

Museums as a Mental Health Resource: Education and Sanctuary

Alex Fiano

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Hunter College

Introduction

The stigma, exclusion, and discrimination against persons with psychological disabilities in the United States is a grown social justice concern. Museums across the world are increasing focus on social justice issues. U.S.-based art museums, educators, and teachers should therefore take the opportunity to use art to help counter societal stigma through exhibits, tours, and programs centers around disability themes or on artists with disabilities. Museums are also unique environments that can benefit people with mental health stressors. This project examines psychological disabilities and museums from two distinct perspectives: 1) examining art museums as a platform to educate the public about psychological disabilities, thereby reducing stigma; and 2) examining how museums can be restorative environments for people with psychological disabilities. Throughout, the acronym “PWD” will stand in at times for the term “persons with disabilities,” and “PWPD” will stand in for the term “persons with psychological disabilities.” By psychological disabilities (or mental conditions or emotional conditions or disorders), I am primarily referring to depression, anxiety, and similar conditions. As the practice of using museums as a resource for mental health education is not well-established in the U.S., a good deal of the material and research for this project comes from the United Kingdom (“U.K.”).

This project developed from my experience teaching Humanities at the college level and as a person with disabilities. I often assigned my students museum visits as part of their projects. They were generally not initially enthused about visiting a museum and held the common preconception that museums are boring or pretentious. However, they discovered museums to be inspirational and an enriching learning experience. My students frequently connected to their own cultural, historical, and religious heritage through exploring museums. This experience led me to consider how museums could be drawn upon as sources of learning and knowledge.

Perspective 1: Museums as a Platform to Educate the Public About Psychological Disabilities

The Problem with Stigma and Discrimination

According to Professor Philip Yanos of the John Jay College of Criminal Justice, a 2018 survey found misconceptions about mental health are on the rise (i.e., PWPD being violent or incompetent, particularly those with major depression). Yanos explains that nationwide perceptions of mental health are clouded by factors like the National Rifle Association when, for example, the organization promoted a campaign that attributed the cause of recent mass shootings to mental illness rather than issues surrounding gun ownership.¹

The American Psychiatric Association, a major mental health professional organization, is also concerned regarding societal stigma, prejudice, and discrimination against PWPD in the United States. The APA says More than half of PWPD do not seek treatment due to the stigma. Many delay treatment or do not seek treatment because of concerns they will be discriminated against or even lose their jobs.² PWPD can encounter different types of stigmas that include the following: public stigma (discriminatory ideas and attitudes within the general public); self-stigma (internalized negative feelings and shame about one's condition); and institutional stigma (a systemic problem of policies in government or private organizations that affect or limit options for PWPD, such as lower mental health care funding or fewer services). Stigma can also

¹ Yanos, Philip. Interview by Alex Fiano. Personal interview via Zoom. September 30, 2020. Examples of such propaganda are in this text of a speech by Wayne LaPierre, at the time the executive vice president of the National Rifle Association, printed by *The New York Times*, in which LaPierre uses terms like “insane,” “monsters,” and argues for a national database of those with mental illness. See: <https://archive.nytimes.com/www.nytimes.com/interactive/2012/12/21/us/nra-news-conference-transcript.html> Accessed January 12, 2021.

² American Psychiatric Association, “Stigma, Prejudice and Discrimination Against People with Mental Illness,” <https://www.psychiatry.org/patients-families/stigma-and-discrimination> Accessed January 10, 2021.

create cultural barriers within various racial and ethnic groups that actively discourage PWPD from seeking professional help.³ The American Psychological Association, the other major mental health professional organization in the U.S., presents a more positive outlook, stating from a 2019 survey: “A total of 87% of American adults agreed that having a mental health disorder is nothing to be ashamed of, and 86% said they believe that people with mental health disorders can get better, according to the poll.” However, this organization too recognizes the continuing problem of stigma: “A third of respondents (33%) agreed with the statement, “people with mental health disorders scare me,” and 39% said they would view someone differently if they knew that person had a mental health disorder.”⁴

Prevalent and persistent stereotypes about mental illness continue in U.S. society. Yanos points to a 2019 study by Bernice Pescosolido, Bianca Manago, and John Monahan, illustrating the false beliefs about PWPD, including that such individuals are fundamentally flawed, dangerous, or defined solely through their disability, despite strong evidence that PWPD are not likely to be dangerous.⁵ The researchers are concerned about even a moderate increase in any perceived connection between psychological distress and dangerousness. Such an increase may signal a rise in “medicalization,” seeing social problems as medical problems needing coerced treatment. They also note that crime-story television shows in the United States tend to depict PWPD as violent and criminal, and this type of representation has increased (based on findings

³ American Psychiatric Association, August 2020

⁴ American Psychological Association, “Survey: Americans Becoming More Open About Mental Health,” May 1, 2019, <https://www.apa.org/news/press/releases/2019/05/mental-health-survey>, paras. 2-4. Accessed January 10, 2021.

⁵ Pescosolido, Bernice A., Bianca Manago, and John Monahan. “Evolving Public Views on the Likelihood of Violence from People with Mental Illness: Stigma and its Consequences.” *Health Affairs* 38, no. 10 (10, 2019): 1735-1743, A1-A7.

of a quantitative content analysis study of shows between 2010 and 2013).⁶ They conclude that given the current political rhetoric (particularly surrounding mass shootings), it appears that scientific evidence is failing to overcome discrimination and stigma towards PWPD.⁷

The Equal Employment Opportunity Commission (EEOC), a federal agency tasked with enforcing federal civil rights laws on employment discrimination, including the 1964 Civil Rights Act and the Americans with Disabilities Act, reports that charges of employment discrimination based upon mental health conditions are rising. During the fiscal year 2016, the EEOC resolved nearly 5,000 such charges for persons with mental health conditions subjected to discriminatory acts, such as being denied employment or reasonable accommodations in the workplace. The EEOC has created an ongoing series of guides on the employment rights of persons with mental health conditions to address the rise in discriminatory incidents, citing concerns including the situations of veterans returning with service-connected disabilities, and lack of understanding that mental disorders are disabilities treated the same as physical conditions under the law.⁸ Mental health topics are more visible and newsworthy in the 21st Century. Yet stigma, prejudice, and discrimination against PWPD remain a significant problem—resulting in job loss, lack of resources for employees, and reluctance to seek help.

The Opportunity for Education--Museum Exhibits on Disabilities

Education on psychological disabilities and better representation of PWPD can help address the societal adverse effects by helping the public better understand mental illness and

⁶ The authors refer to a study by Scott Parrott and Caroline T. Parrott. 2015. "Law & Disorder: The Portrayal of Mental Illness in U.S. Crime Dramas." *Journal of Broadcasting & Electronic Media* 59 (4): 640–57. doi:10.1080/08838151.2015.1093486.

⁷ Pescosolido, 2019.

⁸ US Equal Employment Opportunity Commission, EEOC Issues Publication on the Rights of Job Applicants and Employees with Mental Health Conditions, December 12, 2016, <https://www.eeoc.gov/newsroom/eeoc-issues-publication-rights-job-applicants-and-employees-mental-health-conditions> Accessed January 10, 2021.

mental health. Museums can be effective platforms for education because these institutions reflect changes in societal attitudes, help interpret that change, and highlight innovative social ideas and movements.⁹ In an interview, the directors of the U.S.-based online National Museum for Mental Health Project (NMMHP), Paul Piwko and Alexandra Orlandi, described the results of their research on responses to specific U.S. exhibitions on mental health and mental illness. From the data they gathered thus far, these exhibitions appeared to have favorably impacted individual visitors' and communities' perceptions about mental health. As an example, visitors expressed positive emotional reactions and found personal connections to stories within the exhibits. For Piwko and Orlandi, the findings were optimistic enough that they believe museums should be encouraged to develop more mental health exhibits and education programs.¹⁰

Professor Richard Sandell of the United Kingdom-based Research Centre for Museums and Galleries (RCMG) believes museums are a useful source of education on social issues because the general public recognizes museums as a credible source of facts and history. In his 2007 study, Sandell describes museums as a “mirror” of society that provides a window into contemporary concerns; however, he also notes that museums still do not offer enough PWD representation.¹¹ Professor Sandell first noted the lack of disability-themed exhibits around 25 years ago while working in a Nottingham, U.K. museum art gallery. As Sandell explained, a disability advisory group helped review changes made for accessibility, but had an important query: where were the *exhibits* about persons with disabilities? Sandell realized this was, in

⁹ See, Sandell, Richard. *Museums, Prejudice and the Reframing of Difference*. London: Routledge, 2007, and Dodd, Jocelyn. “The Socially Purposeful Museum.” *Museologica Brunensia* 4, 2, 28-32, (2015).

¹⁰ Piwko, Paul, and Alexandra Orlandi. Interview by Alex Fiano. Personal interview via Zoom. October 7, 2020, and National Museum of Mental Health Project. “Findings,” <https://www.nmmhproject.org/findings-impacts>

¹¹ Sandell, Richard. Interview by Alex Fiano. Personal interview via Zoom. September 23, 2020.

effect, a hidden history. Later, in 2004, he and colleagues developed a research project (“Buried in the Footnotes: The Representation of Disabled People in Museums and Gallery Collections,” a report published through the University of Leister) surveying museums in the United Kingdom. These museums allowed the research team to study their materials and interview staff. The purpose was to document items attesting to the lives of persons with disabilities.¹² The group found a lack in representations of physical or mental disability. About half of the museums responding to questionnaires affirmed that persons with disabilities were currently represented in displays, most often by just one object. Fewer than half (48%) had held an exhibition featuring PWD in the previous five years, and fewer than half of those (21%) had involved outreach work with PWD themselves.¹³

Much of the materials available (mostly not on display) tended towards negative or stereotypical representation—such as the ‘super achieving’ or heroic artist overcoming a disability, or depiction of the ‘oddities,’ documentation of people who had been exhibited or chose to exhibit themselves for money. Overall, the findings showed PWD were often missing from display in museums and were often portrayed stereotypically (although not with malevolent intent). Yet the research also revealed the diversity of persons with disabilities in the materials:

¹² See, Sandell Interview; Sandell also referred to his work in Dodd, Jocelyn, Ricard Sandell, Annie Delin, and Jackie Gay, *Buried in the Footnotes: The Representation of Disabled People in Museum and Gallery Collections, Phase 1 Report*. Research Centre for Museums and Galleries, University of Leicester, Leicester, United Kingdom. 2004. In 2003, the team sent questionnaires to 224 museums in the United Kingdom, inquiring if the institutions had items relating to persons with disabilities. The museums were of varied size, governance, and collection types. Out of the 224, 73 questionnaires were returned. Of those, 61 stated they had items relating to persons with disabilities in their collections and/or exhibitions. Of the 61, 29 were willing to be involved in further research. (p. 06).

¹³ Dodd, et al., p. 8.

teachers, miners, musicians, linguists, quilters, embroiderers, painters, naval commanders, collectors, sculptors, radiographers, nursing educators, politicians, and merchants.¹⁴

Sandell and his colleagues wanted to investigate how to develop displays that counter stigmas and how to change the narrative and representation of disabled people's lives within museums and galleries, and subsequently collaborated with various U.K. museums since about 2000. As Sandell noted in an interview, persons with disabilities make up one of the largest 'minority' populations globally, so they deserve to be represented as a significant part of society through inclusion in museum exhibitions and education.¹⁵

For one project (*Buried in the Footnotes*, 2003), Sandell and his colleagues reviewed thousands of objects and images related to disability and displayed in art, history, and medical museums. They found that museums engaged in the following problematic narratives concerning PWD: the exhibits overwhelmingly emphasized the difference of PWD from the "normal" population or focused on the pain they suffered or on the importance of "overcoming" disability. The medical model of disability permeated the museums' exhibits and information, presenting a reductive, passive, and stereotypical representation of persons with physical disabilities. There were sometimes more positive representation, particularly of artists with disabilities and their work.¹⁶ As an example of more problematic representation in medical museums, the exhibition objects were mostly therapeutic (i.e., amputation saws, crutches, prosthetics, wheelchairs), or

¹⁴ Dodd, et al., pp. 8-13.

¹⁵ See, Sandell interview.

¹⁶ Sandell interview. Briefly, the medical model of disability focused on a disability as physical condition and impairment that should be identified and treated through a clinical perspective. The social model of disability, by comparison, distinguishes disability from the idea of impairment and instead focuses on systemic barriers contributing to disabling people, including negative attitudes and exclusion by society (purposely or inadvertently). See, *Art Beyond Sight*, "Social and Medical Models of Disability: Paradigm Change," <http://www.artbeyondsight.org/dic/definition-of-disability-paradigm-change-and-ongoing-conversation/> Accessed January 10, 2021

representations of persons who were displayed/celebrated for differences, i.e., Joseph Merrick, the “Elephant Man), although the representation of physical and mental disabilities was balanced (i.e., for mental illness, objects like straitjackets or medication).¹⁷ In most cases, the objects were not contextualized effectively with historical information for an audience. For example, some PWD were portrayed as passive, low-achieving, non-contributing victims of life. In other instances, PWD who attained societal success were framed as heroic in “overcoming” disability and being more like “normal” persons in society. In general, there were many difficult, compelling stories regarding physical disability and mental illness, but little effort of engagement to interpret these stories (involving war injuries, experimentation, unsuccessful treatments, physical and psychological pain, and distress).¹⁸

Sandell and his colleagues also found that art museums and the works of conventional paintings displayed within often erased persons with disabilities. For example, the representation of some historical figures with disabilities, like Admiral Horatio Nelson, concealed or minimized any disability. In other instances, there were paintings of towns and crowd scenes where any differences between people, such as having physical disabilities, were erased. Sandell’s group interviewed museum curators regarding the lack of representation and translation of PWD stories in the galleries and collections. The responses revealed that the most significant factor in the absence was a fear of offense, of getting the message wrong. Some response comments noted fear of reinforcing negative forms of staring at exhibition subjects and fear of “outing” someone as having a disability against that subject’s intentions.

In the last twenty years U.K. museums have become more socially responsible, and state agencies in the U.K. have begun significant efforts to improve disability representation in society

¹⁷ See, Dodd, et al., *Buried in the Footnotes*, 2004.

¹⁸ See, Sandell interview.

altogether. This achievement is being accomplished through exhibits and programs in art museums encouraging visitors to explore prejudice, discrimination, and social well-being and challenging their ways of thinking. Professor Sandell described a program he and his colleagues participated in with the Birmingham Museum of Art in the U.K. in 2008. The program, “Talking about...Disability and Art,” used eight paintings from the museum’s permanent collection, some by well-known artists. Each of the works had some depiction of a disability; yet any discussion of the work had not previously included disability as a topic. Professionals and artists with disabilities critiqued the works, and the museum provided those critiques, poems, and anecdotes in both audio and visual form for new visitors to access. One work was a Pre-Raphaelite painting, *Finding of the Savior in the Temple*, by William Holman Hunt (1854-55). Persons with disabilities are represented in this painting, and it was used in the “Talking about...” project as a springboard to critique religion and its relationship to disability. Sandell found the experience of interpreting fine art through the lens of disability experience to be radical in a positive sense because it followed the principle espoused by the United Nations Conventions on the Rights of Disabled People (2006) in promoting positive perceptions, rights, and dignity of PWD and also recognition that policies and programs concerning PWD should consult and involve PWD in the process.

Another positive development Sandell describes is one from the U.K. Bethlehem Museum of the Mind, a former hospital that now features art focusing on the artists’ expression of their condition. Sandell also points to a project he and colleague Jocelyn Dodd developed with actor Mat Fraser (who has a form of dwarfism), an exhibit entitled *Cabinet of Curiosities*. This was a performance piece combining academic lecture, autobiographical reflection, disability

activism, music, and social documentary. Fraser has emphasized projects like these should raise visibility for PWD and help initiate a “sea change” in people’s understanding.¹⁹

Sandell compares the need for more engaged representation of PWD, including persons with psychological disabilities, to addressing racism: he believes that the world needs to do more than reflect what is there, and he says we cannot change deeply entrenched views, but we can hold a mirror to the world *and* use our responsibility and capacity to inspire change, to initiate conversations and think profoundly and ethically about what to do with more guidance and support.²⁰ In the interview for this project, Sandell says that a more positive representation of persons with psychological disabilities is very much a current concern, as mental illness is particularly stigmatized in the United Kingdom. He suggests that museums should consider how to use collections to destigmatize mental illness and physical disability and work to emphasize how PWD and PWPD are regular contributing members of society and how everyone in the population has the potential to suffer from ill-health.²¹

Despite the challenges involved in effectively representing disability, Sandell argues for museums to take the opportunity to educate on disability because museums have a unique quality—they are safe and trusted spaces and are an acknowledged and respected source of credible history. The public, in general, believes that what museums display is important and has cultural authority; these are values that activists and educators can tap into and use to their advantage. Sandell says, “Museums hold this public position of how society is. We can push to be inclusive and diverse. Not all people are super aware of what is going on in museums, but we

¹⁹ Sandell interview.

²⁰ Ibid.

²¹ Ibid.

have a body of evidence that shows museums inform the way people think about things. Even if you don't visit, they are symbolically important in the public realm."²²

In the United States, museums tend to focus more on ensuring people with disabilities have accessibility to exhibits more so than disability inclusivity within the content or programming of exhibitions. Major museums are generally good at providing accessibility for persons with physical disabilities and are also good at developing online resources for PWD. Although Catherine Kudlick, a history professor with a visual disability, has described instances where some smaller museums and historical societies she visited have been much less accommodating and concerned about access for PWD.²³ Much of the focus on accessibility and accommodation is related to meeting the requirements of the Americans with Disabilities Act. The Metropolitan Museum of Art (Met Museum) in New York City, for example, offers programs for visitors who are sight-impaired, hearing impaired, have developmental or learning disabilities, or who are on the autism spectrum.²⁴ Also in New York City, the Museum of Modern Art (MoMA) provides similar programs for sight or deaf and hard of hearing persons. The Met, MoMA, and the Rubin Museum of Art feature specialized tours for persons with

²² Sandell interview.

²³ See, Catherine Kudlick; The Local History Museum, So Near and Yet So Far. *The Public Historian* 1 May 2005; 27 (2): 75–81, and Kudlick, Catherine, and Edward Luby. "Access as Activism." In *Museum Activism*, edited by Robert R. Janes and Richard Sandell, 68-79. London: Routledge, 2019.

²⁴ Metropolitan Museum of Art. "Resources for Visitors on the Autism Spectrum." <https://www.metmuseum.org/events/programs/access/visitors-with-developmental-and-learning-disabilities/for-visitors-with-autism-spectrum-disorders> Accessed December 1, 2020.

dementia and their caregivers.²⁵ However, institutions are less active in providing programs for those with psychological disabilities.²⁶

For most of the 20th Century, art museums tended to lack disability representation in exhibitions. As Catherine Kudlick notes, only recently have museums begun to present themes, experiences, perspectives, and contributions from PWD.²⁷ Exhibits on psychological disabilities are even rarer. In 2013, the American Alliance of Museums reported 150 instances of museums featuring health topics. Piwko and Orlandi noted that only three of those instances concerned mental health, and none were exhibits. In researching past museum exhibits in North America, they found the majority centered more on the harrowing mental illness treatment history. From 2013 to 2018, there were only 12 instances of positive exhibits about mental health (focusing on increasing mental health literacy).²⁸

There are few, if any, organized advocacy groups in the U.S. putting pressure on art museums to include PWD more frequently in content, at least compared to the U.K. Still, individual experts like Piwko and Orlandi and Professor Yanos collect information on U.S. exhibits and advocate for more representation.²⁹ Yanos points to a popular traveling (although science-based rather than art) exhibition, *Mental Health: Mind Matters*, organized by the Science

²⁵ A few other noteworthy exceptions stand out as examples of progressive representation for PWD in general, including the Smithsonian Museum's exhibitions on disability medical and political history, and the Museum of disABILITY History in Buffalo, New York, dedicated to advancing awareness and understanding of disabilities. The Smithsonian had an exhibition on the history of the disability rights movement, now archived on its website in an interactive project. In addition to providing an online virtual museum on media, medicine, and advocacy, the Museum of disAbility also provides educational materials and supplemental information for visitors and K-12 students.

²⁶ Sloan, Laura. Interview by Alex Fiano. Personal interview via Zoom. September 25, 2020.

²⁷ Kudlick, Catherine, and Edward Luby. "Access as Activism." In *Museum Activism*, edited by Robert R. Janes and Richard Sandell, 68-79. London: Routledge, 2019.

²⁸ Piwko and Orlandi interview, and the National Museum of Mental Health Project, "Findings."

Museum of Minnesota in 2018 (the project was initially created by Heureka, the Finnish Science Centre, in Vantaa, Finland). The exhibit has traveled to various museum venues across the U.S. and Canada in 2018 and 2021. *Mind Matters* provides “a safe place for important conversations about mental illness” and family-friendly interactive displays to educate on common types of mental illness and activities such as writing down worries and destroying them with a Worry Shredder. The exhibit also offers resources and personal stories about PWP. Yanos believes this exhibit is beneficial because it connects the audience to the topic through personal stories. He says personal connection and factual information are essential for any anti-stigma message and enable visitors' empathy for the exhibition.

Of course, education is not a panacea on its own. Yanos explains that educational messages must be carefully structured, and one must be mindful that educational messages should not be essentialist or reductionist. Yanos believes there is a risk in emphasizing genetic causes and biological factors in mental disorders. That emphasis may encourage a misunderstanding that mental disorders are immutable, unchangeable essential features of a person, and a person with mental illness cannot be effectively treated. Yanos suggests a better means to educate would be an exhibit that includes a personal story or narrative regarding a real person with mental illness, showing balanced nuances of that person's life.³¹

As mentioned above, “Mind Matters” is a science museum exhibit rather than an art museum exhibit. Science and art exhibits present different materials, content, and perspectives. Art exhibits can be a bigger draw for an audience overall, and Yanos's model for a compelling art-based presentation is the Van Gogh Museum in Amsterdam, The Netherlands. The Museum

³⁰ The Science Museum of Minnesota, “Mental Health: Mind Matters,” Exhibit Rental, <https://www.smm.org/exhibitrental/mindmatters> Accessed January 12, 2021.

³¹ See, Yanos interview.

tells the story of Vincent van Gogh's life in the fullest sense, not just his genius in art and not only the tragedies and struggles. Yanos says presenting that full story is very important for understanding Van Gogh as being more than his mental illness. For example, a significant balancing aspect is learning how productive he was during his time in an asylum. The museum provides extensive online interactive pages and exhibits (from its permanent collection) on Van Gogh, including photos and detailed stories of his life, such as recounting his friendships with photographs, paintings, and excerpts from letters weaved together for the online visitor to explore. One first reads about the friendships, and then the page brings together the photos and the paintings to illustrate the short readings or letter excerpts. Other topics include Van Gogh exploring his visual style and maintaining his artistic work despite professional setbacks and detailed discussion of his relationship with his brother Theo.³²

There is much to draw from in the Van Gogh museum. However, Yanos also advises that focusing on a single artist carries a risk of putting that artist on a pedestal, presenting the artist as exceptional and contributing to the "mad genius" trope. By comparison, a group show of artists with psychological disabilities could achieve better balance and more potential for a more substantial educational impact.³³

Current and Past Mental Health Exhibits

As mentioned previously, the National Museum of Mental Health ("NMMH," a solely online organization) has researched U.S. museum exhibits focusing on mental health.³⁴ Major

³² See also, The Van Gogh Museum, "Stories," <https://www.vangoghmuseum.nl/en/art-and-stories/stories>, Accessed January 21, 2021.

³³ See, Yanos interview and The Van Gogh Museum, "Vincent van Gogh," <https://www.vangoghmuseum.nl/en/art-and-stories/art/vincent-van-gogh> Accessed January 21, 2021.

³⁴ The National Museum of Mental Health is a non-profit with the purpose of developing mental health literacy in the United States, through (future) rotating and traveling exhibitions, and educating and creating dialogue regarding positive mental health outcomes. At the current time,

metropolitan art museums in the United States have had just a few exhibitions on mental health topics. Other exhibits were shown in galleries, colleges, and art organizations. A few specialized museums focus on disabilities. For this project, I also researched past exhibitions, reviewing those in the NMHM's website information, and with a tailored Google search on publicly available data on museum or gallery exhibits with a primary mental health theme between 2000 and 2020 (No results were obtained between 1990 and 1999). The terms used in the Google search were variations of "Art exhibitions mental health United States." The search was limited to the first ten pages of results as little was likely to turn up past that point. Related topics like addiction or non-psychological disability or works that were primarily on film were not included.

The results are organized into Art Focus (painting, sculpture, mixed media, performance, or combination of such, may also include photography); Photography; Science-Based (text, objects, photos); and Historical Objects. The exhibits break down as follows:

- Exhibits at a major metropolitan museum: six, all art-based
- Exhibits at small museums: one Historical Object; one Art Focus, two Photography
- Galleries: seven Art Focus, two Photography
- College Galleries: eight Art Focus, two Photography
- Art Organizations: four Art Focus, one Photography
- Pop-up or Traveling Shows: two Photography, one Science-Based
- Other facilities: (i.e., medical center, advocacy organization) four Art Based, one Photography

The year with the most exhibitions was 2019, with 14. From 2002 through 2014, there were only two. In 2016, 2017, and 2018 there were two, five, and three respectively. Major metropolitan museums (for example, the Philadelphia Museum of Art, the Brooklyn Museum of

the website has research on exhibits, and an open call for art submissions on mental health themes. The research details the characteristics, goals, and implications of seven particular mental health exhibits in the U.S.

Art) had a significant portion with six overall, but college galleries and private commercial galleries had the most with 10 and nine, respectively.

Two representative instances of college gallery exhibitions were the Princeton University Art Museum in Princeton, N.J. and its “States of Health: Visualizing Illness and Healing” exhibit (2019-2020), and the Rubenstein Art Center at Duke University in Durham, N.C., and its “The Art of Mental Health” exhibit (2019-2020). Princeton’s “States of Health” featured four focuses (contagion, treatment, childbirth, and mental states) and a variety of types of works (paintings, photography, prints) from Antiquity to Contemporary works. An example of a work focusing on mental health was Leonora Carrington’s color lithograph *Crookhey Hall*, associated with her book *Down Below* (1944), recounting her experiences in an asylum and experience of convulsive shock therapy.³⁵ The Rubenstein’s exhibit featured visual art highlighting an active effort to maintain mental health and wellness, focusing on finding strengths, resilience, or cultivating emotional well-being. One such piece was Christine Hager-Braun’s fiber work, *Wall of Depression*, accompanied by the artist’s narrative on how quilting helped her with the symptoms of depression.³⁶

One of the specialized museums devoted to mental health is the Oregon State Hospital Museum in Salem, Oregon.³⁷ It is famed for being the classic movie *One Flew Over the Cuckoo’s Nest*. From an exploration of the website, its exhibitions feature photos, recreations of asylum features such as former treatment protocols and methods, positive mental health

³⁵ Princeton University Art Museum, “Exhibition | States of Health: Visualizing Illness and Healing,” (2019-2020), <https://artmuseum.princeton.edu/story/exhibition-states-health-visualizing-illness-and-healing> Accessed February 9, 2021

³⁶ Rubenstein Art Center at Duke University Exhibit: The Art of Mental Health, <https://artscenter.duke.edu/event/the-art-of-mental-health-exhibit/> Accessed February 9, 2021

³⁷ Oregon State Hospital Museum of Mental Health, “Home Page,” <https://oshmuseum.org/> Accessed January 10, 2020

therapies, and a replica of a wardroom. Another specialized museum is the Museum of disABILITY History, located in Buffalo, New York. This museum features exhibits that demonstrate the history of care for PWD, the history of eugenics, and the history of disability in pop culture and sports.³⁸ Another such museum is the Glore Psychiatric Museum, part of St. Joseph's Museums in St. Joseph, M.O., which features surgical tools, treatment equipment, furnishings, and artwork from hospital patients.³⁹

The results of the exhibition search support the findings from the NMMH that too few exhibitions occur. More mental health-themed exhibitions are taking place, but not enough to make significant public impact. College galleries deserve kudos for serving as a significant source of public space for mental health discussion through art. This is likely due to colleges' inclination to be on the forefront of social concerns. College galleries may also be less concerned with commercial interests. Yet small commercial galleries had a significant number of exhibitions as well. Many of the college and commercial exhibits specifically promoted discussion of mental health as an important topic. The reasons why more art museums lack inclusion and development of mental health-related exhibits remains to be fully determined, but the lack does point to a need for continuing advocacy and dialogue between PWD and museums.

The Development of Museum Education

Part of a museum's potential effectiveness as a platform stems from the development of its education programs. It is useful then to briefly review the development and techniques of museum education. Since the 1990s, museum educational activities and programs have advanced

³⁸ The Museum of disABILITY, "Permanent Exhibits," <https://www.museumofdisability.org/exhibits/permanent/> Accessed January 10, 2020

³⁹ St. Joseph's Museums, "Glore Psychiatric Museum," <https://www.stjosephmuseum.org/glore-psychiatric-museum> Accessed January 10, 2030

significantly in establishing theories to guide educational practice, and museums have made the role of education more central to their functioning. During that time of development, museum educators researched ways to teach visitors through dialogic and object-centered learning (working closely with museum objects or representations of such objects for a deeper learning). Educators have also prioritized constructivist approaches to gallery teaching. A constructivist approach encourages visitors to connect their knowledge and meaning with a personal exploration of the exhibits, adaptable to the visitors' interests and learning styles.⁴⁰ Since the early 2000s, educators have also supplemented museums' outreach through increased focus on online resources and exhibits, further multiplying and expanding how viewers can access content and experience. Specific techniques used in museum education include learning outcomes, guided tours, facilitated discussions of art, storytelling, games, creating objects (crafts, drawing, etc.).⁴¹ Some of these techniques will be discussed in detail below, in the Recommendations section.

It is also worthwhile to briefly examine disability inclusion in the museum educator field. Educator Kayleigh Kozyra, author of a chapter in a 2020 guide on museum education, says that significant interest in disability inclusion has only been developing in the previous decade. She notes that PWD are still advocating for better access to museums and that there is still a problem with including PWD in plans and conversations within museums.

Kozyra's chapter is illuminating on the development of disability issues in museums. She states that after the Americans with Disabilities Act passed Congress in 1990, prohibiting discrimination against PWD in many areas of life, the American Alliance of Museums then

⁴⁰ DiCindio, Carissa. 2020. "Driven by Curiosity: Creating Opportunities for Exploration on Guided Tours in Art Museums." *Art Education* 73 (2): 43–48.

⁴¹ Ibid; also, personal experience and training of author.

published a guide in 1998 on how to increase accessibility for PWD. That 1998 guide is still in usage as a primary teaching tool. Kozyra feels that reliance on a 20+-year-old guide is a serious concern, as disability issues and inclusion have developed and expanded in other areas of life. Kozyra notes, as an illustration, that many facets of a museum make up the gestalt of experience for the visitor, including parking, signage, restrooms, architecture, and website; however, many museums do not take PWD into account during museum design. She argues that educators can give perspective to a museum based upon their public-facing position and what they observe in working with PWD. She also suggests that PWD should be on museum boards, staff, and committees and should be included in planning for exhibits, interpretation, and programs.⁴² Kozyra's work therefore sheds light *some* light on the lack of disability-themed art exhibits (as discussed in the previous section) if there is also a lack of PWD contributing to exhibitions planning and development. Her argument to include more PWD in museum personnel is a very sound one if more exhibitions, tours, and educational materials are to be created to help address mental health stigma.

Looking Ahead: Recommendations for Tours and Materials

Specific museum education ideas for disability-related activities and materials, particularly psychological disabilities, are challenging to find. Nonetheless, the potential for museums and museum educational techniques as a platform for destigmatizing disabilities is promising. Experts including Sandell, Yanos, and Sloan identify factors for museums and educators to be aware of when developing materials for programs and tours seeking to destigmatize psychological disabilities. Materials and information should reflect a full living

⁴² Kozyra, Kayleigh, "Beyond Inclusion: Meaningfully Engaging Visitors with Disabilities," in Carissa DiCindio, Bryna Bobick, Eds., *Engaging Communities Through Civic Engagement in Art Museum Education*, Hershey, PA: IGI Global, 2020.

experience, not a reductionist approach. Educators should take care not to emphasize biological or genetic factors in mental illness. Using varied mediums within an exhibit, such as combining photography and other visual arts with didactic texts, may provide a richer message. Also, combining art with science-based exhibits may be effective.⁴³

Sandell and Yanos believe the best approach in developing materials is to utilize the artist's personal stories, emphasizing their everyday life as productive persons in society. Narratives regarding artists with known mental health conditions run the risk of focus given only to that aspect of their lives, so care should be taken to emphasize the balance of a person's life, strengths, and challenges in living with mental disorders.⁴⁴ Sandell says, "On a tour, you bring your own experience, and while one person might find that visibility to be energizing, another might find it triggering. Yet rather than never having anything about the topic, factor in something with the lived experience of those with disabilities. Do it thoughtfully, collaboratively. Have a hopefulness and a connection to the audience." He also notes that such a project is a learning process to create and present a story carefully, collaboratively, and ethically. As with topics like LGBTQIA+ and Black Lives Matter, "...interpretation can change; it's hard and tricky and involves sensitive subjects. Listen and learn and maybe defending someone who says it is nonsense, an ableist reaction. Embrace the spirit of it. It's evolving a process."⁴⁵

Sandell also recognizes the challenge of visitors wanting more of an art or fun cultural experience than a learning experience:

With more socially purposeful work, make it as engaging as possible for both those with disabilities and those nondisabled. Consider how to make it interesting. Some visitors will complain, and some are thrilled; some don't expect these topics. Some will say they came for something else. They'll complain that there's too much political correctness. But they will stay longer and argue and talk and tell a friend. The transformation can be

⁴³ See, Yanos interview.

⁴⁴ See, Sandell interview and Yanos interview.

⁴⁵ Sandell interview.

more to spark a debate, a reflection. Present the human story of disability and show how it's everywhere and connect to the audience through stories to tap into.⁴⁶

Specific Techniques for Art Museums

My intention for this section is to propose a set of best practices and goals that can be used in different museums, but the focus here is on art museums. The techniques described below are meant for museum tours, educational programs on PWP, and classroom presentations using artworks to teach about psychological disabilities. Art museums are the focus here as there are known beneficial psychological effects and emotional connections that artworks inspire. Art stimulates brains and minds and feelings. Neuroscientists Hideaki Kawabata and Semir Zeki found that the brain actually goes through positive changes when persons look at a beautiful art piece, increasing the blood flow in certain parts of the brain by as much as ten percent and also inspired feelings like empathy.⁴⁷ In addition, Jay Greene et al.'s 2014 study on K-12 students found that participating in an art museum experience improved their critical thinking skills and tolerance, displayed stronger historical empathy, and were more likely to visit such cultural institutions in the future.⁴⁸

The best practices detailed below include combining the methods museum educators use, as mentioned in the previous section, and the critical thinking principles of questioning, observation, empathy, and research. These practices would integrate personal stories of PWP that will help viewers connect with issues related to psychological disabilities. A tour or presentation content should have useful information on mental health and disability issues but framed and discussed in a general way. The educator should be careful not to assume any visitor

⁴⁶ Sandell interview.

⁴⁷ Kawabata, Hideaki, and Semir Zeki. "Neural correlates of beauty." *Journal of Neurophysiology* vol. 91,4 (2004): 1699-705.

⁴⁸ Greene, Jay P., Brian Kisida, and Daniel H. Bowen. "The Educational Value of Field Trips." *Education Next* 14, no. 1 (Winter, 2014).

is a PWP and should be clear no visitor is obliged to share with others their personal experience. However, educators might choose to share their own experience as empathy and shared experiences facilitates understanding.⁴⁹ From my experience, this is much like teaching about LGBTQIA+ topics. For example, I have discussed gender identity in world religious history and traditions with students by comparing it to contemporary issues and my personal experience as a non-binary person. However, the educator should be cautious in sharing any past trauma that could be triggering for others.

For this section, the term “educator” is used to cover docents, guides, and teachers. The term “tour” used below generally refers to traditional art museum tours and also classroom presentations and other educational activities. “Visitor(s)” and “group” are meant to refer to museum visitors, students, and participants in educational activities.

A first practice is developing learning objectives for one’s project and activities. Learning objectives are standard tools college teachers and museum educators use. For museum tours, guides, and educational materials, these learning objectives should be considered flexible and evolve based on experience and visitor feedback from the tours and activities. A visitor free to absorb and retain what they wish. The learning objectives also help the educator to determine what to research for background information about the artworks. An example of a learning objective is “CRITICAL THINKING: visitors will practice critical thinking skills through observation questions, and making connections between art content and mental health topics.”

Another essential practice to utilize before a tour is researching background information on artists and their works. The research helps the educator decide what to say about the artist and

⁴⁹ See, as example, Meneses, Rita W, and Michael Larkin. “The Experience of Empathy: Intuitive, Sympathetic, and Intellectual Aspects of Social Understanding.” *The Journal of humanistic psychology* 57, no. 1 (2017): 3–32.

the art, i.e., if the artist identifies as having a disability. Many contemporary artists are open about having physical and psychological disabilities. However, others choose not to identify as having a disability because they do not want the disability to be their primary identity. They may specifically say they are not disabled and request that any promotional materials, labels, or articles do not reference disability. Therefore, the educator should investigate how a contemporary artist prefers to identify. For artists who have passed away, the situation is more complicated. Suppose an artist is known to have had some sort of emotional or psychological issue. In that case, the educator should research what the artist expressed about the condition themselves and distinguish between what is historically accurate and what might simply be gossip or misinterpretation. For instance, Jackson Pollock is often portrayed as a “mad” genius and alcoholic “bad boy.” In fact, his most expressive work was during a two-year period of sobriety and therapy, and his drinking was more due to the pressure of his fame and demand on his productivity.⁵⁰ For artists working in time periods during which psychology was challenging to determine (i.e., Renaissance, Baroque, and Medieval), the educator might instead focus on the work and what it reflects about psychological issues or feelings, as discussed below.⁵¹

In terms of choosing works for a tour, works by PWP or with disability themes help illustrate mental health learning and help visitors connect with those issues. These works might be cathartic, in the sense of symbolizing or expressing a particular mental condition like anxiety or depression. Such works might also be what I call restorative, having positive mental and emotional aesthetics (i.e., the vivid and spiritual manner Van Gogh painted landscapes).

However, Both Laura Sloan and Richard Sandell feel that tours do not have to be limited to

⁵⁰ See, as example, Pinnington, Mike, “Jackson Pollock: Separating Man from Myth,” the Tate Museum, <https://www.tate.org.uk/art/artists/jackson-pollock-1785/jackson-pollock-separating-man-myth> Accessed February 20, 2021

⁵¹ Sloan interview, Sandell interview.

artists with psychological disabilities or works with specific mental illness themes. There may be too few such works or artists available to include in a tour. (A presentation in a class or workshop obviously will have more choices). Therefore, educators may use other artists with different disabilities as a jumping-off point. Educators may also use art without *any* specific disability connotation but instead use the art interpretation to discuss mental health themes.

Sandell grants that the use of traditional representational art may anger some for moving beyond the art-historical perspective (or discussion of contemporary social justice issues in the context of spiritual depictions). Still, the use is an opportunity for new, creative, provocative perspectives and understandings regarding disability.⁵² For example, a PWD might find catharsis in critiquing a work that offers PWD as objects of pity, as happened in the “Talking about...” program discussed previously.⁵³ The idea is to create an overall experience for people to learn about disabilities.⁵⁴ This goes along with a constructivist approach to museum education (as described in the previous section), where visitors are encouraged to connect their knowledge and experiences with the exhibits. The goal does not have to be ensuring the visitor leaves with facts, dates, and names, but with an enriching experience, feeling better, and wanting to return and repeat the experience.⁵⁵

Educators researching and preparing materials should be careful to avoid framing a discussion of disabilities in an overly sentimental or “inspirational” manner. This type of framing is a danger also known as “inspiration porn.” The late disability activist Stella Young coined the

⁵² On the other hand, contemporary art, including performance art and new media or mixed media may take on specific mental health themes. One such artist is Sarah Ann Johnson, who has mixed media works (2008) depicting her grandmother’s experience with psychological illness, mistreatment by government personnel, and drug use.

⁵³ Sandell interview.

⁵⁴ Sloan interview.

⁵⁵ Sloan interview.

term, meaning media depictions of disability that encourage viewers to focus on the person *overcoming* the disability. This type of focus detracts from the artist's merits and the meaning of the works of art. It is similar to the “magical minority” trope seen in stories, movies, and T.V. shows (a marginalized minority character who gives wisdom and encouragement to the privileged main character).⁵⁶ In addition to framing, educators need to be aware of the language used in tours, lesson plans, labels, presentations, and so on. Descriptions and narratives should reflect the most up-to-date and non-discriminatory, non-ableist nomenclature. The American Psychiatric Association has several good recommendations for language use, such as focusing on the person rather than the illness. For example, the statement “She is a person with bipolar depression” is much more humanizing than “She is bipolar.” Educators should emphasize that the person lives with, rather than suffers from, the condition.⁵⁷ Educators should also research terms they plan to use. In an article that appeared in *The Week* in 2016, the editor and linguist James Harbeck explains ten often-abused psychological terms and what these terms really mean. For example, “OCD” doesn’t merely mean having a strong desire to be tidy. It is the term for a condition involving intrusive and unwanted compulsions to reduce anxiety or distress and are excessive and unrealistic. Similarly, ADHD is more than not paying attention. It is a clinical condition involving inattentiveness, hyperactivity, and impulsivity—symptoms that negatively impact social, academic, and occupational activities.⁵⁸ These resources help educators ensure their materials are up to date, reflect best practices and knowledge, and construct their materials without bias.

⁵⁶ Sloan interview.

⁵⁷ American Psychiatric Association, “Words Matter: Reporting on Mental Health Conditions,” <https://www.psychiatry.org/newsroom/reporting-on-mental-health-conditions>

⁵⁸ Harbeck, James, 10 commonly abused psychology words — and what they really mean, *The Week*, February 22, 2016, <https://theweek.com/articles/603303/10-commonly-abused-psychology-words--what-really-mean>, Accessed December 12, 2020.

Yanos stresses that psychological conditions are normal and a part of the human experience. Mental disorders have many aspects, are common in all of the population, and exist on a continuum. Educators should include information on symptoms, causes, outcomes, and prevalence, note that disorders can be temporary, overcome, and treated, and that PWPD are often functional. The story does include the negative—it is part of the story. Yet so is the resilience of PWPD. They have relationships and friends and are loved by people independent of the art and independent of the condition.⁵⁹

The next best practice is the use of questions for shaping the discussions that educators aim to foster. The educator can craft questions to integrate the background research on mental health topics and information on the artists and works. Philip Yenawine's *Visual Thinking Strategies* encourages educators to use questions in a tour to move from observation to facilitation. Once the educator shows an object, explains background information about the work or artist, and gives a group time to observe and reflect, the educator can then ask questions tailored to the object. Yenawine suggests asking an open-ended question that encourages participants to think beyond description, such as, "What's going on in this work?" For PWPD topics, change the question to a variation of "What's going on that speaks to mental health in this work?" Alternatives to this question might be, "What is in this work that might symbolize emotions or feelings," and "How do the lines, shapes, and colors speak to emotions and feelings?"

A follow-up question to the responses might be, "What do you see that connects to these topics?" (a question meant to get the observer to use reasoning) and later, "What more can we find similar to what you saw before?" (meant to add to the process of finding meaning, and to

⁵⁹ Yanos interview.

share observations among the group). The educator can point to an aspect of the object as an observer comments on it and then paraphrase what the observer shares to recognize the observer is heard and understood. The educator might then link the answers that agree or disagree to help the group make connections. Their position throughout this process, however, is to maintain a neutral stance.⁶⁰

An educator might also facilitate dialogue within a tour. Museum visitors, like students, vary as to how they are most effectively learn and engage with the material. Some visitors prefer to have questions as conversation prompts. Others are ready to jump in with their observations and debate points on a topic. Museum educators Elliot Kai-Kee and Rita Burnham advise in their 2011 book on gallery teaching that an educator should first research the objects for the tour, then create prompts for dialogue and conversation.⁶¹ Their suggested prompt for discussion is more facilitation than questioning: “I invite you to share your thoughts on...” They encourage the educator to be flexible in the subsequent flow of dialogue. While educators are automatically imbued with authority, Kai-Kee and Burnham feel they can earn their expertise by using it judiciously and not inhibiting the visitors’ exchange of views and interpretations. Rather than impart information, they say that the educator’s goal is to contribute knowledge and insight to a conversation driven by visitors. Here, the questions I have above might be adjusted to be a variation of “I invite you to share your thoughts on what the artwork expressing about mental health,” “...share your thoughts on what emotions you feel are expressed in the work,” or “...share your thoughts on how the work represents disability here.”

⁶⁰ Yenawine, Philip. *Visual Thinking Strategies: Using Art to Deepen Learning across School Disciplines*. Cambridge, MA: Harvard Education Press, 2013. pp. 24-25.

⁶¹ Kai-Kee, Elliot and Rita Burnham. *Teaching in the Art Museum: Interpretation as Experience*. Los Angeles: J. Paul Getty Museum, 2011. 87-91.

Kai-Kee and Burnham do not encourage using questions solely as a technique and find Yenawine's method lacking (if without foundational information offered for a group's reflection). They tend to discourage questions overall.⁶² In part, I agree with their complaints about only using questions and finding this approach insufficient, but I also find using questions for intellectual stimulation too necessary to abandon. Some people are reluctant to share thoughts freely and work better with question prompts. Persons with anxiety may be especially unwilling to share. Likewise, enthusiastic observers may also dominate conversations and frustrate others not as willing to share. Questions are useful for drawing out reluctant sharers, so long as used with a facilitative rather than interrogative attitude.⁶³

Questions need not be a Socratic exercise—one may combine open-ended questions with invitations to share feelings and observations. Through reflection, metacognition, and feedback, the educator should model a mode of sharing and responding that does not focus on getting a “right” answer but encourages conversation. Educator Jackie Delamatre has argued that questions help deal with the different experiences that observers experience in a museum environment. Some may never have previously attended a museum; some may feel out of place and may not have an art historical background. Some may not have experience engaging in dialogue or active listening and may be afraid of speaking up and appearing unintelligent. Also, some may not have experience of openly discussing mental health. Questions help inexperienced observers move beyond these challenges and allow them to contribute.⁶⁴

⁶² Kai-Kee and Burnham, p. 104.

⁶³ In this section I am also drawing upon my own experience as a college teacher, including having taught classes on Critical Thinking, Philosophy, and Anthropology, in addition to experience as a docent and interning in a museum education department.

⁶⁴ Delamatre, Jackie, “Questioning the use of Questions.” *Art Museum Teaching*, January 23, 2015, <https://artmuseumteaching.com/2015/01/23/questioning-the-questioning-of-questions/> Accessed December 12, 2020.

Educators should also use slow-looking and observation in designing educational practices. David Perkins describes the benefits of slow-looking in his seminal 1994 work, *The Intelligent Eye*. Giving viewers time to reflect upon and study a work allows them to discover new things. As Perkins explains, the first minute of observation allows for initial discovery. The next minute will enable questions to arise. Generally, a visitor's examination of a work in a museum does not last longer than a minute or two. However, if the observer can extend this period to five, six, or seven minutes, more questions and perceptions come to mind. The observer might discover interesting features of the work. Perkins recommends looking away for a short time and then returning to the work—this helps in refreshing the mind to observe more deeply.⁶⁵ Perkins notes that even five minutes is long enough to make a work a completely engaging experience. The educator can choose a couple of works for the observers to engage with for at least five minutes to encourage this kind of focus. The observers can stand a bit away so that the work is seen as a whole, and they can move closer or further away as needed.

Educators can combine the process of extended observation with a journaling activity where the observers write down any questions that arise, keeping track of new details that become evident and tracking their feelings about what they have previously seen. They might note what they like and dislike about the work. Educators might suggest aspects to search for, such as mood and personality, symbolism and meaning, motion, time and place, historical and cultural connections, space and negative space, dimensions, and other technical aspects. Observers can begin looking at the overall work and then examine smaller details and vice versa.

⁶⁵ Perkins, David. *The Intelligent Eye: Learning to Think by Looking at Art*. The Getty Center for Education in the Arts Occasional Paper Series Occasional Paper 4 (1994).

They can consider the work's virtuosity—what looks difficult to have done and what looks easy.⁶⁶ During this extended period of looking, educators can also suggest questions, including:

- What puzzles about the work? What surprises?
- What does it add to one's previous knowledge of painting, sculpture, etc.?
- Is there a message or provocation?
- What would happen if the artist significantly changed an aspect of the work?
- What does it say to each person in particular? Everyone has a particular interpretation (no one interpretation need be correct).
- What would you give as evidence for that interpretation?⁶⁷

Of course, each question might be rewritten to reflect the work's unique nature and its particular relation to the psychological aspect. Questions can be organized as *Description* (inventory of what the work contains without value judgment), *Formal Analysis* (examination of the internal logic of the work and its elements), *Interpretation* (analyzing its themes and intellectual problems it tries to solve), and *Judgment* (appraising the work's visual appeal).⁶⁸

A final issue that needs to consider in designing gallery talks and discussions is risk assessment. Jackie Delamatre touches upon risk assessment in her discussion of questions, noting that some students in a tour may not be comfortable in a museum. Delamatre recounts concerns from students who were nervous about being treated differently or viewed with suspicion due to race and class.⁶⁹ Risk assessment uses critical thinking to evaluate the tour, if taking place in a museum, from the perspective of observers who may not have previously visited museums. Educator Graham Talboys also discusses risk assessment, advising educators to consider physical hazards in or around the museum, such as transport, crowds, stairs, and lighting. Educators should consider individual persons who may have mobility issues or find difficulty accessing a smaller area. Educators should help the unfamiliar visitors (this primarily applies to

⁶⁶ Perkins, p. 75-76.

⁶⁷ Perkins, p. 75-76.

⁶⁸ Perkins, p. 75-76.

⁶⁹ Delamatre, 2015.

one's students) prepare by informing them beforehand about transport, cost, how to act, what to bring or not bring, what behavior and etiquette are expected of visitors in a particular museum, where restrooms are, and when to eat. (Talboys explains some students may be unsure if they are allowed to use a restroom or not realize the cost of museum restaurants.⁷⁰) To this, I would add issues considering disability in particular. Students need to be warned of potential problems, such as lack of elevators, which are often absent in old houses and landmark buildings, what services are offered for accessibility, and what areas may be problematic for those neuroatypical or anxiety-prone because they contain flashing lights, small spaces, etc.

Conclusion

As a public resource, museums can provide lectures, panel discussions, online links and articles, and other platforms to raise visibility for social issues and people's voices, including mental health. The experts interviewed for this project and the secondary literature highlight the importance of museums' public role and credible expertise. With a careful approach, museums and educators can employ their resources, techniques, and best practices to develop constructive representations and discussions of persons with psychological disabilities and help destigmatize mental health topics. The best practices involve critical thinking—to help engage in new perspectives and empathy, as described above, including questioning, observation, attention to language, and research. Educators who take the time and care to use art to educate on mental health should also provide resources, such as websites, services, other artists, local organizations, etc.⁷¹ Every educator has the potential for a positive impact regardless of any visitor's perceived interest.

⁷⁰ Talboys, Graeme, *Using Museums as an Educational Resource: An Introductory Handbook for Students and Teachers*, London, UK: Routledge, 2010.

⁷¹ Sloan interview.

Art museums need to be utilized more for mental health topics. As described previously, science museums have been the richest source of mental health education. Art museums are starting to expand beyond a historical context to use art to address everyday social concerns like racial justice and women's rights. These museums can also help with disability topics by taking psychological disability from a strictly historical or science environment and recognizing and valuing disabilities as everyday experiences for U.S. lives.

The suggested educational techniques and best practices are not a system-wide solution for mental health awareness and advocacy. However, considering the severe impact of stigma and discrimination, these are small steps that can make a difference. I learned about the potential of small steps from giving teach-in presentations on LGBTQIA+ topics, after one of which a student identifying as non-binary and bisexual thanked me for the presentation because their conservative family would never allow the issues to be discussed at home. Since that time, I have advised my critical thinking students that they may never know who they influence or impact or encourage, but to act responsibly and compassionately in case they do so. I have had additional experience giving tours in the Rubin Museum of Art and educating on Buddhist and Tibetan cultures. Those tours for adult, teen, and child groups involved giving facts, explaining art, offering resources, and discussing religious beliefs and spiritual practices for audiences mostly unfamiliar with the topic. The visitors' enjoyment in learning about different cultures and personal and historical narratives reinforces my confidence in art museums' potential to be part of those small steps to further mental health awareness.

Perspective 2: Art Museums as a Restorative Environment for Persons with Psychological Disabilities

Art Museums serve as a safe space and as a restorative environment with evident benefits to mental health. In addressing the American Academy of Arts & Sciences in 2002, curator James Cuno recognized art museums' qualities that enabled them to be safe spaces. He noted that since the September 11th tragedy, museums had become sanctuaries and places of emotional and even spiritual healing. Cuno stated that after 9/11, "...people came to the museums in surprisingly large numbers. Perhaps, for stranded tourists, there was little else to do. But also, it seems that people just wanted to be there, in the company of others looking at rare and beautiful things, and the museums responded appropriately to the needs of those living in and stranded in the city."⁷²

Cuno observed that museums offered special events related to helping visitors and highlighted relevant works of art (Islamic pieces, works about healing, mourning, and meditation).⁷³ Museums in New York and other places in the country later suffered drop-offs in attendance and budget cuts due to a nationwide economic downturn. Museums suffered in part from packaging and marketing themselves more as tourist destinations. Cuno expressed hope that museums would explore their role in their communities after such a tragic event. He advised that a better strategy than a primary focus on tourism is to cultivate their host communities. Such a focus is better because local visitors do not disappear and can become stable revenue sources and develop long-term relations with the museum.⁷⁴ Cuno said he had heard more talk from museum administrators on developing such community relations and that museums were

⁷² Cuno, James. "A World Changed? Art Museums After September 11." *American Academy of Arts & Sciences Bulletin*. LV, No. 4 (Summer 2002) 18.

⁷³ Cuno, pp.18-19.

⁷⁴ Cuno, pp. 28-30.

increasingly described as “...sanctuaries, places of retreat, sites for spiritual and emotional nourishment and renewal.”⁷⁵ In light of that change in focus and the current impact upon mental health due to the COVID-19 pandemic, this perspective proceeds.

The projects discussed below are not art therapy programs, a topic related to but still distinct from this conversation. As Laura Sloan explains, there are challenging aspects to art therapy in museums, such as the need for consistency of therapeutic care, lack of ability to follow-up with one-time visitors, museums’ reluctance to have liability for medical malpractice or injury, and the difficulty in the U.S. for art therapists to be credited for their required clinical hours through work in a museum.⁷⁶ Some museums, such as the Metropolitan Museum of Art, are investigating art therapy initiatives because of the pandemic crisis, as discussed in a recent *New York Times* article by Zachary Small. Small’s article does not detail what the initiatives will look like. Still, it does discuss how museum curators and administrators are considering the changing role of museums post-COVID similarly to post-9/11, including making exhibitions trauma-aware and suggesting artworks that are tranquil and soothing.⁷⁷

Existing Projects for Utilizing Museums as Positive Mental Health Environments

The *New York Times* article mentioned above raises a very relevant point about potential mental health benefits in museum attendance during the COVID-19 pandemic, which has already adversely affected mental health in the United States, with an increase in general distress, anxiety, and depressive feelings.⁷⁸ Projects in the United Kingdom and Canada have already utilized museums for a positive mental health environment. These programs are part of a rising

⁷⁵ Cuno, pp. 33.

⁷⁶ Sloan interview.

⁷⁷ Small, Zachary, “Museums Embrace Art Therapy Techniques for Unsettled Times,” Arts, *The New York Times*, June 15, 2020, <https://www.nytimes.com/2020/06/15/arts/design/art-therapy-museums-virus.html> Accessed February 9, 2021

⁷⁸ Yanos interview.

interest in Canada, Australia, and the U.K. in the health potential of arts and culture in general. As museums in the U.S. re-open and begin to allow visitors, administrators, curators, and educators could review and investigate the programs in Canada, the United Kingdom, and Australia, described below, which are excellent resources to draw upon for developing more U.S. museum programs. Museums could evaluate establishing similar outreach programs for persons with disabilities and communities to benefit from the restorative environments.

United Kingdom

A 2016 report from the United Kingdom-based National Alliance for Museums, Health and Wellbeing found museums a significant resource for the public's mental health. The institutions offered programs and facilities for creativity and social inclusion.⁷⁹ A Manchester art gallery has picked up on the potential of art on health and well-being with a therapeutic exhibition entitled *And Breathe* about mindfulness in a busy world. The description of this exhibit explains:

And Breathe... is an exhibition that explores how we can nurture our mental and emotional well-being through interacting with art... Working with communities we have explored how we could support the well-being of the public by creating a space that would enable this slowing down and mindful connection to take place. The artworks and the way they are presented were inspired by our community participants and their responses in a series of mindfulness sessions. Furniture, colour scheme, height of art works, text and a series of audio meditations have all been carefully chosen in a way that we hope will enhance well-being.⁸⁰

⁷⁹ National Alliance for Museums, Health and Wellbeing. "Second Report." April 2018, <https://museumsandwellbeingalliance.files.wordpress.com/2018/04/museums-as-spaces-for-wellbeing-a-second-report.pdf> Accessed February 2, 2021

⁸⁰ Manchester Art Gallery, "And Breathe... Exploring the relationship between art and mindfulness," <https://manchesterartgallery.org/exhibitions-and-events/exhibition/and-breathe/> Accessed January 8, 2021

The U.K. Health Minister and former culture secretary Matt Hancock recently proclaimed that access to arts helps improve mental and physical health.⁸¹ In his statement on November 6, 2018, Minister Hancock emphasized that arts and social activities are “life-enhancing.”⁸² Hancock explained that arts and social activities should be valued for “bringing meaning and dignity to our lives,” and that the value of arts as being essential to health and well-being was scientifically proven.⁸³ Hancock discussed a Parliamentary Group’s analysis and research that found arts and social activities can help keep people well, aid in health recovery, and help address health, aging, and mental health conditions.⁸⁴ Hancock referred to the concept of “social prescribing,” which was about five years old at the time of writing. Social prescribing involves health professionals referring people to various local, non-clinical resources, such as financial services, sports lessons, and the focus here of art and cultural institutions. Hancock referenced prescriptions of museum visits in Canada (see below). Hancock pointed out the availability of free museums for the populace in Britain and the need to change perception of the arts as “elitist or inaccessible.” Hancock felt social prescribing would make a significant contribution to mental health and even address over-medicalizing. He described current examples such as the Royal Philharmonic using music sessions to help those recovering from a stroke and a dance organization helping youth with psychosis intervention. His recommendation is for expanded prescribing for what fits an individual’s taste and needs, whether a ticket to the opera or *Hamilton*, libraries, dance groups, and art museums.⁸⁵

⁸¹ Hancock, Matt. “The Power of the Arts and Social Activities to Improve the Nation's Health.” *Gov.UK Public Health*, November 6, 2018, <https://www.gov.uk/government/speeches/the-power-of-the-arts-and-social-activities-to-improve-the-nations-health> Accessed January 8, 2021

⁸² Hancock, para. 5.

⁸³ Hancock, paras. 9-10

⁸⁴ Hancock, paras. 14-15

⁸⁵ Hancock, paras. 38-40

A 2012 program in North Wales studied the partnership between four museums and galleries to offer art sessions for persons with mental health problems or experiencing stress. The Welsh program resulted in a beneficial impact on mental well-being and alleviation of depression, anxiety, and stress.⁸⁶ The partnership ran in conjunction with a research study that involved 39 participants who had various mental health conditions and investigated if creative engagement in museums could improve the mental health of persons in mental distress. The research study specifically considered activities in a museum as opposed to community center activities.⁸⁷

The participants in the study reported that they found that the museum setting had the following effects:

- Was inspirational
- Calming
- Had a variety of things “to stimulate interest”
- Had beautiful surroundings to enjoy
- Encouraged an increased awareness of the “visually rich environment”
- Enabled connections between past and present, including with their personal history and collective history, giving them perspective
- Allowed for an experience of connection to humanity, a cathartic emotional response, and reflection of their own situations⁸⁸

Some visitors, however, found that they experienced negative feelings in the museum setting. These negative feelings included that of being overwhelmed, distracted, or an aggravated mental state. However, the reported effects were significantly more positive. One of the more critical points made in the study's summary is the recognition that museums constitute a “safe

⁸⁶ Neal, Collette. “Can creative engagement in museums improve the mental health and wellbeing of people experiencing mental distress? A mixed methods pilot study.” *Artefact*. <https://artefactproject.files.wordpress.com/2015/04/artefact-final-report.pdf> Accessed February 2, 2021.

⁸⁷ Neal, p. 4.

⁸⁸ Neal, p. 5.

space” environment, encouraging activities like listening, discussing, socializing, and creativity. In addition, because stigma and discrimination are considerable challenges to persons with psychological disabilities, museums are essential for being a neutral, public setting without the stigma. The summary also highlights the usefulness of museum objectives for storytelling potential, inspiring memories, discussion, and emotional connection.⁸⁹

Canada

In 2019, the Royal Ontario Museum in Toronto started a program in conjunction with area health centers to provide free museum passes. The museum’s motivation originated from research that proved that engaging with art and culture was a beneficial supplemental treatment for people with mental health conditions such as depression, persons with Alzheimer’s, and physical issues like heart conditions. The results showed this contact with arts and culture through museums offset social isolation and improved physical and mental well-being.⁹⁰ In a press release, the Royal Ontario Museum referenced research the Ontario Ministry of Health and Long-Term Care had funded to examine the effects of social prescriptions in 11 community health centers to address loneliness and social isolation, particularly among older adults. Based upon the therapeutic potential of social prescriptions, the Museum began collaborating with community organizations to investigate the impact of museums on health and well-being to strengthen the current social prescription program as it continues.⁹¹

⁸⁹ Neal, p. 6

⁹⁰ See, Goodnet. “Canadian Doctors Can Now Prescribe a Visit to an Art Museum.” Jul 21, 2019. <https://www.goodnet.org/articles/canadian-doctors-now-prescribe-visit-to-art-museum#:~:text=The%20Montreal%20Museum%20of%20Fine,a%20social%20prescription%20for%20art.&text=People%20go%20to%20the%20doctor,to%20the%20pharmacy%20to%20fill> and Royal Ontario Museum. “ROM Launches New Wellness Program Providing Free Visits to the Museum.” December 6, 2018, <https://www.rom.on.ca/en/about-us/newsroom/press-releases/rom-launches-new-wellness-program-providing-free-visits-to-the> Both accessed January 6, 2021.

⁹¹ See, Royal Ontario Museum, 2018

A similar program began in 2018 with a partnership between the Montreal Museum of Fine Arts and the Médecins Francophones du Canada Association (MFdC) in starting a pilot program prescribing trips to the museum for adults and children. According to the Montreal Museum, the joint prescriptions program offers accessible museum visits to thousands of persons with various physical and mental health issues. The Museum stated in a press release, “By offering free admission to a safe, welcoming place, a relaxing, revitalizing experience, a moment of respite, and an opportunity to strengthen ties with loved ones, MMFA-MFdC Museum Prescriptions contribute to the patient’s well-being and recovery.”⁹² The regular adult admission price is \$23 Canadian. The program provides for each participating physician to write up to 50 prescriptions annually for the museum visits. This project is one of several that the Museum is developing through an Art and Health committee and an Education and Wellness Division Team, created in conjunction with healthcare professionals, for clientele including people with eating disorders, autism spectrum disorder, cancer, heart conditions, epilepsy, and mental health disorders.⁹³

An article in the *Observer* arts newsletter by Daniel Grant featured further information on the program. Grant’s article quotes Dr. H el ene Boyer, head of the family medicine group at the CLSC St-Louis-du-Parc in Montreal and vice-president of M edecins francophones du Canada, on the positive health effects of museum visits: “Just being in a museum looking at art has real health benefits...People in pain, patients who have high blood pressure or high cholesterol or shortness of breath, or those who simply have so much stress from hearing a doctor’s diagnosis that they cannot follow the doctor’s orders—they can all benefit from going to an art museum.”

⁹² Montreal Museum of Fine Arts, “MMFA-MFdC Museum Prescriptions: Museum Visits Prescribed by Doctors,” October 11, 2018, <https://www.mbam.qc.ca/en/news/museum-prescriptions/> Accessed February 14, 2021.

⁹³ Ibid.

Boyer explained the scientific evidence for the beneficial effect included lowered measure of cortisol following a museum visit.⁹⁴

Australia

In his 2010 study with Nigel Bond entitled *Museums as Restorative Environments* and his 2014 study entitled *Visitors' restorative experiences in museum and botanic garden environments*, Jan Packer investigated how built environments can create an atmosphere of peace and calm similar to outdoor environments. Packer examined the concept of restoration, drawing from psychology and clinical neurology studies that point to a human need for recuperation and recovery from mental fatigue to address diminished mental capacity. Packer explains in the 2014 study,

Restorative experiences are those that facilitate recovery from mental fatigue and help us continue to meet the demands of everyday life. Such experiences, many of which take place within the context of tourism and leisure, have the potential to contribute to the well-being and satisfaction of those who engage in them. The study of such experiences is thus highly relevant to the field of positive psychology. Indeed, restorative experiences have been shown to lead to improved emotional and cognitive functioning (Hartig et al., 2003), and thus to mental health and well-being benefits for both individuals and communities.⁹⁵

Packer set about his studies to build upon evidence that some built and urban environments had potential attributes necessary for a restorative environment, similar to outdoor areas. Outdoor areas were the focus of previous studies on mentally restorative environments. The 2010 study is more applicable to this section, as it included the National Gallery of Victoria in St Kilda, Melbourne, in addition to the Queensland Museum, a historical museum. The 2014

⁹⁴ Grant, Daniel, "Can Going to a Museum Help Your Heart Condition? In a New Trial, Doctors Are Prescribing Art," *Observer*, November 16, 2018, <https://observer.com/2018/11/doctors-prescribe-art-montreal-heart-condition-asthma-cancer/> Accessed February 14, 2021.

⁹⁵ Packer, Jan. "Visitors' Restorative Experiences in Museum and Botanic Garden Environments," in *Tourist Experience and Fulfilment: Insights from Positive Psychology*, edited by Sebastian Filip and Philip Pearce, eds. 202-223. London: Taylor & Francis Group, 2013, p. 202.

study focused on a botanical garden and the Queensland Museum but still has relevant results. The researchers approached visitors leaving the sites and asked them to complete a questionnaire. This survey's sampling technique was optimized for adequate numbers of different genders, repeat and non-repeat visitors, and age ranges.⁹⁶ The study compared restorative components of the sites. For the art museum environment, visitors found the “object experience” (seeing rare and beautiful artworks) and “introspective experience” (being in a place conducive to imagination and reflection) to be the most potent effects. Packer found adjacent aspects of museums, galleries, gardens, aquariums, etc. (clearly marked restrooms, persons helping to guide the visitor, adequate rest areas and seating, pleasant levels of light, sound, and air temperature) were essential to satisfaction levels. An additional important conclusion Packer and Bond reached was that repeat visitors to a particular location rated the location as higher in restorative value. It is uncertain whether visitors return because of the environment or find the environment restorative because they enjoy it. Nonetheless, Packer and Bond note, “In either case, by facilitating restorative experiences for their visitors, museums can add value to the visit and increase the likelihood visitors will return.”⁹⁷

Packer’s discussion of the 2014 further study of the Queensland Museum elaborated on some of the aspects appealing to visitors mentioned above, including light and sound. Visitors who desire and enjoy a restorative environment favored low levels of light, noise, and motion. They appreciated areas with less traffic and a sense of disruption. Aesthetics that simulate nature have the most positive feedback: natural sounds of wind, water, and birdsong. The environment also benefited from a social aspect. People feel safe with other persons nearby, so long as those

⁹⁶ Packer, Jan, and Nigel Bond. “Museums as Restorative Environments.” *Curator (New York, N.Y.)* 53, no. 4 (2010): 421–436.

⁹⁷ Packer and Bond, p. 431.

others do not disrupt through number or behavior, and enjoy a sensation that they share the aesthetic appreciation of the exhibitions and environment. Visitors also appreciated the information on exhibits if the information flowed smoothly, was not overwhelming, was not intrusive, and had a variety of content.⁹⁸

Case Study: The Rubin Museum of Art

The Rubin Museum features Buddhist, Hindu, and other Eastern religions art and spiritual objects. The objects originate primarily from Tibet and surrounding areas such as China, India, Bhutan, and Nepal. The museum is located on the West Side of Manhattan, on 17th Street. I worked at the Rubin in the Education Center during 2017 and 2018 and received docent training from Laura Sloan, then the Docent and Access Programs Manager. I led several tours for adults and K-12 classes. Sloan is one of the interviewees for this project, and we discussed the nature of the Rubin as a museum that offers a sense of sanctuary. (Sloan's Master's Thesis was in part about museums as sanctuaries, focusing on the Rubin.) In the interview with Sloan, she described several aspects about the Rubin in how it lends itself to have a sanctuary effect. The building itself and the galleries present a peaceful and relaxing space to welcome visitors and encourage a meditative exploration of artwork: comfortable chairs, well-differentiated floor plans, and layouts around the central spiral stairway to avoid confusion, and some rooms within galleries allowing for partial seclusion of visitors. Sloan notes the Rubin Museum set out to understand how a museum can have a dynamic and engaging environment and that feedback from museum visitors emphasized the positive effect of the peaceful, reflective atmosphere.⁹⁹

The building itself is unique. It is a renovated building that used to be a Barney's Department store and maintained the center spiral staircase in the lobby. When one looks up or

⁹⁸ Packer, 207-213.

⁹⁹ Sloan interview.

down the staircase, it assumes the shape of a mandala. In Buddhist tradition, a mandala is a shape prompting reflection and used for meditation. Sloan pointed out the Rubin is different from the traditional museum, which often possesses a “white cube” look—flat white walls without distinction that can look quite sterile. The Rubin features colors and graphics meant to enhance the art. It also features piped-in Eastern music in the galleries. There are also small details, including Buddhist auspicious symbols on the front door and a shrine room with seats that is a favorite of visitors. Even a basement rest area has art to contemplate and is an open, airy, meditative area. That atmosphere, Sloan theorizes, gives the visitor a different feeling than merely being in a museum to see art. In visitor polling, which included focus groups and consultants, the appreciation for the Rubin’s gallery layout and ambiance garnered the most positive feedback, even more than the art.

Another example of this type of environment is the New York City Museum of Modern Art’s *Rain Room*. This 2012 interactive exhibit, designed by artists Hannes Koch and Florian Ortkrass of the London-based artist collective Random International consisted of a field of falling water that paused upon detecting the presence of a human being. The installation’s interactive sensors gave visitors an experience of controlling the rain or performing with the rain by starting and stopping. In addition to exploring science and human ingenuity, the exhibit also offered an environment of contemplative intimacy.¹⁰⁰

Recommendations

The Rubin is somewhat unique in its focus and design, but other museums could adopt several of its aspects. As with creating tours, first is an understanding that designs and programs need testing and tweaking and committing to working on such testing (i.e., use of visitor

¹⁰⁰ The Museum of Modern Art, “Rain Room,” 2012, <https://www.moma.org/calendar/exhibitions/1352>, Accessed January 2, 2021.

surveys). Outreach to populations and communities that may not ordinarily visit a museum should be part of this overall program. Museums might also take advantage during the pandemic to develop programs specifically for PWD that the public can access online.¹⁰¹ These programs could include information on artists, connections made to current social concerns through artwork discussion and analysis, and online lectures or workshops.

Another feature could be providing interaction for visitors with an exhibit to have some input or direct feedback. As a docent, I led Rubin Museum visitors through an example of such interaction in one of their most popular exhibits at the time. This work was an installation by Candy Chang and James A. Reeves, *A Moment for the Anxious and Hopeful* (which ran from February 10, 2018 – January 7, 2019). The installation featured a large wall sectioned into blue and orange adjacent sides, where one could write down and post a piece of paper with hopes for the future or fears for the future, or both.¹⁰² The installation was quite expansive in size yet accessible in that it consisted of notes hanging on a wall hook, within eye level of the visitors. One could approach either side of the wall and review previous comments before or after creating their own comments. From my own experience and discussion with Laura Sloan, visitors enjoyed the ability to respond directly to an exhibit and become part of it and to express themselves—whether positively or negatively. Most visitors wrote a comment for both sides. The Rubin had other appealing interactive exhibits in the past few years, including opportunities for visitors to contribute to a recording of the Buddhist mantra “OM” (which ran from February 3, 2017 – May 8, 2017)¹⁰³ and writing letters to other museum visitors (“Letter to a Future

¹⁰¹ Sloan Interview.

¹⁰² Chang, C., and Reeves, J.A. “A Monument for the Anxious and Hopeful,” The Rubin Museum of Art, 2018-1029, <https://rubinmuseum.org/events/exhibitions/a-monument-for-the-anxious-and-hopeful>, Accessed February 10, 2021.

¹⁰³ The Rubin Museum of Art, Press Release: Rubin Museum Visitors to offer Their Voices in the Participatory “OM” Lab Installation, November 18, 2016,

Visitor,” starting from February 8, 2018, and continuing in the present time).¹⁰⁴ “OM” and “Letter” both involve the visitor contributing to an exhibit, becoming in some way part of it, and expressing themselves. This involvement happens with one’s voice in “OM,” and in communicating with someone who will someday see what the current visitor sees in “Letter.” These activities seem to have a positive effect on morale and attitude.¹⁰⁵ Such interactive activities foster a relationship between the visitor and the museum and create a sense of emotional investment.

A museum might design a room that dispenses with the cube effect and creates a more visually appealing and encouraging environment. Any such design can utilize elements of the studies and exhibits mentioned above in lighting, space, sound, and comfort. This could be a room more physically comfortable than typical in museums, with seats and tables (also good for visitors with disabilities). The section can include a smaller, more exhibition of art, and perhaps be free or at a reduced cost for visitors. The Rubin Museum has such a section in a lower-level area in its café. The area is spacious and comfortable to rest, with chairs and benches. It is free to visit and features wall art exhibitions. This space is open to the floor above and does not have a “basement” feeling. The area is open to soft lighting and music related to museum content. The

https://rubinmuseum.org/images/content/OM_Lab_Press_Release_Final.pdf, Accessed February 10, 2021.

¹⁰⁴ The Rubin Museum of Art, “Letter to a Future Visitor,” <https://rubinmuseum.org/page/letter-to-a-future-visitor>, Accessed February 10, 2021.

¹⁰⁵ Based upon my own experience and Laura Sloan’s experience. A study from Edith MacDonald, former Head of Visitor Insights, Museum of New Zealand, found that participatory exhibitions have positive cognitive and behavioral impact on visitors, such as an increase in time spent in the museum, feelings of relevance and inclusion (particularly for young adult and teen visitors), enjoyment, interest in art, and reduced negative perception of art. The study is available here: https://www.tepapa.govt.nz/sites/default/files/tuhinga29_7-art-engagement.pdf Accessed February 14, 2021.

Rubin also has a section on one floor with rotating exhibits where visitors relax on lounge chairs or floor cushions, with headphones to listen to short films (often about Tibet and the Himalayas).

These elements make the space sociable and relaxing and conducive to reflection and emotional well-being. A museum could create niche spaces with pleasant color, sound, and comfort. These spaces could be within other rooms and galleries and distinct from them to allow for seclusion and a sanctuary effect (being near others but not part of a larger and more chaotic crowd). A museum could call upon contemporary artists to add rotating graphics to the walls or incorporate short films. Some means of replicating nature in sight, sound, or feel might be part of this space. If the rest of the museum did not offer music, this would be an area. Overall, the most beneficial rooms seem to be those that create a sense of peace, connection to nature, connection to beauty, and allowing for meditative contemplation. A different space might feature an intricate or straightforward interactive work—from the experience of the Rubin, it need only involve writing a message to gain the interest and participation of visitors. A museum might even combine the sanctuary and interactive element in some manner. These spaces take the standard purpose of a museum of educational or personal growth and bring mental, emotional, social, and perhaps even spiritual development. This growth is evoked through the curated environment, attentive to the elements most mentally beneficial, and inclusive of the visitors' thoughts.

Yanos notes that safe spaces and places where a person can feel welcome are essential. A community space like a small independent volunteer-run social justice bookshop. A museum set up that way would be an excellent resource if the community could feel safe and not judged. The problem is that even though museums are nonprofits, they charge admission, and memberships are expensive. Another would be the need to administrate a program specifically for these measures, and the need for permanent restorative space or environment, rather than temporary.

Finally, any such program would need to reach out to marginalized groups and those unfamiliar with museums to have more access and a sense of community.

Conclusion

The problems of those with psychological disabilities can be multipronged and complex. Similarly, so are the solutions. Discrimination and stigma are systemic problems. There are other challenges, whether stereotypes in movies and television, lack of funding to mental health programs, or a societal or cultural distrust of the mental health profession. Part of the solution is advocacy to local, state, and national governments, an aspect beyond this project's scope but important to note—some government officials might be willing to investigate the possibilities of social prescription or utilize museums for resources on social issues. The exploration in this project is a step to encourage continued conversation and see where some success has been had here in the U.S. and other nations like the United Kingdom, Canada, and Australia. This project has focused on the potential of art museums. Still, science and historical museums can offer strategies and ideas (based upon past successful, engaging content) to help future programs. Because the U.S. is so large and diverse, with differing attitudes towards the use of arts and culture depending upon the region, city, or state, I am not speaking to a unified nationwide effort. Rather, I am suggesting art museums begin making inroads to feature mental health in education and exhibits (as have science museums) and explore the possibilities of areas within museums as restorative spaces. A need exists for museums across the U.S. to develop such programs and spaces. A final important aspect for any future programs is to be sure to reach out to the surrounding community, particularly areas that do not ordinarily benefit from museum outreach or advertising, to ensure that opportunity extends to all. That outreach stems from the authority and trust museums have and many in a community may benefit.

Bibliography

American Psychiatric Association, “Stigma, Prejudice and Discrimination Against People with Mental Illness,” *Patients and Families*, 2020, <https://www.psychiatry.org/patients-families/stigma-and-discrimination>

American Psychiatric Association, “Words Matter: Reporting on Mental Health Conditions,” *Newsroom*, n.d., <https://www.psychiatry.org/newsroom/reporting-on-mental-health-conditions>

The American Psychiatric Association is the primary professional organization of psychiatrists and trainee psychiatrists in the U.S., and the largest psychiatric organization in the world. This member website also contains research and resources for the public, with in-depth credible information on mental health and mental illness, including statistics on and descriptions of the effects of mental health stigma and discrimination. This source is used for background information in the first perspective section on persons with psychological disabilities (PWPD) and societal attitude.

American Psychological Association, “Survey: Americans Becoming More Open About Mental Health,” *Press Room*, May 1, 2019, <https://www.apa.org/news/press/releases/2019/05/mental-health-survey>

The American Psychological Association is the primary scientific and professional organization of psychologists in the in the U.S. The member website is similar to the American Psychiatric Association in providing research and resources for the public, credible information and statistics, and descriptions of mental health issues, mental illness, and stigmas. This resource is used for background information on PWPD and societal attitude. Both the American Psychiatric and Psychological Associations agree that stigma

remains a serious issue within the U.S.

Art Beyond Sight, “Social and Medical Models of Disability: Paradigm Change,”

<http://www.artbeyondsight.org/dic/definition-of-disability-paradigm-change-and-ongoing-conversation/>

This resource is within a website by and for museum educators and disability rights advocates. It is referenced briefly in the first perspective section to define the medical and social model of disability, which is critical in discussing art as a means of moving away from the medical model.

Chang, C., and Reeves, J.A. “A Monument for the Anxious and Hopeful,” The Rubin Museum of Art, 2018-2019, <https://rubinmuseum.org/events/exhibitions/a-monument-for-the-anxious-and-hopeful>

This resource is briefly referenced in the second perspective section to illustrate of a type of environment and art installation activity in the Rubin Museum of Art I found successful in engaging patrons, and that other US museums could emulate.

Cuno, James. “A World Changed? Art Museums After September 11.” *American Academy of Arts & Sciences Bulletin*. LV, No. 4 (Summer 2002) 17-36.

Cuno was at the time the Elizabeth and John Moors Cabot Director, Harvard University Art Museums. This bulletin reprinted Cuno’s speech at the 1855th Stated Meeting of the Academy in 2002. Cuno described how people turned to museums for solace after 9/11 and how museums can establish strong relations with a community. This resource is being used for the project’s second perspective. The work is part of the consensus of scholars cited in the project who believe museums can be a restorative space.

DiCindio, Carissa. 2020. "Driven by Curiosity: Creating Opportunities for Exploration on Guided Tours in Art Museums." *Art Education* 73 (2): 43–48.

The article defines the constructivist approach, which is a primary educational approach in museum education, and the use of the concept of constructivism to provide contextual information to art museum tours. The article also describes several methods for an educator to create exploration opportunities for tours and emphasizing the importance of the setting of art museums for personal connection between visitors and the works of art. DiCindio is Assistant Professor, Art and Visual Culture Education at the University of Arizona. This article is for the education section of the project, and the source confirms my own experience in museum education as to effective and engaging techniques.

Delematre, Jackie, "Questioning the use of Questions." *Art Museum Teaching*, January 23, 2015,

<https://artmuseumteaching.com/2015/01/23/questioning-the-questioning-of-questions/>

Delematre is a museum educator at the Rhode Island School of Design Museum and writes teacher curricula for the Guggenheim. The Art Museum Teaching website is devoted to museum education best practices. Delematre discusses Kai-Kee and Burnham's methods (see below) and describes how questions in tours and education are valuable. Delematre disagrees with Kai-Kee and Burnham to the extent that she argues in favor of using questions, especially for students unfamiliar with art analysis, whereas Kai-Kee and Burham prefer facilitation and conversation. The resource is used for the first perspective section on specific techniques to use in tours and education on psychological disabilities.

Dodd, Jocelyn. "The Socially Purposeful Museum." *Museologica Brunensia* 4, 2, 28-32, (2015).

Dodd worked in museums as head of education and outreach, has authored numerous

articles, and is co-director of the Research Centre for Museums and Galleries (University of Leicester). This article specifically addresses disability in an overall discussion of how museums can be more socially progressive, dynamic and relevant through creative practices relating to diverse audiences. The resource is referenced briefly in the first perspective section on how museums can help address disability stigma. Dodd and Richard Sandell have extensively studied how museums can be a more effective resource on disability representation and are part of the scholarly consensus that art museums can be an effective source to represent and educate on persons with disabilities (PWD).

Dodd, Jocelyn, Ricard Sandell, Annie Delin, and Jackie Gay, *Buried in the Footnotes: The Representation of Disabled People in Museum and Gallery Collections, Phase 1 Report*. Research Centre for Museums and Galleries, University of Leicester, Leicester, United Kingdom. 2004.

This resource is described in the section discussing museums as a resource to educate on disabilities. As mentioned above and below, Dodd and Sandell are multiple sources here due to their scholarship on museums and representation of PWD. Their project recounts a survey of British historical, medical, and art museums and the objects within (exhibited and in archive) that have disability as a subject. The survey resulted in further research as to how the objects reflected the lack of representation of PWD, and an emphasis on stereotypical representations. It is part of the resources cited in the project that are a consensus that museums are a good resource, but need stronger efforts in progressive representation of PWD.

Goodnet. "Canadian Doctors Can Now Prescribe a Visit to an Art Museum." Jul 21, 2019.

<https://www.goodnet.org/articles/canadian-doctors-now-prescribe-visit-to-art->

This study is briefly referenced in the first perspective section detailing techniques to engage people with art in order to educate on mental health. As background, the purpose of the reference is to demonstrate that art museums have a positive mental effect upon visitors. The study reports that school groups visiting art museums had increased critical thinking skills and empathy. Therefore, art museums make an engaging teaching tool as discussing disabilities would need critical thinking and empathy to address stigma and discrimination.

Hancock, Matt. “The Power of the Arts and Social Activities to Improve the Nation's Health.”

Gov.UK Public Health, November 6, 2018,

<https://www.gov.uk/government/speeches/the-power-of-the-arts-and-social-activities-to-improve-the-nations-health>

This essay by the United Kingdom Health and Social Care Secretary Matt Hancock advocates for the benefits of social prescribing arts and culture for mental health. This resource is used in the project’s second perspective section on museums as a restorative space, to introduce the topic. Hancock describes how arts and social activities can help in overall health and mental health in particular and discusses specific projects. Hancock’s article goes to the project section’s evidence of the usefulness of such projects. It is part of the consensus that museums are a potential very useful resource to address mental health concerns in the U.S., if museums adapted the projects successful in Canada and the United Kingdom.

Harbeck, James, 10 commonly abused psychology words — and what they really mean, *The*

Week, February 22, 2016, <https://theweek.com/articles/603303/10-commonly-abused-psychology-words--what-really-mean>

This article is briefly referred to as an example of a resource educators may use to prepare materials without disability bias. It is cited in the first perspective section of specific techniques to use in engaging people with art in order to educate on mental health. The purpose of inclusion is to emphasize the importance of language to help with inclusivity regarding disability issues.

Kai-Kee, Elliot and Rita Burnham. *Teaching in the Art Museum: Interpretation as Experience*. Los Angeles: J. Paul Getty Museum, 2011.

Kai-Kee is an education specialist at the J. Paul Getty Museum. Burnham is head of education at The Frick Collection. Their strategies have been cited several times in other works. This book offers different perspectives on art museum education, methods of museum education focused on facilitation, reflection, and initiating discussion. The authors' suggestions on facilitation, preparation, and interaction with visitors are adapted in the first perspectives section of this project on specific techniques to use in tours and materials. As mentioned above, Kai-Kee and Burnham disagree about the effectiveness in using questions in education and tours. While I do not agree with them, I contend their suggestions on facilitation are very well stated and can be combined with questions.

Kawabata, Hideaki, and Semir Zeki. "Neural correlates of beauty." *Journal of Neurophysiology* vol. 91,4 (2004): 1699-705.

This study is briefly referenced in the first perspective section detailing techniques to engage people with art in order to educate on mental health. It is cited to demonstrate that art museums have a positive mental effect upon visitors. The study reports that the brain goes through positive changes when persons look at a beautiful art piece, increasing the blood flow in certain parts of the brain and inspiring feelings like empathy.

Kozyra, Kayleigh, “Beyond Inclusion: Meaningfully Engaging Visitors with Disabilities,” in Carissa DiCindio, Bryna Bobick, Eds., *Engaging Communities Through Civic Engagement in Art Museum Education*, Hershey, PA: IGI Global, 2020.

This resource is cited in the first perspective section briefly describing the history and methods of museum education. Kozyra is a museum educator, and her point in the chapter is to discuss how art museums have not moved much beyond accessibility in terms of disability inclusion (very little has moved forward in museum content concerning disabilities).

Kudlick, Catherine, and Edward Luby. “Access as Activism.” In *Museum Activism*, edited by Robert R. Janes and Richard Sandell, 68-79. London: Routledge, 2019.

Kudlick is a history professor who has written extensively on disabilities. Luby is a professor of museum studies and director of a museum studies program and has written on museum best practices. The book has been cited numerous times in other books and articles. They are cited as supportive evidence that U.S. museums are lagging regarding inclusivity of PWD in art museum content and education. They are in consensus with Kozyra, above.

Manchester Art Gallery, “And Breathe... Exploring the relationship between art and mindfulness,” <https://manchesterartgallery.org/exhibitions-and-events/exhibition/and-breathe/>

This resource is being used for the project’s second perspective section on museums as a restorative space, as an example of exhibits developed in the U.K. that have restorative environments and could serve as an example U.S. art museums could follow.

Metropolitan Museum of Art. “Resources for Visitors on the Autism Spectrum.”

<https://www.metmuseum.org/events/programs/access/visitors-with-developmental-and-learning-disabilities/for-visitors-with-autism-spectrum-disorders>

This resource is used in the first perspective as part of a brief summary of U.S. art museums handling accessibility issues for visitors, demonstrating U.S. art museums handle accessibility better than exhibit content inclusion.

Montreal Museum of Fine Arts, “MMFA-MFdc Museum Prescriptions: Museum Visits

Prescribed by Doctors,” October 11, 2018, <https://www.mbam.qc.ca/en/news/museum-prescriptions/> Accessed February 14, 2021

This resource is being used for the project’s second perspective section on museums as a restorative space. It is from the art museum in Canada that is partnering with physicians to offer social prescribing of museum visits in order to bolster health and mental health. It is part of the resources cited to argue that the U.S. could follow these practices and utilize museums in this manner to improve mental health.

The Museum of disABILITY, “Permanent Exhibits,”

<https://www.museumofdisability.org/exhibits/permanent/>

This resource is described in the first perspective section on museums exhibitions on disability. The Museums is highlighted both as an institution that specializes in disability as a topic and also as one that has a progressive outlook, and so is one example that other U.S.-based museums could look to as role model. It is part of the resources cited to argue that the U.S. could utilize art museums to educate on psychological disabilities.

The Museum of Modern Art, “Rain Room,” 2012,

<https://www.moma.org/calendar/exhibitions/1352>

This resource is for the project’s second perspective section on museums as a restorative

space. It is described as an example of exhibits developed in the US that have restorative environments as it offered an environment of contemplative intimacy. It is part of the consensus that art museum environments can be developed as restorative.

National Alliance for Museums, Health and Wellbeing. "Second Report." April 2018,

<https://museumsandwellbeingalliance.files.wordpress.com/2018/04/museums-as-spaces-for-wellbeing-a-second-report.pdf>

This resource is for the project's second perspective section on museums as a restorative space. This report from the National Alliance details the development of the museums, health and wellbeing sector in the United Kingdom. This resource is being used for the project's second perspective section on museums as a restorative space, to discuss findings and aspects that U.S. museums could emulate. It describes various activities, programs, and strategies, the importance of arts and culture for mental wellbeing, and how the efforts made have garnered positive results. It is part of the consensus that museums are a potential very useful resource to address mental health concerns in the U.S., if museums adapted the projects successful in Canada and the United Kingdom.

National Museum of Mental Health. "Findings." <https://www.nmmhproject.org/findings-impacts>

National Museum of Mental Health Project. "Method." <https://www.nmmhproject.org/method>

This resource is described in the first perspective section on museums exhibitions on disability. This is also the website interviewees Paul Piwko and Alexandra Orlandi (below) established for their project advocating for museums to contribute to better information on mental health through exhibits, to combat discrimination and stigma.

These particular pages describe, respectively, the findings obtained through interviews with museum curators regarding exhibits on mental health, and how the authors

researched US museum exhibits on mental health. They are part of the resources and scholarly consensus cited to argue that the U.S. could utilize art museums to educate on psychological disabilities.

Neal, Collette. “Can creative engagement in museums improve the mental health and wellbeing of people experiencing mental distress? A mixed methods pilot study.” *Arteffact*.

<https://artefactproject.files.wordpress.com/2015/04/artefact-final-report.pdf>

This resource is being used for the project’s second perspective section on museums as a restorative space. The study describes the partnership of four museums and galleries in North Wales to provide art sessions within the museum and gallery environment to people with mental illness or are experiencing stress. The qualitative data from the study shows that participants mental wellbeing improved as a result of the environment. The Wales project is one of the examples used in the second perspective that U.S. museums could use a role model for a restorative environment, and is part of the consensus that museums are a potential very useful resource to address mental health concerns in the U.S.

Oregon State Hospital Museum of Mental Health, “Home Page,” <https://oshmuseum.org/>

This resource is described in the first perspective section on museums exhibitions on disability as an example of a museum highlighting psychological disability history and awareness. It is one of the resources cited to argue that the U.S. could utilize art museums to educate on psychological disabilities.

Packer, Jan. “Visitors’ Restorative Experiences in Museum and Botanic Garden Environments,” in *Tourist Experience and Fulfilment: Insights from Positive Psychology*, edited by Sebastian Filip and Philip Pearce, eds. 202-223. London: Taylor & Francis Group, 2013.

Packer is a professor at the University of Queensland who studies psychology and visitors' experiences and motivations at museums and other leisure environments in Australia. This book has been cited in other books and journal articles. This book chapter is for the project's second perspective section on museums as a restorative space and is part of the consensus that museums are a potential very useful resource to address mental health concerns in the U.S. as has been studied in the U.K., Canada, and Australia. The chapter describes the concept of a restorative space in detail and the positive visitor response to such spaces.

Packer, Jan, and Nigel Bond. "Museums as Restorative Environments." *Curator* (New York, N.Y.) 53, no. 4 (2010): 421–436.

Perkins, David. *The Intelligent Eye: Learning to Think by Looking at Art*. Occasional Paper Series, Occasional Paper 4. Santa Monica, CA: The Getty Center for Education in the Arts, 1994.

Author Perkins is from the Harvard Graduate School of Education since the early 1970s, and his group Project Zero focuses on teaching and learning in the context of arts education. In the book, Perkins advocates for attentive observation of art, and increasing one's creative potential through the strategy of using art for observation and questioning. While an older volume, the work is valuable and the techniques are very applicable to the project. This work is used for the first perspective section on specific techniques to use in psychological disability education in a museum tour.

Pescosolido, Bernice A., Bianca Manago, and John Monahan. "Evolving Public Views on the Likelihood of Violence from People with Mental Illness: Stigma and its Consequences." *Health Affairs* 38, no. 10 (10, 2019): 1735-1743, A1-A7.

This article is a resource for the first perspective section on the problems people with psychological disabilities face with stigma and discrimination. Pescosolido and Manago are professors of sociology. Monahan is a professor of law. The article provides background information including a confirmation that people with mental illness are not likely to be dangerous, but public perception of such persons as dangerous still exists and has even increased. The authors researched trends in public attitude over 22 years. The purpose of using the resource is supportive evidence of the need to address stigma and discrimination against PWP.

Piwko, Paul, and Alexandra Orlandi. Interview by Alex Fiano. Personal interview via Zoom. October 7, 2020.

Piwko and Orlandi run the online National Museum for Mental Health Project. The Project investigates the trend in use of exhibits, in museums and similar cultural organizations, to develop mental health literacy and to promote improvement in understanding of mental health and wellness. They were interviewed on their research into prior museum exhibitions on mental health and how museums may be used a resource for education, fighting stigma, and discrimination. They are part of the consensus arguing that the U.S. could utilize art museums to educate on psychological disabilities.

Princeton University Art Museum, "Exhibition | States of Health: Visualizing Illness and Healing," (2019-2020), <https://artmuseum.princeton.edu/story/exhibition-states-health-visualizing-illness-and-healing> Accessed February 9, 2021

This resource is used in the first perspective section examining past art exhibits on mental health. Many of such exhibits were in college galleries, and this one is briefly highlighted

as an example.

Royal Ontario Museum. "ROM Launches New Wellness Program Providing Free Visits to the Museum." December 6, 2018, <https://www.rom.on.ca/en/about-us/newsroom/press-releases/rom-launches-new-wellness-program-providing-free-visits-to-the>

This article is a resource for the second perspective of the project. The article describes how the Royal Ontario Museum created a program with health officials in Canada to provide free visits to the museum to help strengthen and improve mental health. The article mentions research showing supplementing traditional treatments with excursions into art and culture can help alleviate challenges in social isolation, promote physical and mental well-being, and improve quality of life. It is part of the consensus that museums are a potential very useful resource to address mental health concerns in the U.S. as has been studied in the U.K., Canada, and Australia.

The Rubin Museum of Art, "Letter to a Future Visitor," <https://rubinmuseum.org/page/letter-to-a-future-visitor>

The Rubin Museum of Art, "Press Release: Rubin Museum Visitors to offer Their Voices in the Participatory "OM" Lab Installation," November 18, 2016, https://rubinmuseum.org/images/content/OM_Lab_Press_Release_Final.pdf

These two resources from the Rubin Museum are briefly referred to as illustrative examples of exhibits developed in the US that have restorative environments as it offered an environment of contemplative intimacy. These are part of the consensus that art museum environments can be developed as restorative.

Rubenstein Art Center at Duke University Exhibit: The Art of Mental Health,

<https://artscenter.duke.edu/event/the-art-of-mental-health-exhibit/> Accessed February 9,

2021

This resource is used in the first perspective section examining past art exhibits on mental health. This resource is highlighted as another example of an exhibition in a college gallery.

St. Joseph's Museums, "Glore Psychiatric Museum," <https://www.stjosephmuseum.org/glore-psychiatric-museum>

This resource is also described in the first perspective section on museums exhibitions on disability as an example of a museum highlighting psychological disability history and awareness. It is one of the resources cited to argue that the U.S. could utilize art museums to educate on psychological disabilities.

Sandell, Richard. Interview by Alex Fiano. Personal interview via Zoom. September 23, 2020.

Sandell is a professor of museum studies, co-director of the Research Centre for Museums and Galleries (University of Leicester) and has edited and written several books regarding museums and disabilities. Sandell was interviewed about his work studying UK museums and their exhibitions and objects regarding disability. Sandell also discussed the important role museums serve for public education and social justice, the prior and current problems in representation of persons with disabilities in museums, and recommendations on tours and materials. Sandell is part of the consensus that the U.S. could utilize art museums to educate on psychological disabilities.

Sandell, Richard. *Museums, Prejudice and the Reframing of Difference*. London: Routledge, 2007.

See above for more on Sandell. This book concerns the perception of groups (including those with disabilities) perceived as the other, and examines how museums can combat

prejudice, as well as cautions in discussing topics. It is a source for the first perspective section discussing how museums can be an educational resource regarding mental health and part of the consensus that the U.S. could utilize art museums to educate on psychological disabilities.

Sloan, Laura. Interview by Alex Fiano. Personal interview via Zoom. September 25, 2020.

Laura Sloan is currently the Accessibility Manager at Lincoln Center, and was formerly the Manager Docent and Access Programs at the Rubin Museum of Art. I worked with Ms. Sloan and she trained me on being a docent and in creating tours with sensitive material. Ms. Sloan was interviewed for her knowledge of museums and disabilities, and of the Rubin as an example of a museum that has a restorative atmosphere. The interview is referenced in both sections. Sloan is part of the consensus that the U.S. could utilize art museums to educate on psychological disabilities and that U.S. art museum environments can be developed as restorative.

Small, Zachary, "Museums Embrace Art Therapy Techniques for Unsettled Times," Arts, *The New York Times*, June 15, 2020, <https://www.nytimes.com/2020/06/15/arts/design/art-therapy-museums-virus.html> Accessed February 9, 2021

This article is briefly referenced in the second perspective and part of the consensus that U.S. art museum environments can be developed as restorative.

Talboys, Graeme, *Using Museums as an Educational Resource: An Introductory Handbook for Students and Teachers*, London, UK: Routledge, 2010.

Talboys is a UK-based writer and teacher. This book describes how visits to museums can be used as an important tool in education. Talboys uses his experience as a teacher and museum educator to offer advice and strategies for tours in museums as an

educational excursion. He suggests how to plan, prepare, and carry out such visits. This resource is for the first perspective section on specific techniques to use in psychological disability education in a museum tour.

Yanos, Philip. Interview by Alex Fiano. Personal interview via Zoom. September 30, 2020.

Yanos is the Director of Clinical Training, Clinical Psychology Training Program, John Jay College of Criminal Justice. Yanos was recommended as an interview source by Paul Piwko. Yanos researches mental health ways to improve the lives of persons with mental illness. Yanos was interviewed on stigmas about mental illness, the effect of the COVID pandemic on mental health in the United States, and the need for education on mental illness. Yanos is part of the consensus that the U.S. could utilize art museums to educate on psychological disabilities.

Yenawine, Philip. *Visual Thinking Strategies: Using Art to Deepen Learning across School Disciplines*. Cambridge, MA: Harvard Education Press, 2013.

Yenawine is a cofounder of Visual Thinking Strategies (a program to foster better listening and responsive teaching strategies) and was a curator and director of museum education. The book has been cited numerous times in other books and journal articles. This resource was chosen for Yenawine's explanation of the method of open and structured discussion of visual art and using questioning with museum exhibitions to help students with critical thinking and literacy skills. The resource is for the first perspective section on specific techniques to use in psychological disability education in a museum tour.