
The Unseen Museum Visitors: Persons With Mental Illness

A Project Access White Paper
Art Beyond Sight



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“A museum is good only insofar as it is of use.” – John Cotton Danaⁱ

Museums have embraced a new sensitivity toward their audiences, and developed new programs and services as they attempt to welcome all visitors.ⁱⁱ Yet, an essentially unrecognized and still significant audience, persons with mental illness, has been overlooked in these new endeavors. The following is a brief look at museums and their efforts to address the needs of visitors with mental disorders. It is in no way meant as a thorough examination of the state of museums’ programs and services for this population, nor is it an exposition of the therapeutic value of museum visits. Rather, from the perspective of experienced museum educators from several New York area museums, it is intended as a vehicle to understand some of the general barriers and also possible solutions that might be undertaken by a museum education department to better serve museum visitors with mental illness.

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The current reality

For the last thirty years, museums have looked outside their walls to learn about and to interact more profoundly with those who venture inside. Today, in addition to the educational and aesthetic role of the museum, the social benefit of museums is an accepted concept – a place where everyone is welcome, a safe place to pursue information and ideas, to interact with objects, ideas and with other people. In *The Social Work of Museums*, Lois H. Silverman characterized this change in the museum atmosphere:

On display is a growing belief among practitioners, policy makers, and the public alike in the power of museums to inspire hope and healing, improve lives, and better the world.ⁱⁱⁱ

Working to make a better world has included new provisions for visitors with various physical impairments through the Americans with Disabilities Act (ADA) – ramps, clearer signage, sign language interpreted programs, assistive listening devices, and verbal description tours for the visually impaired are all examples of these changes. Yet, while the passage of the ADA has opened doors – literally and metaphorically – to visitors with physical impairments, the ADA has been less explicit on the requirements for services and programs for visitors suffering from mental illness, cognitive impairments or learning differences.

According to the National Institute of Mental Health website, about one in four Americans over the age of 18 or nearly 58 million people experience a diagnosable mental disorder.^{iv} Despite the breadth of this population – or because of it – it is more difficult to identify the individual in a gallery or a member of a group visit who might be suffering from a mental illness because the illness itself may not be readily apparent to museum staff. While museum education departments are often contacted by individual programs that provide services to an identified population

with mental illness, a museum educator may be daily encountering persons suffering from mood disorders such as depression as participants in museum gallery tours who come either on their own or as part of a social or family group.

What are museums doing for visitors with mental illness?

Museums are already serving this population, probably most often through self-guided (not led by an educator) visits. Often, the frequency of these self-guided groups is the impetus for launching new programs directed at special groups of museum visitors. Noting the repeated visits of groups with caregivers from local organizations, the Brooklyn Museum developed an on-going program for persons with developmental disabilities through collaboration with a large mental health agency. Many museums throughout the country as well as in New York City have followed the lead of the Museum of Modern Art in developing regular programs for persons with dementia.

It may be that the lack of adequate training is the major obstacle for going forward with planning and implementing services and programs for persons with mental illness.

But senior educators concede that their institutions are grappling with how they can best serve this population at all levels. In some instances, the museum seems to be unaware that this is a potential or current visitor demographic. Certainly museum staff members, principally educators, are always exploring new approaches and strategies to serve all potential visitors, including persons with mental illness. But in the absence of clearly implementable ADA directives, framing a strategy to meet the needs of this particular museum audience is often ad hoc rather than holistic.

Challenges and potential solutions

How do we respond appropriately to behavior we don't understand?

This is the question posed by a senior museum educator when discussing the issue of preparing educators to work with museum visitors with mental illness.^v In trying to formulate those responses, educators continually cite their desire for training as a primary need for education staff, whether full-time, contract, or volunteer. It may be that the lack of adequate training is the major obstacle for going forward with planning and implementing services and programs for persons with mental illness. But what is the most useful package of information for the museum educator and for the potential visitors' experiences? Is learning a roster of mental disorders helpful to formulating effective teaching plans? And is the uncertainty of where to turn for assistance becoming a barrier to building skills and confidence for museum educators to embrace populations of museum visitors, who as noted above, are already there?

Particularly in this moment when mental health issues are part of a national discussion education administrators have a unique opportunity to forge new relationships with local mental health providers. Reaching out to local agencies – public, private, and advocacy groups – to assess the potential interest in museum experiences will help education departments to develop new and effective programs. Working with these agencies can also simplify outreach by facilitating the contact between the museum staff and identified groups or program. In addition, these collaborations might open avenues to potential funding sources that could support regular schedules of museum visits.

While educators and administrators come to grips with the needs of museum

visitors with mental illness, they must also struggle with their staffing levels and the resources available for them. In other words, what will budgets allow for new training, collaborations, staffing? Yet there are steps that can be taken to add new skills while still respecting the realities of their institutions' funding. There are strong skill sets within education departments that can be expanded and nurtured through peer-led discussions/workshops, and other informal sharing of resources and information. New York City's Museum Access Consortium is an excellent vehicle for initiating dialogue among and between different institutions on tapping into or developing in-house or cross-institution resources for serving all audiences. Further, museum education departments should value – and help develop – those personal qualities that enable educators to approach every session with a responsive and affirming attitude. In querying a museum educator as to her preparation for working with visitors with mental illness, Lyndsey Anderson of New York City's Rubin Museum wrote, "...it is important to choose an educator (or become an educator) who is deeply compassionate and fully committed to providing an open and safe environment where individuals with special needs are comfortable reinforcing their own identity, while making shared connections with one another."^{vi}

On-going, general training for education staff whether permanent, contract, or volunteer should always – and for all populations – emphasize respect for the visitor with the overall goal to build a sense of security, mutuality, and trust for all audiences. If this is part of the culture of an education staff, different or challenging audiences will be neither.

Building a community

In her discussion of the benefits of museum visits for group work, Silverman notes that museums offer groups an opportunity to meet together, provide activities connected to museum collections, and offer inspiration.^{vii} Are these not the goals of every museum educator for any museum activity, for any audience? Grounded in their collections, museum educators are trained in and experienced with implementing a range of multi-modal teaching strategies for a breadth of audiences. Approaching the gallery or studio experience as an opportunity to build a small community during the museum visit can be the starting points for educators when considering their gallery and studio sessions for visitors with mental illness.

The opportunity to develop new and strengthen existing relationships is available each time an educator walks into a gallery or studio with a group of visitors. Building a small, temporary community for the duration of the visit certainly enhances the individual and group experience, and educators can foster the sense of community through their interactions with the visitors and through thoughtful planning and adaptations of their current presentations. One adaptation to facilitate the community is to consider smaller groups to facilitate greater sharing and reduce distractions among the group members. Groups of six to eight visitors are large enough for different opinions and viewpoints to emerge and yet small enough to allow for a sense of community and mutuality to develop.

Group projects in the studio or even in the galleries can also foster a sense of sharing and inter-dependence among the group of visitors. Creating activities in which each participant may participate, in addition to personal projects, can not only contribute to

the sense of community in a particular moment, but also encourages the socialization of persons who might feel isolated from ordinary human contact and experiences. For example, touch objects can be utilized as stimuli for group interaction in addition to providing sensory information about an object or image to each group member. As one experienced educator wrote, “It is extremely important to foster the diverse perspectives of the participants and attempt to create a shared narrative even if diverse threads exist.”^{viii}

Inclusion

Before we address how people learn in a museum, we have to accept all visitors as humans who have come to connect with art objects, and with each other.

Welcoming the stranger is a keystone of many faiths and belief systems, and a secular analogy is welcoming all visitors to museums, not as if, but because they all belong there. Before we address how people learn in a museum, we have to accept all visitors as humans who have come to connect with art objects, and with each other. This is not just an opening statement by the educator or friendly greetings from front-line staff like security and visitor services. It involves the educator’s constant efforts to ensure that all members of their group are comfortable in the environment and that they all have an equal voice in the discussion whatever their opinions.

Inclusion can also mean giving group members space to decide how and if they wish to actively participate and visitors from residential programs lead highly scheduled, regulated lives and a museum visit may be an opportunity for them to absorb quietly or look independently. Some museum visitors with mental health issues (anxiety disorders, for example) may not be able to sit or stand in one place and may have to move around the gallery. To that end, educators have to be attentive to reactions, both verbal and nonverbal, and should always have support especially in the galleries so that all group members are at ease.

Trust

All adult participants in a museum program trust that the educator will provide insights and information that can lead to an inspiring experience in a safe environment. Educators thus should consider not only how their actions and responses can create a comfortable space, but some logistical and space issues as well.

One important consideration for both the museum and the visitors’ agency is the timing of visits. Should the visits be scheduled during non-public hours to minimize distractions, or does that schedule further isolate museum visitors with mental illness in a special category? If the museum and agency opt for visits when the museum is open to all visitors, educators then have to be mindful of the spaces that will be the setting for the presentation and the route through other galleries. A visit that entails a lot of walking through crowded, noisy galleries can be distracting and even unsettling to some visitors. Loud noises can be unsettling particularly for visitors suffering from PTSD.

Being in a new space possibly with other people around may initially inhibit visitors’ responses, so when using inquiry as a strategy, an educator should allow audience members to process information before they respond. One strategy is to have audience members spend a moment looking at an object/image before asking for their response, giving them time to acclimate to the surroundings, the image/s, and

the educator's process.

Another a critical element for both planning and presentation of a lesson is to always remember that adult visitors – no matter their individual circumstances – are adults, have adult experiences and should never be addressed as children.

Some additional recommendations

All good educators know that having information on their future audiences is helpful, even a necessity, to planning an effective and interesting presentation. When working with adults with mental illness, however, privacy considerations will be paramount, so it is better to ask questions in advance about interests and behaviors rather than diagnoses. Some things to consider:

- Will audience members be comfortable with the educator making eye contact?
- Low lighting, or objects in tight spaces might be uncomfortable for some.
- What about noise levels especially in popular galleries; will visitors be able to hear the educator and each other comfortably?
- Are visitors willing to wear nametags? While the ability to address everyone by name is always preferable, remember that some visitors, especially visitors from institutional settings, may resist wearing identification no matter how benign its purpose.

Summary

There has been no more important time to have a conversation about the museum community and its services persons with mental illness. Luckily, within museum education departments there already exists a rich bank of skills and experiences that can be employed in programs for persons with mental illness. Reaching out to local service providers in the mental health field, and working with colleagues in other museums to share information and resources are the external activities museum educators and their departments can undertake to develop programs for visitors with mental illness. Internally, embracing the concept of forming a community for and with visitors should help the museum educator create fulfilling and inspiring museum experiences for all their audiences.

ⁱ John Cotton Dana, *The New Museum: Selected Writings* by John Cotton Dana. Edited by William A. Peniston. The Newark Museum Association and The American Association of Museums, 1999, p. 68.

ⁱⁱ See for example, AAM-US Board of Directors Museums and Community Resolution <http://aamftp.aam-us.org/sp/m-and-c-board-resol.cfm>. Accessed January 11, 2013.

ⁱⁱⁱ Lois H. Silverman, *The Social Work of Museums*, Routledge, 2010, p. 2.

^{iv} NIMH: The Numbers Count: Mental Disorders in America, www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml

^v Adelia Gregory, Museum Guide Coordinator, Brooklyn Museum.

^{vi} Lyndsey Anderson, Assistant Manager of Visitor Experience, The Rubin Museum.

^{vii} Silverman, p.115.

^{viii} Lyndsey Anderson, The Rubin Museum, in a document shared with the author

General Information on Mental Illness

<http://www.mhaofnyc.org/>

<http://www.nimh.nih.gov/index.shtml>

http://www.who.int/mental_health/en/

Articles on NIMH site, and see also their posts by Topics

<http://www.nimh.nih.gov/about/director/2011/mental-illness-defined-as-disruption-in-neural-circuits.shtml>

About veterans

<http://www.nimh.nih.gov/about/director/index-military.shtml>

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