



Reinventing the setting: Art therapy in museums

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ABSTRACT

Museums, their settings and the objects they care for can be effective allies in art therapy treatment. With the use of two case examples that explore life stages, this article proposes four metaphorical roles that museums can play to facilitate treatment goals. These roles are: museum as co-leader, museum as group, museum as self, and museum as environment. Examples of their practical implementation in treatment are presented.

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Museums as therapeutic artistic institutions

Museums are institutions that safely keep artifacts “for the study and understanding of mankind” (De Montebello, 2005, para. 4). They provide for an integrated artistic experience by encompassing various levels of artistic process such as exhibiting, viewing, and making art itself. Art therapists’ competence in all of these artistic levels is important for art therapy to expand into new domains where the potential of art within the mental health profession is not fully understood. This is especially the case in countries where the profession is still in its infancy, or in mental health and social service communities which view art only as a recreational undertaking. By including museums and other cultural establishments, the role of art in art therapy can be reinforced. The value of this approach includes easing resistance to therapy in communities where it is associated with shame around illness or where it is perceived as a luxury. Thompson (2009) describes art therapy as “a contemporary art practice that strives to restore the primacy of art and to achieve a balance between artistic practice and psychotherapy” (p. 159). The inclusion of artistic institutions honors the origins and evolution of our field.

Museum environments and artifacts offer untapped therapeutic benefits for clients and communities. In *The Therapeutic Potentials of a Museum Visit*, Salom (2008) explored various museum elements useful for therapy. These include: artistic diversity (which mirrors the nature of individuality, fosters a tolerance for differences, and provides imagery for interventions), architectural boundaries (where scale, lighting, temperature, circulation, display, etc. (para. 4) can be used metaphorically), and the collective nature of images (which make Yalom (1995) group therapy principals of “universality,” “installation of hope,” and “imparting information” readily

available (Salom, 2008, para. 9)). As presented below, these as well as other elements - such as the interpersonal relations that museums offer and the change in personal routine - provide museums with numerous resources to carry out important roles in treatment.

Logistic considerations

Riley (2000) reminds us that “[for the] construct of art therapy to remain viable it must be continually reinvented” (p. 89). According to Rubin (1984): “What . . . matter[s] is that the participant [s] experience the organizing principle involved as something present, constant, and integrating for them” (p. 137). As illustrated in the following case studies, logistical decisions about space, artifacts, and duration of group meetings become central when using museums. They allow a change in setting by shaping organizing principles to make them conducive to effective treatment.

The two sessions presented were carried out at the archeological museum in Bogotá called Museo Arqueológico Casa del Marqués de San Jorge during 2009. When the therapist proposed a collaboration, the museum opened its doors to art therapy with the intention of attracting unlikely visitors. To incorporate as many age groups as needed, objectives were designed using Erickson (1963) life stages. Following are some of the options that the museum offered, and the logistical decisions made by the therapist with the goal of optimizing the museum’s metaphorical potentials. Museums ultimately played an integral role in the interventions.

Planning museum space

Use and sequence of museum spaces with their possible trajectories demand logistical decisions that must be made according to goals of treatment. Museums provide options: rooms can be explored individually or in unison, quickly or slowly, thoroughly or superficially. Members may attend wings alone or intermingled

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with the general public. Total privacy can be assured by designating rooms exclusively for art therapy groups, and some welcome art making. These special rooms can be employed for a segment or the totality of the visit. Depending on the needs of group members, the museum may be viewed without space limitations.

Planning museum artifacts

Museums care for objects ranging in utility, beauty, origin, and chronology. They communicate limitless messages about the people who made, used, and valued them. The selection of objects to employ, and their mode of use, depend on the population being served. Activities may range from working with singular pieces to gathering the total impression of a collection.

Planning number and frequency of group meetings

“Art therapists must recognize and consider the constraints of the setting in order to create a viable art therapy group” (Sprayregen, 1989, p. 13). These constraints include number and frequency of group meetings, and require expertise and flexibility in managing multiple options, including single sessions. Building therapeutic relationships inside museums is possible if the arrangement of time and space allow. Alternatively, alliances may be constructed prior to the museum visit. Treadon, Rosal, and Wylder (2006) presented a pilot project where therapists “spent a few weeks building a relationship with the small group of participants and preparing the group for the field trip” (p. 292). One-time sessions are optimized by setting the stage for the client’s self-reliance, use of boundaries, and choice-making skills, or can be built-in as part of broader therapy (Sprayregen, 1989). Participants may also attend in pre-formed groups and/or with trusted caretakers.

A note on art production

If art making is planned in a place that houses established art, it is especially important to remind participants that art therapy is not centered on technique or ability. Emotional safety around art production needs to be directly addressed. Museums can become allies in breaking limiting notions about art since they value a diversity of styles (Salom, 2008).

Museums’ roles in treatment

Museum as co-leader

The art therapist’s role in museums expands to include curatorial functions that emphasize certain subjects or facilitate free associations. To focus and narrow logistical options, it is helpful to think of the museum as a co-leader that keeps its focus on goal attainment. As shown in the two examples below, museums can confront or contain experiences, allow different pacing rhythms, and offer or restrain choices according to the population being served.

Group one

Members of the first group lived together in The Fundacion Voluntariado Juan Pablo II, a care facility for older adults. On arrival, they were already a cohesive group with previously developed dynamics. At the care facility’s invitation, the ten residents (age 70 and older) arrived with two of their trusted nurses in a vehicle provided by the nursing home. A plan was made for the nurses to continue processing the experience with the patients after completion of the museum visit.

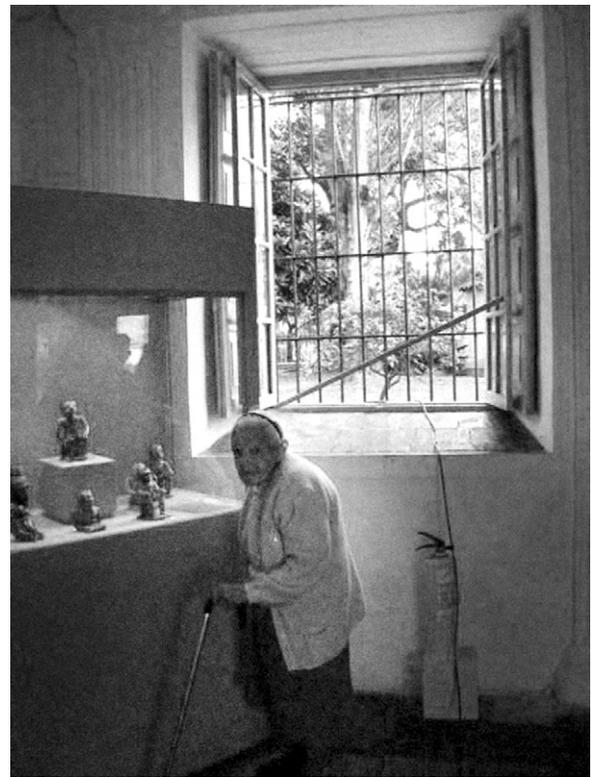


Fig. 1. Viewing show.

Objectives

Erickson (1963) describes his last stage of psychosocial development (age 65 onwards) as one in which the virtue of wisdom may be attained by working through the polarity of integrity (productivity) and despair (disappointment) (p. 268). The primary objective of the session, as previously devised in concert with the director of the nursing home, was to help the members open up to new experiences, since they had been resisting even modest change (members were not accepting new clothes). Additional treatment goals, as defined by Johnson and Sullivan-Marx (2006), included fostering social connection, life review, non-verbal expression, and choice making, while attending to members’ varied attention spans and physical abilities to ensure a sense of tasks accomplished well (p. 315). The museum was introduced to facilitate an atmosphere of novelty and promote reflections about the past and present.

Containing co-leader

The museum was able to play an important part as co-leader, containing participants while they experienced a big change in routine and location. The first segment of the session was planned for 40 min to allow participants to ease into the profound change in environment. The central patio was chosen for this segment because it provided a comfortable and beautiful environment. At the patio, members had their usual tea and cookies, maintaining the familiar routine of their morning unaltered and alleviating some anxiety about the change. This could be observed in the conversations that some members initiated and participated in, while others remained silent or complained about change.

The participants then viewed a temporary small exhibit, chosen for its potential in mirroring personal history. On display were simple functional clay objects, arranged by geographic origin to teach about the interplay between geography, history, culture, utility and form (Fig. 1). Even though members were given more time, members informally walked through the exhibit for only 15 min, in accordance with their short attention spans. They connected easily

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