build programs; organizations are now reaching out to *them* (TYCA report, 2009). Because the museum started by taking action, and continued for years to extend invitations to people that have felt excluded, people may have begun to see the museum as an open and accessibly environment that they could turn to.



Though it can initially seem counterintuitive to focus on just a handful of groups when talking about access for all, there is a strategy—and philosophy—behind this. To begin, consider that there will likely be certain populations whose attendance is high or at least average among museum visitors. These are probably visitors that come from economically and/or socially advantaged backgrounds, and/or people that value the arts, among others (see *Table 1, Chapter IV*). The groups that were *not* visiting the museum included disadvantaged schools (children from underprivileged, low-income backgrounds), people who need adaptations because of physical special needs, and other groups who were not aware of how the museum could relate to them (cultural communities, literacy groups, individuals with physical or mental health problems, etc.) (Champagne, 2009). If we look at the groups that are not attending the museum, we can make an educated guess about what groups are attending.

The populations that are currently attending the museum already have the resources, knowledge, and/or ability to use the museum's services, and are likely to continue to use them. At the very least, they know they are *able* to. The groups that are not attending, however, may not be able to; they may not have the resources (economic, transportation, etc.), knowledge, and/or ability to come to or use the museum. If the museum can involve these populations—the ones currently not visiting—then *everyone* can use the museum. Principles from the “Justice as Fairness” theory (philosopher John Rawls) help to support this idea. Rawls's social justice theory states that the idea of helping the *least* advantaged populations will help *all* (Wenar, 2012). By opening access to—and creating programming for—the least advantaged, underrepresented groups, the museum has the power to help society as a whole.

Throughout its programming for well-being initiatives, the MMFA has regularly conducted evaluations and research to more open museum accessibility. After the first few years

of programs, participants and participating organizations were recruited for telephone/personal interviews and focus groups. The MMFA found that 27% of the organizations interviewed never visited the museum because they did not know of the programming, participants reported the hours/scheduling of the programs to be restrictive, and that there was a negative perception of the museum (especially among young people) (Champagne, 2009). Moving into the official STM programming as we know it today, the MMFA considered these points and made changes accordingly. Tickets for a free visit to the museum were distributed to participants after each program ended (in efforts to welcome these groups back), community partnerships with new organizations were created, and Lajeunesse began tailoring programming specifically for each group's need in the form of special projects (Champagne, 2009).

### *Perception*

Though many of the adjustments discussed have been technical (scheduling, advertising, economic aid, etc.), the perception of an accessible, open, and accepting atmosphere is just as important. General perception influences visitor expectations and can affect the likelihood that they will step foot into the museum.

The idea of museum accessibility and perception was organically brought up by interview participants within every interview I conducted—I did not need to ask any questions about museum access, my participants raised the topic on their own. When coding, this immediately stood out as an important issue because of its repetition. Many interview participants spoke of the museum institution as being inaccessible in the past but there were also a few that spoke to the perception of the museum as still being this way.

L says that since she has moved on to administrator from educator, she has been able to spend more time reading and doing research. She begins to talk about perceptions of museums

when I ask her what types of populations she considers for well-being programming. She states that “before, there was another paradigm saying that you can’t come to the museum if you don’t know about art, and you’re not white, and you’re not heterosexual,” referring to the way that museums were viewed in the past (personal communication, March 2016). L does say that recently, she has been reading a lot about an idea she credits to Great Britain: the “happy museum”. She interprets this as an accessible, open, welcoming concept in direct opposition to the negativity of the past. L supports this idea of “the museum [as] a place, public space, everybody can enter” (personal communication, March 2016) and makes sure to emphasize that she considers a *variety* of groups when considering populations so that visitors know everyone is welcome. It is part of her role to make sure she is creating accessible programming for all.

J and G also both speak about museum access and environment as something that is a part of their jobs. J states that part of the museum’s mandate is to encourage all people to come to the museum and show “that it’s not a frigid environment anymore” (personal communication, March 2016). G states that Fine Arts museums, as a whole, can be intimidating; she feels that they can make people feel as if they do not belong or do not understand. G says that her job is to break things down for her visitors, which echoes J’s and L’s ideas of museum responsibility to welcome visitors and present an accepting environment.

J also states that it’s important for the museum personnel to “go and get organizations and bring them into the museum; ...we actually have to go get some clientele that... don’t think they actually have access” (personal communication, March 2016). J speaks to the idea that the museum is becoming much more open but that some people may not realize this. She is supported by the previous work done by researchers after the first few years of programming, finding out that more than a quarter of organizations surveyed did not know about programming.

The museum can change its programming, technicalities, and attitude, but it still takes time for general perception to change.

In order to get an idea of this general perception of the MMFA, I analyzed interview data from the program administrators I spoke with. Although not completely removed from interest in the museum, they are both more “outsiders” working for outside organizations, as opposed to the museum educators and project coordinator I spoke with, whose opinions may be more strongly influenced by the fact they work within the museum every day. N had less to say about museum perception and accessibility, though she did state that she brings her participants to the MMFA because it is an important context, peaceful, and calming. She also stated that she feels societal well-being is not necessarily a responsibility of the museum but that MMFA “definitely [has] a role in improving peoples’ health” (personal communication, April 2016). C has a clearer and stronger stance. She states during our interview: “museums, I think, around the world are doing more and more; they’re trying to be more and more accessible to their citizens [and] they’re trying to have projects to democratize... so that everybody can go there, visit” (personal communication, April 2016). To have someone who is not working for the museum be able to say that museums are becoming more and more accessible adds legitimacy to the improving environment of the museum institution.

Why is it so important that museums’ environments be perceived as open and inviting? Aside from the fact that it is part of the STM initiative to welcome underserved populations—and what better way to welcome them than being seen as accepting—it is also important in offering opportunities for well-being. J says that these programs support participants “expressing themselves in order to come to terms with certain issues or just to make their life more complete”

(personal communication, March 2016). STM programming can only provide these opportunities to all if they are seen as open and inviting.

K also shared a story in support of this idea, in which one of her participants from a Native Women's Group recognized the Inuit art and artists within the museum. The woman was visibly excited and able to share her personal knowledge of the artists' backgrounds, educating the entire group—including the museum and program personnel. This sharing of knowledge was not only an opportunity for interaction (between the participants and participants, *and* between the participants and the museum personnel) but also an opportunity for feeling valued; this woman was able to share knowledge that was not even known by those in educator positions. An experience like this can improve self-esteem (positive self-regard), create positive relationships with others, promote personal growth by recognizing potential, and manage surroundings and knowledge skillfully (environmental mastery). This can also provide for well-being through focusing on strengths (knowledge of this particular area) and positive aspects of the self (positive psychology). K says of her participants of all backgrounds: "...all these people, no matter what their lives are, they all have value... and everything they say is just as interesting and valid as anybody" (personal communication, March 2016).

When feeling that there is a welcome place for them in public, each individual can feel like a productive, valuable part of society. In order to experience the opportunities that the museum can provide, participants must first feel that they can come to the museum and not be shunned, discounted, or excluded.

### ***Exclusion for None, Opportunity for All***

The idea of exclusion also surfaced multiple times within interviews. J states that "exclusion is something we really need to pay attention to because sometimes it's really

important for them not to feel excluded” (personal communication, March 2016). J is referring here to the participants within the STM programming, and began speaking about this when I asked her how she plans for well-being within educational activities. She speaks about the difficulties of planning activities that are based on past or experiential knowledge, even if the group had visited the museum before. It is very important to realize that these visitors cannot always attend every program, for multiple reasons, so basing one program day off of a past programming day can make the “new” participants in the group feel excluded or disadvantaged. The key to avoiding this negativity, explains J, is to make sure that participants know that they do not need any background knowledge of art/art history to enjoy their experience.

K says that one of the most important parts of her role as an educator is to include everyone in as many opportunities as possible; the museum was “a closed institution for so long” (personal communication, March 2016). She also states that is important to always be aware of exclusion; “if you think about those people [who felt closed off from the museum], they probably feel that a lot of society might be closed off to them for various reasons” (personal communication, March 2016). She speaks to the fact that there are populations of people that feel excluded from a lot of environments that are supposedly provided for the public. C sums this up perfectly: if these people feel welcome to come in to the museum and use the “services that a lot of people use, [they are not] being isolated that way—it’s normalizing” (personal communication, April 2016).

L makes an important point about exclusion when talking about bringing in many different types of people. Again, while there is a focus on bringing in those who do not typically use the museum, that is *not* to say that there is anything being taken away from those who regularly visit—that would be exclusion of *these* populations. L speaks about conducting

programs with underserved groups within the museum and how it can possibly make other visitors uncomfortable. They are possibly not used to interacting with a variety of populations, possibly affected by stereotypes, possibly just curious; in any case, L says that she is striving to help everyone understand that the museum is accepting of *all*. “To say that these posh and noble people can coexist in one room with people who are out on the street... yeah, it’s going to happen!” (personal communication, March 2016). L calls this “democratization,” which I interpret as the idea of giving everyone equal opportunity, equal opinion, and equal voice.

Both J and G speak similarly about this idea of exclusion, or even “reverse exclusion,” if you will. J says that “you don’t need to be unwell to seek wellness,” and G states that “museum should be a place where anyone and everyone can come in... regardless of how sick I am or not” (personal communication, March 2016).

Even though all regular visitors may not currently have a special program to attend through STM, they can still benefit from the well-being opportunities that the museum provides. I have previously discussed opportunities for well-being that the museum in general provides (*Chapter II: Review of Related Literature*), but in this case I speak about the opportunities gained from special programming, specifically at the MMFA.

By including everyone in museum programming, these regular visitors will be exposed to interactions with program participants. All STM programs take place within the galleries during open museum hours, except the L’Espace Transition program, which takes place when the museum is closed but mixes individuals with mental illness with individuals with no illness. So, participants have many opportunities to interact with others because there will always be a variety of people present. Just as L said, the regular visitors may feel a bit uncomfortable around program participants, but programming can benefit their well-being just the same as it does for

participants. Whether visitors verbally interact—in the case of discussing artworks in the galleries—or physically interact—by way of holding doors, navigating space, and/or simply coexisting in a space—there will be relationships and understanding opportunities for all. Many of the mental health programs aim to destigmatize mental illness; if other visitors can see and accept participants they once thought of in perhaps a negative way, they can improve their own personal growth, develop relationships with others, master/accept their environment (although it may be different than what they are used to), and practice autonomy (they are making judgments and choices on their own).

### ***Changing Thinking, Changing Environment***

I have to wonder that if because of the changing attitude of the museum (a more open environment for all), and the supporting practices within (programming, modeling, inclusion), peoples' actions change, as well. By perpetuating the idea that the museum is an accepting institution and everyone belongs, can the museum cause people to change their actions—and possibly even their ways of thinking—to fit?

I previously mentioned a comment that one of the program administrators made about museum educators modeling behavior. Because the museum educators perpetuated an environment of encouragement, and continued to model positive behavior, the administrator started to notice that her participants began to do the same. She did not specifically say that this was a skill practiced outside of the museum—I had not picked up on the idea until I was coding my information, so I was unable to ask further questions—but even something as simple as learning positive behavior can improve the way that we treat others.

The process may be somewhat subconscious; if a visitor encounters someone else who appears to be a typically “non-traditional” visitor, he or she may automatically accept that this



person “belongs” in the museum institution and is a part of public society. This acceptance may lead to interaction, whether it be a silent understanding and respect for another person or a conversation about an artwork, object, or general idea. As mentioned above, programming for well-being within the museum helps to provide opportunities for everyone—and these opportunities and perpetuation of acceptance within the museum can possibly help to promote this type of change.

### **Connecting People to Art**

If the museum’s changing environment and interaction opportunities can apply to all parts of society, how can the museum make sure to keep these participants interested? How can personnel program for their benefit and make sure they take advantage of these opportunities?

I turn back to my teaching self, at this moment, as I think about the ways that I educate students. A large factor in teaching is motivation—students are sometimes not motivated to learn about art. Similarly, lack of motivation/interest has been identified as a barrier to museum attendance in certain groups (see *Table 1*); they just cannot think of ways that the art museum can be relevant to their lives.

Programming observations and the interview information analyzed aligns closely with my personal struggles when teaching. Many museum educators mentioned the constant need to connect their participants to art, whether that be in discussion, creation, or within their own, private understanding. Most of the museum educators I observed during programming voiced their opinion that if participants cannot relate to the “theme” they are focusing on during the visit, they will be unmotivated to participate and/or return to the museum. G says that her job requires her to mediate between participants and their encounters with art, then goes on to

elaborate that it is “more than just mediating... [it is] making connections to peoples’ lives because otherwise, art can be intimidating” (personal communication, March 2016).

So it is important to connect people to art, to help them discover how art relates to their lives in a way that makes sense—but how can museum educators and administrators do this? Through analysis, it is apparent that there are many different ways that people can connect with art. J states that “the well-being we are mainly looking to achieve is that people can use art, because we’re talking about art as a way of expressing themselves... to come to terms with certain issues or just to make their life more complete” (personal communication, March 2016). G says that art provides a “context that allows you to see connections that are maybe difficult to perceive in everyday life” (personal communication, March 2016). Both J and G reference the idea that art can provide people with an opportunity to see things differently and/or make sense of their lives.

Just as each participant is distinct from another, ways of connecting are different, as well. K says that she often finds her participants to have different views than her own—“I wouldn’t perceive it that way,” she says in reference to a general work of art, “but I’m glad that that person saw it that way” (personal communication, March 2016). This example of the educator being able to practice empathy, to try and understand from someone else’s point of view and appreciate it, may be a factor in encouraging participants to share their views. And sometimes, it may be the coincidental alignment of the personal and the artwork that factors into a powerful connection. G says:

Sometimes we face things that we feel are inside of us but we have never been able to put into words or make sense of. And sometimes... there’s an artist, a human being you’ve never met, but what they’ve done or what they’ve created speaks to us, totally *connects*

[emphasis added] to what we're feeling, and our views, and the world. (personal communication, March 2016)

This can also be illustrated in a story about one of G's participants. G did not know the background of this specific group at the time—they were from a local women's shelter but location may have been kept anonymous for privacy—and she led them to a painting in one of the contemporary galleries. Although she did not know how her participants would relate to the work, she found that one woman was visibly affected by the painting. G said that the woman “was moved by something that I never would have seen in the painting,” but that she began to understand when the woman explained. The painting is related to the theme of family, and is composed of many family members lying in bed on a weekend morning. The “bed” is the entire canvas and we do not see the edges. It is not a realistic perspective; rather, everyone is on the same plane. The artist chose to portray a woman at the top of the painting, above all the other family members within the composition. For this participant, it was an extremely powerful choice to put the woman at the top, alluding to the fact that the mother was the most important in the family. Because of this woman's personal background, she was able to connect to and share part of her experience with others. This may have provided an opportunity for validation and/or positive self-regard, positive relationships to develop with others in the group and/or the educator/administrator, and even a purpose in life (finding meaning within the work to validate experience).

Many times throughout interviews, responses suggested that connection with artwork is natural. G states that art “touches on common traits that all of us human beings share” (personal communication, March 2016). L predicts that into the future, art will become as important as it was in the past—hundreds of years ago—where it was “just a part of life... and it was a part of

healing and well-being and wasn't divided" (personal communication, March 2016). K feels that the historical importance should be naturally interesting to participants as citizens of this city, province, and/or county. She talks about the museum's collection housing so much history: "it's so nice to be able to come into a location and learn a little bit about who we are, why we are part of the city, what Canada is...it's really telling stories, learning stories" (personal communication, March 2016). In this way, artworks can connect to heritage, background, and culture.

Connections with artwork can help to promote ideas from the first theme discussed—Interaction and Integration—as group connections can form from a common thread.

Connections can also be seen as participants becoming absorbed in their experience. The program administrator from the Douglas Hospital group speaks about workshop experiences at the museum: "what I observe is that every time, I'm really impressed by what they're doing... and even if it's not great [craftsmanship], I can see them just doing it and they're really absorbed in what they're doing" (personal communication, March 2016). I previously noted that she says that the museum context is important to her, as an administrator of the program, because it can help her participants keep their mind off of certain things. By making connections with artwork through discussion and/or creation, these patients "don't think about anything else, they're just concentrated on what they're doing" (personal communication, March 2016). G sums it up nicely: "when you're in the museum, you can, for that time when you're immersed... really disconnect from the outside world for that period of time" (personal communication, March 2016). By disconnecting, participants are able to make *new* connections.

### ***Methods to Support Connection***

Because there are many different ways to connect with artworks, museum educators and program personnel must differentiate methods of instruction. When an educator has been

provided with background information on the visiting group, he or she takes this information into account during curriculum creation/planning. K says that when she works with Alzheimer's or dementia patients, for example, "you really sit down and you really into the observation of the works," choosing three or four maximum pieces (personal communication, March 2016). This population may need more processing time and/or be more easily fatigued with a long and rigorous gallery visit. When J is planning for her groups, she similarly plans with her participants' needs in mind. In order to visit the gallery spaces with her groups of people with physical handicaps, she must plan the best route in order for everyone to be able to navigate the museum. Because she feels it is so important to give them the opportunity to connect with artworks, she will not skip the gallery visit. Instead, she lays out a path in advance and allows for flexibility in travel time. In order to provide the best opportunities for connection, personnel must take needs into account and create opportunities for specific audiences.

As discussed, especially within the L'Espace Transition and Douglas Hospital groups, I often observed programming in which museum educators did not directly answer questions. Instead of giving out information, educators would respond with another question, challenging the group to answer their own inquiry. This response was often rephrased in a way that allowed participants to discuss and come up with an answer together, which allowed the group to answer their own question. In this way, the participant group was creating shared meaning together. As they are discussing, it felt much more exploratory and team-building—they are constructing their own answers.

Personnel can also plan themes based on their participants' backgrounds. K states that if she knows which group she will be leading and she is able to create her own program plan, she "start[s] in the museum, just walking around to see if I could figure out a theme" (personal

communication, March 2016). She uses knowledge of the population to her advantage, making sure that she is planning something relevant. K also brings up a challenging situation: often, museum educators “revert to scholastic activities” or generic lessons if there is not enough time to plan (personal communication, March 2016). If she is working with a group of men in rehab, for example, she thinks “they might get more out of it if it wasn’t a standard ‘ok, we’re gonna [sic] go up to Canadian Art; let’s talk about light, movement, colors,” (personal communication, March 2016).

K takes the responsibility to adapt her lessons to the interests of her groups, even if that means changing the direction of a program while it is happening. She says

If [educators] find that these men are here and we’re not engaging them at all, then we will take it into our own hands and say ok... we’ve worked with this, this, and this, let’s see if we can... kinda change it up a little bit. (personal communication, March 2016)

G also shares this idea within programming. She wants her participants to be able to relate to and connect with the artworks, so she allows her participants interests to lead the visit. If the group visits an artwork she had planned but there is little to no reaction, she will move on to another until they find one that is relevant.

### ***Storytelling as Connection***

Though only brought up once during interviews—K’s comment on relating artwork to participants being “really telling stories, learning stories” (personal communication, March 2016)—I observed that “storytelling” was a common method used within programming. I also made a connection to Silverman’s text (2010), in which she cites that the museum can provide opportunities for identity development through storytelling (narratives inspired by museum objects, discussions, or experiences).

Museum educators often told stories in order to relay information to participants in an exciting, animated way. Moreover, I observed that participants paid close attention when listening to information told via story, rather than a lecture or straightforward, direct dissemination. And while this may seem useful mainly with youth participants, I observed its effect on populations of all ages.

Storytelling has been practiced throughout many communities for centuries. It seems like something that is inherent to us, as humans, because it has so long been a part of cultural practice. I observed many stories told during programs in order to convey information about an artwork, introduce a topic, and/or explain a creation technique, and the result was always much more visibly successful in regards to audience attention. I began to wonder if storytelling was another way to connect people with art.

According to Dr. Paul Zak, the Director of the Center for Neuroeconomics at Claremont Graduate University, “as [humans are] social creatures, ...stories are an effective way to transmit important information and values from one individual or community to the next” (2013, [http://greatergood.berkeley.edu/article/item/how\\_stories\\_change\\_brain](http://greatergood.berkeley.edu/article/item/how_stories_change_brain)). People are much more likely to pay attention to an exciting story than they are to monotone facts, which I had observed within the program groups. Within Dr. Zak’s research, he has found that there are two main aspects to an effective story: first, it must capture audience attention, and second, it “must ‘transport’ us into the characters’ world” (2013, [http://greatergood.berkeley.edu/article/item/how\\_stories\\_change\\_brain](http://greatergood.berkeley.edu/article/item/how_stories_change_brain)).

Stories told during museum programming had both of these aspects. The museum educators were often animated, raising or lowering their voices in accord with the action, and participants reacted to the action they were picturing in their minds. During one program, the

educator was telling the background story of an historic, religious figure and a lion. At the height of the action, when others ran from the lion but the saint did not, the participants looked troubled and some audibly gasped. At the end of the story, after the lion and saint had formed a strong friendship, the lion was tragically kidnapped and killed by outsiders. Again, participants were visibly affected, many looking sad or shaking their heads, and a few made sympathetic noises in response.

Becoming involved in a story, the way that participants were, can allow for opportunities to develop empathy. Because you are so involved in the story, you become part of the character; you can empathize and understand from his or her point of view. Not only can this help to develop positive relationships with others—as participants learn to see things from others’ perspectives—but it can also help in other ways. Dr. Zak states that his research has found that after certain kinds of storytelling, “there is a virtuous cycle in which we first engage with others emotionally, that leads to helping behaviors, that make us happier” (2013, [http://greatergood.berkeley.edu/article/item/how\\_stories\\_change\\_brain](http://greatergood.berkeley.edu/article/item/how_stories_change_brain)).

Storytelling with artworks can shed light on many experiences, including difficult topics that many of the special groups identify with. By using stories to show *all* visitors what it may be like to step into someone else’s shoes, these visitors may be more likely to understand and accept others. Once we, as humans, connect with others on an emotional level and form a deeper understanding, we may begin to reach out and help them. This helping of others can help to make us happier and can also help to fulfill some of Ryff’s well-being scales. By empathizing with others, we start to build more positive relationships, experience personal growth, and may even find a deeper purpose in life (while helping others). Autonomy may also come into play, as



participants can feel that they are making these choices to help on their own, and environmental mastery in the sense that helping others to help to meet surrounding demands.

### *Encouraging Connections*

Challenges exist while trying to connect participants to artwork, though many educators had ideas on how to solve problems and encourage connections when we spoke during the interviews. As previously mentioned, K brought up the fact that some programs could be more tailored to the needs of the participants; I have also stated relevance as an important part of making sure art connection opportunities exist. K was quick to suggest a shared responsibility between museum administrators (who often write the programs) and museum educators (who only *sometimes* have a chance to contribute to the writing of programs). The administrators can create more of—and a variety of—programs so that educators have more resources to choose from. Educators, then, can continue to adapt the programming to participant needs, staying flexible during programming if a change is needed.

J also cites difficulties specific to certain types of programming with Alzheimer's and dementia groups. Sometimes, J says, the caretaker or family member that accompanies the patient can take away from the connection between the participant patient and the art experience. During art viewing and discussion, the accompanying party will speak "for" the patient, especially in situations where he or she is limited in verbal ability. Similarly, during artwork creation, caretakers/family members will start to do the art-making for the participant. It is important to remember that the accompanying caretaker/family member is *also* a participant in these programs, and while they can help the patients when needed, they can also participate on their own. The goal of the program is to give *all* participants opportunities for socialization and expression, so even if that means the patient is barely understandable and/or can only make a few

marks during creation, they deserve those opportunities. If the patient is not able to even attempt to partake in discussion or artmaking, he or she will not feel as connected to the experience.

G mentions that she can never predict how participants will connect with and react to artworks. “I cannot foresee who or what will make people react,” she says, “I am not a therapist” (personal communication, March 2016). She mentions that if she knows the background of groups, she will be mindful of certain topics but she is also not going to steer conversation away from any ideas. It is important, again, for her to let participants’ interests lead programming, as that is the best way for them to make a connection with their experience. There is always a program administrator, and sometimes an art therapist, psychologist, and/or psychiatrist, within each special program group. In case of any extreme, emotional reaction, it is especially useful to have these personnel present.

### **Teamwork and Collaboration**

My last major theme, “Teamwork and Collaboration,” applies to the workings between programming personnel specifically. Museum educators and administrators are obviously involved in much of the educational programming for STM but there are many others that must form a team in order to make programs successful. As mentioned above, each group arrives at the museum with at least one program administrator, and sometimes a range of other experts. Unlike previous discussion, this is not a theme describing direct well-being opportunities for participants; rather, it emerges as the cause of and foundation for those opportunities. Without the teamwork and collaboration of those involved within creation, development, execution, and evaluation, the opportunities I have described could not exist.

Within creation and building of projects, analyzed data shows that there are many personnel that must agree on programming before anything can start. L is responsible for

“working with other colleagues to build projects from scratch”; these colleagues include museum educators, museum education administrators, program specialists and/or community organization leaders, psychiatrists and/or psychologists, art therapists, university and/or hospital specialists... the list goes on. Each team varies depending on the type of program being built but there are often at least four or five different people (noted in J’s interview) that are involved within the creation stages.

As discussed, teamwork is extremely important in order to create programs that all personnel are satisfied with. Introductory meetings are extremely important for the community organizations that are involved. Often, these groups must justify why they want to use the museum—for grant, funding, and/or research purposes—so they usually arrive with already established parameters that must be followed. In regards to meeting with community organization members, G says that “there are definitely meetings and discussion between the... different partners... because, yes, we want to draw connections” (personal communication, March 2016). Relating back to the importance of connecting participants with artwork/art experiences, personnel realize that everyone involved in programming must be on the same page in order to create cohesive curriculum. L states directly that “the programs that are less successful are when we feel like an outside partner holds everything” (personal communication, March 2016).

Museum educators and administrators must build objectives as a team with everyone involved (TYCA report, 2009) and also keep these in mind when creating content (personal communication, 2016). As discussed earlier within the first theme, “Interaction and Integration,” educators and administrators often create their own teams—or “environments,” as G called them—during programming in order to promote participant collaboration. At the same time,

though, they must also be working with other personnel involved, even if these personnel are not “on the floor” with them during the programs (personal communication, March 2016). J says that her team of community organization, educators, administrators, and medical specialists meets at the end of programming, as well as during “to make sure that we’re still on track” (personal communication, March 2016). By working together to consistently evaluate programs, a form of in-process evaluation, the team is able to create an experience closer to the one they planned.

L states that it is always important to have experts involved, as they are there to provide help in unknown situations. Museum educators and/or administrators cannot be experts on every population they are working with, especially when it is such a wide variety. L says that, “sometimes we really need to know and have experts working with us to make sure we serve them well!” In order to create successful programming for the participants’ benefit, the team must include these expert members for knowledge about abilities, expectations, and best practices with specific populations.

A handful of programs require an art therapist to be present during programming, along with the regular museum educator and program specialist(s). This was something that I only observed in one of the programs during my study at the MMFA but was incredibly curious about—how did the museum educators work with an art therapist? Was he or she necessary? Was it a partnership or more of a competition? G brought up many of these ideas during her interview when I asked about who was involved during programming steps. She confided that it was difficult for her to get used to working with an art therapist at first because she was used to instructing the viewing/discussion *and* creation parts of each visit. Instead, when she worked with an art therapist, she was forced to take a step back and allow him or her to lead the creation portion. Now that she has worked in these situations for over a year now, though, she explains

the experience as cooperative and positive. Especially when working with hospital patient participants, G says she can see a benefit to the partnership of an educator and art therapist; the patients are more relaxed and expressive, and feel more comfortable having free use of any and/or all materials. G also states that she finds the partnership beneficial because she “get[s] to see a different approach... [one that is] very beneficial for the participants because they enjoy it” (personal communication, March 2016). This cooperation and learning environment, even between personnel, allows both administrators and participants to continue to learn while working together.

### ***Teamwork as Foundation***

One of the interview questions I asked of participants was: *What is the museum’s responsibility, if any, for public well-being?* Many of the answers related to an inherent human responsibility of taking care of others. N said that the museum does not technically have to help in providing for society, but we have to “consider that it’s everyone’s responsibility to take care of other peoples’ well-being” (personal communication, March 2016). The other program administrator, C, agrees that the museums are “doing more and more” on the well-being front, and “they’re trying to have projects to democratize so that everybody can go... [and] take advantage of [programming]” (personal communication, April 2016). This idea of everyone having the responsibility to care for everyone else is related to teamwork; we must collaborate in order to care for others. Because it seems that teamwork is such an integral part in caring for others’ well-being, it may be that this collaboration is necessary for all programs. This is why teamwork and collaboration stand out as a major theme—because they are the underlying foundation for well-being programming.

K made it clear within her interview that this team working foundation is not as strong as it could be, and she calls for more collaboration between museum and program personnel. K says that museum educators are not involved enough in programming stages, especially development and evaluation. I asked her during our interview: “Do they [the administrators and creators] ever talk to the museum educators and see how have these programs gone in the past? Like [asking], ‘what should we focus on, what should the goals be, what should the objectives be?’” K responds: “You know, not enough,” and tells the story of working with her new program this year. She talks about how if there had been just a few meetings including previous educators with this program, she would have been much more prepared to handle the challenges.

### **Summary**

Through analysis of various sources of program information, I have identified the above themes that allow well-being to manifest within programming. These four themes help to provide an explanation of the ways in which well-being manifests, and the ways that personnel can implement well-being opportunities, within programming.

Providing various interaction and integration opportunities (theme one) allows participants to develop positive relationships, positive self-regard, and environmental mastery, as they are learning how to navigate and use the museum along with others. Interaction and integration also provide visitors *not* involved in STM programming with possibilities of developing positive relationships, empathy, and acceptance of others. Personnel strive to create and implement positive experiences, suggesting that comfort promotes interaction, communication, and integration, which can promote well-being: Comfort → Interaction, Communication, Integration → Well-being.

The changing environment and movement towards open accessibility of the museum (theme two) allows for participants to become more autonomous (visiting the museum on their own), develop positive self-regard and positive relationships with others, and may provide a purpose in life/enrich day-to-day activities. This also promotes acceptance and tolerance, as well as holism, as the importance of the *whole* person is recognized. Museum educators work to provide opportunities for everyone within programming, paying close attention to possibilities of exclusion.

By providing relevant opportunities for participants to connect with art (theme three), museum educators and personnel help participants to feel a more positive self-regard, personal growth, and purpose in life, as they may learn or strengthen a new skill within discussion and/or creation. Storytelling is used by the educators and helps to connect participants with art experiences, as well as others around them. Museum educators and program personnel work to ensure that connections are made with each and every participant, making accommodations and differentiating instruction as needed.

Because of teamwork and collaboration between personnel, STM is able to provide all of these opportunities for participant well-being. Without the teamwork and collaboration of those involved within creation, development, execution, and evaluation, the opportunities I have described could not exist. Teamwork and collaboration are the underlying and founding concepts within programming for well-being, as we all have some sort of responsibility to take care of each other.

I discovered that these themes could not exist on their own; teamwork and collaboration (theme four) may be its own, individual theme, but it is necessary in building programs that provide interaction and integration (theme one), promote accessibility (theme two), and connect

people to art (theme three). These theme ideas cross-over and are shared within different categories, which supports an interconnectedness within the STM programming.

### **Conclusions**

Application of these thematic concepts will aid in the development, implementation, and/or improvement of any art museum education program for well-being. Themes should be kept in mind when planning programming; interaction and integration opportunities, promotion of accessibility, connections to art in a variety of ways, and constant teamwork among personnel *and* participants must all be present in order to present the most opportunities for well-being. Observation, analysis, and interpretation of these themes help to solve my main research question: *How does well-being manifest in art museum education programming at the MMFA within non-traditional participants?*

The answer? Well-being manifests *through* these thematic concepts. Each concept provides the support and possibility for Ryff's scales, holism, and a positive psychological basis to be present within each program. Without the implementation of these themes, personnel would be unable to provide the best and most accessible opportunities for well-being for participants. And similarly to the last theme—teamwork and collaboration—each of these concepts is connected to the others, and cannot stand on its own. It is therefore, very important for personnel to apply all of these ideas instead of picking and choosing.

As my research question has been answered, I look back on the process of my study. I have identified that well-being is important for the whole of each human being, and can be seen as a threatened ambition because of complications during aging, physical and mental illness, and lack of opportunities for all. I have completed historical, theoretical, and practical research within my *Chapter II: Review of Related Literature*, which allowed me to justify my topic and



setting. I have shown that my research inquiry is relevant and current, identifying a common idea that we, as humans, are responsible for taking care of each other.

My design of a qualitative, collective case study and explanation as to why I have chosen to employ certain methods and methodologies has been discussed within *Chapter III:*

*Methodology.* Using a variety of information sources allowed me to triangulate information and validate answers throughout my research. Identifying bias, assumptions, and limitations, I made clear that I have long been interested in well-being and expected to uncover well-being within this study, however, I did not intend to evaluate the MMFA's program. Rather, I set my intentions on discovering to what degree and how well-being manifests within these programs for non-traditional participants.

Program observations and analyses have been provided within *Chapter IV: Results and Analysis*, accompanied by attendance and population tables adapted from MMFA literature. I have interpreted the ways in which well-being can manifest within each program, relating each opportunity to one of Carol Ryff's scales, holism, and/or positive psychology as a way to measure this well-being. I have found that different programs are most useful for certain groups of people (and have been designed this way), but that the museum educators are ultimately responsible for programming adaptations and accommodations.

Through analysis of all of this carefully collected, conducted, and interpreted research, I have presented major themes within this chapter, *Chapter V: Interpretations and Conclusions*. These themes provide an explanation of the ways in which well-being manifests within each program, and also show what personnel can focus on in order to implement well-being within curriculum and programming. Each theme is an example of a major concept to apply to each program, though themes are interconnected and should be used simultaneously.

The next part of my paper will provide recommendations as suggestions to identified challenges. These recommendations begin as directed towards museum and program personnel working with art educational well-being programming for non-traditional participants within a museum setting. Since well-being opportunities are inherent to art education, though, as cited within *Chapter II: Review of Related Literature, Well-being Relations* by Lucy Andrus, Peter London, and others listed, I find it important to close with recommendations and implications for the field of art education in general. As discussed within *Chapter II*, art museum education and art education have historically been able to unite and adapt common ideas.

## Chapter VI: Challenges, Recommendations, and Implications

### Challenges and Recommendations

I will now discuss challenges of, and offer recommendations for, museum programming for well-being. I base recommendations on my research of the MMFA's programming, but also direct them towards any museum currently implementing or looking to implement well-being programs.

Challenges within programming were identified throughout data analysis. As one of my interview questions was *what could be/are the challenges of planning museum education for well-being*, I was given insight into the minds of personnel in regards to what they find difficult. Based on analysis of various data sources, I suggest recommendations to counter each of these challenges named. In identifying challenges and offering recommendations, I provide possibilities for improvement within *any* museum education program for well-being.

#### **Challenge: Funding and Research**

As previously discussed, the MMFA receives funding both from private (donors and private grants) and public (government) sources. It is considered a “private” museum and generates 55% of its own operating budget through fundraising/donations, “which is quite exceptional in Canada” (MMFA, 2016, <https://www.mbam.qc.ca/en/foundation/>). Regardless, funding is *still* a challenge for the MMFA in implementation of its STM programming.

One large factor in obtaining funding is research. Throughout the history of the STM programming, research has been a constant—and continues to be. When the idea of programming for well-being began, research had been conducted and disseminated quickly in order to collect program funds. Research allowed for establishment of a need to serve all populations, ideas of the negative views that may be keeping underserved groups from visiting,

and possibilities for improvement/attracting these visitors. Everything—objectives, teams, processes, methods—had been set in place once research was complete, and programming began almost immediately once the donation was received (Champagne, 2009). Programs for well-being have relied on funding to operate since inception, and it is research that drives these monetary awards.

Many interview participants mentioned the importance of establishing research goals with the community organizations. Team meetings take place throughout the programming process, and everyone must be on the same page in order to ensure that the researchers will be able to collect the information they need. J says that the “organizations [she works with] usually have to justify why they want to use this museum program, so they usually have to establish parameters before their project is given the green light” (personal communication, March 2016).

Community organizations have to be able to prove that these programs are beneficial to participants in order to receive outside funding and/or museum funding for their groups. Not only does programming cost money in the way of paying museum educators/administrators, providing supplies, and covering general overhead costs, but there are also transportation costs for participants/organizations, meals and/or snacks, and extra administrators needed. J mentioned that “it takes [participants] sometimes up to two hours to come [to the museum]” because of public transit, special bussing, and/or taxis (personal communication, March 2016). The museum is responsible for meal/snack costs and paying extra specialists/administrators; Lajeunesse explained that the MMFA “usually” covers transportation costs as well, in the event that the community organization is unable to provide for participants (personal communication, March 2016). By conducting and publishing research, not only is the organization helping the MMFA and its own publicity, but it is proving that the programming deserves monetary support.

Funding can also have an effect on programming. From the start, objectives of programs had to be combined with objectives from the McConnell Foundation, who granted the initial monetary support (Champagne, 2009). Although the objectives matched the idea of the museum— “establish a lasting relationship with community organizations,” “produce for these target groups some educational activities”—this was still a limitation on the museum decisions, as personnel had to abide by these parameters. Moving through the second pilot project and into the current STM official program, the museum team kept the same basic principles, though depending on the donors that provided funding, some objectives were tweaked (Champagne, 2009). Again, the donors must be kept happy in order to continue to provide money. K states that she recognizes the effects of donors—she states in our interview that “a lot of programming comes from private funding, and the donors have a large say in what the money goes towards” (personal communication, March 2016). Unfortunately, this can limit some of the museum’s choices.

A practical example of research for funding can be found in the attempt at a partnership program between the MMFA and the Cardiology Institute (CI) in Montreal. Last year, a program was created for CI patients at the museum, in which they would wear pacemakers during a visit to the museum to provide concrete evidence for research. The program followed the basic viewing, discussion, and creation process, and also involved an art therapist in collaboration with a museum educator. Researchers found that although the heart rates of the patients were low, steady, and healthy during artwork viewing and discussion, they actually increased during art therapy session presentations. Although this is most likely caused by presentation anxiety—presenting your own, personal work in front of peers—it was definitely not the result that the researchers were looking for (personal communication, March 2016).

J also stated that, as she worked with the CI program, she did not enjoy choosing only “safe” artworks on the basis of supporting research results. She felt that she was unable to choose any heavily emotional or reactive pieces because the researchers needed to prove their idea of the program, which was that art experiences can steady heart patients’ cardio health. This provides another challenge within funding—even though programs operate on donated money, is it fair to participants to program with mainly the donors’ ideas in mind? Is not the point of programming for well-being to benefit the *participants*?

### **Recommendations: Funding and Research**

I must admit that I had a hard time coming to terms with this idea that programming may be more based on funding and research than I had thought. When I first heard about the CI program, it seemed unrealistic to choose only “safe” artworks and provide only opportunities that would almost guarantee success—this is just not possible in the real world. Almost everything that I have studied at the MMFA seems to be done with the participants’ needs in mind, and is supported by interview answers, literature analysis, and observations; this reaction to programming did not initially seem to support that. As I continued to analyze data, however—especially in terms of programming process—I found justification for these decisions, and discovered many directions that a personnel team could take.

Keeping in mind that STM programming is created and implemented in order to provide opportunities for well-being, I think this central idea of the participants should always be at the forefront of decisions. The CI programming, while not supporting the researchers, actually did not support the participants, either. If cardiology patients are experiencing high heart rates, this is not something that is going to improve their well-being or overall health. There may be parts of the programming that are beneficial to them, such as artwork viewing and discussion, and

possibly even the creation process, but jeopardizing their health is not going to be effective for either the research nor the purpose of programming for well-being.

Thinking back to observations of scaffolding in programming, I realized that although this programming may not be as realistic as all real world experiences, it does not have to be. By providing opportunities for well-being through programming, personnel are helping to give participants the tools to care for their own well-being. They are there to help participants in this “in-between” stage, to mediate their experiences so that they are equipped to care for themselves as they integrate into society. Many participants have recently come out of isolated situations and/or feel excluded from general society—throwing them into the public sphere without any tools could make them feel even more separate. Moreover, if these groups of people do not have these general, societal tools, others may continue to exclude them. By practicing scaffolding, museum educators are helping participants to learn skills to support themselves and each other, and become more confident in their worldly interactions. So while it is not realistic to have consistent support in all situations—participants will encounter emotional and reactive situations at times—I believe that programming should not be considered a “sheltering” of participants. Instead, it should be recognized that programming is carefully crafted to be a necessary step for participants, for the purpose of integration and promoting positive well-being.

I recommend that in the event of a program situation like the CI project, the program be changed but not entirely done away with, unless deemed totally ineffective. Research in order to provide funding is obviously needed, and until the museum can generate enough funding on its own, it is necessary to continue to publish studies for support. Since this is concrete, there may be other parts of the programming process that can be changed in order to benefit both participants and researchers.

Currently, J informed me that the researchers are switching to a newer pacemaker model in order to measure more accurately, but she, the educator assigned to this program, has not been included in any meetings that discuss programming personnel, methods, and/or process. Drawing upon this teamwork and collaboration theme again, I recommend that all personnel work together to modify programming. This may be as simple as deciding to “cut” the parts of the programming that are not effective for program goals—i.e. the participants presenting their work to one another—or can be as collaborative as asking each team member to suggest an alternative solution based on past program experience. It is also important for museum educators and all personnel to be in complete understanding about the idea of scaffolding; museum educators should recognize that they are responsible for providing participants with the opportunities they need in order to be well. This may be effectively done by providing mediation between the participants’ situations and the real world. In the case of the CI project, museum educators should recognize that the artworks they are choosing do not necessarily need to be “safe,” but they do need to benefit participants. Research personnel should work with educators in order to identify ideas that may be most beneficial to participants, which would likely result in positive research results.

As discussed, funding in general is usually a challenge for any public or private programming. During interviews with program administrators, both mentioned the idea that they would like to continue STM programming with their groups, *provided funding was available*. C stated that she “really, really love[s] [the museum] partnership” and that “it is very enriching to go to the museum,” but future programming is still in question (personal communication, April 2016). “If they keep getting funded,” she says of the STM programming, “we’re there for sure” (personal communication, April 2016). It seems that her group’s involvement, then, relies solely



on funding at this point. N echoed this idea when asked about her organization's participation in the future. "Yes, I definitely think it's going to continue," she said in regards to programming. "There would be no reason to end it, apart from a budget [problem] because we are proving that it has a good effect and that the patients really appreciate it" (personal communication, March 2016).

Generating funds is a challenge for almost any museum, if not all. The Smithsonian Institution reports, within their 2006 "Raising Funds for Museums" literature, that the number of potential recipients of charitable donations has grown "significantly," while the number of "direct gifts to charity by the affluent" has dropped dramatically since the end of the 1990s (Smithsonian Institution, 2006, p. 2). As a result, "competition for philanthropic funds has intensified" (p. 2).

I recommend that research continue to be conducted for this reason; research has historically been a factor in securing funding for programming, and continues to be placed in high esteem. N's organization has been working with the museum for a longer period of time than C's, and she seems to be more confident of the continuation of her group's programming because of the research that is "proving" the good effects of the STM efforts (personal communication, March 2016). She also informs me that for the past few years, her research team has been collecting data, and will publish a study specifically on her group's program with the MMFA within the next year.

I also recommend that, in order to collect supportive research and subsequently obtain funding for programs, research personnel should place a priority on meeting regularly with museum/program personnel. Although researchers may be more knowledgeable on technicalities and specifics, museum educators and program administrators are the personnel mainly

responsible for implementation of these programs. Consistent teamwork and collaboration would benefit all parties involved.

**Challenge: Accessibility**

Although I identified the theme of “Accessibility and the Changing Environment of the Museum” to be a positive factor in implementing programming for well-being, this still proves to be a challenge for current MMFA programming. J named her main challenge, as an educator, as related to accessibility: “we’re still having some difficulties hosting groups like those [of severely handicapped participants] because we don’t get them often enough” (personal communication, March 2016). Because certain groups have not been frequenting the museum, the museum institution is sometimes unable or unequipped to provide the modifications needed for these people. J continues: “sometimes what happens is that the person who is with them will be... creating whatever the participant will describe to them, and that often frustrates me” (personal communication, March 2016). Although this participant has made it to the museum program, it is still not truly accessible to him or her.

G says that there is a “great openness... at the museum to create and develop more and more of these types of sort of well-being focused visits,” but the institution does not always seem ready for all of the different types of people coming in. She has noticed that “there’s still a bit of work to do in terms of making sure these people are feeling comfortable in the museum.” To illustrate her concerns, G told me a story about a specific group of homeless youth she had worked with within the past year. One of the group participants appeared outwardly to be a “typical, sort of hardcore punk [girl],” and during the gallery visit, there was a point in which a group of older women were staring at and whispering about this young woman. Although G had known the possibility of an interaction like this, she was most surprised to find even the security

staff within the galleries behaving this way. “There are a lot of preconceptions and a lot of work to do on a different level that has nothing to do with the actual work that I do,” G says. This broad statement suggests that G feels that some of this behavior of others is outside of her control. She continued to say that she wants the museum, as whole, to think about “working on a broader level in terms of all of the museum staff, and then the public” (personal communication, March 2016).

### **Recommendations: Accessibility**

Taking G’s comments into consideration—that she feels the public judgment still exists but is sometimes out of her control—and J’s frustration over lack of opportunities for certain groups, I realize that the MMFA, and likely other museum institutions, still has work to do in order to be accessible to all. Again, the STM programming was created with the goal of providing well-being opportunities to everyone, so it cannot be considered fully successful until it does this. As mentioned earlier, feeling comfortable can help to provide opportunities for participants to interact and communicate, leading to integration and satisfying aspects of well-being. Feeling *uncomfortable* and/or excluded will only discourage participation in programming, lessening opportunities for integration and well-being.

One recommendation for any museum program looking to create or extend programming for well-being is to not only take the stance of the MMFA—one of the fundamental principles from the beginning of programming has been “keep open to the needs of the clients” (TYCA, 2009, p. 6)—but to *follow* it, as well. The idea itself is wonderful, and just as G said, it manifests in the ideology of the MMFA to continue to develop more and more programs for well-being. Unfortunately, as programming attendance and number of organizations have increased from

year to year, the subsequent action/follow-up to ensure that these ideals are being met may have been pushed to the side.

There is no way to plan for exactly every type of client with every type of need; there will constantly be surprises and things for which they were not prepared. Rather than ignore needs that arise, personnel should be prepared to “keep open” their minds, adjusting what they can during programming and taking note afterwards. Again, the idea of teamwork and collaboration resurfaces—personnel should consistently meet and aim to improve problems that arise *during* programming. If possible, educators should be flexible and make accommodations during program sessions so that participants have the best chance to benefit from well-being opportunities.

J recommends the creation of specially designed activities and adaptive materials to help these participants create something that benefits *them*. Planning specific programs for more of a variety of populations will be more beneficial for participants than using the general, scholastic lessons that K identified as a problem—but again, it may be impossible to create a plan for every type of person exactly. I recommend a continuation of the creation and development phases currently used by the MMFA, which include multiple meetings with all personnel involved to iron out details, along with *more* of a focus on collaboration between personnel during the execution and evaluation processes. This will help to improve participant experience while it is happening, rather than at the very beginning of the program, when participants are not yet involved, and/or at the end of the programming when the participant may not return.

K also mentioned that she would suggest longer-term projects in order to increase accessibility. She brings up the problem of certain programs ending after funds have been exhausted. “When that money runs out,” she says, “we don’t see [the participants] anymore,

which I think can send a mixed message” (personal communication, March 2016). The museum may be welcoming to all participants during programs, but when funding is not available, many are unable to return to the museum without resource aid and can feel excluded once again.

Whether participants are blocked by monetary factors, transportation troubles, or just lack of organizational motivation—it is often program administrators who make all arrangements for participants to come to the museum—they will once again be left feeling that the museum is a less open and accessible public space.

When possible, I agree with K on the recommendation of creating long-term programming. Not only will participants have a longer time to benefit from well-being opportunities, but they will also become more familiar with using the museum and its services. Reasonably, the more often participants attend the museum and benefit from programming, the more likely they are to return in the future. Also, by creating programming that will span more than a few sessions, the museum is sending a signal that they care about these populations not just for “show,” but for the long-term.

Some groups attend pilot programs for a year or less, often because of a special grant or research. In these cases, I recommend the museum provide alternate—if possible, already existing—program suggestions for these groups. There are many existing programs that have been created during STM initiatives that still continue. If these groups can have participants with similar needs and/or backgrounds added to them, the participants from short-term programming will have a program to join and a group to belong to. Of course, funding would most likely need to be provided in cases where transportation or caretaker costs need to be covered.

Another option for the MMFA in these scenarios is to create a continuing, all-inclusive program. This could meet once a month, perhaps on a weekend in order to be more accessible,

and include all types of participants. This would present more programming challenges for museum educators and personnel, as they would need to plan for many different needs within the same group, but even a more general program could benefit these participants and increase likelihood of return visits. Participants in this continuing program will have already had programming experience within some sort of STM session(s), so the focus would be to provide extra support for those that are not ready to visit the museum on their own yet. This idea of scaffolding is very important in supporting participants—without the extra help, they may not feel comfortable taking the extra step to become involved in the museum. Other challenges associated with program creation, such as funding, may apply to this idea, but I believe that the creation of this less formal program will allow for the involvement of less-specialized personnel since participants have already had one session (less people to hire, less people to pay, etc.). Research will need to be continued in order to obtain program funds.

For participants that are ready to return on their own, I recommend a continuation of the distribution of tickets to programming groups once their programs have ended. Looking to the annual reports, I discovered that the MMFA has given complimentary tickets in increasing numbers since they began recording these statistics in 2009. The largest difference, so far, has been between 2013-2014 and 2014-2015; complimentary tickets distributed in 2014-2015 (642 tickets) were almost double those in 2013-2014 (325 tickets). If the MMFA continues this trend of increasingly giving out free admission tickets, more populations will at least have the opportunity to return to the museum.

The last recommendation I discuss in regards to accessibility deals with a question that G raises: how can museum educators control public judgment against program participants? This is incredibly difficult, because as we talked about this within our interview, one quick solution

would be to hold programming at times when the museum is closed; if there is no public interaction, there can be no public judgment. As we continued discussion, though, G and I both realized that although this may solve one problem, it completely removes interaction opportunities from programming (which I have identified to be an important part of well-being; see *Chapter V: Interpretations and Conclusions, Interaction and Integration*). Without other visitors present, participants will not be able to physically and/or socially interact with those outside of their usual environments; the same is true for the other visitors' interactions with participants, as well.

A partial solution lies within one of G's suggestions: the museum must work on a broader level in terms of educating people about accessibility. G suggests first working with the museum staff, and then working on ways to educate more of the public. If everyone working within the museum practices uniform attitude of acceptance and openness, it may contribute to an even more overwhelming environment of acceptance. Just as I described educators' and program administrators' scaffolding and modeling behavior for participants, museum personnel can practice these same methods with general visitors. During STM programming, the museum educators and program administrators provide a model of behavior—encouragement, acceptance, assistance, etc.—that not only supports the participants during programming, but teaches them life skills, like how to act in a public space, for the good of themselves and everyone else. If museum personnel can model behavior in this way with general, public visitors, it is likely that visitors will respond in the same way that I observed participants responding to these methods—they fully embraced the modeling and began to practice, themselves.

Unfortunately, it is impossible to control everyone's judgments and preconceptions. I recommend that museums do not let this deter programming, and only increase these types of

programs for well-being to encourage and promote a message of accessibility for all. The various interaction and integration opportunities provided by programs like STM will expose all visitors to programming for well-being. These opportunities, combined with museum personnel practicing behavior modeling, museums can give accessibility its best chance.

### **Challenge: Evaluation and Measurement**

Evaluation, as I discovered, is the least organized of the four identified steps of the programming process. Coupled with program measurement, evaluation presents a challenge not only for museum and program personnel, but also for *me*, as a researcher. Being a teacher, I use rubrics in assessment and evaluation to present facts, and to provide a clear and logical pathway to determining success. I also enjoy organizing information, categorizing, and making clear connections. Analyzing interview, observation, and literature data, I could not identify a clear cut path to determining a complete success, as there are many different types of evaluation methods and results.

As discussed within *Chapter IV: Results and Analysis*, evaluation differs from program to program and depends on a number of factors. One of the largest factors seems to be the organization and/or research team working with museum personnel. Both J and G stated that the organizations they have experience with often use formal evaluation measures, such as surveys/questionnaires. These organizations have research teams that are responsible for compiling the data and publishing measures in the form of reports; one of the organizations that program administrator N works with will publish their multi-year study within the next year. J says that especially in her program, the evaluation is heavily based upon the research team's objectives. She does not mention the museum team's research and/or measurements.



N's interview responses support J and G's statements. When the last meeting of the year is complete, N says, everyone involved in the project (including museum personnel) will meet with her organization head to go over the questionnaires. The questionnaires are given to participant patients at the beginning and end of each activity, every program session each year. They are created to "measure the appreciation of the activity by the patients and what they think about the activity, what it brings to them" (personal communication, March 2016). The completed forms are then given to the organization's researchers, who analyze the data and present results to all involved in the final meeting. As the data is being compiled in to a study that will soon be published, I was unable to obtain a copy of the questionnaire.

L's statements also support this idea. As a project coordinator, she often oversees the assessment process during programming. She states that some programs involve evaluation sheets that are created by doctors or researchers from the corresponding organization, and explains that there are multiple ways to evaluate programming—for example, the museum has a program "and we live it, we experience it, but at the same time, we're evaluating it" (personal communication, March 2016). "Then after," L says in regard to the museum's experience-as-evaluation, "we have a proper sit-down committee and we discuss it" (personal communication, March 2016). She also brings up this point that evaluations on the museum side can be very informal because many of the programs already have researchers of their own that are doing quantitative and/or survey research. Again, this depends on the program, and is not to say that museum programs do not, at times, conduct their own research.

The museum's research is perhaps seen as less-needed, at least in part because of the experiences that L mentions. When I asked L about how she plans museum programs for well-being, she begins by stating that "well-being, for me, is always an outcome because I've

experienced it and I've seen it over the years" (personal communication, March 2016). She gives examples of situations, time and time again, of exhibitions and witnessing her participants go through a visible, "physical transformation". L says that "exhibitions are oftentimes a place where you see that well-being," where participants are dressed up, smiling, and proud of the work that they have done. To L, it seems that the memories of how well-being manifests within programming is enough of an evaluation and a motivation to continue.

K had brought up ideas of the evaluation process being problematic when questioned during her interview. She describes a group she is currently working with, who had been working with a different museum educator last year. Participant attendance has been dropping throughout the year, and when K brought this up to the program administrators and museum education team, she found that the same thing had happened within the previous years. As the previous year's educator is not usually involved in the next year's planning meeting, K had been unable to collaborate and talk about reasons why this might be happening, and what to do about it. She relates this to a time issue, stating that "if we had more time... it might be an interesting idea to talk about what [past educators] did, what you do, what worked, what didn't..." (personal communication, March 2016).

Although I left these interviews feeling confident that the organizations were the more formal side of programming, and the museum team was the less formal, my interview with C completely threw me. When asked about evaluation, C had been the confused interview participant, responding that since she and her program continue to attend programming, she assumed the return action spoke for itself. C did continue after thinking for a moment, saying that "it could be interesting" to conduct a formal evaluation, but explained that she did not feel her program needed to provide an evaluation for programming. "When I see people enjoying

themselves and I see people getting more familiar with art and knowing a little bit more about it, more bonded, feeling comfortable,” she said, “for me, just the fact that people come is a success... because we succeeded in having people mobilized, going out of their home... so it’s already something very positive (personal communication, April 2016).

As stated previously, C has been involved with this programming at the museum for seven to eight years now, so I am unsure as to whether this plays a role in not feeling that a formal evaluation process is necessary. Research may have already been published by her organization, or it is possible that she is just not at all involved in the evaluation stage—though it seems unlikely that she would not know anything about evaluations if her program were currently conducting them. In any case, C seems to be doing some informal, possibly subconscious assessment if she is recognizing these positive effects; more of an experience-as-evaluation, as L has described.

### **Recommendations: Evaluation and Measurement**

Although the factors described by L and C make sense in that they are definite signs of well-being—physical transformation, personal pride and responsibility, motivation to mobilize/experience a new situation—there is no way to measure this in quantitative, or even qualitative data, if it is not research conducted and/or published. These personnel are so confident in their programs’ effects, and have collected these narrative and anecdotal stories as evidence, that I recommend this be published as research.

Currently, the only formal research studies and evaluation I have read published have been the TYCA report from 2009, and the subsequent “Sharing the Museum” annual reports. Within these reports, program descriptions accompany quantitative data, which are usually measurements of attendance. Some of the program descriptions offer quotes from program

personnel, stating the skills that these activities work to improve within participants, but often lack anecdotes, quotes, and/or participant results. The common increase in attendance from year to year, and statement of benefit possibilities is what is shown to the public—public donors at least—as a form of evaluating programs and showing “success”. Press releases and the MMFA’s mission statements also contain mentions of STM goals for participants, but again, I have yet to read an anecdote in any of these.

Within the “Findings” section at the end of the TYCA report (2009)—interpreted by me as an evaluation of STM programming—Champagne focuses on quantitative data dealing with attendance and participation. She states that after 10 years of programming, almost 10,000 participants had attended STM programming, which “testifies of the obvious, participatory success and best measures the scope of the Sharing the Museum program” (2009, p. 30). Champagne also states that there is an average annual increase in number of participants of 13.8%, “community programs come not only to retain their clients but to constantly create new opportunities and attract new clients” (p. 30). She goes on to point out strengths of the STM programming, including free admission and the flexibility of the museum in adapting to participant needs. These strengths, she says, are the reason that the program attendance rates are so high, making STM programs a successful endeavor. Initially, I agreed with Champagne; an increase in interested people not only meant the museum outreach was effective, but that more people in attendance meant opportunities for more people to benefit.

I have also found support in measuring museum attendance from other sources (Temin, 1991; National Endowment for the Arts, 2012). Similar to Champagne, Temin supports measuring a museum’s programming success by attendance rates. Temin states that attendance “provide[s] an index of the museum’s effectiveness” and that “attendance is as good a proxy for

the success of museums in their multitudinous activities as we can get” (1991, p. 192). In 2012, the National Endowment for the Arts published a report on art museum attendance. Stated before statistics, a short introduction informs readers that “art museums provide a tangible connection between the humanities and Americans’ lives, but the rate of art museum visitation has been declining since the early 2000s” (National Endowment for the Arts, 2012, <http://www.humanitiesindicators.org/content/indicatordoc.aspx?i=102>). Although not directly stated, this statement seems to infer that museum attendance is important; art museums can provide this “connection” to people, so by not attending, they are unable to benefit.

After analysis of all my data, though, I have found that although attendance—a quantitative methodology—can be used to measure program success, I recommend that it is not the *only* measure used. All of the qualitative data I have collected helps to explain further *how* well-being manifests within STM programming, which is my main research goal. Further, publishing evaluation and research in both quantitative (attendance/any survey information that can be quantified) and qualitative (interview answers, observation information, literature analysis) approaches can be beneficial when combined.

Anecdotal evidence was especially helpful in applying Ryff’s scales. By using the scales as aspects of well-being, and then using qualitative data—much of which was interview answers and observation evidence—I was able to establish the scales as my measurement. I could then use the data to satisfy each of the scales within different types of programming, providing an example of how programs could be evaluated on terms of providing each well-being opportunity.

It is my ultimate recommendation, then, that the MMFA combine formal and informal evaluation methods in order to measure programs. If the community organization that is working with a program is conducting their own formal evaluations or measurements, the museum

personnel can work as a team in order to explore this information, as well. The museum team can also share any anecdotal evidence with these research teams that are not often present during programs, which can help to strengthen their findings, as well. For community organizations that are not currently working with a research team, the museum team can work with these personnel to evaluate and measure programming together. Again, by collecting research and measurements, both parties benefit in that their groups are provided funding; and then the participants benefit in that they are able to continue attending programming.

Further, I recommend using Carol Ryff's scales as measures of well-being that can be satisfied through STM programming. Each scale provides a concrete measure of well-being, and together the scales are inclusive of each and every whole person. Researchers, program, and/or museum personnel can use the Ryff scales in order to show how programs satisfy participants' well-being by applying specific program aspects. Thematic concepts (see *Chapter V: Interpretations and Conclusions, Emergence of Themes*) can help to support this claim of manifestation of well-being, as the implementation of each concept provides an opportunity for different Ryff scales to be satisfied (see *Chapter V: Interpretations and Conclusions, Conclusions*). Themes also show how personnel implement can well-being within programming so that it is able to exist. It is this combination that I recommend in order to best evaluate and measure MMFA STM programming, and any other art museum educational programming for well-being.

### **Recommendations and Implications for the Field**

Well-being opportunities can naturally be found within general art education, as cited within *Chapter II: Review of Related Literature, Well-being Relations*. I find it important to close my research with suggestions and implications for the field of art education. Art museum

education and art education have historically attempted to unite and adapt some common ideas. If unified, they can provide programs for well-being across settings, creating more and broader opportunities for all.

### **Applications to Other Settings**

Throughout this study, I have stated that the museum setting is important within my research—and it is, as it allows more opportunity for a greater variety of groups than, for example, a school. But when looking at the programming activities and implementation of the attitudes and themes discovered (open and accessible environment, connecting participants with art, providing interaction and integration opportunities), it is reasonable to apply these ideas to almost any setting. If funding was available and environments were accessible, these thematic concepts could be applied to any art educational programming in order to provide well-being opportunities. Ryff's scales could then be applied to specific aspects of each program or session in order to determine measures of well-being. Once certain scales emerge exemplified within programming, educators and/or personnel can create programs with more or other opportunities in order to encourage well-being of the whole person.

By using the identified thematic concepts and Ryff's scales as guidelines for program development, art education programming for well-being can be offered in settings such as K-12 schools, community centers, nursing homes, juvenile detention centers, and other public facilities. I recommend that programs be implemented within a public facility, as this supports the idea of programming for the greatest amount of people and/or with the least exclusion. I also recommend that, as previously discussed, educators and/or personnel involved work together in order to tailor programming to participants, keeping all of their needs in mind when designing accommodations or adaptations.

I highly suggest that along with museums, other public organizations and environments begin the implementation of art education programming for well-being. Recent literature has been published on this type of programming with Alzheimer's and dementia patients (see *Chapter II: Review of Related Literature, Empirical Research* for specific case examples), as well as in hospital settings, but I urge that more be done in both practice and research publication. Sharing of information is a way to collaborate and work together to improve this type of programming.

Similarly, program personnel and educators that currently work with these types of art educational well-being programs should continue to collaborate, especially with groups from these other environments (hospitals, schools, community centers). Museums may be better equipped with resources—i.e. artworks, supplies, technology, trained personnel and educators—than some other settings, but it will only help the field (and the good of society) if museum educators can share what they have learned with others. If educators can help to train other personnel in other environments, on how to create and implement programming for well-being, more groups can be reached than through just the museum institution. Ultimately, if the goal of the MMFA is to create programs with the best intentions and needs of non-traditional groups in mind, spreading well-being programming to other settings can only help to fulfill their mission.

### **Call for Research**

After reading current studies, collecting data, and speaking with interview participants, I have no doubts that programming for well-being will continue to develop within, and improve throughout, museums across the world. Through research, I have argued that art education is a natural and obvious choice for these types of programs, as the ideology, methodology, and current, postmodern basis of the field is inherently supportive of well-being for all. Art education



today recognizes that value is equally held within all forms of art, that art is interpreted and meaning is derived according to our own, individual experiences (Barrett, 1997), and that artworks “are... embedded in a cultural web” (Anderson, 1997, p. 72). Ryff’s scales of well-being and the themes I have identified support the idea that art is made meaningful through experience; well-being is also created through experience. Whether it be a positive interaction with another, navigating a space that promotes autonomy, or creating an original work boosting positive self-regard, well-being is created through experience. These experiences are best had through art education.

I will conclude with a call for research that studies the intersection of these fields of art education, art museum education, and human well-being. A greater quantity of research must be done, along with a deeper quality within empirical studies. In focusing on one program group over time, researchers may be able to discover qualities and effects of art education programs for well-being that have not yet surfaced. Because this is a relatively new concept, there is much left to explore, especially in terms of long-term studies.

I extend a call for research to studies both inside and outside of the museum environment. I encourage research that investigates the effects that environment has on programming, as well, as this is a question that I am still left wondering after completing my research in one specific setting. If it can be determined that there are universal constants for creating art educational programming for well-being, the implications for the field of art education are great. This would mean that applications to other institutions and environments outside of art museums would be possible, and could help to promote and elevate the status of the arts in society. Art museums need not lose their importance, though; programming that has originated from these institutions can serve as a continuing model, constantly improving through practice and research. In finding

the intersection of these fields of art education, public health, psychology, and sociology, our society can only become better for all of those who inhabit it.

## Appendix A

### Detailed Program Descriptions

Appendix A contains more detailed information intended to supplement *Chapter IV*. Program titles are in bold headings and descriptions follow.

#### **Les Impatients**

Population involved: Group of mentally ill adults that are referred to this program by doctors or healthcare professionals. The foundation that supports this program believes that “the people using the services are not considered patients but rather as people impatient to heal and develop their art and their personalities” (Sharing the Museum 2014-2015).

Personnel involved: Three artists involved in the group; each artist will host his or her own workshop with the participants. Two of the artists have been involved in previous years, and one more artist has been added this year.

Duration: This programming takes place over a series of workshop sessions, ending with an exhibition of work created in the MMFA’s educational galleries.

In-depth Description: I was able to observe one planning meeting for this specific group before programming began for the year. This program serves groups of mentally ill adults that are referred to this program by doctors or healthcare professionals. The hour-and-a-half-long meeting was attended by three artists, the museum educator, and Lajeunesse. Each artist worked with different materials, and had each brought a different “plan” with them of an art-making activity and a way to connect with works in the museum.

I observed that it seemed quite helpful that two of the artists had been involved in this program in the past, and they were able to speak to the trials and triumphs they had experienced. Although it was still unclear about the exact number of meetings that will take place for this

year, the meeting was adjourned as a foundation for the program had been established. All of the attendees looked quite exhausted afterwards, but, as Lajeunesse remarked, it was easier to get everything confirmed face-to-face than to send an endless chain of emails back and forth. Details can now be confirmed via phone/email. Recruiting for this program is still taking place for upcoming program year. I only observed this meeting and not an actual programming session with participants.

Special points: N/A

Mood of the group: N/A

Sessions observed: None (just the meeting).

### **Jewish General Hospital**

Population involved: Mental health adult patients treated by the Jewish General Hospital in Montreal. About 12 adults were present at this program session.

Personnel involved: There were three program administrators working with the hospital and one museum educator.

Duration: Two hours per session (planned one hour for gallery visiting, ten minute break, forty-five to fifty minutes of art-making workshop). Each sessions occurs every four to five weeks.

In-depth Description: Mental health adult patients treated by the Jewish General Hospital (Montreal) come to the museum for programming in a group. About 12 adults were present at this program session, accompanied by three program administrators working with the hospital and one museum educator.

I join this group on their first visit to the temporary exhibition, "Pompeii." The museum educator explains some background and logistics information in the lobby area before we go into the exhibit. This is a popular exhibit and the educator warns that it will be crowded (we are

meeting in the afternoon on a Wednesday), so she will be giving some information at the start of each room but then everyone will have a chance to explore the rest of the room on their own before we all move on together.

The first thing that really strikes me is when the educator explains some history, and people who are not part of our group stop to listen. As a result, they become a part of the group, if only temporarily. I also notice that from the very beginning, the educator relates the people of Pompeii to everyday people of today, pointing out that we are all human and that we all have the same basic needs. This was a great way for the participants to identify more with the exhibit.

As we continue through exhibit rooms, we encounter a variety of people. I watch as some of the older men smile and wave at the babies in their strollers, and most of the mothers smile back. These participants may not have a lot of opportunity for social interaction, and being able to have even this small interaction with a child is delightful—babies do not judge!

I realize that this program is, again, a similar format to many of the other tours or programs at the museum, but the educator is making a huge difference in the program atmosphere. She is able to relate the information she is giving to her participants, encouraging them to ask questions and then construct their own answers. We move as a group through the many rooms of the exhibit, and I really feel like a relationship develops with the educator. Of course, this could be because many of the participants are already familiar with her but it definitely seems that they are engaging more than at the start and initiating casual conversation with her. Many of the participants make small talk with me, as well.

At the end of this exhibit, we encounter a room of plaster cast bodies, which are prints from actual bodies at Pompeii. This is incredibly emotional, and the museum educator and program administrators warn all participants before the room, offering their support in any way. I

am surprised to observe that even though participants are visibly saddened by this room (as were most visitors), they do well and react appropriately/without incident. I find myself thinking that the support of administrators and educators is very important, especially in situations like this.

After the exhibit, we take a bathroom break and meet back in the educational classroom studio. The educator demonstrates how to create a basic bust figure from clay, relating the clay technique to that of the Pompeii artisans. She has all participants mimic her motions of pinching with their fingers in order to create a nose shape and pull the clay to create forms. She then allows participants to choose whatever details they would like to include on their bust figure, encouraging them to let the figure “emerge” from the clay. One participant, as she is working, excitedly exclaims “this is exactly what it was meant to become!” The idea of discovering the figure within really resonated with this woman. The educator and the administrators are constantly encouraging and praising efforts. When finished, the participants are free to leave on their own, and some of them finish after just twenty minutes of work. Others, however, seem reluctant to leave—“we are free to go?” says one participant very hesitantly. At least half of the participants stay a little longer than the scheduled duration of the workshop to talk or socialize with the museum educator and administrators, and some participants continue to sit in silence after their sculptures were done. I realized that this is still interaction, even if there is no speaking. The participants leave after some gentle pushing from the administrators, and are reminded that they will be back in about a month.

Special points: This program actually has the same museum educator working with them for the duration of a year. After the program year is complete, an educator is reassigned based on schedule. This program has also been in existence with the museum since 2005 and it is stated in the annual report that “the workshops get them [the participants] involved in an activity outside

of their usual environments and create closer ties among individuals. These benefits motivate group leaders to come back year after year” (Sharing the Museum 2009-2010).

Mood of the group: This seemed to be a very quiet group when first entering the program but it soon became much more social! Whether it be interacting with other visitors in the gallery space, talking with me or the museum educator, or even participating fully in the art-making activity, I was very impressed by the engagement of the participants. I think the museum educator did a lot to encourage this type of comfortable and engaged atmosphere, and handled the crowded exhibit and potentially shocking visuals well.

Meetings observed: No meetings observed.

Sessions observed: I was present for this one session.

Table A1

*Les Impatients, Jewish General Hospital (mental health patients)*

\*Note: Categories, program names, and information have been abbreviated for space purposes.

Please see descriptions above for detailed analysis.

	Positive self-regard	Positive relationships w/ others	Purpose in life	Personal growth	Autonomy	Env. mastery
LI, JG H	*Feel accomplished w/ new skills; communication/creation helps to feel valuable.	*Opportunity for discussion btwn participants, educators, admins, and public. *Workshops allow opportunity to strengthen peer relationships. *Chance to work with artists/eds as someone outside of everyday lives.	*Discover vocational skill/passion. *Exhibition at the end of program gives purpose for art creation.	*One objective of the program is to offer support to participants to develop own identities.	*Participants making own artistic/meaningful decisions in creation.	*Must adjust behavior/ actions to new setting; relate art to life. *Working with different materials allows to master unknown situations. *Learn skills to manipulate materials but ultimately create art to meet own plan.

	Holism	Positive psychology
LI, JGH	*Programming focus on creation (physical skill), planning/problem-solving (mental), and discussion/interaction (social).	*Allowing for opportunity to discover skills that may be strong/focus on strengths.

### **L’Espace Transition (working with Sainte Justine Hospital)**

Population involved: This is a mixed group composed of young adults with a history of mental illness and young adults with *no* history of illness; there were 14 in this year’s program. The participants ranged in age from 14 years old to mid-twenties. “Sainte Justine Hospital has developed an arts initiative six years ago that helps young patients who have had issues in mental health” and the program “help[s] to destigmatize and help the youth integrate into a social group” (Sharing the Museum 2014-2015).

Personnel involved: One assistant program administrator, one museum educator, and one research assistant from the hospital that is working with this program (it is where many of the participants are treated). Organization psychologist and the head of programming for the organization are involved in planning stages but not present during the actual workshop sessions. Lajeunesse is intermittently present but is not directly involved during workshops.

Duration: This program takes place once a week, two hours, for 12 weeks. Each week, the program occurs after the museum is closed to the public, so the group has full access to all galleries without the presence of the public.

In-depth Description: This is a mixed group composed of young adults with a history of mental illness and young adults with *no* history of illness; there were 14 in this year’s program. The participants ranged in age from 14 years old to mid-twenties. One program administrator, one museum educator, and one research assistant from the Saint Justine Hospital are involved. This



program takes place once a week, two hours, for 12 weeks. Each week, the program occurs after the museum is closed to the public, so the group has full access to all galleries without the presence of the public.

During the first session (which was the first class this year), I observed participants looking very uncomfortable and apprehensive when sitting at the studio table, waiting for the program to begin. I had predicted that over time, this waiting period would become more comfortable as participants began to get to know one another, but for each of the four sessions I observed, this was barely the case. The last (fourth) session I observed had felt a bit more comfortable, with some small talk being made, so this gave me a bit of optimism. Unfortunately, because of time constraints, I was unable to see if this trend continued.

After the first couple of sessions, the individual composition of the participant group had changed slightly. Because of the focus on collaboration and teamwork within this particular program, participants could only be absent for a certain number of sessions. The program administrator asked a few of the participants to leave within the first four sessions, and one of the participant patients left on her own, as well. The total stayed at 14 participants, though, because the program administrator had chosen alternate participants before programming began, and the core of the group remained intact throughout all programming sessions I observed.

A snack break was built into the program halfway through each session. It seemed to encourage a feeling of community between participants, and I observed this time to be one of the most comfortable parts of each session. It was during this time that informal conversation often broke out, and participants became more talkative.

Program activities included gallery visits and teamwork, especially encouraging participants to talk to one another and/or work together to create a story or theme of an artwork.

Each program session included a creative, art-making component, as requested after the first pilot study year of programming, and museum educators focus this, again, on collaboration, by designing activities that force participants to work together—“exquisite corpse,” group drawing, and descriptive games. My favorite moment comes during the fourth session, when two participants formed a visibly comforting bond, and encouraged one another in sharing ideas with the group.

Special points: The museum educator in this program is not notified as to who does and does not have a history of illness. The purpose of the program is to give these young adults coming back from mental illness more confidence and adaptation tools—as some have spent time within the hospital or have felt at least somewhat isolated—and to teach everyone involved how to work together with a diverse group.

This year, participants have come forward showing interest in being a part of the program and they have *not* been a part of the hospital program—this may mean that the museum’s programming reach is extending further this year than last year, when all participants were patients of the hospital program or psychology students involved in the pilot.

Mood of the group: During the first three sessions I observed, the mood was always extremely uncomfortable at first. The participants came on their own/were responsible for their own transportation, so they would all arrive over a period of about a fifteen minutes. During this “waiting period,” participants would come into the education studio classroom, make a nametag, and have a seat at the community table. There was usually little to no talking, even when the museum educator attempted to begin small talk or informal conversation, and most of the participants looked physically uncomfortable. One of the notable participants I observed was the youngest teenage boy that sat hunched over with his brow furrowed. I have a feeling that he did

not intend to give off this negative vibe but maybe just could not help showing how uncomfortable he was. Fortunately, because of the nature of the collaborative, hands-on activities and group discussions that forced them to interact with each other, most of the participants “loosened up” throughout the course of the program. By the fourth session, I noticed that many of the participants were beginning to talk about common interests they had discovered, and the beginning waiting period was *much* more pleasant.

Meetings observed: I was able to observe one planning meeting for this program before programming began for the year. The meeting was attended by the organization’s program administrator and head of this program, organization’s assistant administrator, the organization’s psychologist, the museum educator, and Lajeunesse. Evaluation of last year’s pilot program was discussed, and feedback included participant views that more hands on and art-making activities were desired during each session—the majority of participants wanted to be able to create something every time. The museum educator, who had been previously been aware of this, presented a detailed lesson description planned for each of the sessions this current year. Evaluation criteria for this year had been established at the very first planning meeting and all educators and administrators were aware of objectives.

Sessions observed: I was present for the first four sessions, the longest of any of the programs I was able to observe.

### **The Douglas Hospital Program**

Population involved: A group of eating disorder patients from the Douglas Hospital. “The partnership between the MMFA, the Douglas Mental Health Institute, and Concordia University’s ‘Art Therapy Graduate Program,’ ... which began in March 2014 allows us to design a solid program that will benefit a population that has not been widely served in museum

educational programs” (“Sharing the Museum 2014-2015” annual report). Some of these patients are in the “Day Program,” which allows them to leave the program in the afternoon to go back to their homes, and some are in the “Hospital Program,” which does not allow them to leave until later at night. The patients can be either male or female but I observed a group of all female participants.

Personnel involved: Two program administrators from the Douglas Hospital, one museum educator, and one art therapist from a neighboring university. The Douglas Hospital requires an art therapist to work with their group.

Duration: The group from the Douglas Hospital visits the museum once every six weeks for a two to three-hour visit.

In-depth Description: This is a group of eating disorder patients from the Douglas Hospital. Two program administrators from the Douglas Hospital, one museum educator, and one art therapist from a neighboring university are all involved and present during programming, as the Douglas Hospital requires an art therapist to work with their group. The museum programming occurs every six weeks for a two to three hour session, and begins with a group lunch at the museum. I am unable to be a part of the group lunch, however, because it is a difficult time for the participants and I am not a usual program member.

After the group lunch is over, I meet everyone down in the education classroom. The participants already know each other and do not seem shy about talking amongst one another, with the museum personnel, and even with me. We all enter into the decorative arts gallery and immediately the museum educator leads us to a very interesting and colorful chair. After asking questions about the colors and aesthetic attributes, she begins a discussion on the use of the chair as a practical object. Patients seem interested and involved in discussion.

We then move to another room and see a dress made of glass beading—it is incredibly beautiful and most of the women are very interested in it. As they are asking questions, I notice that the educator is responding to their questioning with her own questions, and allowing the group to create their own meaning! Personally, this feels more exploratory and team-building as they are constructing their own answers and I make a note of this importance.

After viewing a couple more objects, the museum educator leads a discussion on how and/or *if* art can be both beautiful *and* functional. The art therapist has stepped back and is just a passive observer during the gallery segment of this program. Once we all return to the classroom, however, the art therapist takes the lead and now it is the museum educator's turn to step back and observe.

It is interesting for me, as an educator, to watch the art therapist teach his own methods. Instead of demonstrating any techniques or skills, or asking for any specific meaning to be created, he (the art therapist) presents a large table full of what seems like every art supply ever made. This is honestly not an exaggeration on my part—the table is covered in ribbons, natural objects, glass, paper, beads, glue, tape, scissors, yarn, cloth, glitter... everything is available for use! The art therapist simply gives directions to think of one or two words that describe each of the participants' own experiences that day, drawing from the gallery experience, and to find objects that speak to those words. They are able to create whatever they so desire within the hour and a half that they are given to work. I notice that the museum educator, while still allowing the art therapist main control, begins to create her own piece of art, working alongside the participants. I cannot help but wonder if this allows the participants to feel more comfortable around her and/or develop a relationship further.

It seems that all of the participants are involved in creation—I come back in to the room after a brief break period of my own and find that every single patient is almost finished with her piece of artwork. At the end of the hour and a half working period, the art therapist asks the participants to share their work. Beginning at one end of the table and continuing around, each patient has the choice of sharing. If she shares, the art therapist asks a few follow up questions such as “why did you decide to draw \_\_\_\_\_?” or “what inspired you to \_\_\_\_\_?” I notice that his questions are directed toward participant emotion and expression, rather than technique and/or art-making choices.

A majority of the patients share their work and I observe a variety of pieces, from a large anchor shape made out of knotted rope, to a delicate pencil drawing, accentuated carefully with watercolor in a few places. Inspirational reasons include the artwork observed that day, the excitement over available materials (one woman had an abstract structure completely covered in glitter), and personal feelings/emotions.

At the end of the sharing circle, there is a community snack (which I was able to stay present for) and a questionnaire. Each of the participants fill out the same questionnaire that I am told had been given to them at the beginning of the program, before any activities took place. Many of the women are able to leave on their own because of the program they are enrolled in, and the remainder leave together.

One participant patient seems quite reluctant to leave and finally starts to hug all of the personnel involved at the museum. I find out that today was her last session of the Douglas Hospital program and that she is free to go! It seems bittersweet because although she is beaming about being able to leave the program, she is also asking about other art-learning and art-making opportunities around the city—clearly, she enjoyed this program very much. After giving her a

list of ideas and inviting her back to the museum, everyone gives her one last hug and she is on her way. I am informed that she has been enrolled in this program a few times over, as relapses are common with eating disorders, and I really hope that she continues to visit the museum as a healthy young woman *outside* of this program.

Special points: The group begins their visit by having lunch together within the education classroom—food is provided by the museum. The program administrators, museum educator, and art therapist are present, but I am asked to not be present for this part, as the meal-sharing is very difficult for this group. If this is an activity in which many of these women feel most uncomfortable, I believe it may better help to establish a relationship with the program personnel by overcoming this obstacle together.

Mood of the group: As mentioned, the participants already know each other, and many have been to the museum with this program before. They seem eager to share their opinions about the artwork and most seem excited about creating something, though there are four to five women who do not want to share their creations at the end. The program also seems tiring—many of the women who are able to leave depart as soon as the program is officially over and the others seem less energetic than during the process of the program. This may be because the program lasts for about three hours, which is a long time for anyone to be enthralled with a project or visit. I also wonder if the visits can be emotionally exhausting—even if they are not sharing their final creations, each woman makes something that is at least somewhat personal.

Meetings observed: None.

Sessions observed: I was present for this one session.

Table A2

*L'Espace Transition, The Douglas Hospital Program (programming for hospital patients)*

	Positive self-	Positive	Purpose in	Personal	Autonomy	Env. mastery
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	regard	relationships w/ others	life	growth		
L'Espace Trans.; Douglas Hospital	<p>*Aim of program is to encourage socialization and destigmatization through teamwork and collab.; participants with mental illness feel more confident with identity.</p> <p>*Museumed allows participants to construct own meaning of works in a group (questioning technique).</p>	<p>*Participants may have been/may currently be hospitalized, which can cause isolation; programs designed for teamwork and collab.</p> <p>*Feel more comfortable in "real world" and encourage to re-integrate into society.</p> <p>*Museumed does not know of mental illness- can help to feel more comfortable.</p> <p>*Meal/snack encourage shared community feeling, social interaction.</p>	<p>*Final exhibition gives purpose to creation (L'Espace Trans.)</p> <p>*Each session includes art-making, allowing participants to possibly find a niche/skill to pursue in the future.</p> <p>*Program helps to show participants that there is more to life than their illness.</p>	<p>*Teach participants with no mental illness/general public to keep an open mind, destigmatize mental illness.</p> <p>*Empathy</p> <p>*Viewing art/discussion helps develop problem-solving and critical thinking, allowing more independence/questioning the world.</p>	<p>*Participants making own artistic/meaningful decisions; even in teams, each member must take on a role</p> <p>*Viewing art/discussion helps participants to critically think, allowing them more independence and ability to draw own conclusions.</p> <p>*Participants free to have/express own opinions.</p>	<p>*Participants must collaborate in order to be a part of program—all programs designed with teamwork. Though possibly uncomfortable, participants learn to manage/adjust behavior in order to work in this environment. Museum eds teach <i>how</i> to be in a museum.</p> <p>*Art-making provides an outlet for self-expression and an extra way of communicating.</p> <p>*Participants manage discussion to meet need for answers/shared-meaning.</p> <p>*Douglas Hospital patients must manage a fearful situation and overcome; establishes an environment of trust/accomplishment.</p>

	Holism	Positive psychology
LI, JGH	<p>*Programming not only feeding the mind (artwork discussion and meaning-making), or the soul (art-making and self-expression), but also the physical body (shared snack/meal).</p> <p>*Participants focus on the big picture/whole self; the program admin. says that this helps them to see things outside of their disorder.</p>	<p>*Personnel are very encouraging—helps to strengthen/build up positive aspects of participants.</p> <p>*Participants looking towards the future exhibition and must persevere in involvement of the program in order to make final exhibition.</p> <p>*Program helps participants focus on positive (world outside of their disorder), rather than on negative/illness.</p>



### **Bon Dieu dans la Rue**

Population involved: Homeless women/women who have had homeless experiences and their children (for this year's program). In the past, this organization has brought groups of homeless youth into the museum (Sharing the Museum 2013-2014).

Personnel involved: The program is run through the organization, which is a charitable group in the city that serves this population through multiple programs. For the visit, a museum educator, two program specialists, the organization's head/leader, and—for the one session of this program I observed—four women, each with one child, were all involved.

Duration: One-hour total—30 minutes in the galleries, 30 minutes creating.

In-depth Description: This program is composed of homeless women/women who have had homeless experiences in the past, along with their children. A museum educator, two program specialists, and organization head—for the one session of this program I observed—four women, each with one child, were all involved. The museum educator informed me that activities during this session were created by the museum education team and can be used with special project groups, school groups, or any visiting workshops in general.

I observed many hands-on activities during this program session. The museum educator used a "tactile kit" with various art-related objects and tools (paintbrush, pencils, canvas, were among those used for this program), and allowed the children to hold these when talking about matching pieces of art. She also asked her participants to mimic movements like finger-painting and played music for dancing when looking at certain works. These techniques gave participants an opportunity to personally connect with works using different mediums of music, movement, touch, and feel.

The educator asked series of questions, beginning simple and then leading into deeper-thinking. Children sometimes needed prompting from their mothers, but with this help, were often able to answer all questions. It seemed that mothers and children built up each other's knowledge together, through the support of collaborative meaning-making activities.

The art viewing and discussion in the gallery spaces lasted for about 30 minutes, and was immediately followed by the studio portion in one of the education wing classrooms. Mothers were encouraged to create their own mixed-media work while sitting next to their children and providing assistance. Children and parents seemed to very much enjoy the art-making activity; even some parents, who may have been a little shy at first really dug into their work when their children did. This studio component lasted for about 20-30 minutes, making the entire session about one hour.

Special points: The women and children were able to visit the museum for the remainder of the day when this program was over, free of charge with the exception of the traveling, temporary exhibition. I observed that at least three of the four pairs went off into the museum when finished. I am not sure about transportation—each adult was responsible for their own transportation to the museum, so this could play a role in attendance and/or use of the museum resources after.

Mood of the group: A couple of the mothers seemed to know each other and really looked like they enjoyed this time not only for their children to socialize but for their own socialization, as well. The group began a bit quietly, with some children too timid to answer questions, but after help from their mothers and the passing of time, every child had had at least some interaction and discussion participation. Some of the mothers were more friendly towards me than others—a few sort of ignored me, while one of the mothers was eager to have me help her and her child during

the studio time. They all thanked the museum educator at the end and seemed to enjoy the program overall. I feel it is very likely they will return.

Meetings observed: None.

Sessions observed: I was present for this one session.

### **Accueil Bonneau**

Population involved: Homeless men involved with the Accueil Bonneau organization, a long-established group that helps to provide homeless men with career guidance, living necessities, and a group home in order to get them back on their feet. During the one program session I observed, the group consisted of six men, one program administrator, and the museum educator.

Personnel involved: One program administrator from Accueil Bonneau and one museum educator.

Duration: Two hours per session (one hour for artwork viewing/gallery discussion and one hour for art-making) and 2 total sessions per month.

In-depth Description: I observed one session of this program, which is made up of homeless men involved with the Accueil Bonneau organization, a long-established group that helps to provide homeless men with career guidance, living necessities, and a group home in order to get them back on their feet. The group this year consists of six men, one program administrator, and one museum educator, takes place twice a month (once at the museum and once at the home of the men), and lasts for about two hours per session.

The museum educator focused artwork viewing and discussion on different painting techniques, beginning with Renaissance paintings and eventually moving into Impression and Cubism. She asked questions to prompt the participants to notice the different uses of color, brushstrokes, and light, which allowed her to simultaneously involve them within each painting

and also prepare them for the studio activity. In the last gallery, she distributed clipboards to each participant and encouraged them to create a sketch of, or inspired by, an artwork in the gallery. I walked around during sketching time and found that none of the participants even looked up when I passed by—this could be because they were so engrossed in their work, or simply because they did not want to acknowledge me looking at their drawings.

The group walked back down to the education space and had a coffee/cookie/bathroom/smoke break for about fifteen minutes, then began the studio portion of the session with barely 45 minutes remaining. The museum educator informed the participants that during their next session, when she travels to their home, they would all be creating a collaborative painting to display in the residence. She asked them to begin a planning sketch of what their ideal painting would be, or at least use the time to brainstorm some techniques they would like to use. Some of the men began drawing more quickly than others, but with the encouragement of the educator and the idea to look back on the sketches made in the galleries, all of the men finished with at least a partial drawing. I was surprised to hear all of the men complimenting each other's sketches—they were sitting at a circular table and could see one another working—and was very impressed by even the less verbal participants' ideas. Every participant seemed very gracious as they left the museum; each of them shook my hand as they were leaving and thanked me for being there.

Special points: The museum educator informs me that one session per month is always at the museum but the second session in the month is actually conducted at the group home that the men are living in. The educator travels to their home and they work to create a collaborative piece of art that is then displayed in their home.

Mood of the group: I was so surprised to find this group ending the program as being very involved participants! When the men first arrived, they seemed to be very quiet and, while polite, somewhat disinterested in the museum. By the time they were all planning their drawings, however, there was so much more interaction, both physically (walking around, exploring, approaching me and the museum educator) and verbally (complimenting works, asking questions about the final painting, etc.). Each one of the men even shook my hand as they were leaving and thanked me for being there! I was struck by the genuine sweetness of this group, and afterwards, the museum educator told me that they were one of her favorite programs to work with.

Meetings observed: No meetings observed but I was able to help the museum educator set up for the program session. She was concerned that the artworks she had planned may be too boring/too technical for her group—she constantly wanted to make sure she can relate to them.

Sessions observed: I was present for this one session.

Table A3

*Bon Dieu dans la Rue, Accueil Bonneau (homeless populations)*

	Positive self-regard	Positive relationships w/ others	Purpose in life	Personal growth	Autonomy	Env. mastery
Bon Dieu dans la Rue, Accueil Bonneau	<p>*Learning new skills helps further knowledge and education.</p> <p>Homeless populations can feel disconnected from society, can contribute to negative self-esteem; learning new skills will help feel like they are improving themselves.</p> <p>*May have low self-esteem, feel that ideas not valuable but museum eds use tactile/hands-on methods so that all can</p>	<p>*Bon Dieu: mothers and children work together during discussion and creation. Can strengthen bond and provide opportunity to spend quality time together.</p> <p>*Accueil Bonneau: groups that will be/are currently living together participate in</p>	<p>*Discover vocational skill/passion</p> <p>*Exhibition at the end of program gives purpose for art creation.</p> <p>*Observed participants make themselves available and attentive, arrive on</p>	<p>*Art-making provides opportunities to learn new skills, recognize talents, and use to communicate meaning, ideas, and beliefs (continued growth and development)</p> <p>*Relevant themes chosen</p>	<p>*Participant groups or individual participants can explore the museum after program session is over (on their own). Not accompanied by museum ed, so allows them to make choices for themselves (where to explore, what to see, when to</p>	<p>*Participants may use art creation skills as a form of self-expression/communication of ideas. Expressing feelings/having an outlet can help to manage emotional needs.</p> <p>*Hands-on/tactile learning experiences used during programs, so participants can participate by using alternate</p>

	participate. Can raise self-esteem and self-worth.	group discussion and collab. artwork for home.	time/take responsibility. *Relevance helps develop purpose.	can help activities/skills apply to own lives.	leave, etc.)	forms of communication if non-verbal.
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	Holism	Positive psychology
Bon Dieu dans la Rue, Accueil Bonneau	*Using tactile/hands-on methods responds to the needs of the whole human; museum eds get participants mentally (thinking, speaking), physically (moving, drawing), and socially (group discussion and/or collab.) involved.	*Using tactile/hands-on methods allows participants to focus on their strengths—maybe expression through movement, expression through drawing, etc.—instead of feeling discouraged by weakness.

### **Dr. Julienne Foundation**

Population involved: Dr. Julienne was a “social pediatrician” (L, personal communication March 12, 2016) and mainly worked in underserved communities around Montreal. The population involved in coming to the museum for programming is children from these underserved communities—the Dr. Julienne Foundation reaches out to these families/organizes opportunities. During the session I observed, there were 15 children between the ages of eight and 13, two young adult helpers, and three program administrators from the foundation.

Personnel involved: Three program administrators from the Dr. Julienne Foundation, two museum educators, and L (museum program advisor for this program).

Duration: Two hours per session (one hour for artwork viewing/gallery discussion, fifteen-minute snack break, and 45 minutes for art-making) and 1 total sessions per month.

In-depth Description: Dr. Julienne was a “social pediatrician” (L, personal communication March 12, 2016) and mainly worked in underserved communities around Montreal. The population involved in coming to the museum for programming is children from these

underserved communities—the Dr. Julienne Foundation reaches out to these families/organizes opportunities. During the session I observed, there were 15 children between the ages of eight and 13, two young adult helpers, and three program administrators from the foundation. This program takes about two hours per session and one total session per month.

The group arrives together on a Saturday afternoon, which I immediately find at least a little more accessible to families/children since it is a weekend. To begin, the museum educators lead us all upstairs to the Asian art section, and the children discover that there are Chinese musicians waiting for them in the back of one of the galleries. The musicians are also a family, and have a young daughter that joins our group and sits down to listen to them play traditional music and instruments. Our group is silent and visibly interested as the music plays—some of the children sit up tall or sit on their heels so they can better see the instruments.

In between songs, the woman musician explains information about Chinese culture, and after a while, passes out music sheets so that everyone is able to sing a traditional song together. All of the children are excited to try and speak/sing the Chinese language, and even more excited when the musicians allow them to try out some of the instruments. It seems that the high adult/helper to child ratio is beneficial in that all children seem very well-behaved/under control at all times. We all walk back to one of the education classrooms together to have a snack together (also provided by the museum) and take a little break.

Once we are ready to begin our art-making activity, there are 45 minutes left of the program. One of the educators explains the activity of creating a traditional Chinese dragon, either a serious or dangerous-looking dragon, or one that might be silly and dancing to the music we just heard. He shows the children how to sketch out an idea of what they want their dragon to look like, providing references on tables, and then demonstrates how to use the scratchboard

tools in order to create the final rainbow dragon. As they are varying ages and abilities, the children's works all look quite different but I am surprised to see them all immediately involved in sketching and scratching.

I observe a lot of the older children participants helping the younger, aiding in a sketch or demonstrating again how to use the scratchboard. There is so much encouragement from both the museum educators and program administrators, and I cannot help but feel as if the older children in the group pick up on this and provide encouragement to the younger students, as well. And it is clear that the younger children look up to these older ones—they are beaming when they receive positivity and they continue to look over at the older participants' works to marvel at their skill. At the end of the program, the program administrator collects the artworks and it is becoming clear that the children are ready to leave; they seem to be a bit fidgety and at the end of their attention spans.

Special points: This program often incorporates music.

Mood of the group: This was one of the most social programs I observed during my time at the museum. Not only did the participants have many opportunities to interact with each other in a positive way, but they were able to constantly work with program administrators and educators, as well as the traditional musicians.

Meetings observed: No meetings observed.

Sessions observed: I was present for this one session.

### **Mountainview School**

Population involved: The Mountainview School for at-risk youth. This school is a sort of "last stop" before students are sent to a detention center. There were only three students attending the museum program during my observation session; the lead teacher from the school explained to



me that the participants in this program are students whose behavior has been deemed “good enough” to come to the museum, so numbers vary from time to time.

Personnel involved: Two of the teachers from the school were present for the visit, along with one museum educator from the MMFA.

Duration: Two hours per session (planned one hour for gallery visiting, ten minute break, forty-five to fifty minutes of art-making) and about 1 total session per month, sometimes every other month.

In-depth Description: This program works with the Mountainview School for at-risk youth, a sort of “last stop” before students are sent to a detention facility. This specific group had only three students, two teachers, and a museum educator.

I join this group about fifteen minutes into their program, due to an unrelated meeting I attended directly before. The group is observing a realistic, old-looking painting and the museum educator is talking about perspective. I observe that the students look quite bored and even though the educator stops to ask them a question from time to time, he seems that he is lecturing about the work. After about 10-15 minutes, we move to another work in the same room and the museum educator, again, seems to be lecturing, this time on the use of light within the painting.

Finally, when moving to another painting, he asks the group to tell *him* how this work can relate to the concept of time. The students start to respond more and call out ideas, either because they are excited to have a chance to speak/be involved or maybe because they can relate more to the concept of time than the ideas of perspective and using light. I think that the museum educator picks up on their involvement, because he continues to quicken the pace and ask questions with the next few artworks.

When the museum educator produces a color wheel from his bag and asks what it is, one of the students says “it’s a gay rainbow,” which gets ignored. Later, though, when the same student seems to take a bit of an interest during the color mixing discussion with the wheel, he asks the educator how to make black. The educator ignores this question, which I personally feel sad about because this student is finally taking an interest.

After an hour and fifteen minutes, when I expected us to be down in the education classroom/studio space, the educator hands out clipboards, pencils, and paper to everyone. He asks students to make a sketch of something that is interesting to them in the gallery, like an actual artwork or just its idea.

After about ten minutes of sketching, we all pack up our supplies and return to the classroom studio where the educator provides materials for drawing. There are only about 30 minutes left of the session. Students are instructed to create something based on their gallery inspiration, though not a lot direction is given, which may be purposeful so that students use their own ideas and feel free to create anything they wish. The students mainly draw landscapes and every one of them says at least once that theirs is “not good”. I hear the museum educator and both of the teachers offering encouragement, which creates more of a feeling of a supportive environment. When students leave, though, only one of them takes the drawing with her.

Special points: Like many programs, this program does not have the same museum educator leading this program.

Mood of the group: Though it is my personal opinion, I did not feel that this session format was most beneficial for this type of program. As mentioned, the educator tended to lecture about topics that students were visibly not interested in, nor had any apparent relation to their lives. As a result, students looked bored and fidgety, and were playing on their phones and looking

around during the majority of the gallery visit. A lecture-type format might be fine for visiting adults and/or groups that have a background in art, but for this program, it seems that the students took away no knowledge about how they can relate art to their own lives. The educator tended to ignore student responses, and I cannot help but wish that an educator more experienced with this population was leading the group. I think that this could be an instance that having the same educator, who develops a relationship with the group, would be beneficial. Again, I may be projecting my own views, but when I asked the school teacher if they always work with this educator she gave me a wide-eyed look and said no, as if to mean that she was not exactly pleased with the format and teaching techniques.

Meetings observed: No meetings observed.

Sessions observed: I was present for this one session.

Table A4

*Dr. Julianne Foundation, Mountainview School (for at-risk and/or disadvantaged youth)*

	Positive self-regard	Positive relationships w/ others	Purpose in life	Personal growth	Autonomy	Env. mastery
Dr. J. Fdn., Mountainview school.	*Participants learn and master new skills, which increase feelings of self-worth, value, and confidence.	*Dr. J Fdn.: observed youth participants help each other with skills/offer encouragement. *Mtnview: participants able to share ideas with one another in a structured/ appropriate conversation.	*Participants are learning to cultivate a sense of beauty and appreciate multiple types of arts. Youth involved are learning to recognize multiple types of beauty, possibly enhancing life in an appreciation/aesthetic sense. *Develop skills early on in life, may find vocational possibilities.	*Participants discover skills they may feel passionate about or have natural talent in. Leads to continued practice and further skill development.	*Participants are able to make their own decisions in parts of artwork creation, giving them a sense of control over their own choices.	*Artwork creation may give at-risk youth a constructive outlet for expression.

	Holism	Positive psychology
Dr. J. Fdn., Mountainview School	*Dr. J Fdn. incorporates music into programming, and recognizes the importance of the whole person—not just the interest of visual art but includes music to enrich experience in another way.	*N/O

### **Alzheimer’s Society**

Population involved: People suffering from Alzheimer’s Disease along with a caregiver or family member. The annual report states that “these activities are designed to encourage communication and dialogue between the participants around artwork, as well as provide an opportunity for a creative endeavor” (Sharing the Museum 2009-2010). I observed a group of about six participants with their caregiver/family member, however, this was only in the “English-speaking group”. There was another group of about equal size that went with a French-speaking museum educator, and all of the participants combined for the workshop.

Personnel involved: Two total program administrators from the Alzheimer’s society and two total museum educators (one for each language group).

Duration: Around two hours per session (45 minutes to an hour for artwork viewing/gallery discussion, fifteen-minute refreshment and social break, and about 45 minutes for art-making), around one to two sessions per month.

In-depth Description: I observed a group of about six participants suffering from Alzheimer’s Disease and/or dementia, accompanied by a caregiver/family member. This was only in the “English-speaking group,” however; there was another group of similar size that went with a French-speaking museum educator. All of the participants combined for the workshop. Two total program administrators from the Alzheimer’s society and two total museum educators (one for each language group) were the personnel involved.

Once the program begins and the two language groups are split for the discussion/artwork viewing, I follow the English-speaking group upstairs. The museum educator is very accommodating, realizing that even though it is just a floor above, we should all take the elevator as a group. Once we get to the floor, the museum educator tells everyone that the theme today is going to be about “trees”. We look at a realistic painting of trees, first silently and just observing. The museum educator starts to ask questions after a few minutes, keeping the first set of questions simple. The group is very eager to answer questions, with only one participant hesitant—I have not yet heard her speak, though her husband is contributing quite a bit.

After about 15-20 minutes of observation and discussion, we move as a group to a different gallery space on the same floor. I have to smile when one of the women with Alzheimer’s giggles about a nude figure that she spots in the background of this new painting—she still has a young and silly side! This painting dates a few hundred years after the first painting but is still quite old (1600s) and realistic-looking. The educator follows the same type of observation, description, questioning method for this work, though she now starts to ask questions about the senses, as well: “what do you hear in this painting?” and “how would that fruit taste?” We move on to the third and last painting after the same amount of time, and find ourselves in the impressionist gallery, which everyone seems to be very excited about. As the museum educator is using a storytelling method to talk about one of the Monet paintings, all the participants look enthralled and cannot look away from her animated features.

After the same sorts of questioning, with a focus more on interpretation and opinion at the end, we move back to the classroom studio space. I realize that as we are walking back and I am talking to a group of participants about where I am from, I already feel quite close and comfortable with this group. I am not sure if it is because of the fact that the caregivers/family

members are present, and that helps to form a family feeling? Or if this group really is just extremely welcoming as a whole? Whatever the case, I feel it even more as we take a refreshment break; even those who do not share fluency in the other's language engage in conversation.

When it is time for the art-making portion of the workshop, the museum educators split the groups for the purpose of giving directions and demonstrations, and allow the group to combine again after. The project is about creating a landscape tree scene—simple for the purpose of helping the Alzheimer's patients—with oil pastel, watercolor, and liquid watercolor. While everyone is participating in the first two steps, even those with limited mobility, it is difficult for some to blow the liquid watercolor through the straw to make tree shapes. The woman who has limited speaking ability is having the hardest time, and when the museum educator comes over to help, her husband is extremely short and snaps at her. The educator slows down with her direction and backs off a bit, startled and surprise at the reaction. I do understand, though, that this husband must feel so frustrated for his wife, and as he is her primary caretaker, must go through this constantly.

When everyone is finished, though, the mood is back to warm, inviting, and now, grateful. As participants are leaving, I am happy to give hugs and/or shake hands, and I hear the participants excitedly talking about the next time they will return.

Special points: From the very start, waiting in the lobby for the program to begin, this is easily the most social and inviting program I have seen. Participants and caregivers are mingling around, kissing each other on the cheeks and talking to museum educators like friends.

Mood of the group: Extremely social and warm. There was one woman that must not have been to the museum before with this group and seemed hesitant. As soon as she came in with her

caregiver, a few of the women participants rushed over to her, gave her hugs, and immediately welcomed her in. By the end of the program, she was laughing and talking with everyone, and made plans to return with the group in a few weeks. Of course there was the one incident during art-making where one woman's husband got short with one of the museum educators, but as I described above, it was quickly resolved and the mood returned to cheerful and positive.

Meetings observed: I observed one informational meeting on Alzheimer's programming in general. The MMFA works with multiple Alzheimer's organizations and demand for programs is high, so the museum is beginning to educate their volunteer guides in hopes of having them conduct future sessions. The meeting I observed was just one of the first steps towards this idea—a specialist doctor came in to explain the causes, symptoms, and commonalities of Alzheimer's and dementia. There was no information given on teaching techniques or programming ideas, but this will follow if the plan to integrate volunteers continues.

Sessions observed: I was present for this one session.

Table A5

*Alzheimer's Society (and other Alzheimer's/dementia programs)*

	Positive self-regard	Positive relationships w/ others	Purpose in life	Personal growth	Autonomy	Env. mastery
Alz./ Dementia Prgms	*Participants feel their opinions are wanted and valued; people want to share. *Art-making focused on giving opportunity for expression; can boost self-esteem and sense of accomplishment, as many have limitations.	*Programming designed to encourage dialogue between participants, including caregivers. *Immediately friendly, warm atmosphere is inviting to <i>all</i> participants.	*Participants appreciate having opportunity to learn something new.	*Participants appreciate having opportunity to learn something new.	*Participants feel they are more capable/mobile/free to make choices within the museum b/c of movement planning.	*Movement around museum is well-planned by educator, so participants feel they can manage the surrounding challenges of mobility.

	Holism	Positive psychology
Alz/ Dementia Prgms	<p>*Focus on both communication/discussion and physical stimulation/creation of artwork within annual report statement.</p> <p>*B/c of the warm, inviting atmosphere, it may be that this practice of friendship/love/social draws participants to return; nourishing of the soul.</p>	<p>*Activities are designed so that there is no focus on what the participants cannot do- rather on what they <i>can</i> do. Focus on thriving through ALL aspects of self.</p>



## APPENDIX B

### Interview Questions

Semi-structured interview questions for museum educators, program administrators, and/or staff:

1. What is your role within Museum Education? (I will not use any identifying titles within data collection or reporting)
2. How would *you* define well-being?
3. In your opinion, what is the museum's responsibility, if any, for public well-being?
4. In your opinion, what is the purpose of developing educational programs concerned with societal well-being?
  - a) Are there any stories, narratives, or examples you can share (without sharing identifying names) that relate to programming for well-being?
5. How do you go about planning education activities, instruction, or programming with well-being in mind?
  - a) What types of populations do you consider when planning?
6. Within each of these stages of programming (feel free to add more if necessary), what types of people (outside of museum educators/administrators) are involved?
  - a) Initial creation
  - b) Development
  - c) Execution
  - d) Evaluation/Revision
7. What could be/are the challenges of planning museum education for the consideration of well-being?
8. In your opinion, where is the future of museum education for well-being going?

**APPENDIX C**

**Proposal Form**

**SHARING THE MUSEUM  
PROPOSAL FOR A COLLABORATION IN THE DESIGNING OF A PROJECT  
BETWEEN  
A COMMUNITY ORGANISATION  
AND  
THE EDUCATION AND COMMUNITY PROGRAMMES DEPARTMENT,  
MMFA**

NAME OF THE ORGANISATION : \_\_\_\_\_

NAME OF THE TEAM LEADER : \_\_\_\_\_

ADDRESS OF THE ORGANISATION : \_\_\_\_\_

TELEPHONE : \_\_\_\_\_

FAX : \_\_\_\_\_

E-MAIL : \_\_\_\_\_

**The Proposed Project**

**1. Description**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Goals and objectives of the project**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. The targeted audience :**

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**4. Timeline for the project :**

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**5. Members of the project committee (employees/volunteers or others)**

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**6. Responsibilities and tasks of your organisation**

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**7. Museum's contribution (time, expertise, services, etc.)**

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**8. Comments**

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**Signature / date**

Please return this form to:  
Marilyn Lajeunesse/ Education and Community Programmes Department, Montreal Museum of  
Fine Arts/ P.O. Box 3000, Station H, Montreal, Quebec, H3G 2T9  
Or by fax to : (514) 285-4070

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