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**Designing for Adolescent Mental Wellness:
An Analysis of Museum Education, Art Therapy, and Developmental Theory**

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**Submitted in partial fulfillment of the requirements for the
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College of Communication and the Arts
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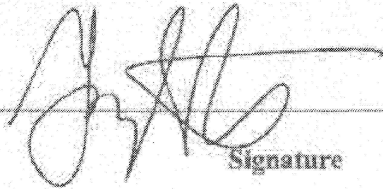
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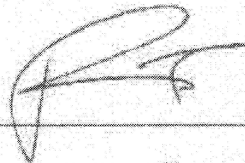
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Abstract

Museums serve as therapeutic environments providing positive, arts engagement opportunities for visitors' mental wellness and growth. Literature reveals that mental wellness programming in the museum environment predominantly serves adult audiences, yet the presentation of mental illness symptoms commonly begins during adolescence. In response, this study sought to provide an accessible, replicable structure for the design and implementation of adolescent mental wellness programming. Through a qualitative textual and content analysis, this study developed a series of recommendations for the development of said programming informed by the comparison of clinical art therapy practices, adolescent developmental theory, and the strengths of museum education.

Keywords: mental health, museum education, museum educator, art therapy, developmental theory, adolescent, adolescence, textual analysis, content analysis

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Chapter 1: Statement of the Problem

Introduction

Museums have long been regarded as beneficial institutions to society due to their activities of collecting, preserving, researching, and exhibiting objects and materials of historical, cultural, or religious importance.¹ However, in recent years museums have begun to explore a multitude of roles and responsibilities outside of their traditional purpose as stewards of our national and cultural heritage.² Today's museum professionals, fueled by the desire to remain relevant in society and build stronger relationships with the community, work to transform their institutions into engaging and educational public institutions.³ Museums also embrace a broader set of roles and responsibilities including becoming agents of human well-being and vehicles of social change.⁴ As the museum environment continues this shift from collections-centered to visitor-centered practices, museum professionals actively respond to a variety of community needs. One commonly identified community need of which multiple museums globally are responding to is the improvement and development of public health and well-being.⁵

¹ Lois H. Silverman, *The Social Work of Museums* (New York: Routledge, 2010), 1-3.

² Silverman, *Social Work of Museums*, 2.

³ Silverman, *Social Work of Museums*, 3.

⁴ Silverman, *Social Work of Museums*, 3

⁵ American Alliance of Museums, *Museums on Call: How Museums Are Addressing Health Issues*, American Alliance of Museums, 2013, <https://www.aam-us.org/wp-content/uploads/2018/01/museums-on-call.pdf>, accessed 13 October 2019.

Health is defined by the World Health Organization (WHO) as “a state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity.”⁶ Well-being, which tends to be related most commonly to mental health, refers to “ a positive state of being comfortable, healthy, or happy.”⁷ In order to achieve well-being, people need a variety of social and emotional skills and resources, as well as a sense of inclusion and support in society.⁸ Many museums recognize their ideal position as visitor-centered institutions to deliver efficient and effective services that meet these health and well-being needs of their communities.⁹ According to Silverman, museums mainly contribute to public health and well-being in five ways: promoting relaxation, encouraging introspection, fostering health education, advocating for public health, and enhancing healthcare environments.¹⁰ However, despite these noted health and well-being contributions, there is still a considerable amount of untapped potential for museum efforts to address specifically *mental* health and well-being.

According to the National Alliance on Mental Illness (NAMI), mental illness is one of the most prevalent health issues experienced each year and has a significant physical, social, and

⁶ Lina Martino and I. Crinson, *Concepts of Health and Wellbeing*, Public Health Textbook, Department of Health, 2017, <https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness/section2/activity3>, accessed 12 January 2020.

⁷ Martino, *Concepts of Health and Wellbeing*.

⁸ Helen Chatterjee and Guy Noble, *Museums, Health, and Well-Being* (Surrey, England: Ashgate Publishing Limited, 2013), 7.

⁹ Chatterjee, *Museums, Health, and Well-Being*, 3.

¹⁰ Silverman, *Social Work of Museums*, 43.

financial impact on those effected.¹¹ One in five U.S. adults experience mental illness, and one in six U.S. youth aged 6-17 experience a mental health disorder each year.¹² As reported by *The Global Burden of Disease Study*, poor health from mental and substance use disorders increased 11% nationwide between 1990 and 2016.¹³ Similar findings are reported internationally, suggesting that mental and behavioral disorders such as depression, anxiety, and substance use be considered growing global health concerns.¹⁴ With such a large quantity of museum visitors potentially experiencing or affected by mental health concerns, the museum sector has a social responsibility to utilize their collections, exhibitions, and programs to effectively and appropriately respond to this widely prevalent community need.

Currently in the museum field various institutions have developed exhibitions or educational programs that address mental health issues and concerns.¹⁵ Evidenced by decades of research and scientific studies within the museum and clinical art therapy fields, engagement with the arts has been found to provide cognitive, emotional, and physical health benefits for

¹¹ National Alliance on Mental Illness, *Mental Health by the Numbers*, 2018, <https://www.nami.org/learn-more/mental-health-by-the-numbers>, accessed 13 October 2019.

¹² National Alliance on Mental Illness, *Mental Health by the Numbers*.

¹³ Institute for Health Metrics and Evaluation, *Mental Health in the U.S.: Findings from the Global Burden of Disease Study*, 2016, http://www.healthdata.org/sites/default/files/files/info/graphics/Infographic_State_burden_Mental-Health_risk_profile_Page_1_0.png, accessed 20 October 2019.

¹⁴ Helen J. Chatterjee and others, *Museums for Health and Wellbeing: A Preliminary Report*, 2016, <http://museumsandwellbeingalliance.wordpress.com>, accessed 13 October 2019, 7-9.

¹⁵ American Alliance of Museums, *Museums on Call*.

people of all ages.¹⁶ Therefore, museums have great potential to serve as therapeutic environments that can utilize art-looking and art-making opportunities within a non-clinical setting to improve the lives of individuals affected by mental illness.¹⁷ The link between arts engagement and positive effects on one's mental health is best documented within the discipline of art therapy.¹⁸ A hybrid discipline based primarily on the fields of art and psychology, art therapy utilizes the creative process of art-making and art-looking to promote health and well-being for clients of all ages.¹⁹ In more recent years, art therapists and museum professionals have explored the possibility of collaboration to better benefit and improve the mental health of their clients and museum visitors.²⁰

Few art therapy focused research studies specifically utilize the museum environment, in comparison to medical environments and schools, to document the potential benefits of arts engagement on mental health and well-being.²¹ The existing research that does utilize the museum environment, such as those conducted by Jensen and Thomson, specifically utilize adult participants living with mental illness or mental health concerns during the time of the

¹⁶ Jocelyn Dodd and Ceri Jones, *Mind, Body, Spirit: How Museums Impact Health and Wellbeing* (Leicester, England: University of Leicester Press, 2014), 3-7.

¹⁷ Elisabeth Ioannides, "Museums as Therapeutic Environments and the Contribution of Art Therapy," *Museum International* 68, no. 2 (2017): 98.

¹⁸ Ioannides, "Museums as Therapeutic Environments," 99-100.

¹⁹ Caroline Case and Tessa Dalley, *The Handbook of Art Therapy*, 3rd ed. (New York: Routledge, 2014): 1-2.

²⁰ Ioannides, "Museums as Therapeutic Environments," 106.

²¹ Ioannides, "Museums as Therapeutic Environments," 98-99.

program.²² Due to the participants' status as active mental health service users, these museum programs and initiatives are commonly recovery-based with a focus on providing participants with beneficial coping skills, chances to socialize outside of a clinical environment, and relief from the experienced negative symptoms of mental illness.²³

Despite the majority of research pertaining to adult audiences, many mental health disorders first begin presenting symptoms during adolescence.²⁴ During the transitional stage of adolescence, children undergo significant developmental changes that can greatly affect their health and well-being as adults.²⁵ This critical time for mental, social, and emotional well-being and development leaves adolescents more prone to experiencing and developing mental health concerns.²⁶ According to NAMI, 50% of all lifetime mental illnesses develop by age 14 and 75% develop by age 24.²⁷ However, even though the early onset of mental illness is well-documented, there is on-average an 11-year delay between the presenting of mental illness symptoms and

²² Anita Jensen, "Mental Health Recovery and Arts Engagement," *The Journal of Mental Health Training, Education and Practices* 13, no. 3 (2018): 157; Linda J. Thomson and others, "Effects of a Museum-Based Social Prescription Intervention on Quantitative Measures of Psychological Wellbeing in Older Adults," *Perspectives in Public Health* 138, no.1 (2018): 28.

²³ Jensen, "Mental Health Recovery," 28-30, 158-159.

²⁴ Susan Wile Schwarz, *Adolescent Mental Health in the United States: Facts for Policymakers*, National Center for Children in Poverty, Bank Street Graduate School of Education, 2009, http://www.nccp.org/publications/pub_878.html, accessed 20 October 2019.

²⁵ World Health Organization, *Adolescent Mental Health*, World Health Organization, 23 October 2019, <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>, accessed 12 January 2020.

²⁶ World Health Organization, *Adolescent Mental Health*.

²⁷ National Alliance on Mental Illness, *Mental Health by the Numbers*.

treatment.²⁸ This gap between illness and care is suggested to be due to the absence of mental health awareness and education, the deeply engrained stigmas and stereotypes attached to mental health and illness, and the lack of accessible community resources.²⁹ Thus, it is imperative that adolescents have access to educational mental health awareness and promotion resources, as well as options for preventative care.³⁰

Purpose of this Study

Currently, museum-based arts engagement programs targeting mental health and well-being tend to focus on adult audiences in the process of recovery.³¹ However, adolescent audiences need accessible, educational programming designed to help prevent the development or worsening of mental health concerns before reaching adulthood.³² The museum field must work to fill this gap by providing positive educational opportunities for adolescent mental health and growth. Therefore, this research project was guided by the investigation of the following research question:

RQ: How can museums structure educational programming, informed by developmental theory and clinical art therapy practices, to provide positive opportunities for adolescents' mental wellness and growth?

This project sought to provide an understanding of the necessary information museum educators must be aware of and attentive to in the design and implementation of adolescent

²⁸ National Alliance on Mental Illness, *Mental Health by the Numbers*.

²⁹ World Health Organization, *Adolescent Mental Health*.

³⁰ World Health Organization, *Adolescent Mental Health*.

³¹ Thomson, "Museum Social Prescription," 28; Jensen, "Mental Health Recovery," 157.

³² World Health Organization, *Adolescent Mental Health*.

mental health and well-being programs. A qualitative textual and content analysis of professional and scholarly literature across three disciplines- developmental theory, clinical art therapy, and museum education- was conducted to inform a series of recommendations. Rooted in the data's findings and academic literature, these recommendations are presented in the form of an accessible, informational artifact providing museum educators with a set of best practices and strategies for the design and implementation of adolescent mental wellness programming. This research project and concluding artifact aimed to close the gap in the scholarly literature by contributing research to the museum education field, encouraging the development of mental health programming in museum environments, and providing museum educators with a replicable structure for adolescent mental wellness programming.

Summary

This chapter introduced the need for museums to design and implement educational programming providing positive opportunities for adolescent mental wellness and growth. Chapter 2 presents a review of the scholarly literature pertaining to arts engagement and mental health programming both in and out of the museum environment. This review discusses the following themes: the potential of museums as therapeutic environments, the prevalence of adult participants in museum-based mental wellness programming, and programming's frequent focus on recovery instead of prevention of mental illness symptoms. Chapter 3 then provides a detailed account of the research project's qualitative textual and content analysis. Next, chapter 4 features a detailed presentation of the project's findings and thematic interpretations. Lastly, Chapter 5 presents a series of recommendations informed by the integration of the project's findings and the scholarly literature. These recommendations are presented in the form of an educational artifact providing museum educators with the best practices to structure programming, informed

by adolescent developmental theory and clinical art therapy practice, to provide positive opportunities for adolescents' mental wellness and growth.

Chapter 2:

Literature Review

Introduction

To begin the investigation on how museums and mental health relate, a review of scholarly literature was first conducted to understand how museums are addressing this community need in today's society. Online library databases were consulted for academic journal articles and newspaper articles investigating instances in which museums, either alone or in collaboration with art therapists, have designed and implemented mental health programming. Various scholarly and academic texts were also consulted to explore the therapeutic benefits of arts engagement, the museum education field, and the instances in which museum educators and art therapists have collaborated to promote mental wellness.

The literature review first provides an overview of museum education and the informal learning style of the museum environment. Then, the review examines museums' growing role as agents of human well-being and vehicles of social change in relation to public health. Literature is presented pertaining to the museum field's efforts to promote awareness of mental health and illness, to educate and breakdown societal stigmas associated with mental health and illness, and to provide programming to support community's mental health. Next, this chapter reviews the therapeutic benefits of the museum environment and of arts engagement, as well as examines instances in which the museum and art therapy disciplines have collaborated to design and implement mental health and wellness programs or initiatives.

A review of the literature presented in this chapter revealed a gap in the scholarly research pertaining to adolescent mental health programming within museum environments. The following research question was developed to address this gap and community need:

RQ: How can museums structure educational programming, informed by developmental theory and clinical art therapy practices, to provide positive opportunities for adolescents' mental wellness and growth?

The following section presents the scholarly literature that led to the development of this research question.

Museum Education

Museums are fundamentally educational institutions providing high-quality, engaging learning experiences at the core of their mission.³³ Museums spend more than \$2 billion on educational programming and interpretation annually with typically three-quarters of a museum's education budget going towards providing learning opportunities for K-12 students.³⁴ The field of museum education is a relatively new area of study which has rapidly grown and evolved within the last few decades.³⁵ In 1992, the American Association of Museums, later the American Alliance of Museums (AAM), Education Task Force published *Excellence and Equity: Education and the Public Dimension of Museums*, to encourage museums' commitment to education as a central tenement of public service.³⁶ Today, museum education refers to any

³³ Center for the Future of Museums, *Building the Future of Education: Museums and the Learning Ecosystem*, American Alliance of Museums, 2014, <https://www.aam-us.org/wp-content/uploads/2017/12/Building-the-Future-of-Education.pdf>.

³⁴ Center for the Future of Museums, *Building the Future of Education*, 9.

³⁵ Melissa Bingmann and Anna Johnson, "Museum Education and Museum Educators," in *The Museum Educator's Manual*, 2nd ed. (Lanham, Maryland: Rowman & Littlefield, 2017), 9.

³⁶ American Association of Museums, *Excellence and Equity: Education and the Public Dimension of Museums*, American Association of Museums, 1992, <http://ww2.aam-us.org/docs/default-source/resource-library/excellence-and-equity.pdf>, 5.

museum activity with the purpose of facilitating knowledge or experiences for a diverse range of audiences.³⁷

Museum education is characterized by its informal, free-choice learning environment in which visitors have choice and control over what, how, where, and with whom they learn.³⁸ Unlike formal education settings, the museum environment allows for visitors to construct their own personal meanings and take control over their own learning experiences. John Dewey and John Cotton Dana, two leaders in the museum field, described museums as ideal learning environments due to this ability for visitors to explore freely, move at their own pace, interact and share experiences with social groups, and develop their own understandings.³⁹ Within the museum environment, visitors typically are intrinsically motivated and utilize the museum's informal approach to learning to pursue their own personal agenda.⁴⁰

Thus, museum education's foundation lies with constructivist theories of learning in which the visitors' personal needs, interests, and abilities contribute to and affect the process of museum learning.⁴¹ Constructivist museum education theories suggest that learning requires prior knowledge, appropriate motivation, and opportunities for both mental and emotional

³⁷ Bingmann, "Museum Education and Museum Educators," 10.

³⁸ Janette Griffin, "Students, Teachers, and Museums: Toward an Intertwined Learning Circle," in *In Principle, In Practice: Museums as Learning Institutions*, ed. John Falk, Lynn D. Dierking, and Susan Foutz (Lanham, Maryland: AltaMira Press, 2007), 31-32.

³⁹ John H. Falk and Lynn D. Dierking, *Learning from Museums: Visitor Experiences and the Making of Meaning* (Lanham, Maryland: AltaMira Press, 2000), 84.

⁴⁰ Griffin, "Students, Teachers, and Museums," 31.

⁴¹ John H. Falk, "Toward an Improved Understanding of Learning From Museums: Filmmaking as Metaphor," in *In Principle, In Practice: Museums as Learning Institutions*, ed. John Falk, Lynn D. Dierking, and Susan Foutz (Lanham, Maryland: AltaMira Press, 2007), 5-7.

connections.⁴² John Falk and Lynn Dierking's Contextual Mode of Learning theory stated that a visitor's museum experience is affected by their personal, sociocultural, and physical contexts.⁴³ This model suggested that a diverse range of factors affected museum learning including an individual's personal motivations and expectations, prior knowledge and lived experiences, interests and beliefs, socio-cultural background, social dynamics, and the institution's physical building and space.⁴⁴ Therefore, in order to best serve a diverse audience, museum educators facilitate dynamic, multi-modal learning experiences that accommodate for various learning styles, knowledge levels, and contextual backgrounds.

Museum Education in Practice

A museum educator is defined as “a specialist who is trained to further the public's understanding of the natural, cultural, and historical collections and mission of a museum.”⁴⁵ Training often includes an academic background in education or a content discipline and requires experience designing and implementing educational experiences.⁴⁶ Museum educators' roles and responsibilities vary across institutions of different sizes, budgets, and types, such as science, art, or history museums. However, educators often utilize similar theories of learning, which fall

⁴² John H. Falk and Lynn D. Dierking, *Learning from Museums: Visitor Experiences and the Making of Meaning* (Lanham, Maryland: AltaMira Press, 2000), 33.

⁴³ Falk, *Learning from Museums*, 136-137.

⁴⁴ Falk, *Learning from Museums*, 136-137.

⁴⁵ Bingmann, “Museum Education and Museum Educators,” 9.

⁴⁶ Bingmann, “Museum Education and Museum Educators,” 11.

roughly into two categories: object-based learning and developmentally-based learning.⁴⁷

Object-based learning theories focus on developing the knowledge and skills necessary to ‘read’ an object or artwork through visual clues and close observations.⁴⁸ The most commonly cited object-based learning theory utilized within the museum environment is that of Abigail Housen and Phil Yenawine’s Visual Thinking Strategies (VTS).⁴⁹ VTS is an inquiry-based teaching model that “uses art to teach visual literacy, thinking, and communication skills.”⁵⁰ The practice is guided by the following sequence of open-ended questions posed by an educator: (1) What is going on in this picture? (2) What do you see that makes you say that? and (3) What more can we find?⁵¹ Using this process, museum educators facilitate the formation of critical and visual thinking skills through close observation and discussion with increasing levels of complexity. A key component of VTS is also asking developmentally appropriate questions, which requires educators to understand developmental theory.⁵²

Next, developmentally-based learning theories are grounded in psychological research of children’s cognitive development and socio-cultural contexts. Surveyed museum educators reported that developmental theories such as Jean Piaget’s Theory of Cognitive Development

⁴⁷ David Ebitz, “Sufficient Foundation: Theory in the Practice of Art Museum Education,” *Visual Arts Research* 34, no. 2 (2008): 16.

⁴⁸ Ebitz, “Sufficient Foundation,” 16.

⁴⁹ Ebitz, “Sufficient Foundation,” 15.

⁵⁰ Mike Murawski, *Open Think: Visual Thinking Strategies (VTS) & Museums*, Art Museum Teaching, 29 April 2014, <https://artmuseumteaching.com/2014/04/29/openthink-visual-thinking-strategies-vts-museums/>, accessed 23 March 2020.

⁵¹ Murawski, *Open Think Visual Thinking Strategies*.

⁵² Murawski, *Open Think Visual Thinking Strategies*.

and Lev Semyonovich Vygotsky's Sociocultural Theory of Learning highly influenced and informed the design and implementation of their educational programming for adolescent audiences.⁵³ According to Piaget's Theory of Cognitive Development, during adolescence an individual's ability to think, reason, and understand both themselves and the world around them changes drastically from previous stages of cognitive development.⁵⁴ The adolescent gains the ability to think abstractly, allowing them to analyze situations more logically, consider hypotheticals, and use symbols such as metaphors.⁵⁵ Piaget suggested that a child's cognitive abilities transition and progress sequentially through a process of adaptation, accommodation, and assimilation.⁵⁶ Children constantly rework their cognitive structure to organize and understand information through the context of or modifying existing schema. This process of adjustment and modification restores a child's equilibrium and promotes cognitive development.⁵⁷

In contrast to Piaget, Vygotsky's Socio-Cultural Theory of Learning suggested that intellectual development can only be understood in regard to one's environment or social-historical context.⁵⁸ Vygotsky believed that development relied heavily on the acquisition of sign systems or cultural symbols utilized to help people think, communicate, and problem-solve

⁵³ Ebitz, "Sufficient Foundation," 16.

⁵⁴ American Psychological Association, *A Reference for Professionals: Developing Adolescents*, American Psychological Association, 2002, <https://www.apa.org/pubs/info/brochures/develop>, accessed 24 February 2020, 11.

⁵⁵ American Psychological Association, *A Reference*, 11.

⁵⁶ Robert Slavin, *Educational Psychology: Theory and Practice* (Upper Saddle River, New Jersey: Pearson, 2009): 32.

⁵⁷ Slavin, *Educational Psychology*, 32.

⁵⁸ Slavin, *Educational Psychology*, 42.

through the instruction of others.⁵⁹ Through scaffolding and cooperative learning, Vygotsky theorized that the guidance and support of more competent peers or adults could result in higher levels of thinking and reasoning. Cognitive development occurs when a child is then able to self-regulate, internalize, and understand sign systems without the assistance of others.⁶⁰

Both museum education's object-based and developmentally-based learning theories employ visitors' cognitive skills and competencies to make sense of and learn from the museum objects, oneself, and one another. Overall, understanding the visitors' competencies and stages of development aids the museum educator in the design and implementation of relevant and engaging educational programming. Next, the following sections will investigate museums' potential to serve as therapeutic environments promoting public health and wellness.

Museums and Public Health

In recent years, museums have begun to explore a multitude of roles and responsibilities outside of their traditional purpose as stewards of our national and cultural heritage.⁶¹ As the museum environment shifts from a collections-centered to a visitor-centered approach, museums strive to be engaging and educational institutions that are responsive to their communities' wants and needs.⁶² Many museums are also embracing bolder roles as agents of human well-being and vehicles of social change.⁶³ Fueled by a desire to remain relevant in society, museum

⁵⁹ Slavin, *Educational Psychology*, 42-43.

⁶⁰ Slavin, *Educational Psychology*, 42-43.

⁶¹ Silverman, *Social Work of Museums*, 2.

⁶² Silverman, *Social Work of Museums*, 3.

⁶³ Silverman, *Social Work of Museums*, 3.

professionals aim to be more socially responsible, act as providers of service to the community, and enrich the quality of individual lives.⁶⁴

According to the International Council of Museums (ICOM), “Museums are not for profit. They are participatory and transparent, and work in active partnership with and for diverse communities to collect, preserve, research, interpret, exhibit, and enhance understandings of the world, aiming to contribute to human dignity and social justice, global equality and planetary well-being.”⁶⁵ As ICOM reaffirms, today’s museums are institutions of social service. One way that museums work to provide social service and community support is by concerning themselves with public health and wellness.⁶⁶ Health is defined by WHO as “a state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity.”⁶⁷ Well-being, which tends to be related most commonly to mental health, refers to “a positive state of being comfortable, healthy, or happy.”⁶⁸ In order to achieve well-being, people need a variety of social and emotional skills and resources, as well as a sense of inclusion and support in society.⁶⁹ Many museums recognize their ideal position as visitor-centered institutions to deliver efficient and effective services that meet the communities’ health and wellness needs.⁷⁰

⁶⁴ Silverman, *Social Work of Museums*, 3.

⁶⁵ International Council of Museums, *Museum Standards and Guidelines*, <https://icom.museum/en/activities/standards-guidelines/museum-definition/>, accessed 12 January 2020.

⁶⁶ American Alliance of Museums, *Museums on Call*.

⁶⁷ Martino, *Concepts of Health and Wellbeing*.

⁶⁸ Martino, *Concepts of Health and Wellbeing*.

⁶⁹ Chatterjee, *Museums, Health, and Well-Being*, 7.

⁷⁰ Chatterjee, *Museums, Health, and Well-Being*, 3.

Therefore, health and wellness issues have become important aspects of museum exhibitions, educational programming, and community outreach efforts.

The AAM's 2013 report *Museums on Call: How Museums Are Addressing Health Issues* stated that museums play a significant role in public health by providing community resources and education regarding health and wellness concerns.⁷¹ This report showcased various U.S. institutions making contributions to an indicated list of ten aspects of the health care field: Alzheimer's, autism, disease prevention, health literacy, hospital outreach, medical training, mental health, military and veterans' health, nutrition and wellness, and visual impairment.⁷² In 2016, the National Alliance for Museums, Health & Wellbeing released the report *Museums for Health and Wellbeing* to document the numerous ways museums and art galleries across the United Kingdom have made strides in the health care field.⁷³ Funded by the Arts Council England, this alliance works with a multitude of arts, health, and museum-related organizations to provide leadership and advocacy for museums addressing public health.⁷⁴ *Museums for Health and Wellbeing* documented a broad range of museum exhibitions, educational programming, and community outreach efforts that focused on promoting wellness.⁷⁵

However, *Museums on Call* and *Museums for Health and Wellbeing* provide only a brief look into the museum field's efforts to promote positive *mental* health and well-being. "Mental Health," the shortest section of *Museums on Call*, featured only two examples of institutions

⁷¹ American Alliance of Museums, *Museums on Call*.

⁷² American Alliance of Museums, *Museums on Call*.

⁷³ Chatterjee, *Museums for Health and Wellbeing: A Preliminary Report*, 7.

⁷⁴ Chatterjee, *Museums for Health and Wellbeing: A Preliminary Report*, 7.

⁷⁵ Chatterjee, *Museums for Health and Wellbeing: A Preliminary Report*, 9.

working to provide positive opportunities for mental wellness.⁷⁶ Similarly, though individuals affected by mental illness are considered to be the third most significant audience group for U.K. museums, *Museums for Health and Wellbeing* featured only a few examples of museum programs targeted towards those affected by mental health concerns.⁷⁷ Therefore, though museums globally are concerning themselves with public health issues, there appears to be a lack of information regarding specifically *mental* health initiatives within the field.

Defining Mental Health in Museums

Traditionally, mental health has been defined by the psychiatric field as the absence of mental illness symptoms⁷⁸ Mental illness is characterized as a health condition that involves significant, often adverse changes in an individual's thinking, emotions, and behaviors; as well as problems functioning in social, work, or family activities.⁷⁹ Mental illness commonly refers collectively to all diagnosable mental disorders such as depression, anxiety disorders, and post-traumatic stress disorder.⁸⁰ Only in the last forty years has psychiatry begun to challenge the view of mental health as the absence of mental illness and to develop empirical approaches to assessing positive mental health.⁸¹ As a result, an universal definition of mental health does not yet exist.

⁷⁶ Chatterjee, *Museums for Health and Wellbeing: A Preliminary Report*, 9.

⁷⁷ Chatterjee, *Museums for Health and Wellbeing: A Preliminary Report*, 16.

⁷⁸ Martino, *Concepts of Health and Wellbeing*.

⁷⁹ Martino, *Concepts of Health and Wellbeing*.

⁸⁰ George E. Vaillant, "Mental Health," *American Journal of Psychiatry* 160, no. 8 (2003): 1373.

⁸¹ Vaillant, "Mental Health," 1373.

According to WHO, mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”⁸² Containing similar terminology, the American Psychological Association (APA) defines mental health as a state that “involves effective functioning in daily activities..., healthy relationships, [and the] ability to adapt to change and cope with adversity.”⁸³ The World Psychiatry Association (WPA) proposes that mental health includes “basic cognitive and social skills; [the] ability to recognize, express and modulate one’s own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles.”⁸⁴ Though each organization defines mental health differently, these definitions suggest that mental health is inherently holistic as it pertains to positive cognitive, social, and emotional competencies and skills.

Mental health is the foundation for all emotions, thinking, communication, learning, resilience, and self-esteem.⁸⁵ This foundation greatly affects an individual’s ability to maintain relationships, achieve personal and emotional well-being, and contribute to their community or society.⁸⁶ Stigma surrounding mental health can cause individuals to feel shame, embarrassment,

⁸² World Health Organization, *Mental Health: Strengthening Our Response*, World Health Organization, 30 March 2018, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>, accessed 23 March 2020.

⁸³ Ranna Parekh, *What is Mental Illness*, American Psychiatric Association, <https://www.psychiatry.org/patients-families/what-is-mental-illness>, accessed 23 March 2020.

⁸⁴ Silvani Galderisi, “Toward a New Definition,” *World Psychiatry* 14, no. 2 (2015): 5.

⁸⁵ Parekh, *What is Mental Illness*.

⁸⁶ Parekh, *What is Mental Illness*.

or fear about disclosing that they are experiencing mental health concerns.⁸⁷ Thus, stigma poses barriers for public health prevention efforts designed to minimize the onset of mental illness or prevent the worsening of symptoms over time. Some museums have challenged this stigma and reshaped the image of mental health in society by developing accessible, educational opportunities that spread awareness and provide community support.⁸⁸

Museums commonly educate, spread awareness, and foster understanding about mental health and illness through special exhibitions. The Science Museum of Minnesota designed the educational exhibit *Mental Health: Mind Matters* in collaboration with multiple health organizations in order to provide an accurate and thorough account of mental health and illness.⁸⁹ This exhibit addressed the realities of living with mental illness, discussed the history of treating mental illness, and connected visitors with valuable community resources to better their own mental health.⁹⁰ Similarly, the Museum of Lost & Found Potential actively collaborated with United for Global Mental Health's campaign *Speak Your Mind* to encourage discussion of mental health and breakdown societal stigmas associated with mental illness⁹¹ *The Museum of*

⁸⁷ Center for Disease Control and Prevention and others, *Attitudes Toward Mental Illness: Results from the Behavioral Risk Factor Surveillance System* (Atlanta, Georgia: Center for Disease Control and Prevention 2012): 4.

⁸⁸ Tess Allen, "The Science Museum of Minnesota Debuts New Mental Health Exhibit," *Mpls.St.Paul Magazine*, 3 May 2018, <http://mspmag.com/kids-and-family/science-museum-minnesota-new-mental-health-exhibit/>, accessed 12 January 2020.

⁸⁹ Allen, *The Science Museum of Minnesota*.

⁹⁰ Allen, *The Science Museum of Minnesota*.

⁹¹ Mark Rice-Oxley, "The Museum of Lost and Found Potential: Putting Faces to Mental Health Statistics," *The Guardian*, 9 October 2019, <https://www.theguardian.com/society/2019/oct/09/the-museum-of-lost-and-found-potential-putting-faces-to-mental-health-statistics>, accessed 2 March 2020.

Lost & Found Potential included everyday objects and multimedia works to tell the story of 16 individuals from around the world, each uniquely affected by mental illness. Both *Mind Matters* and The Museum of Lost & Found Potential focused on providing visitors with an educational look at mental illness and resources to support their own mental health. Besides exhibitions, museums across the U.S. and the U.K. have also designed and implemented a variety of educational programming to provide mental health support through the therapeutic process of arts engagement.⁹²

Museums as Therapeutic Environments

Research has shown that museum environments and collections provide positive opportunities for social interactions, relaxation and introspection, the learning and acquisition of new skills, increased self-esteem and confidence, and a sense of inclusion in society.⁹³ Arts engagement has been found to provide cognitive, emotional, and physical health benefits for people of all ages.⁹⁴ Additionally, studies from several countries have shown that arts-based programs are effective in providing relief from or preventing the worsening of symptoms of mental illness.⁹⁵ Therefore, museums have great potential to serve as therapeutic environments that benefit mental health and wellness through their variety of arts programs, resources, and collections. By providing art-looking and art-making opportunities, museums can improve the lives of individuals affected by mental illness in a variety of ways.

⁹² Thomson, "Museum Social Prescription," 28-30.

⁹³ Thomson, "Museum Social Prescription," 29.

⁹⁴ Chatterjee, *Museums, Health and Well-Being*, 10.

⁹⁵ Chatterjee, *Museums, Health and Well-Being*, 11.

One of the most widely cited studies to date regarding the impact of participation in the arts and culture was documented by Matarasso in 1997.⁹⁶ Matarasso's study looked at a diverse range of participatory arts and culture programs including cultural festivals, museum education and outreach programs, and community arts projects. Participants were surveyed to provide insight into the perceived benefits of arts and culture on personal health and well-being. This research found that 52% of participants reported feeling better or healthier after engaging in an arts program.⁹⁷ Additionally, 72% of participants reported feeling happier since being involved in the program(s).⁹⁸ From this research, Matarasso created a set of fifty social impacts of participation in the arts which have been widely cited and confirmed throughout the arts and culture fields. Such impacts included improving the quality of life of vulnerable peoples and positively impacting how people feel mentally and emotionally on a daily basis.⁹⁹

On an individual level, engagement with museums can increase self-esteem, confidence, and creativity; as well as encourage introspection and intellectual discussion.¹⁰⁰ According to Silverman, mental health service users may experience these positive benefits within the museum space due to the museum's distinctly non-medical environment.¹⁰¹ The museum provides individuals experiencing mental health concerns with a safe place for betterment "away from the austerity of the hospital, the stigma of the mental health clinic, machines and white

⁹⁶ Chatterjee, *Museums, Health and Well-Being*, 10.

⁹⁷ Chatterjee, *Museums, Health and Well-Being*, 11.

⁹⁸ Chatterjee, *Museums, Health and Well-Being*, 11.

⁹⁹ Chatterjee, *Museums, Health and Well-Being*, 12.

¹⁰⁰ Ioannides, "Museums as Therapeutic Environments," 103.

¹⁰¹ Ioannides, "Museums as Therapeutic Environments," 102.

coats.”¹⁰² As a result, the museum environment is seen as a calming, hospitable, and friendly space which may promote feelings of relaxation, inspiration, and positivity.¹⁰³

From a review of the scholarly literature pertaining to the museum field’s potential as a therapeutic environment, the following themes emerged: the potential for collaboration between museum educators and art therapists to promote mental wellness in the museum environment, the prevalence of adult participants in museum mental health studies over youth participants, and therapeutic programming’s focus on participants’ recovery from mental illness symptoms instead of preventative efforts. The following sections discuss these themes in length.

Theme One: Art Therapy Practice and Museums

Art Therapy

Art therapy is defined by the American Art Therapy Association (AATA) as “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship.”¹⁰⁴ Art therapy is grounded in the belief that the creative process, which can include art-making and art-looking activities, “provides benefits in terms of rehabilitation of physical impairments, mental and emotional healing, and cognitive and emotional growth.”¹⁰⁵ Art therapists utilize the inherent healing quality in the creative process to help individuals verbalize their thoughts, feelings,

¹⁰² Ioannides, “Museums as Therapeutic Environments,” 102.

¹⁰³ Ioannides, “Museums as Therapeutic Environments,” 102.

¹⁰⁴ American Art Therapy Association, *About Art Therapy: The Profession*, <https://arttherapy.org/about-art-therapy/>, accessed 12 January 2020.

¹⁰⁵ Ioannides, “Museums as Therapeutic Environments,” 99.

beliefs, and problems.¹⁰⁶ Through the creative process, clients exercise control over the materials to be used, the scope and intent of the imagery, and whether the piece will be retained or discarded. This deliberate autonomy allows the participant to take charge of their own thoughts and feelings, as well as effectively communicate them in a non-verbal manner to a certified art therapist.¹⁰⁷

Art therapy practices rely heavily on the formation of a strong relationship between the client, the therapist, and the image or object created.¹⁰⁸ The art therapist is a health professional formally educated in arts engagement methods and psychological models of healing. With this training, the art therapist aids the client in processing their emotions, understanding their own expression, and overcoming their struggles.¹⁰⁹ Though a relatively new medical field, art therapy has become a common practice in both the U.S and the U.K. for the treatment of individuals with mental health concerns.¹¹⁰ As art therapy is a mainly recovery-focused profession, art therapists tend to work within healthcare settings such as hospitals, mental health clinics, or private practices.¹¹¹ However, some art therapists look to the museum field as a potential area for collaboration.¹¹²

¹⁰⁶ Ioannides, "Museums as Therapeutic Environments," 98.

¹⁰⁷ Tracy Councill, "Medical Art Therapy with Children," in *Handbook of Art Therapy*, ed. Cathy A. Malchiodi (New York: The Guilford Press, 2003), 207.

¹⁰⁸ Ioannides, "Museums as Therapeutic Environments," 100.

¹⁰⁹ Ioannides, "Museums as Therapeutic Environments," 100.

¹¹⁰ American Art Therapy Association, *About Art Therapy*.

¹¹¹ American Art Therapy Association, *About Art Therapy*

¹¹² Ioannides, "Museums as Therapeutic Environments," 102-103.

Art Therapy and Museums

Art therapists can utilize museum spaces and programming to benefit their clients' mental and emotional healing.¹¹³ As artistic and cultural centers, museums offer a therapeutic, non-clinical environment for various art-looking and art-making activities. Museums' extensive collections also offer opportunities for individuals to participate in the human experience and find personal meaning within artworks and objects.¹¹⁴

In *Tapping into Museums for Art Psychotherapy: An Evaluation of a Pilot Group for Young Adults*, art therapists utilized the exhibition and studio spaces of two Gloucester museums to explore the benefits of the museum environment for adults aged 18-25 years with severe mental health difficulties.¹¹⁵ This study found that the combination of a non-clinical setting with art-looking and art-making opportunities created a positive healing environment. Participants reported that the museum program fostered motivation and creativity, helped them to understand and reflect upon their feelings and experiences, and encouraged social inclusion.¹¹⁶

In another report, *The Perspectives of People Who Use Mental Health Services Engaging with Arts and Cultural Activities*, Jensen et al. presented a study in which mental health service users utilized the museum environment for arts engagement benefits without an art therapist on

¹¹³ Ioannides, "Museums as Therapeutic Environments," 102.

¹¹⁴ Ioannides, "Museums as Therapeutic Environments," 102.

¹¹⁵ Ali Coles and Fiona Harrison, "Tapping into Museums for Art Psychotherapy: An Evaluation of a Pilot Group for Young Adults," *International Journal of Art Therapy* 23, no. 3 (2018): 115-124.

¹¹⁶ Coles, "Tapping into Museums," 115-124.

staff.¹¹⁷ This study worked with six adult participants aged 30-55 years actively undergoing treatment for a mental health issue during the time of the study. Individuals participated in a structured visit to the National Gallery in Denmark, followed by an art-making creative workshop led by museum educators. Despite the absence of an art therapist during the visit, participants still strongly expressed their belief that arts engagement had a therapeutic affect and improved their overall happiness and health.¹¹⁸

For the success of mental wellness programming in the museum environment, it is essential that museum educators and art therapists collaborate on both the program's design and implementation.¹¹⁹ Museum educators bring knowledge of the museum's collections and of informal learning styles to the art therapist's training in healing and recovery through creative processes.¹²⁰ When museum educators do not have the ability to collaborate with those in the medical field, staff must be provided with the appropriate training to engage with and aid vulnerable peoples.¹²¹ In both Jensen's and Jensen et al's study, participants reported feeling that their museum experience was negatively impacted by the museum educators' lack of mental health training.¹²² Participants noted a lack of common language between the museum field and

¹¹⁷ Anita Jensen and others, "The Perspectives of People Who Use Mental Health Services Engaging with Arts and Cultural Activities," *Mental Health and Social Inclusion* 20, no. 3 (2016): 180-186.

¹¹⁸ Jensen, "The Perspectives of People Who Use Mental Health Services," 183.

¹¹⁹ Ioannides, "Museums as Therapeutic Environments," 106.

¹²⁰ Ioannides, "Museums as Therapeutic Environments," 106.

¹²¹ Ioannides, "Museums as Therapeutic Environments," 106.

¹²² Jensen, "The Perspectives of People," 183; Jensen, "Mental Health Recovery," 162.

health field which hindered the museum educators' ability to communicate effectively and respond appropriately to participants' needs.¹²³ As Jensen stated as a main finding of her report, "Staff at cultural institutions need suitable preparation and support when they engage in unfamiliar roles as a background in the cultural sector is not a preparation for working with mental health-related needs and behaviors."¹²⁴

Thus, some museums have recognized the importance of close collaborations between museum educators and art therapists to effectively design and implement educational programming with therapeutic objectives. The Memphis Brooks Museum of Art has partnered with a variety of local public health organizations over the last decade to provide gallery discussions and art-making opportunities with therapeutic benefits.¹²⁵ The museum's Art Therapy Access Program is facilitated by a masters-level art therapist to provide a supportive and creative environment for personal growth and healing. To support further art therapy and museum education collaborations, Memphis Brooks released a "Collaboration To-Do List" in 2014 providing guidance for museum educators in the following areas: identifying an art therapy organization for collaboration, securing museum funding for programming, establishing therapeutic goals and outcomes, training docents to work with vulnerable populations, and contacting media for support.¹²⁶

¹²³ Jensen, "The Perspectives of People," 183; Jensen, "Mental Health Recovery," 162.

¹²⁴ Jensen, "Mental Health Recovery," 162.

¹²⁵ Karen Peacock and others, *Art Therapy Access Programs*, Memphis Brooks Museum of Art, July 2014, <https://assets.speakcdn.com/assets/2259/art-therapy-in-museums-memphis.pdf>, accessed 24 March 2020.

¹²⁶ Peacock, *Art Therapy Access*.

Additionally, since 2014 the Montreal Museum of Fine Arts (MMFA) has partnered with the Douglas Mental Health Institute and the Department of Creative Arts Therapies at Concordia University to deliver an art therapy program for individuals living with eating disorders.¹²⁷ This program utilizes both art-looking and art-making activities to aid participants in regaining positive body image, discuss and understand their emotions, and promote healing and recovery.¹²⁸ Previous participants reported that they perceived the art museum's setting as therapeutic and believed it allowed for them to safely explore alternative ways to express their feelings.¹²⁹ Due to the success of this art therapy program, in 2019 the MMFA hired their first full-time art therapist on staff.¹³⁰ The notion of hiring art therapists as museum staff is gaining popularity across Canada and the U.K. as a result of the medical field's movement towards social prescribing, or prescribing arts and cultural engagement activities in place of clinical solutions when possible.¹³¹

Overall, the benefits of arts engagement for mental wellness are well-researched and documented in the art therapy profession.¹³² The commonly cited benefits of art therapy practices and arts engagement within museum environments include: increased self-esteem and

¹²⁷ Gwen Baddeley and others, "Body Talk: Examining a Collaborative Multiple-Visit Program for Visitors with Eating Disorders," *Journal of Museum Education* 42, no. 4 (2017): 345-353.

¹²⁸ Baddeley, "Body Talk," 345-353.

¹²⁹ Baddeley, "Body Talk," 345-353.

¹³⁰ Hrag Vartanian, *A Museum Hires a Full-Time Therapist*, 22 March 2019, <https://hyperallergic.com/491210/a-museum-hires-a-full-time-therapist/>, accessed 13 October 2019.

¹³¹ Vartanian, *A Museum Hires a Full-Time Therapist*.

¹³² Ioannides, "Museums as Therapeutic Environments," 98-99.

confidence, feelings of inclusion, the development of social and emotional coping skills, decreased levels of depression, increased motivation and inspiration, and lessened feelings of despair.¹³³ Therefore, museum educators and art therapists have great potential for positive collaborations resulting in educational, therapeutic opportunities promoting mental health and wellness.

Theme Two: Adult and Youth Audiences in Mental Wellness Programming

Adult Audiences

Despite the identified need for adolescent preventative mental health education, the majority of research studies documenting the therapeutic benefits of the museum environment and arts engagement appear to focus on adult or senior audiences. The U.S. is experiencing a major demographic shift as the population of older adults in the nation grows significantly.¹³⁴ According to the National Center for Creative Aging, in 1999 the number of people over age 65 totaled 34.5 million, or 12.7% of the population.¹³⁵ However, it is expected that by 2030 there will be more than 70 million people, or 28% of the population, aged 65 or older.¹³⁶ This dramatic shift has encouraged the museum field to develop new programming to support and promote positive opportunities for social, emotional, and cognitive growth of older adults.¹³⁷ One common way museums have become involved in the Creative Aging movement is by providing

¹³³ Ioannides, "Museums as Therapeutic Environments," 103-104.

¹³⁴ National Center for Creative Aging, *What is Creative Aging*, <http://creativeaging.org/about/what-is-creative-aging/>. Accessed 12 January 2020.

¹³⁵ National Center for Creative Aging, *What is Creative Aging*.

¹³⁶ National Center for Creative Aging, *What is Creative Aging*.

¹³⁷ National Center for Creative Aging, *What is Creative Aging*.

memory-reminiscent programs that benefit the mental health and well-being of individuals living with Alzheimer's disease and dementia.¹³⁸

In 2012, the University of Massachusetts Amherst Public History Program, the Amherst Historical Society and Museum, and the Jones Library Special Collections collaborated with local senior-living institutions to design and implement an educational program to support seniors' cognitive health.¹³⁹ *Artifact Stories: Making Memories Matter for Amherst Seniors* utilized museum artifacts and storytelling to spark recollection, sharpen memories, and connect seniors with others and to their own experiences.¹⁴⁰ Across the country, the Art Institute of Chicago's *Art in the Moment: Wonder Years* program invites individuals with dementia and their caregivers into the museum for a combination of gallery discussions and art-making projects at the on-site studio.¹⁴¹ Participants experience intellectual stimulation through creative expression and participate in meaning-making activities within a supportive, non-clinical environment. Similarly, the Museum of Modern Art's program *Meet Me at the MoMA*, a part of The MoMA Alzheimer's Project, also uses a combination of art-looking and art-making activities to encourage dialogue, recollection, and mental wellness for individuals living with dementia and their caregivers.¹⁴²

¹³⁸ Elizabeth Sharpe and Marla Miller, "Artifact Stories: Making Memories Matter," in *The Caring Museum: New Models of Engagement with Ageing* (Cambridge, Massachusetts: MuseumsEtc. Ltd., 2015): 89-96.

¹³⁹ Sharpe, "Artifact Stories," 89.

¹⁴⁰ Sharpe, "Artifact Stories," 89-90.

¹⁴¹ Gemma Mangione, "The Art and Nature of Health: A Study of Therapeutic Practice in Museums," *Sociology of Health & Illness* 40, no.2 (2018): 286.

¹⁴² Museum of Modern Art, *About the MoMA Alzheimer's Project*, <https://www.moma.org/visit/accessibility/meetme/>, accessed 13 January 2020.

Besides memory-reminiscent programs, mental health programming with therapeutic goals to lessen or prevent the worsening of mental illness symptoms are also mainly available for adult audiences. The 2018 report *Effects of a Museum-based Social Prescription Intervention on Quantitative Measures of Psychological Wellbeing in Older Adults* documented the program *Museums on Prescription* in which participants were defined as “vulnerable adults” aged 65-95 years.¹⁴³ This program’s age range was affected by the inclusion and exclusion criteria in which individuals were required to be active mental health service users, be considered at-risk for worsening mental illness symptoms, and be referred to the program by local health and social care organizations.¹⁴⁴

Additionally, the previously mentioned report *The Perspectives of People Who Use Mental Health Services Engaging with Arts and Cultural Activities* presented a study of six adults aged 30-55 years participating in a therapeutic, arts engagement program.¹⁴⁵ In a similar study, *Mental Health Recovery and Arts Engagement*, seventeen adults aged 30-55 years participated in museum gallery discussions and art-making activities with therapeutic outcomes.¹⁴⁶ Adult audiences were studied once again within Cole and Harrison’s research, in which adults aged 18-25 years with severe mental health difficulties participated in an arts engagement program in the museum setting.¹⁴⁷

¹⁴³ Thomson, “Museum Social Prescription,” 28.

¹⁴⁴ Thomson, “Museum Social Prescription,” 30.

¹⁴⁵ Jensen, “The Perspectives of People Who Use Mental Health Services,” 180-186.

¹⁴⁶ Jensen, “Mental Health Recovery,” 157-166.

¹⁴⁷ Coles, “Tapping into Museums,” 115-124.

Youth Audiences

Despite the prevalence of mental health programming for adult audiences, online library database searches revealed that literature pertaining to individuals aged seventeen and below participating in mental health programming within the museum environment is limited. Instead, the link between arts engagement and mental health is commonly evaluated through the lens of art therapy either within the profession's traditional clinical settings or formal education environments.¹⁴⁸ The 2019 report *Evaluating the Use of Responsive Art Therapy in an Inpatient Child and Adolescent Mental Health Services Unit* discussed a program for patients aged 12-18 years experiencing severe mental illness in an inpatient service center.¹⁴⁹ Adolescents participated in frequent group and individual activities utilizing art therapy strategies and reported that the arts engagement opportunities were beneficial to their mental and emotional health and recovery.¹⁵⁰ 80% of participants reported that the arts engagement activities helped them learn how to express themselves safely and 78% reported that art therapy strategies helped them understand how their thoughts related to their feelings and behaviors.¹⁵¹

Additionally, the International Journal of Art Therapy's 2019 featured study *Primary-School Based Art Therapy: Exploratory Study of Changes in Children's Social, Emotional, and Mental Health* discussed the use of art therapy strategies to promote mental wellness within a

¹⁴⁸ American Art Therapy Association, *About Art Therapy*.

¹⁴⁹ Fran Nielson and others, "Evaluating the Use of Responsive Art Therapy in an Inpatient Child and Adolescent Mental Health Services Unit," *Australasian Psychiatry* 27, no. 2 (2019): 165-170

¹⁵⁰ Nielson, "Evaluating the Use of Responsive Art Therapy," 165-170.

¹⁵¹ Nielson, "Evaluating the Use of Responsive Art Therapy," 165.

U.K. public school setting.¹⁵² Due to the government’s acknowledgement of the importance of prevention and early intervention efforts in formal education, offering art therapy programs to promote positive social, emotional, and mental health within U.K. primary schools has gained popularity in recent years.¹⁵³ In this report, forty-five children aged 4-11 years were referred to participate in a variety of school-based art therapy programs which reported medium to significant positive effects on the children’s social, emotional, and mental health.¹⁵⁴ Similarly, *Turn 2 Us* is an ongoing mental health promotion and prevention program in an elementary school environment utilizing art therapy strategies.¹⁵⁵ Targeting fourth and fifth grade students in a New York City public school, this program provides students with a whole-school approach to mental health education.¹⁵⁶ Multiple services including access to an on-site art therapist are available to increase students’ understanding of mental health issues, develop students’ social and emotional skills, and prevent at-risk youth from developing mental health issues as adults.¹⁵⁷

In order to address the growing mental health concerns of today’s youth, some scholars suggest a multi-faceted approach to prevention and intervention services that utilize the resources of multiple community institutions, not just formal education, such as museums and cultural

¹⁵² Alex McDonald and others, “Primary-School-Based Art Therapy: Exploratory Study of Changes in Children’s Social, Emotional, and Mental Health,” *International Journal of Art Therapy* 24, no. 3 (2019): 125.

¹⁵³ McDonald, “Primary School Based Art Therapy,” 126.

¹⁵⁴ McDonald, “Primary School Based Art Therapy,” 131-132.

¹⁵⁵ Gauri Raval and others, “School-Based Mental Health Promotion and Prevention Program “Turn 2 Us” Reduces Mental Health Risk Behaviors in Urban, Minority Youth,” *Journal of School Health* 89, no. 8 (2019): 662-668.

¹⁵⁶ Raval, “School-Based Mental Health,” 662-668.

¹⁵⁷ Raval, “School-Based Mental Health,” 662-668.

centers.¹⁵⁸ Though specifically *mental* health programming is lacking for youth audiences, there are an abundance of holistic, community-centered Positive Youth Development (PYD) programs targeted towards adolescents.¹⁵⁹ PYD is a model for working with adolescents that promotes individual abilities and strengths, provides guidance and support, provides opportunities for skill-building and leadership, and encourages inclusion within society.¹⁶⁰

In 1996, the Department of Health and Human Services and the National Institute of Child Health and Human Development conducted The *Positive Youth Development Project* to identify the essential characteristics of an effective PYD program.¹⁶¹ The *Positive Youth Development Project* reported twenty-five effective programs working with youth aged 6-20 years within a variety of settings including cultural centers and museums.¹⁶² However, the *Positive Youth Development Project's* rigorous inclusion and exclusion criteria for program selection chose to exclude programs “if their activities represented treatment of, or a response to a diagnosed disorder or behavior problem.”¹⁶³ Due to this criteria, the reviewed PYD programs cannot speak to the essential components of adolescent programming with a therapeutic focus

¹⁵⁸ Heather Membride, “Mental Health: Early Intervention and Prevention in Children and Young People,” *British Journal of Nursing* 25, no. 10 (2016): 552.

¹⁵⁹ Office of Adolescent Health, “Positive Youth Development,” U.S. Department of Health & Human Services, 13 May 2019, <http://www.hhs.gov/ash/oah/adolescent-development/positive-youth-development>, accessed 24 March 2020.

¹⁶⁰ Office of Adolescent Health, “Positive Youth Development.”

¹⁶¹ Richard F. Catalano and others, “Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs,” *Prevention & Treatment* 5, no. 1 (2002): Article 15.

¹⁶² Catalano, “Positive Youth Development.”

¹⁶³ Catalano, “Positive Youth Development.”

and further reaffirm the lack of literature pertaining to adolescent mental wellness programs. Therefore, the scholarly literature revealed a gap in the museum field for educational programming that provides positive opportunities for adolescent mental health and wellness.

Theme Three: Recovery and Prevention Objectives

Recovery and Prevention

In both the U.K. and the U.S. there is a growing desire to ensure that mental health intervention and prevention services are accessible for children and their families.¹⁶⁴ According to NAMI, 50% of all lifetime mental illnesses develop by age 14 and 75% develop by age 24.¹⁶⁵ However, even though the early onset of mental illness is well-documented, there is on average an 11-year delay between the presentation of mental illness symptoms and treatment.¹⁶⁶ This gap between illness and care is suggested to be due to a lack of accessible community resources and the absence of mental health awareness and education for youth audiences.¹⁶⁷ Adolescence is a transitional and formative time in which multiple physical, emotional, social, and behavioral developmental changes occur.¹⁶⁸ These significant developmental changes leave adolescents vulnerable to experiencing and developing mental health concerns and illness.¹⁶⁹ As mental illness negatively impacts adolescents' potential to thrive in adulthood, it is critical during

¹⁶⁴ Membride, *Mental Health: Early Intervention*, 552-556.

¹⁶⁵ National Alliance on Mental Illness, *Mental Health by the Numbers*.

¹⁶⁶ National Alliance on Mental Illness, *Mental Health by the Numbers*.

¹⁶⁷ World Health Organization, *Adolescent Mental Health*.

¹⁶⁸ World Health Organization, *Adolescent Mental Health*.

¹⁶⁹ World Health Organization, *Adolescent Mental Health*.

adolescence to have access to information and services that promote psychological well-being.

Mental health prevention and intervention efforts generally aim to strengthen an individual's capacity to regulate emotions, provide alternatives to unhealthy behaviors, build resiliency, and promote supportive, inclusive social environments and connections.¹⁷⁰ Despite the importance of such programs for both youth and adults, arts engagement programs commonly are focused on rehabilitation and recovery.¹⁷¹ Recovery programs focus on providing the necessary resources and skills to support hope, healing, empowerment, and connection for individuals currently living with mental health concerns or illness.¹⁷² Within this research project's review of the scholarly literature, all of the previously mentioned studies and programs, with the exception of *Turn 2 Us* and PYD programming, required participants to be experiencing mental health concerns or the negative symptoms of mental illness at the time of the study or program in order to participate.

Museums on Prescription required participants to be referred by health or social care organizations to attend the therapeutic arts engagement program.¹⁷³ These participants reported living with feelings of loneliness or social isolation and sought to recuperate through engagement with arts, culture, and the community.¹⁷⁴ Both Jensen et al's and Jensen's research of therapeutic outcomes of museum environments also required participants to be experiencing mental illness

¹⁷⁰ World Health Organization, *Strengthening Our Response*.

¹⁷¹ Ioannides, "Museums as Therapeutic Environments," 99.

¹⁷² Jensen, "Mental Health Recovery," 158.

¹⁷³ Thomson, "Museum Social Prescription," 28-38.

¹⁷⁴ Thomson, "Museum Social Prescription," 28-38.

symptoms to participate.¹⁷⁵ The purpose of Jensen et al's research was to explore and understand how adults utilizing mental health services in Denmark perceived the effects of arts engagement and museum experiences on their personal, emotional, and mental recovery.¹⁷⁶ Jensen's study also focused on recovery and utilized a conceptual framework for personal recovery in mental health called CHIME- an acronym for connectedness, hope and optimism, identity, meaning in life, and empowerment- as the critical element of their research approach.¹⁷⁷ CHIME denoted the five main processes of human recovery as determined by Leary to provide a foundation for developing standardized mental illness recovery programs.¹⁷⁸ Jensen utilized the CHIME framework to research the specific benefits of arts engagement and the museum environment on recovery from mental illness symptoms in adult participants.¹⁷⁹

Recovery and Prevention in Art Therapy

As art therapy is grounded in the belief that the creative process provides rehabilitation benefits, art therapy programs tend to focus on recovery efforts instead of prevention or intervention.¹⁸⁰ The nature of the medical profession generally requires participants to be working towards recovery or healing from physical, emotional, or mental difficulties or illness

¹⁷⁵ Jensen, "The Perspectives of People," 180; Jensen, "Mental Health Recovery," 157.

¹⁷⁶ Jensen, "The Perspectives of People," 180-186.

¹⁷⁷ Jensen, "Mental Health Recovery," 158.

¹⁷⁸ Jensen, "Mental Health Recovery," 158.

¹⁷⁹ Jensen, "Mental Health Recovery," 157-166.

¹⁸⁰ Case, *Handbook of Art Therapy*, 1-3.

during the time of treatment.¹⁸¹ However, when art therapy practices are utilized within formal education environments the programming often shifts in focus to the prevention and intervention of mental illness symptoms.¹⁸² The non-clinical setting of formal education provides youth with access to preventative care and coping strategies that may have previously been inaccessible until negative symptoms of mental illness developed or worsened.

In *Primary-School Based Art Therapy: Exploratory Study of Changes in Children's Social, Emotional, and Mental Health*, the participating children in the study were referred by teachers, not by health professionals, to the program.¹⁸³ Participants were not specifically referred to the art therapy program for documented mental health concerns or illnesses. Though some teachers referred students to the program for depression-like symptoms, most often the reason for referral was related to disruptive classroom behavior.¹⁸⁴ Hence, the program did not intend to promote personal recovery or healing from mental illness symptoms. Instead, the program sought to promote mental health through the development of healthy social and emotional coping skills in a supportive environment. Throughout the program, children reported feeling better equipped to cope with negative emotions, more confident, and better able to learn and concentrate in school.¹⁸⁵

Similarly, *Turn 2 Us* focused on mental health prevention and intervention in an

¹⁸¹ Case, *Handbook of Art Therapy*, 1-3.

¹⁸² Ioannides, "Museums as Therapeutic Environments," 99.

¹⁸³ McDonald, "Primary-School-Based Art Therapy," 125-138.

¹⁸⁴ McDonald, "Primary-School-Based Art Therapy," 125-138.

¹⁸⁵ McDonald, "Primary-School-Based Art Therapy," 125-138.

elementary school environment.¹⁸⁶ The *Turn 2 Us* initiative featured many programs including CARING, a 12-week creative arts therapy program held at Columbia University. CARING's stated goal was "to mitigate the poor long-term outcomes associated with mental health disorders, including suicidality, drug use, welfare dependence, unemployment, and poor educational attainment."¹⁸⁷ Students invited to participate in CARING were referred for a variety of internalizing behaviors such as presenting signs of persistent sadness, social exclusion, or lack of confidence. Throughout the program, participating students' teachers reported a lessening of students' various social or emotional difficulties and an increase in students' confidence, social skills, and quality of educational work.¹⁸⁸ These noted benefits for youth involved in non-clinical art therapy programs suggest that art therapy practices are fundamental to providing mental health prevention and intervention efforts.

Summary

The museum field has great potential to provide therapeutic environments that support the communities' mental health and well-being through a variety of educational and engaging programming. Through a review of the scholarly literature pertaining to the museum field's role as a therapeutic environment, the following three themes emerged: the potential for collaboration between museum educators and art therapists to promote mental wellness in the museum environment, the prevalence of adult participants in museum mental health studies over youth participants, and therapeutic programming's focus on participants' recovery from mental illness symptoms instead of preventative efforts. The detailed discussion of these themes revealed a gap

¹⁸⁶ Raval, "School-Based Mental Health Promotion," 662.

¹⁸⁷ Raval, "School-Based Mental Health Promotion," 663.

¹⁸⁸ Raval, "School-Based Mental Health Promotion," 665-666.

in the scholarly literature pertaining to adolescent mental health prevention and intervention efforts within the museum environment. Specifically, the museum field appears to lack a publicly available, replicable framework for the design and implementation of adolescent museum programming with a mental wellness focus. In response, the following research question was developed:

RQ: How can museums structure educational programming, informed by developmental theory and clinical art therapy practices, to provide positive opportunities for adolescents' mental wellness and growth?

The next chapter provides a detailed account of the data collection and analysis process utilized to explore the previously stated research question. Chapter 4 then features a detailed presentation of the project's findings and thematic interpretations. Lastly, Chapter 5 presents a series of recommendations informed by the integration of this chapter's scholarly literature review and the data's findings. Chapter 5 will also include an accessible, informational artifact summarizing best practices and strategies for museum educators looking to design and implement adolescent mental wellness programming within the museum environment.

Chapter 3:

Methods

Introduction

This research project sought to provide an understanding of the necessary information museum educators must be aware of and attentive to in the design and implementation of mental wellness programming for adolescent audiences. To fully understand the structure of such a program, a qualitative textual and content analysis of professional and scholarly literature from the developmental theory, clinical art therapy, and museum education disciplines was conducted. The data collection and analysis process informed the investigation of the following research question:

RQ: How can museums structure educational programming, informed by developmental theory and clinical art therapy practices, to provide positive opportunities for adolescents' mental wellness and growth?

A qualitative textual and content analysis was selected as the methodology due to the approach's ability to identify and analyze thematic occurrences, patterns, and meanings within the chosen texts.¹⁸⁹ The resulting themes and patterns across the disciplines under review were then utilized to inform the development of a series of recommendations guiding museum educators in the design and implementation of adolescent mental wellness programming. This chapter will provide a detailed description of the project's chosen methodology, the data collection process and rationale for text selection, and the rigorous, systematic data analysis procedures.

¹⁸⁹ Lisa M. Given, ed., "Textual Analysis," in *The SAGE Encyclopedia of Qualitative Research Methods* (London: SAGE Publications, 2008), 865.

Method Description and Rationale

Though textual analysis is commonly used in the communications field, it is a transdisciplinary method that can also be utilized in the social sciences and humanities, including museum studies.¹⁹⁰ Textual analysis is a method of study utilized by researchers to identify and interpret the characteristics of a recorded or visual message.¹⁹¹ According to Botan, Frey, and Kreps, textual analysis refers to the method in which researchers describe and analyze the content, structure, and functions of the messages contained within texts.¹⁹² The term ‘text’ can refer to a variety of mediums such as documents, films, newspapers, paintings, web pages, and so on.¹⁹³ However, one must note that textual analysis does not attempt to identify the ‘correct’ interpretation of a text. As texts can have multiple and varied meanings, textual analysis instead aims to provide insight into interpretations that are possible and likely through carefully and systematically reviewing and coding texts for data collection and analysis.¹⁹⁴

There are primarily four major approaches to textual analysis: rhetorical criticism, interaction analysis, performance studies, and content analysis.¹⁹⁵ This project utilizes a content analysis research approach which is designed to respond to a specific research question, produce

¹⁹⁰ Jason A. Smith, “Textual Analysis,” in *The International Encyclopedia of Communication Research Methods* ed. Jorg Matthes, Christine S. Davis, and Robert F. Potter (Hoboken, New Jersey: John Wiley & Sons, 2017), 1.

¹⁹¹ Smith, “Textual Analysis,” 1.

¹⁹² Lawrence R. Frey, Carl H. Botan, and Gary L. Kreps, *Investigating Communication: An Introduction to Research Methods* (Needham Heights, Massachusetts: Allyn and Bacon, 2000)

¹⁹³ Smith, “Textual Analysis,” 1.

¹⁹⁴ Given, “Textual Analysis,” 865.

¹⁹⁵ Frey, *Investigating Communication*.

data, and derive meaning through the use of categories and careful examination of content.¹⁹⁶ This data is then used to identify patterns, themes, and concepts within the texts and form the basis for drawing inferences and conclusions about the content.¹⁹⁷ Content analysis has been considered a valuable and versatile tool for research in the social sciences for decades, and many researchers and scholars have offered their own definitions and interpretations of the method.

According to Berelson, content analysis “is a research technique for the objective, systematic, and quantitative description of the manifest content of communication.”¹⁹⁸ Holsti described content analysis as a research technique for making systematic and objective inferences through the identification and analysis of specific characteristics and messages.¹⁹⁹ Krippendorff defined content analysis as a research technique for making replicable and valid inferences about the content through data collection and attention to context.²⁰⁰ These definitions of content analysis place emphasis on the following aspects: system, objectivity, quantification, context, and validity. Thus, textual analysis with a content analysis approach is a research method utilized to construct valid, replicable, and objective inferences about the message and meaning of selected texts. This methodology was an appropriate approach for this research project, as the results needed to be valid, replicable, and objective in order to determine the themes and concepts that would inform the best practices and recommended strategies for

¹⁹⁶ B. Devi Prasad, “Content Analysis: A Method in Social Science Research,” in *Research Methods for Social Work* (New Delhi: Rawat Publications, 2008), 1-2.

¹⁹⁷ Frey, *Investigating Communication*.

¹⁹⁸ Prasad, “Content Analysis,” 2.

¹⁹⁹ Prasad, “Content Analysis,” 2.

²⁰⁰ Prasad, “Content Analysis,” 2.

museum educators to design and implement adolescent mental wellness programming.

Additionally, content analysis can either be quantitative or qualitative in approach. Quantitative content analysis is generally a number-based, deductive process used to test a hypothesis.²⁰¹ This approach is concerned with quantifying the occurrence of certain words, phrases, subjects or concepts within a set of texts in order to determine the frequency and presence of themes and patterns.²⁰² Researchers utilizing a qualitative content analysis approach are more concerned with the meanings associated with messages instead of the frequency such messages occur. A qualitative approach is primarily a text-based, inductive process used to make inferences about themes and patterns by identifying and analyzing the meaning and relationship between different words, phrases, subjects or concepts.²⁰³ A qualitative approach is recommended when the nature of a research question requires there to be exploration.²⁰⁴ Exploratory research aims to “explore the main aspects of an under-researched problem” in comparison to explanatory research which aims to “explain the causes and consequences of a well-defined problem.”²⁰⁵ Often beginning with ‘how’ or ‘what,’ qualitative research questions utilize exploratory techniques to gain understanding of what is going on relative to the topic at

²⁰¹ Frey, *Investigating Communication*.

²⁰² Frey, *Investigating Communication*.

²⁰³ Frey, *Investigating Communication*.

²⁰⁴ R. E. Stake, *The Art of Case Study Research: Perspectives on Practice*, 2nd ed. (Thousand Oaks, California: Sage Publications, 2000): 49.

²⁰⁵ Shona McCombes, *The Main Types of Research Compared*, 20 June 2019, <https://www.scribbr.com/methodology/types-of-research>, accessed 20 November 2019.

hand.²⁰⁶

Ultimately, every research methodology has its own nuances, inflections, strengths, and weaknesses.²⁰⁷ Textual analysis was an appropriate research method for this project as there are currently no examples of publicly-available, replicable frameworks for the design and implementation of adolescent museum programming with a mental health and wellness focus. As few examples of such programs exist in the field, this project would not have gathered sufficient data through surveys, questionnaires, interviews, or case studies. Through textual analysis, this project looked to available and well-regarded sources, or texts, pertaining to developmental theory, clinical art therapy, and museum education. Through a qualitative content analysis, these texts were then carefully and systematically reviewed to identify and analyze relevant themes and patterns. A qualitative approach was appropriate for this project as the nature of the study was concerned with identifying and analyzing the texts' emerging themes and patterns instead of the frequency specific messages occurred. These themes and patterns informed objective, valid, and replicable inferences regarding the best practices for the design and implementation of mental wellness programming for adolescent museum audiences.

Data Collection

As previously mentioned, the goal of this research project was to determine the best practices and strategies for the design and implementation of educational adolescent mental wellness programming within the museum environment. To inform this investigation, the research project analyzed scholarly and professional literature from three disciplines-

²⁰⁶ M. Patton, "Qualitative Evaluation and Research Methods," in *Designing Qualitative Studies* (Beverly Hills, California: Sage Publications, 1990): 172.

²⁰⁷ McCombes, *The Main Types of Research Compared*.

developmental theory, clinical art therapy, and museum education. These three disciplines were chosen due to their interrelated nature revealed within the preceding literature review. Also, developmental theory, clinical art therapy, and museum education were chosen for their respective abilities to provide insight into the unique developmental needs of an adolescent audience, the strategies that promote therapeutic outcomes, and the qualities of a museum experience.

Overall, fourteen texts were collected through a careful and systematic process that ensured individual texts' reputability, accessibility to the content, and relevance to the research study. First, texts were mainly identified through online library database searches. Key terms such as 'adolescent development,' 'art therapy theory,' and 'museum education' were searched to develop an initial list of forty-one potential texts. All potential texts then underwent a detailed review process that began with an online Google search of the organizations and scholars who authored the texts in order to confirm the sources' professionalism and reputable credentials.

Next, texts were reviewed for their accessibility to the content which referred to both the texts' ability to be retrieved for study and the texts' language and tone. Accessible texts were compiled either physically or digitally through online library databases. The data collection process prioritized retrieving texts described as handbooks or guides for the emerging professional or student within the respective discipline. Such texts were considered to be comprehensive, holistic accounts of the disciplines' guiding theories and practices.

Then, a preliminary read through of the texts was conducted in order to select those which were written in understandable, accessible language. This was a critical component of the data collection process as it ensured texts were void of jargon and other language-based barriers that could hinder the analysis of three distinct fields of thought within a single research study.

During this preliminary read through, the texts were also analyzed for their relevance to the research study's central topic and guiding research question. Texts were selected for their content regarding the respective discipline's guiding theories and practices that could thoroughly document and explain the themes and patterns inherent to each field under review.

Data Analysis

According to Creswell and Poth, the core elements of qualitative data analysis are the following steps: coding the data “into meaningful segments and assigning names for the segments,” combining the codes into broader categories or themes, and utilizing graphs or tables to make comparisons across themes.²⁰⁸ Data analysis is a custom-built process adapted to fit each qualitative research study uniquely.²⁰⁹ Therefore, this research project utilized a rigorous and systematic coding process with an emergent design. A multi-step process of assessment and analysis allowed for flexibility as concise codes and themes emerged from broader categories and interpretations. Overall, this research project's qualitative textual and content analysis was completed over a two-month period, beginning January 2020 to March 2020.

First, the process of data analysis began with an initial read of the texts in order to become familiar with the material and the disciplines as whole entities. Initial insights and observations were noted through physical notetaking and memoing. The initial observations were concerned with understanding and recognizing each discipline's guiding theories and practices; as well as noting potential similarities or connections across disciplines to review further. From this preliminary review, an Excel spreadsheet was created to serve as a data coding table. This

²⁰⁸ John W. Creswell and Cheryl N. Poth, *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*, 4th ed. (Thousand Oaks, California: SAGE Publications, 2016): 183-184.

²⁰⁹ Creswell, *Qualitative Inquiry*, 185.

visual representation of the data in a single, concise spreadsheet aided the data analysis process by providing consistency and accessibility to the data's management.

Next, a set of broad categories or potential themes were developed to serve as an initial set of codes. These codes were inputted into the Excel spreadsheet as a guiding foundation to inform the second read-through and interpretation of the texts. At this step, analysis was concerned not just with each discipline's theories and practices, but with how said concepts aligned with one another. Within the Excel spreadsheet, as seen in the sample coding sheet included in Appendix A, verbatim quotes were systematically compiled and organized along with the essential identifying information for the textual source. For each verbatim quote, the spreadsheet included the context in which that quote appeared, potential thematic interpretations of the quote, and any confirmed or potential connections the quote had to other previously recorded data.

Lastly, recorded data was analyzed and compared in order to identify similarities and areas of compatibility across the three disciplines under review. As patterns emerged across disciplines, texts were continuously reviewed until all data was exhausted and codes were reworked and regrouped to accurately reflect new insights and connections. Through this cyclical process, multiple themes were identified. However, only the themes that appeared across all three disciplines were included into the research project's final findings as an act of triangulation and a measure to assure the validity of the themes discussed. The final results derived from this qualitative textual and content analysis are presented in Chapter 4 titled "Findings."

Limitations of the Study

A qualitative textual and content analysis also has a variety of limitations and disadvantages as a research method. First, textual and content analyses are subjective as the

interpretation of a content analysis is influenced by many factors including the researcher's prior knowledge, positionality, and theoretical framework.²¹⁰ The analyses' multiple potential interpretations affect a research study's ability to be replicated and may affect the reliability of the study's findings.²¹¹ Due to this, textual and content analyses are not commonly generalizable.²¹² Additionally, this research study was conducted by a museum professional and museum educator with limited direct experience within the fields of developmental theory and clinical art therapy. Thus, the interpretation of data and the research study's findings were influenced by the researcher's prior knowledge and education, biases, and personal values. If this research study were to be replicated by other researchers, especially those from different educational and professional backgrounds, the research project's results would be expected to be different due to a multitude of contextual factors.

Next, qualitative textual and content analyses require a time-consuming, in-depth examination of sources and a rigorous coding system to collect and analyze data.²¹³ Due to this research project's time constraints and available resources, a limited number of texts were consulted per discipline under review. This further affected the research project's generalizability, as the results of this study can only speak to the themes and patterns explored within the limited set of sources consulted. Despite these limitations, a qualitative textual and content analysis allowed for this research project's investigation of patterns and themes across

²¹⁰ Heidi Julien, "Content Analysis," *The SAGE Encyclopedia of Qualitative Research Methods* (Thousand Oaks, California: SAGE Publications, 2008): 120.

²¹¹ Julien, "Content Analysis," 121.

²¹² Julien, "Content Analysis," 121.

²¹³ Julien, "Content Analysis," 120.

three distinct disciplines and informed the conversation on adolescent mental wellness programming in the museum environment.

Summary

As mentioned in this chapter, a qualitative textual and content analysis of scholarly and professional literature was chosen as this research project's methodology due to a careful examination of the approach's advantages and appropriate applications. The chosen methodology sought to investigate the following research question:

RQ: How can museums structure educational programming, informed by developmental theory and clinical art therapy practices, to provide positive opportunities for adolescents' mental wellness and growth?

Textual analysis allowed for the simultaneous collection of data from three distinct disciplines under review- developmental theory, clinical art therapy, and museum education. Content analysis then allowed for these disciplines' reputable, accessible, and relevant texts to be carefully and systematically reviewed to identify and analyze themes and patterns. The project's findings and thematic interpretations are presented in the following chapter titled "Findings." Chapter 5 then presents a series of recommendations in the form of an accessible, informational artifact to be utilized by museum educators.

Chapter 4:

Findings

Introduction

As communicated throughout this document, a review of the scholarly literature pertaining to the museum field's potential as a therapeutic environment discussed the following themes: the potential for collaboration between museum educators and art therapists to promote mental wellness in the museum environment, the prevalence of adult participants in museum mental health studies over youth participants, and therapeutic museum programming's focus on participants' recovery from mental illness symptoms instead of preventative efforts. Thus, a gap in the scholarly literature was revealed regarding youth-based mental health promotion and prevention efforts within the museum environment. Specifically, the museum field lacked a publicly available, replicable framework for the design and implementation of adolescent museum programming with a mental wellness focus. Therefore, this research project sought to answer the following research question:

RQ: How can museums structure educational programming, informed by developmental theory and clinical art therapy practices, to provide positive opportunities for adolescents' mental wellness and growth?

As detailed within Chapter 3, this research project conducted a qualitative textual and content analysis of professional and scholarly literature from three disciplines- developmental theory, clinical art therapy, and museum education. Throughout the data collection and analysis process, four themes emerged as areas of compatibility across the three disciplines under review. The resulting themes informed the research project's investigation into how museum educators can utilize developmental theory and clinical art therapy practices in the design and implementation of adolescent mental wellness programming. These four themes were as follows:

(1) Considering Context, (2) Identity Formation and Guidance, (3) Social Skills and Relationships, and (4) Emotional Management and Resiliency. Divided by theme, the following chapter provides evidence of each theme's presence within the theories and practices of developmental theory, clinical art therapy, and museum education. The discussion of each theme features a sub-heading pertaining to each discipline under review, followed by an analysis of the theme's relation to the guiding research question. Lastly, this chapter concludes with a brief introduction to the series of recommendations and the project's resulting artifact presented in Chapter 5.

Theme #1: Considering Context

Developmental Theory

Though the most visible changes of adolescence are physical, the adolescent is also developing cognitively, emotionally, socially, and behaviorally at high, yet varied rates.²¹⁴ Despite the overarching developmental processes occurring, adolescence can look remarkably different between individuals depending on cultural background, prior life experience, family relationships, and many other factors.²¹⁵ The APA states that “no adolescent can be fully understood outside the context of his or her family, neighborhood, school, workplace, or community or without considering such factors as gender, race, sexual orientation, disability or chronic illness, and religious beliefs.”²¹⁶ Professionals working with adolescent audiences must

²¹⁴ American Psychological Association, *A Reference*, 5.

²¹⁵ U.S. Department of Health and Human Services, Office of Adolescent Health, *Adolescent Development Explained* (Washington, D.C.: U.S. Government Printing Office, 2018), 5.

²¹⁶ American Psychological Association, *A Reference*, 5.

be aware of and promote the inclusion of adolescents' diverse perspectives and experiences.

Professionals working with adolescent audiences are also encouraged to consider “the characteristics of adolescents and aspects of the contexts in which they live that make a difference in promoting healthy development.”²¹⁷ Understanding adolescents' characteristics and individual personalities provides essential insight into each adolescent's unique abilities, strengths, limitations, and insecurities.²¹⁸ This allows the professional to design and implement relevant, well-informed experiences supporting the diverse wants and needs of a specific adolescent audience. Overall, a holistic view of adolescents' developmental processes, contexts, and characteristics provides the professional with essential information for the customization of experiences that best support mental wellness and growth.

Clinical Art Therapy

Clinical art therapy is a mental health profession that believes the creative process of art-making is a powerful tool in communicating thoughts and feelings for therapeutic benefit.²¹⁹ Art therapists utilize multiple different approaches in their work depending on the professional's previous training, the client and their presenting problems, and the objectives the professional and client both wish to reach. The humanistic approach to art therapy places great importance on understanding the client within their context.²²⁰ According to Riley, “what therapists have to be aware of is that surrounding circumstances impact the youth and the youth impacts their

²¹⁷ American Psychological Association, *A Reference*, 2.

²¹⁸ American Psychological Association, *A Reference*, 2.

²¹⁹ Case, *The Handbook of Art Therapy*, 1-2.

²²⁰ Cathy A. Malchiodi, “Humanistic Approaches,” in *Handbook of Art Therapy*, ed. Cathy A. Malchiodi (New York: The Guilford Press, 2003), 58-59.

environment.”²²¹ Therefore, in order to effectively design treatment programs, the therapist forms a holistic view of the client’s life and diverse contexts of which they live, work, and learn.

The humanistic approach to art therapy is people-centered and emphasizes the importance of the client’s lived experiences within their socio-cultural context.²²² Art therapists “share a respect for the client’s subjective experiences as expressed through art...emphasize concepts such as personal freedom, choice, values, responsibility, autonomy, and meaning...and support the uniqueness of each individual’s attending to each moment in order to fully understand oneself.”²²³ Ultimately, humanistic approaches value individuality and focus on the client’s own narrative, self-expression, and interpretation of their creative work.

Social constructionism, a postmodern philosophy gaining traction within the art therapy field, also emphasizes viewing the client within the context of his or her environment.²²⁴ This approach is concerned with “how we learn to know the world in which we live [and] how we construct our truths.”²²⁵ The art therapist “accepts that they are in the relationship [with the client] to learn from the clients how they perceive the world and to offer observations within those concepts.”²²⁶ Within this approach, the art therapist respects the client’s previously lived experiences, encourages personal narrative, and allows the client to co-construct his or her

²²¹ Shirley Riley, *Contemporary Art Therapy with Adolescents* (London: Jessica Kingsley Publishers, 1999), 34.

²²² Malchiodi, “Humanistic Approaches,” 58-59.

²²³ Malchiodi, “Humanistic Approaches,” 59.

²²⁴ Riley, *Contemporary Art Therapy*, 257-260.

²²⁵ Riley, *Contemporary Art Therapy*, 258.

²²⁶ Riley, *Contemporary Art Therapy*, 258.

treatment goals.²²⁷ Thus, the guiding principle of both the humanistic and social constructionism approaches to art therapy is shared authority; as the therapist values the client's expertise regarding their own lived experiences and contexts.

Museum Education

According to the AAM's "Core Standards for Museums," a best practice for museum education and interpretation is that "the museum understands the characteristics and needs of its existing and potential audiences and uses this understanding to inform its interpretation."²²⁸

Museums strive to be relevant, inclusive institutions that serve the various wants and needs of a diverse audience.²²⁹ This commitment to diversity is reflected within the museum field's constructivist theory of learning in which museum educators "expect learning to be highly personal and strongly influenced by an individual's past knowledge, previous museum experiences, and personal interests."²³⁰ In order to adequately understand and attend to visitor needs, the museum educator situates learning experiences within the greater context of an individual's life.

Falk and Dierking's Contextual Mode of Learning theory discussed the importance of situating the museum visitor within three separate yet interrelated contexts: personal, socio-

²²⁷ Riley, *Contemporary Art Therapy*, 257-260.

²²⁸ American Alliance of Museums, *Ethics, Standards, and Professional Practices*, American Alliance of Museums, <https://www.aam-us.org/programs/ethics-standards-and-professional-practices/education-and-interpretation-standards/>, accessed 28 March 2020.

²²⁹ Falk, *Learning from Museums*, 195.

²³⁰ Falk, "Toward an Improved Understanding of Learning From Museums," 6.

cultural, and physical.²³¹ Falk's theory suggested that museum educators are most effective at framing learning experiences when they consider visitors' prior experiences, prior learning, socio-cultural context, personal motivations, interests, and current stage of intellectual, social, and emotional development.²³² This complex combination of factors influencing visitor learning experiences supports a holistic view of museum audiences. Thus, intentionally-designed, context-driven learning experiences are suggested to provide visitors with a more relevant, quality educational experience.

Analysis

An analysis of the scholarly literature revealed that all three disciplines- developmental theory, clinical art therapy, and museum education- support a holistic, context-driven approach to working with their respective audiences. Developmental theory states the importance of understanding adolescents' socio-cultural context, prior life experiences, personal characteristics, and other factors that affect daily life and activities.²³³ Additionally, the humanistic and social constructionism approaches to art therapy value clients' lived experiences and allow for the co-construction of treatment goals as determined by various contextual factors.²³⁴ Lastly, the Contextual Mode of Learning theory suggested that museum experiences are influenced by a complex combination of personal, socio-cultural, and physical factors.²³⁵ Therefore, Considering

²³¹ Falk, *Learning from Museums*, 9.

²³² Falk, *Learning from Museums*, 104.

²³³ American Psychological Association, *A Reference*, 5.

²³⁴ Malchiodi, "Humanistic Approaches," 58-59.

²³⁵ Falk, *Learning from Museums*, 9.

Context allows the professional to understand their diverse audience and intentionally design relevant educational experiences in response to the audience's wants and needs.

Theme #2: Identity Formation and Guidance

Developmental Theory

According to Erik Erikson's theory of psychosocial development, adolescence represents the psychosocial crisis of identity versus role confusion in which adolescents seek to develop a realistic, coherent sense of identity separate from that of their parents or peers.²³⁶ During the process of identity formation, "adolescents are hungry for guidance, yet seek autonomy and independence."²³⁷ Identity development involves much experimentation as adolescents explore a multitude of roles, appearances, behaviors, and interests.²³⁸ During this process, the guidance and support of trusted adults and professionals aid adolescents in forming healthy self-concepts and self-esteem.²³⁹ According to the APA, though adolescents actively seek out independence, they also "need adults who will listen to them- understand and appreciate their perspective- and then coach or motivate them to use information or services offered in the interest of their own health."²⁴⁰

A strength-based communication approach to PYD provides adolescents with this dual

²³⁶ American Psychological Association, *A Reference*, 15; U.S. Department of Health and Human Services, *Adolescent Development*, 19

²³⁷ Kenneth R. Ginsburg and Sara B. Kinsman, *Reaching Teens: Strength-Based Communication Strategies to Build Resilience and Support Healthy Adolescent Development* (Elk Grove Village, Illinois: American Academy of Pediatrics, 2014), 3.

²³⁸ American Psychological Association, *A Reference*, 5.

²³⁹ American Psychological Association, *A Reference*, 15.

²⁴⁰ American Psychological Association, *A Reference*, 4.

need for guidance and support, as well as choice and control.²⁴¹ Utilizing this approach, professionals working with adolescent audiences design customizable, positive environments for youth’s mental health and growth through “building on [adolescents’] existing strengths and, when necessary, generating opportunities for youth to develop new competencies.”²⁴²

Adolescents are given the ability to voice their own thoughts and feelings, as well as openly discuss desired strengths and abilities. Influenced by Howard Gardner’s theory of multiple intelligences, strength-based approaches provide multiple entry points to learning and skill development that appeal to individual intelligences and learning styles.²⁴³ This strength-based, developmentally-appropriate strategy encourages success and develops adolescents’ sense of confidence.²⁴⁴ Thus, strength-based approaches support healthy identity development and are effective forms of prevention for adolescent risk-behavior, low self-esteem, and mental health concerns.²⁴⁵

Clinical Art Therapy

Clinical art therapy treatment strongly focuses on promoting healthy identity development, fostering positive self-esteem, and strengthening cognitive and emotional competencies. The art therapy process is a method in which creation is individualized, reflective, and non-verbal.²⁴⁶ Art therapists consider visual art as a therapeutic modality “especially useful

²⁴¹ Ginsburg, *Reaching Teens*, 13-14.

²⁴² Ginsburg, *Reaching Teens*, 9.

²⁴³ American Psychological Association, *A Reference*, 12.

²⁴⁴ American Psychological Association, *A Reference*, 5.

²⁴⁵ Ginsburg, *Reaching Teens*, 321-322.

²⁴⁶ Riley, *Contemporary Art Therapy*, 38.

for strengthening a fragile sense of selfhood.”²⁴⁷ Through the process of image formation and the discussion of the resulting products, the client learns to “reframe how they feel, respond to an event or experience, and work on emotional and behavioral change.”²⁴⁸ Therapists provide guidance and support through active listening, dialogue and discussion, and providing opportunities for clients to experiment with and rehearse desired changes within their lives.²⁴⁹ Overall, art therapy supports identity formation and exploration by providing the client with a safe, non-judgmental environment to express their feelings, thoughts, and beliefs creatively.

Art therapy also improves mental health and wellness through strengthening clients’ self-concept and self-esteem. Therapists recognize that clients’ abilities and strengths are individualized and diverse. Therefore, “treatment must have varied approaches and multiple-entry points, as well as modes of expression” in order to provide a healing and learning environment that supports all clients equally.²⁵⁰ To accomplish this, therapists provide clients with the choice of a variety of two-dimensional and three-dimensional mediums to assist their creative expression. Clients also have control over their creative expression, interpretation, and symbolism.²⁵¹ Then, the client narrates their imagery’s story while “the therapist respectfully

²⁴⁷ Susan Spaniol, “Art Therapy with Adults with Severe Mental Illness,” in *Handbook of Art Therapy*, ed. Cathy A. Malchiodi (New York: The Guilford Press, 2003), 274.

²⁴⁸ Cathy A. Malchiodi, “Art Therapy and the Brain,” in *Handbook of Art Therapy*, ed. Cathy A. Malchiodi (New York: The Guilford Press, 2003), 19.

²⁴⁹ Malchiodi, “Art Therapy and the Brain,” 19.

²⁵⁰ Riley, *Contemporary Art Therapy*, 28-29.

²⁵¹ Cathy A. Malchiodi, “Clinical Applications with Children and Adolescents,” in *Handbook of Art Therapy*, ed. Cathy A. Malchiodi (New York: The Guilford Press, 2003), 119.

explores the art product and listens to how the client perceives it and its meaning.”²⁵² Through this dual process of choice and control, as well as guidance and support, the client cultivates self-awareness.

Museum Education

Museum environments provide opportunities for visitors of all ages to construct, maintain, and adapt their personal identities through interacting with the exhibitions, educational programming, museum staff, and other museum visitors.²⁵³ The museum’s informal learning environment provides a variety of entry and exit points allowing free-choice learners to personalize their experience to meet their needs, interests, motivations, and learning styles.²⁵⁴ A free-choice learning environment is especially suited for young museum visitors, as young learners “need some freedom to choose specific aspects of their learning, [and] some ownership of the way in which they are learning.”²⁵⁵ Thus, museum educators support the role and the authority of the individual in formulating their own museum experience and constructing their own meaning.

Museum education’s approach to informal learning recognizes that visitors always bring aspects of their personal identities with them to the study of works of art.²⁵⁶ Through open-ended

²⁵² Shirley Riley and Cathy A. Malchiodi, “Solution-Focused and Narrative Approaches,” in *Handbook of Art Therapy*, ed. Cathy A. Malchiodi (New York: The Guilford Press, 2003), 83.

²⁵³ Falk, *Learning from Museums*.

²⁵⁴ Falk, *Learning from Museums*, 188-189.

²⁵⁵ Griffin, “Students, Teachers, and Museums,” 34.

²⁵⁶ Rika Burnham and Elliott Kai-Kee, *Teaching in the Art Museum: Interpretation as Experience* (Los Angeles: J. Paul Getty Museum, 2011), 2.

discussion and dialogue, museum educators facilitate visitors' personal and direct connections to museum objects. During gallery discussions and activities, "moments of interpretation and understanding tend to alternate with moments of emotional expression."²⁵⁷ Visitors practice reflexivity and self-awareness through this process of interpretation and understanding. Using the museum exhibits and objects as conduits for identity exploration, visitors learn more about their own thoughts and feelings and express their opinions and beliefs freely. In museum education, each work of art has a multitude of possible interpretations allowing the visitor to explore multiple perspectives, make connections, and construct personal meaning.²⁵⁸

Analysis

An analysis of the scholarly literature revealed that developmental theory, clinical art therapy, and museum education all recognize the importance of providing opportunities for identity development and exploration. According to developmental theory, adolescence is characterized by the formation of a realistic sense of identity, accurate self-concept, and positive self-esteem.²⁵⁹ Through strength-based PYD strategies and providing multiple entry points to learning, professionals can highlight adolescents' strengths, promote success, and improve confidence.²⁶⁰ In clinical art therapy, therapists utilize the therapeutic benefits of creative expression to strengthen clients' sense of selfhood, promote strengths and abilities, and support a

²⁵⁷ Burnham, *Teaching in the Art Museum*, 15.

²⁵⁸ Burnham, *Teaching in the Art Museum*, 16.

²⁵⁹ U.S. Department of Health and Human Services, *Adolescent Development*, 19.

²⁶⁰ Ginsburg, *Reaching Teens*, 13-14.

healthy self-esteem.²⁶¹ Also, museum education provides a positive environment for identity exploration as educators guide visitors to practice reflexivity and self-awareness through a process of interpretation, reflection, and meaning-making.²⁶² Overall, providing opportunities for the formation of a realistic identity, accurate self-concept, and positive self-esteem supports an individual's healthy development. Therefore, Identity Formation and Guidance is an essential component of adolescent mental wellness programming within the museum environment.

Theme #3: Social Skills and Relationships

Developmental Theory

Adolescents' social development can vary drastically, and it is best understood within the multiple contexts- peer groups, family, school, work, and community- of which it occurs.²⁶³ However, the majority of adolescents will experience a similar shift from focusing on maintaining strong family relationships to forming strong peer relationships.²⁶⁴ In order to establish a strong sense of identity and positive self-esteem, youth begin to seek independence, autonomy, and peer acceptance.²⁶⁵ Positive peer group influences and strong interpersonal relationships are linked to an increase in feelings of social inclusion, sense of belonging, and self-worth; as well as a decrease in adjustment issues, low self-esteem, and risk-taking

²⁶¹ Spaniol, "Art Therapy," 274.

²⁶² Burnham, *Teaching in the Art Museum*, 15.

²⁶³ American Psychological Association, *A Reference*, 21.

²⁶⁴ U.S. Department of Health and Human Services, *Adolescent Development*, 19.

²⁶⁵ U.S. Department of Health and Human Services, *Adolescent Development*, 19-20.

behaviors.²⁶⁶

Though adolescents may physically distance themselves more often from their family, adolescents still want and need the guidance and support of trusted adult figures. According to the APA, “a strong sense of bonding, closeness, and attachment to family have been found to be associated with better emotional development, better school performance, and engagement in fewer high-risk activities, such as drug use.”²⁶⁷ Adolescents also look to trusted adults and professionals to model the positive and effective social skills that they need to maintain healthy personal relationships.²⁶⁸ The development of positive social skills and strong interpersonal relationships are both closely linked to adolescents’ mental wellness.²⁶⁹ Such social competencies include the ability to be confident in social situations, to empathize with others, to practice prosocial behaviors, to effectively resolve conflict, and to develop healthy intimacy skills.²⁷⁰ Therefore, it is critical for adolescents’ mental wellness to have opportunities to practice a variety of social skills and have access to positive peer and adult relationships.

Clinical Art Therapy

Adolescents seeking independence and distance from their family can find opportunities for autonomy and connections by turning to their peer group for interaction and support. As a result, the adolescent client will often find group therapy to be more comfortable and natural than

²⁶⁶ American Psychological Association, *A Reference*, 21.

²⁶⁷ American Psychological Association, *A Reference*, 23.

²⁶⁸ U.S. Department of Health and Human Services, *Adolescent Development*, 22-23.

²⁶⁹ American Psychological Association, *A Reference*, 17-21.

²⁷⁰ American Psychological Association, *A Reference*, 17-21.

individual or family therapy.²⁷¹ Group therapy provides opportunities to practice and develop social skills, form healthy relationships, understand interpersonal dynamics, and develop empathy.²⁷² Also, “by connecting with clients in a real and genuine fashion, therapists become models for how to connect with others...[and] group members learn that they too can relate to people in safe, creative ways to feel less alone and more complete.”²⁷³ Clients actively participate in a mutually-supportive environment in which it is safe and acceptable to be vulnerable. This experience allows individuals to develop trust, engage in prosocial behavior, and practice various social competencies and skills.

Group therapy is especially useful for youth with mental health concerns as the group setting lessens isolation, decreases stigma amongst peers, and develops social confidence.²⁷⁴ In group therapy, adolescents integrate themselves into the group, form relationships, and express themselves at their own pace. Creative expression is flexible and nonthreatening in the group therapy setting, as each group member contributes non-verbally and can choose to participate in verbal discussion when comfortable.²⁷⁵ As the group develops, “the universality of experience is recognized through the sharing of paintings- one person’s emotions and life events bringing forth

²⁷¹ Riley, *Contemporary Art Therapy*, 68.

²⁷² Spaniol, “Art Therapy,” 269.

²⁷³ Spaniol, “Art Therapy,” 269.

²⁷⁴ Spaniol, “Art Therapy,” 269.

²⁷⁵ Riley, *Contemporary Art Therapy*, 39.

another.”²⁷⁶ Thus, clients experience an increase in feelings of social connectiveness, sense of belonging, and peer acceptance.

Museum Education

Museums are inherently social environments that facilitate connections between individuals and their own social group, other museum visitors, the broader community, and museum staff.²⁷⁷ Museums recognize that learning experiences are not isolated processes but are instead greatly influenced by social interactions and collaborations.²⁷⁸ Also, museum learning experiences can result in visitors’ significant social development when given opportunities to learn cooperatively with peers.²⁷⁹ Thus, museum educators strive “to create the conditions for a shared experience of looking, seeing, thinking, feeling, and talking.”²⁸⁰ The museum educator acts as a facilitator encouraging personal and group insights and observations, connections to artwork and one another, and open-ended dialogue and discussion. This process provides visitors with opportunities to practice various social skills and competencies.

The close observation, interpretation, and discussion of artwork also encourages visitors to consider multiple perspectives and develop empathy. Museum educators utilize such teaching strategies as VTS to guide visitors to think critically, discover meaning, and make connections to

²⁷⁶ Spaniol, “Art Therapy,” 269.

²⁷⁷ George E. Hein, *Learning in the Museum* (New York: Routledge, 1998), 146.

²⁷⁸ Hein, *Learning*, 149.

²⁷⁹ Falk, *Learning from Museums*, 102.

²⁸⁰ Burnham, *Teaching in the Art Museum*, 2.

one's self and to others.²⁸¹ Visual literacy skills promote visitors' ability to consider multiple potential interpretations of an artwork through the identification of design elements- color, tone, atmosphere, etc.- and emotional clues- body language, facial expression, environment, etc.²⁸² This process encourages self-awareness and the development of empathy, as "the ability to use emotions to facilitate thinking and problem solving involves purposefully channeling emotions to accomplish one's goals."²⁸³ Therefore, museum education supports visitors' development of social competencies and the formation of healthy social relationships.

Analysis

Developmental theory, clinical art therapy, and museum education all promote positive opportunities for the development of healthy social skills and competencies. According to developmental theory, adolescents who possess positive social competencies and maintain healthy peer and adult relationships are more likely to feel a strong sense of social inclusion, belonging, and self-worth.²⁸⁴ In clinical art therapy, group therapy settings encourage clients to engage in prosocial behaviors, understand interpersonal dynamics, and develop trust and empathy.²⁸⁵ Also, the inherently social museum environment provides learning experiences with

²⁸¹ Burnham, *Teaching in the Art Museum*, 11.

²⁸² Zorana Ivcevic and Nadine Maliakkal, "Teaching Emotion and Creativity Skills through the Arts," in *Fostering Empathy Through Museums*, ed. Elif M. Gokcigdem (Lanham, Maryland: Rowman & Littlefield, 2016), 12.

²⁸³ Ivcevic, "Teaching Emotion," 5.

²⁸⁴ American Psychological Association, *A Reference*, 21.

²⁸⁵ Spaniol, "Art Therapy," 269.

positive opportunities for connection, collaboration, and social competency development.²⁸⁶

Overall, by providing opportunities for individuals to practice and develop healthy social skills and positive interpersonal relationships, professionals directly support mental health and wellness. Therefore, Social Skills and Relationships is an essential theme to be considered in the design and implementation of adolescent mental wellness programming.

Theme #4: Emotional Management and Resiliency

Developmental Theory

In order to promote a healthy transition into adulthood, adolescents should ideally develop the following emotional competencies: the ability to recognize and manage one's own emotions, thoughts, and behaviors; the ability to practice self-awareness and reflexivity; and the ability to utilize a repertoire of positive coping strategies to manage life's natural stressors.²⁸⁷

Emotional identification and regulation are the foundation to understanding oneself and forming an authentic identity, as well as understanding others and practicing empathy.²⁸⁸ According to the APA, "being aware of and being able to label their feelings helps adolescents identify options and to do something constructive about them."²⁸⁹ Constructive coping skills are essential to forming resiliency, or the ability to adapt to life's changes, overcome adversity, and respond positively to challenge.²⁹⁰ Adolescents who lack resiliency are more prone to develop mental

²⁸⁶ Hein, *Learning in the Museum*, 146.

²⁸⁷ American Psychological Association, *A Reference*, 17.

²⁸⁸ U.S. Department of Health and Human Services, *Adolescent Development*, 14.

²⁸⁹ American Psychological Association, *A Reference*, 17.

²⁹⁰ American Psychological Association, *A Reference*, 33.

health concerns and mental illness, as they often turn to unhealthy coping mechanisms such as risk-taking and substance abuse to manage stress and hardship.²⁹¹

However, resiliency is more than overcoming adversity or avoiding risk. A resilient adolescent possesses a complex combination of protective factors that allow for the individual to thrive in all developmental processes- physical, cognitive, emotional, social, and behavioral.²⁹² In strength-based PYD approaches, the Resilience Movement follows the 7 Cs Model of Protective Factors which includes building and supporting the development of confidence, competence, connection, character, contribution, coping, and control.²⁹³ Through the guidance and support of positive adult role models, adolescents can practice and build resiliency by learning to accurately identify and effectively regulate emotions, resolve conflict and problem-solve, utilize healthy coping skills, form confidence and self-esteem, and develop healthy social relationships and empathy skills.²⁹⁴

Clinical Art Therapy

Clinical art therapy is founded upon the idea that creative expression serves as a therapeutic vehicle to express and communicate thoughts and feelings, especially those that are painful or traumatic, in a visual, nonthreatening form.²⁹⁵ Creative psychotherapy practices have an inherent ability “to help people of all ages explore emotions and beliefs, reduce stress, resolve

²⁹¹ Ginsburg, *Reaching Teens*, 32.

²⁹² Ginsburg, *Reaching Teens*, 32-33.

²⁹³ Ginsburg, *Reaching Teens*, 32-33.

²⁹⁴ American Psychological Association, *A Reference*, 17, 33.

²⁹⁵ Riley, *Contemporary Art Therapy*, 39.

problems and conflicts, and enhance their sense of well-being.”²⁹⁶ Clients utilize the process of creative expression, interpretation, and symbolism to learn how to accurately identify emotions, thought processes, and behaviors.²⁹⁷ The art therapist then guides the client through discussions and personal narratives to practice and develop emotional management skills. Adolescent clients often look to the art therapist, as well as to peers if in a group therapy setting, to appropriately model how to effectively identify and regulate emotions, manage negative thoughts or behaviors, and utilize healthy coping skills.²⁹⁸

The desired outcome of art therapy treatment is to utilize the combination of creative, non-verbal expression and verbal discussion to develop clients’ resiliency and promote healthy strategies to thrive in life outside of the therapeutic setting.²⁹⁹ Two of the most common protective factors fostered by art therapy are creativity and imagination which are considered to be effective protective mechanisms, especially for children.³⁰⁰ “Being creative and using one’s imagination can be important strengths and abilities that give people who are faced with adversity and trauma a sense of purpose and self-mastery.”³⁰¹ Thus, creative approaches to therapeutic practice results in the development of multiple protective factors essential for emotional management, resiliency, and mental health and growth.

²⁹⁶ Riley, *Contemporary Art Therapy*, 39.

²⁹⁷ Riley, *Contemporary Art Therapy*, 22.

²⁹⁸ Spaniol, “Art Therapy,” 269.

²⁹⁹ Laura Worrall and Paul Jerry, “Resiliency and its Relationship to Art Therapy,” *Canadian Art Therapy Association Journal* 20, no. 2 (2007): 35-53.

³⁰⁰ Worrall, “Resiliency,” 39.

³⁰¹ Worrall, “Resiliency,” 39.

Museum Education

Museum education provides visitors with the opportunity to practice emotion and creativity skills through various art-looking and art-making activities. As mentioned in previous sections, museum educators utilize such teaching strategies as VTS to guide visitors to use close observation and visual literacy skills to identify emotional clues within artwork.³⁰² Through a process of interpretation and open discussion, museum educators facilitate opportunities for visitors to identify emotions within artwork, build connections between the artwork's emotions and their own, and discuss the potential causes and consequences of said emotions.³⁰³ Also, such activities encourage visitors to consider multiple interpretations or multiple perspectives, as well as develop empathy skills.³⁰⁴ Overall, museum education practices and strategies promote multiple emotional competencies that help build resilience.

The concept of resilience is not specifically mentioned within the scholarly literature of the museum education field. However, as previously stated, resiliency refers to a complex combination of protective factors that allow for an individual to thrive in all developmental processes- physical, cognitive, emotional, social, and behavioral.³⁰⁵ The museum environment offers multiple positive opportunities for developmental growth by implementing engaging, educational experiences; promoting emotional identification and management skills; encouraging healthy interpersonal relationships and empathy development; and providing a safe,

³⁰² Burnham, *Teaching in the Art Museum*, 11.

³⁰³ Ivcevic, "Teaching Emotion," 12-15.

³⁰⁴ Ivcevic, "Teaching Emotion," 5.

³⁰⁵ Ginsburg, *Reaching Teens*, 32-33.

nonjudgmental environment for identity exploration and formation. Thus, though museum education theories and practices do not state resiliency as a desired objective of museum learning experiences, the museum environment inherently supports the development of a complex combination of protective factors.

Analysis

An analysis of the scholarly literature revealed that developmental theory, clinical art therapy, and museum education support the development of resiliency through a variety of protective factors. According to developmental theory, emotional identification and management are critical competencies for the resilient adolescent.³⁰⁶ In clinical art therapy, clients learn to identify and regulate emotions, thoughts, and behaviors through a combination of creative expression and verbal discussion that promotes resiliency and positive coping strategies.³⁰⁷ Also, through art-looking and art-making activities, museum educators utilize teaching strategies that provide opportunities for visitors to practice emotional identification, self-awareness, and empathy development.³⁰⁸ Overall, the museum experience supports visitors' resiliency by providing positive opportunities for cognitive, emotional, social, and behavioral development. Therefore, as individuals who possess a complex combination of protective factors are less likely to experience mental health concerns or illness, Emotional Management and Resiliency is an essential aspect of adolescent mental wellness programming.

³⁰⁶ American Psychological Association, *A Reference*, 17.

³⁰⁷ Worrall, "Resiliency," 35-53.

³⁰⁸ Ivcevic, "Teaching Emotion," 12-15.

Summary

This chapter provided a detailed presentation and thematic interpretation of the research project's findings. Four themes emerged as areas of compatibility across the theories and practices of developmental theory, clinical art therapy, and museum education. These themes are as follows: (1) Considering Context, (2) Identity Formation and Guidance, (3) Social Skills and Relationships, and (4) Emotional Management and Resiliency. The project's findings related to the guiding research question as they reflect ways in which the three disciplines align to promote positive opportunities for adolescent mental wellness and growth. Thus, the data's findings, thematic interpretations, and the previous review of the literature informed the development of a series of recommendations in response to the following research question:

RQ: How can museums structure educational programming, informed by developmental theory and clinical art therapy practices, to provide positive opportunities for adolescents' mental wellness and growth?

In chapter 5, these recommendations are presented in the form of an accessible, informational artifact to aid museum educators in the design and implementation of adolescent mental wellness programming. The following chapter also includes a rationale for the artifact's creation, a brief literature review pertaining to the informational design theories and principles consulted in the artifact's creation, a discussion of the research project's strengths and limitations, and a discussion of potential directions for future research.

Chapter 5:

Conclusion

Introduction

In response to a determined gap in the scholarly literature, this research project sought to provide an understanding of the necessary information museum educators should be aware of and attentive to in the design and implementation of mental wellness programming for adolescent audiences. A qualitative textual and content analysis was conducted which compared scholarly and professional texts across three disciplines- developmental theory, clinical art therapy, and museum education. The data collection and analysis process informed the investigation of the following research question:

RQ: How can museums structure educational programming, informed by developmental theory and clinical art therapy practices, to provide positive opportunities for adolescents' mental wellness and growth?

From this research, four themes emerged as areas in which the disciplines' theories and practices aligned to promote positive opportunities for adolescent mental wellness. These four themes were (1) Considering Context, (2) Identity Formation and Guidance, (3) Social Skills and Relationships, and (4) Emotional Management and Resiliency.

Informed by the project's findings and preceding literature review, this chapter presents a series of recommendations for the design and implementation of adolescent mental wellness programming in the museum environment. These recommendations are presented in the form of an accessible, informational artifact designed for museum educators to utilize in the field. A brief literature review regarding informational design theories and principles consulted in the artifact's creation is also provided. Next, this chapter presents a discussion of the project's strengths and

limitations, as well as suggestions for future research. Lastly, the chapter concludes with a summative discussion of the project's research question and of the research project's overall impact on the field.

Recommendations and Presentation of Artifact

Through a review of the scholarly literature regarding the museum's role as a therapeutic environment, a gap was revealed pertaining to publicly-available, replicable frameworks for the design and implementation of adolescent museum programming with a mental health focus. In response, this research project conducted a qualitative textual and content analysis of scholarly literature from the developmental theory, clinical art therapy, and museum education disciplines. The project's findings determined four patterns within the disciplines' theories and principles of practice that aligned to promote positive opportunities for adolescent mental wellness and growth. From an integration of the project's findings and previous review of the literature, a series of recommendations were developed in the form of an accessible, informational artifact.

Thus, "Designing for Adolescent Mental Health and Wellness: A Museum Educator's Guide," as seen in Appendix B, intends to fill the revealed gap in the literature by providing museum educators with recommendations for the design and implementation of adolescent mental wellness programming. "Designing for Adolescent Mental Health and Wellness: A Museum Educator's Guide" provides the museum educator with an introduction to adolescent mental health and a concise set of best practices and strategies for the creation of educational programming with therapeutic benefits. The guide features a brief summary of the research project's findings divided by the four determined themes. Each theme is then accompanied by three recommendations for the theme's application within the museum environment. Lastly, the

artifact concludes with a call-to-action urging museum educators to develop mental wellness programming for adolescent audiences.

Informational Design and Artifact Creation

In order to ensure that “Designing for Adolescent Mental Health and Wellness: A Museum Educator’s Guide” is an accessible and comprehensible resource, the artifact’s design followed the best practices for informational design as determined by Coates and Ellison. Informational design refers to the “defining, planning, and shaping of the contents of a message and the environments in which it is presented, with the intention to satisfy the information needs of the intended recipients.”³⁰⁹ Print-based designs utilize a combination of text, diagrams, charts, photography, and/or illustration to communicate the artifact’s intended message.³¹⁰ In order for users to decode print-based information quickly and effectively, Coates and Ellison presented a series of design considerations as examined below in relation to the research project’s artifact.

Audience. At the start of an informational design project, Coates and Ellison suggested determining who the target audience is; as well as what the audience wants or needs from the design to find it comprehensible.³¹¹ Designing to the audience’s requirements will result in the production of a meaningful and functional informational design.³¹² “Designing for Adolescent Mental Health and Wellness: A Museum Educator’s Guide” is targeted towards museum educators. Museum educators are likely to be familiar with the style and design of informational

³⁰⁹ Kathryn Coates and Andy Ellison, *An Introduction to Information Design* (London: Laurence King Publishing, 2014): 10.

³¹⁰ Coates, *An Introduction to Information Design*, 21.

³¹¹ Coates, *An Introduction to Information Design*, 29.

³¹² Coates, *An Introduction to Information Design*, 28.

publications from the AAM, a leading organization in the museum field. Therefore, the artifact's design template and informational structure was influenced by a review of the AAM's recent museum education publications in order to provide a familiar, comprehensible format.

Content and Organization. Hierarchical structuring is an essential component for clear informational design which influences what information a user views first and how they view it.³¹³ Designers often utilize a grid-like system to organize the spacing and placement of information clearly.³¹⁴ Organized content will guide the user through varying levels, or hierarchies, of information. Hierarchy is distinguished through graphical elements and cues such as the use of different styles, scales, or weights of type and the use of different colors.³¹⁵ Thus, “Designing for Adolescent Mental Health and Wellness: A Museum Educator’s Guide” was built utilizing a grid-like system to organize the content in a consistent, understandable manner. Also, the artifact’s hierarchical composition utilizes graphical elements, spacing, and placement to improve readability and legibility.

Inclusivity. Inclusive design refers to “the design of mainstream products and/or services that are accessible to and usable by as many people as reasonably possible...without the need for special adaptation or specialized design.”³¹⁶ This approach strives to provide an accessible experience for users with a wide range of capabilities. Print-based designs do not always have the ability to take all potential inclusive designs into account.³¹⁷ However, through the

³¹³ Coates, *An Introduction to Information Design*, 55.

³¹⁴ Coates, *An Introduction to Information Design*, 56.

³¹⁵ Coates, *An Introduction to Information Design*, 58.

³¹⁶ Coates, *An Introduction to Information Design*, 43.

³¹⁷ Coates, *An Introduction to Information Design*, 43.

intentional use of typographic elements and color, a print-based design can promote accessibility for a higher percentage of the targeted audience.³¹⁸ These elements are discussed further below.

Typography. Typographic elements impact the legibility and readability of information. Coates and Ellison recommended selecting typefaces that are appropriate to their desired function and the tone of the content.³¹⁹ Best practices include selecting sans-serif fonts of at minimum 12 to 14 point or equivalent and to utilize a maximum of three typefaces to denote titles, headlines, and body copy.³²⁰ A limited number of typefaces and the absence of unusual typographical elements will increase a design’s overall comprehensibility. Thus, “Designing for Adolescent Mental Health and Wellness: A Museum Educator’s Guide” utilized two sans-serif fonts at 12 point or higher to ensure readability and accessibility.

Color. A design’s color structure visually indicates patterns and relationships between design elements and creates a clear organizational hierarchy.³²¹ Similar to typographic best practices, the selected color palette should reflect the design’s tone and the desired user emotional response.³²² Generally, colors with light values, low saturation, and low contrast reflect a soft or relaxed tone while colors of the opposite characteristics reflect a hard, energetic tone. Thus, “Designing for Adolescent Mental Health and Wellness: A Museum Educator’s Guide” utilized a limited palette selected for the colors’ soft, relaxed tones that complement the

³¹⁸ Coates, *An Introduction to Information Design*, 43.

³¹⁹ Coates, *An Introduction to Information Design*, 100.

³²⁰ Coates, *An Introduction to Information Design*, 100.

³²¹ Coates, *An Introduction to Information Design*, 43.

³²² Coates, *An Introduction to Information Design*, 43.

design's tone and the desired user emotional response.

In summary, scholarly literature pertaining to informational design theory and principles provided a solid foundation of best practices to follow in the creation of a print-based informational design. Consideration of Coates and Ellison's recommendations ensured the production of an inclusive, comprehensible artifact. Thus, "Designing for Adolescent Mental Health and Wellness: A Museum Educator's Guide" adheres closely to the best practices and strategies of informational design in order to effectively serve its intended purpose as an accessible, educational artifact.

Strengths and Limitations

Every qualitative research project presents a unique set of strengths and limitations. This research project's findings are strong due to a variety of validation strategies resulting in dependable and credible results. First, the project's guiding research question was grounded in the review of the scholarly literature. The project sought to address a gap within the literature and the museum education field regarding the lack of publicly-available, replicable structures for adolescent mental wellness programming. Responding to this demonstrated need, the literature review informed the research project's choice of methodology and approach to data collection and data analysis.

A qualitative textual and content analysis allowed for this research project's in-depth, systematic investigation of themes and patterns across various texts. Data was collected from three separate disciplines- developmental theory, clinical art therapy, and museum education- which were all previously identified within the literature review as critical components to the design and implementation of adolescent mental wellness programming. Through a rigorous data analysis process, texts from each discipline were carefully analyzed to determine similarities

between respective disciplines' guiding theories and practices. Only the themes that appeared across all three disciplines were included in the research project's final findings as a measure to ensure validity. Overall, the research project's findings utilized this triangulation of data to corroborate evidence and form credible thematic interpretations.

However, the research project also had a number of limitations. First, qualitative textual and content analyses are subjective as the research methods have potential for multiple interpretations due to contextual factors such as researcher positionality and theoretical framework. Due to this, textual and content analyses are not commonly generalizable. Additionally, this research method is a time-consuming, extensive process that requires a rigorous coding system to collect and analyze data. Due to the research project's time constraints and available resources, a limited number of texts were consulted per discipline. As a result, this further limits the research project's generalizability as the findings only speak to the themes and patterns explored within a limited set of sources.

Working within the boundaries of the research project's noted strengths and limitations, this project contributed to the scholarly literature pertaining to adolescent mental wellness programming within the museum environment. Previously mentioned in Chapter 2, the museum's potential as a therapeutic environment for adolescent mental wellness and growth is a relatively new area of study. This project sought to open the conversation on how museum educators, informed by developmental theory and clinical art therapy practices, can design and implement educational programming that provides positive opportunities for adolescent mental wellness and growth. As this conversation continues to develop, there is great potential for future academic research.

Directions for Future Research

This research project sought to identify best practices and strategies to inform museum educators' design and implementation of adolescent mental wellness programming. A qualitative textual and content analysis was an appropriate research method for this project as the field currently lacks a publicly-available, replicable framework for the structure of such programming in the museum environment. Additionally, only a few cases of adolescent mental wellness programming have been documented within the museum field to date. This project's methodology utilized available resources and texts to inform the answer of the guiding research question within the project's time and resource constraints.

However, future research would benefit from conducting in-depth case studies of the museum field's few existing cases of adolescent mental wellness programming to gain further understanding of program structure in-practice. Future research would also benefit from conducting a series of semi-structured interviews with museum educators and clinical art therapists to further investigate the collaborative nature of these two disciplines in the creation of mental wellness programming. Lastly, future research projects are encouraged to study the usability and effectiveness of this project's identified best practices and strategies within a real-world application. Overall, additional research is recommended to further benefit the field and expand the conversation on adolescent mental wellness programming within the museum environment.

Conclusion

As museums embrace a broader set of roles and responsibilities as agents of human well-being and vehicles of social change, museum professionals actively respond to the community

need for public mental health resources and education.³²³ Museums have great potential as therapeutic environments that can benefit visitors' mental health by providing opportunities for social interaction, relaxation and respite, the learning and acquisition of new skills, increased self-esteem and confidence, and a sense of inclusion in society.³²⁴ Through a review of the scholarly literature pertaining to the museum's potential as a therapeutic environment, the following three themes emerged: the potential for collaboration between museum educators and art therapists to promote mental wellness in the museum environment, the prevalence of adult participants in museum mental health studies over youth participants, and therapeutic programming's focus on participants' recovery from mental illness symptoms instead of preventative efforts. The detailed discussion of these themes revealed a gap in the scholarly literature pertaining to adolescent mental health promotion and prevention efforts within the museum environment. More specifically, it revealed a lack of publicly-available, replicable frameworks for the design and implementation of adolescent mental health programming.

Having identified this gap in the literature, this research project sought to answer the following guiding research question:

RQ: How can museums structure educational programming, informed by developmental theory and clinical art therapy practices, to provide positive opportunities for adolescents' mental wellness and growth?

To answer this question, a qualitative textual and content analysis of professional and scholarly literature from the developmental theory, clinical art therapy, and museum education disciplines was conducted. Through a systematic, rigorous data collection and analysis process, the research

³²³ Silverman, *Social Work of Museums*, 3.

³²⁴ Thomson, "Museum-Based Social Prescription," 29.

project revealed four themes, or areas of compatibility across the three disciplines under review, to inform the answer of the research question. These four themes were as follows:

(1) Considering Context, (2) Identity Formation and Guidance, (3) Social Skills and Relationships, and (4) Emotional Management and Resiliency. Lastly, the project's findings were integrated with the review of scholarly literature to develop an accessible, informational artifact. "Designing for Adolescent Mental Health and Wellness: A Museum Educator's Guide" serves as a guiding framework for museum educators interested in designing and implementing mental wellness programming for adolescent audiences within the museum environment.

In conclusion, this research project's findings and the resulting informational artifact intended to fill the revealed gap in the scholarly literature by providing a publicly available, replicable framework for adolescent mental wellness programming. Additionally, this research project continued the conversation regarding museums as therapeutic environments and museum educators' potential to provide positive opportunities for adolescent mental wellness. Overall, this research project's findings and the development of "Designing for Adolescent Mental Health and Wellness: A Museum Educator's Guide" encourages museum education's role and responsibility to support public mental health and provides further insight into a continuously developing field.

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Appendices

Appendix A

Textual and Content Analysis Coding Sheet

Textual and Content Analysis Coding Sheet

Researcher: _____

Discipline: Developmental Theory							
Theme	Code	Title and Author	Quote	Page	Relationships and Patterns	Researcher's Reflections	Date Coded
Discipline: Clinical Art Therapy							
Theme	Code	Title and Author	Quote	Page	Relationships and Patterns	Researcher's Reflections	Date Coded
Discipline: Museum Education							
Theme	Code	Title and Author	Quote	Page	Relationships and Patterns	Researcher's Reflections	Date Coded

Appendix B
Designing for Adolescent Mental Health and Wellness:
A Museum Educator's Guide

WHAT IS MENTAL HEALTH?

Just like physical health, mental health is a critical component of a healthy lifestyle. Mental health is the foundation for all emotions, thoughts, and behaviors.

A MENTALLY HEALTHY INDIVIDUAL..

- Positively copes with life's natural stressors
- Functions effectively in daily activities
- Possesses healthy social and emotional skills
- Realizes their own strengths and abilities
- Makes meaningful contributions to society

WHY FOCUS ON ADOLESCENTS?

1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year



- Adolescents are especially vulnerable to mental health concerns due to...
- Significant developmental changes
- A lack of accessible educational resources about mental health
- The negative stigma and stereotypes associated with mental illness

DESIGNING FOR ADOLESCENT MENTAL HEALTH AND WELLNESS:

A MUSEUM EDUCATOR'S GUIDE



This guide was developed to support and inform the design and implementation of adolescent mental health and wellness programming within the museum environment.

It is intended for use by museum educators and others who support informal education's role in mental health and wellness

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WHAT IS THIS GUIDE?



Museum educators have a great opportunity to support the mental health and wellness of their young museum visitors.

There are countless ways that you can use your museum's unique collections, exhibitions, and educational resources to support young visitors' mental health and wellness.

This guide provides various tips and strategies for the design and implementation of adolescent mental wellness programming in the museum environment.

These recommendations are supported by adolescent developmental theory, clinical art therapy practices, and the strategies of museum education.

Feel free to adapt this guide's series of recommendations to fit the needs of your individual institution and audience.



HOW WILL YOU SUPPORT ADOLESCENT MENTAL HEALTH?

CONSIDER CONTEXT

Every adolescent is uniquely affected by their prior life experiences, socio-cultural backgrounds, strengths, interests, and various other contextual factors.

ASK QUESTIONS

Get to know your visitors! Context-driven designs create relevant, engaging learning experiences.

SHARE AUTHORITY

Co-construct learning experiences. Let youth have a say in what and how they learn.

SUPPORT DIVERSE LEARNERS

Provide multiple entry-points to content to appeal to different strengths and abilities.

ENCOURAGE SOCIAL SKILLS

Positive social skills and healthy peer and adult relationships are linked to an increase in adolescents' confidence, self-esteem, and self-worth.

FACILITATE GROUP ACTIVITIES

Allow adolescents to work with and learn alongside their peers and trusted adult figures.

SUPPORT COLLABORATION

Provide opportunities to practice or roleplay prosocial behaviors in collaborative environments.

PRACTICE EMPATHY SKILLS

Encourage adolescents to consider multiple perspectives and relate to others.

EXPLORE IDENTITY

Adolescence is characterized by identity development. The formation of a realistic identity and positive self-esteem are closely linked to mental wellness.

PROVIDE GUIDANCE

The support of trusted adults is essential to the process of healthy identity development.

ENCOURAGE SELF-AWARENESS

Allow adolescents to construct personal meaning through active discussion and self-reflection.

PROMOTE CREATIVITY

Art-making builds identity. Allow adolescents to explore their thoughts and emotions creatively!

BUILD RESILIENCY

Resiliency protects against adversity, risk, and life's stressors. Resilient youth utilize healthy coping skills to manage their emotions, thoughts, and behaviors.

SUPPORT EMOTIONAL MANAGEMENT

Provide opportunities for adolescents to identify, understand, and discuss their emotions.

TEACH COPING SKILLS

Encourage adolescents to utilize art-making to visualize emotions and healthily cope with stress.

MODEL CONFLICT RESOLUTION

Facilitate activities that promote positive problem-solving skills and critical thinking