

THE MUSEUM IN MEDICINE:
DEVELOPING OUTREACH PROGRAMS WITH HOSPITALS TO MOVE TOWARD
HOPE AND HEALING

By

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Summary of Project in Lieu of Thesis
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Today, the arts have a growing presence in daily medical practice. Research proves that art has many therapeutic benefits in hospitals, improving a patient's experience by reducing anxiety, decreasing pain, and shortening overnight stays. With the rising trend in arts in medicine programs, museums across the country are becoming interested in developing ways to get involved. By collaborating with medical institutions, museums gain another foothold in the community, making themselves more visible and more accessible. Outreach programs such as these also offer museums a way to stay relevant and help them to become more sustainable by fostering community relationships over time.

This project developed from an examination of current museum outreach programs with hospitals across the country. The goal of this project was to reach a new audience, introduce them to the museum while meeting them in their present

circumstance, and engage the participants in an activity that allows them to interact with the museum's collection. Working with the children in the pediatrics department at Shands Health Center, I designed a project for them based on the collection and educational method used by the Samuel P. Harn Museum of Art. I introduced the children to artwork from the museum's permanent collection by bringing in postcards of the works and allowing them to each pick one to keep. We discussed why they selected the image and then examined the formal elements of the artwork (color, line, shape) in order to discover how these elements contributed to the meaning and feelings expressed in the work, as well as how it made them feel personally. These descriptions were placed on an interactive Velcro board for the children to match under the different elements.

Afterward, the children had the opportunity to draw or paint their own picture on a blank postcard and then use the board again to examine and describe their artwork.

In addition to describing the process for this project, I also examine the ways in which arts in medicine programs between hospitals and museums are mutually beneficial, producing a relationship that offers each field the opportunity to learn from the other and grow both individually and communally.

CHAPTER 1: REVIEW OF THE LITERATURE

The process of introducing community groups to museums is not about high levels of educational achievement. Rather it is concerned with negotiating, confidence-building and providing opportunities. It is about empowering community groups to realize that museums are as much for them as for the social elite, and that they too can have access to them culturally, physically and intellectually.

-Jocelyn Dodd, *The Educational Role of the Museum*

Today a growing number of museums are broadening their programming and outreach to underserved communities and groups of people who might not typically be visitors. These groups can include people who might not be able to visit the museum, for example those who live in nursing homes or are confined in hospitals. Recently, more museums, particularly art museums, are taking interest in these groups and developing creative ways to reach out. Extensive research in the field of arts in medicine has proved that the arts produce positive results in the care and healing of patients. Museums looking to get more involved in their communities are taking these findings as an opportunity to use their tools and training to help those in their time of need. This enables museums to reach both patients and their families, offering a respite from the stress and pain of their treatment.

Although a hospital is not a traditional venue for museum programming, many museums are seeing their outreach met with great success. According to John Cotton Dana, a librarian and founder of the Newark Museum in New Jersey, the museum should serve as “an instrument for community betterment” (Alexander 42). By taking their programs into new and untraditional spaces, museums are introducing themselves to new people and reaching audiences who might never have walked through the doors on their

own. Similarly, John H. Falk argues that museums today have a very limited perspective on what their role is, stating that “if museums re-envisioned themselves as educational institutions with tools and ways to reach people across time and space, then other possibilities would become available” (Falk 235).

The possibilities for collaborative projects between an art museum and a hospital are endless and life altering. Both institutions are facilities for healing and restoration, a strong link that bonds them together in an unexpected way. Though people visit a hospital to heal their physical pains, people often visit art museums for emotional comfort and mental rejuvenation. According to Falk, visiting a museum is a leisure experience – and one with many benefits (Falk 43). However, museum professionals are not the only ones who believe in the beneficial results of the museum. Psychology professors Rachel and Stephen Kaplan developed the Attention Restoration Theory, which proposed that spending time in nature could help restore people mentally and assist them in better focusing their attention (Kaplan). In 2008, Jan Packer, a researcher at the University of Queensland in Australia, conducted a study which found that visiting a museum offers the same benefits and healing properties that nature offers. These four key characteristics necessary to mental rejuvenation are: fascination – being engaged or interested in one’s surroundings; removal – the feeling of being away from or escaping the world around one’s self; extent – having one’s mind occupied for a lengthy period of time; and compatibility – feeling that one’s personal tastes, needs, or purposes were met (Packer).

Likewise, doctors are discovering these same benefits in arts in medicine programs and learning that they do not just affect people mentally, but physically as well. According to Dr. Gary Christenson, president of the Society for Arts in Healthcare and

director of the mental health clinic at the University of Minnesota's Boynton Health Service, studies show that patients who are exposed to the arts during their hospital stay experience less anxiety and are more cooperative for medical procedures. Working on an art project with an artist-in-residence also helps to distract patients and their family members from their pain or stress and enables them to explore their own feelings and emotions (Christenson 1). In one particular study by Walsh, Radcliffe, Castillo, Kumar, and Broschard, family caregivers of cancer patients completed the Beck Anxiety Inventory and had their saliva tested (salivary cortisol measurements indicates stress levels) before participating in a two-hour session of art making. Afterward, the participants completed a second BAI and saliva test, both of which proved a significant reduction in anxiety (Walsh et al.).

Even something as simple as being surrounded by artwork has been found to soothe patients in the hospital setting. *The Journal of Emergency Medicine* has found that patients undergoing procedures have described better pain control when able to view a work of art, especially of nature, in their room. Many hospitals have murals painted in hallways and waiting rooms to serve as a distraction to patients and families. Those who have spent time looking at these murals have reported a significant decrease in the intensity of their pain and anxiety. Researchers have even gathered physiological proof from skin conductance, pulse transit time, and muscle tension, which reveal a quicker recovery from patients who have the opportunity to view images of nature and landscape settings (Nanda et al. 172).

Hospitals are also reaping the benefits: including the arts in health care has proved to be cost-effective. Arts in medicine programs have enabled patients to require less

sedative medications, overnight stays, and nurse time (Christenson 1). These results have hospitals and healthcare institutions taking a greater interest in art related programs. In fact, studies show the rising trend in arts in medicine program in recent years. In 2004, 43% of healthcare institutions hosted some type of art programming, which rose to 49% by 2007 (Sonke et al. 114).

The Journal of Holistic Nursing published an article on arts in medicine in 2006 that described a study where patients having surgery or in critical care either participated in a brief guided-imagery exercise or had a picture of a landscape displayed in their room. Findings showed that these patients “had decreased need of narcotic pain medication and left the hospital an average of one day earlier than patients who did not have these interventions.” The article also discusses the drastic effects that the arts in healthcare can have on the quality of a person’s life, suggesting that it may even lengthen a person’s life (Lane 70).

Expressive arts therapy programs were first used in America after World War I. In 1950, the American Music Therapy Association was established, setting the precedent for a more formalized arts in therapy program. From there, similar programs developed, expanding to include focuses on the visual arts, dance, poetry, and drama. The arts in healthcare movement has continued to see great growth in the last fifty years, recognizing “the essential connection of body, mind, and spirit; it embraces both individuals and communities; it is non-mechanistic and non-dualistic; and above all it offers a sustainable worldview” (Sonke et al. 108). Recently, the Society for the Arts in Healthcare published the following formal definition:

Arts in Healthcare is a diverse, multidisciplinary field dedicated to humanizing the healthcare experience by connecting people with the power of the arts at key moments in their lives. This rapidly growing field integrates the arts, including literary, performing, and visual arts and design, into a wide variety of healthcare settings for therapeutic, educational and recreational purposes (Sonke et al. 110).

With the rising trends in arts and medicine, museums across the country are taking interest and developing ways to get involved. Some museums have opened their doors to patients and their families, offering specific programming for them, while other museums send staff members and volunteers to work with patients who are unable to leave the hospital due to their health restrictions. Both options present their own set of challenges and benefits, but the ultimate decision should be based on what best suits the particular museum and partnering hospital, as well as the design of the program. The museum may choose to introduce a particular artist, style, or medium to the patient, enabling them to learn about artwork or create their own. The following is a list of selected museum and hospital collaborations from across the country and the programs that were developed to use art as a method of healing.

Cummer Museum of Arts & Gardens

The Cummer Museum of Arts & Gardens in Jacksonville, Florida hosts a program called “Kids Together Against Cancer (KTAC).” This five-week workshop is geared toward dealing with adult family members who have cancer. The program invites parents and their children to meet at the museum with clinical social workers and artists where they will learn to effectively discuss and deal with the diagnosis (“Community” 1). During the workshop, adults and children meet separately to discuss their feelings and create artwork based on these emotions and experiences. Afterward, the families reunite and share their artwork with each other, expressing their feelings through these creative

representations (Eisenberg 1). KTAC is sponsored by the Rice Family Foundation, St. Vincent's HealthCare, Riverside Presbyterian Day School, and The Children's Treehouse Foundation ("Community" 1). Although there is no cost for participation, there is limited space available and the program is focused on children 5 – 17 years of age (Eisenberg 1). According to Jennifer Maggiore, a licensed clinical social worker at St. Vincent's HealthCare, "the whole goal is for children to be able to learn how to communicate the various feelings and emotions they might be experiencing and to be in a safe place where they can talk about what those feelings are through art projects." As Maggiore explains, children communicate more easily when they have another venue besides verbal language, such as art. Another benefit of the program is that children attending are able to meet and interact with others who are going through similar situations. They are able to bond over these struggles and realize that they are not alone, a comforting thought during a difficult time. Maggiore hopes that the program is able to "empower families and parents on talking to their kids" and that this open form of communication is something that they take with them and use long after the workshops end (Warford).

One of the great strengths of this program is that it addresses the needs of both parents and children. Essentially, it creates three groups of support – one for adults only, one for children only, and then one for the family as a whole. This is particularly helpful because the adults and children are split up at first, which gives them the freedom to speak openly among a group of their peers. This can become a very encouraging experience because it reminds each group that they are not alone and that other people are facing the same struggles. In turn, the art making process can help each group to better express their emotions, using both words and visual representations. When the families

gather together to share their creations, it makes it easier for everybody to explain their feelings, using their artwork as a talking point. The confrontation of difficult issues becomes much less daunting. Here, the museum functions as an open forum for communication, beginning a dialogue which will carry over into the home, and offering hope through community.

Mulvane Art Museum

In 2007, St. Francis Health Center began a partnership with Mulvane Art Museum at Washburn University in Topeka, Kansas. The Comprehensive Cancer Center Art and Wellness Program meets weekly for a 90-minute class at the museum which is free for participants. The classes are geared toward adult cancer patients and every meeting focuses on a different medium each week. This enables participants to drop in on a class when they are able without ever getting behind. It also allows patients to experiment with a wide range of ways to express themselves. Jane Hanni, Mulvane's assistant curator of education, leads the workshop, offering a brief introduction on the featured medium before the participants try their hand at the craft. Past classes have provided instruction on everything from oil painting and watercolors to stained glass making and jewelry design ("St. Francis" 1).

Kimberly Gronniger, the former administrative director of marketing at St. Francis Health Center, launched this program in order to better understand the link between art and medicine. She felt that the program was best suited in a museum setting rather than the hospital because the goal was to "enter this building where there is beautiful art and to create something beautiful yourself." Though many of the patients

had no previous experience in art, many of them found that they had a talent they never knew existed. Sometimes the themes represented in the artwork reflect the hurt and anxiety caused by cancer, but more often, the works are unrelated to illness. In particular, the patients favor nature as a recurring theme – this tends to be very common in other programs as well (“St. Francis” 1).

The patients often donate their work to auctions that raise money for different charities. For a collaborative auction piece, the students in the wellness program created a painting of a sunflower with each person painting a different section that represented their illness (“Catholic Health” 1). For example, a patient with kidney cancer painted their section kelly green, a breast cancer patient painted their section pink, and a brain cancer patient painted their section gray. Michelle Desmarteau, a participant and cancer survivor, explains that “each part represents our personal story, but the final work shows the beauty of our collaboration and who we are as a group.” The completed sunflower piece was sold for \$4,800, which went to the St. Francis Health Center Foundation and the buyer of the painting donated it to the hospital. The artwork now hangs in the waiting room of St. Francis, where many of the workshop participants go for treatment and can be reminded of the power in their art. This seems to be a fitting place for the piece, as Desmarteau says, “We all feel like we’ve been given a lot. It’s nice to give something back” (“St. Francis” 1).

For these patients, participating in Mulvane’s art and wellness program is not just about their own healing, but also about offering hope and healing to others who might be experiencing the same struggles and hardships.

New England Quilt Museum

Similarly, a collaborative project stemmed from a partnership between the New England Quilt Museum and Lowell General Hospital in Lowell, Massachusetts. The museum hosted the Cervical Cancer/HPV Quilt Project, an exhibit of quilts that were created with squares sewed by, or in memory of, women who have fought cervical cancer. According to Rhonda Galpern, the Outreach Program Manager at the New England Quilt Museum, these quilts are more than just works of art; they also function “like message boards” for patients “to express their emotions such as grief, anger, and for many, relief and hope.” The traditional art of quilting is both practical and creative. Historically, it has been a very social activity for women, who have often formed quilting circles to bond around the craft. Many quilts are even created to tell stories, which is perhaps what makes this such a unique and moving medium for these patients. The quilting squares “really tell the situation of the person – we encouraged anyone experiencing any type of cancer to take the time to read them” Galpern said (“Cervical Cancer” 1).

The project was made possible by a generous donation from Linda Chemaly of Chelmsford, Massachusetts in support of cervical cancer outreach. In addition, the exhibit inspired visitor Lynda Bregy from State College, Pennsylvania to donate fabric for another quilt, which was sewed together by volunteers of the quilt museum. The piece incorporated a variety of ribbons stitched in teal and white thread, colors which represent cervical cancer awareness. The finished product, *Ribbons of Hope*, was donated as a raffle prize to raise money for cancer patients at Lowell General Hospital’s Cancer Center (“Cervical Cancer” 1).

The community support that resulted from the donors, volunteers, and visitors of this exhibit is an outstanding example of the role that art can play in healing and unifying people, despite difficult circumstances. Not only did the museum serve as a venue for people to see artwork, but it also invited them to take action. This is what museums should strive for: creating a bond between people, between the museum and the community.

Ormond Memorial Art Museum

While some museums act as host sites for patient workshops such as the ones discussed previously, other museum programs are designed to travel and meet the patients where they are, which often enables more people to participate. Many times patients are bedridden or are unable to visit public places where large groups of people gather while their immune systems are low. Though they cannot visit the museum, most hospitals have some type of playroom, community room, or conference room where patients can meet to read, use a computer, or attend workshops and classes. This can end up being easier for the museum as well, because the patients are already in a sterile environment where their health is being monitored. Any art tools or equipment that the program requires are checked for safety so there should not be any concerns for those who have more restrictive illnesses.

An example of one such traveling program is “Art in Therapy,” a collaboration between the Ormond Memorial Art Museum and the Florida Hospital Memorial Medical Center in Daytona Beach. The museum’s director, Susan Richmond, worked with the Comprehensive Cancer Center at the hospital in order to design a program that offers an

artful approach to healing for both patients and their families. At first, the cancer center wanted the program to be for patients only, but the museum was adamant that family members and caregivers be able to participate as well. While it does offer a healing opportunity for the family, who is very strongly affected when an illness occurs, Richmond has found that it also creates a sense of empowerment for the person who is ill. She has found that those patients who have attended the program alone the first time, have brought family members with them the next time – it becomes something that the patient can offer the family, a way to communicate and bond together. Extending the program to the patient’s family also enables the museum to reach more people (Richmond).

Richmond explains her interest in choosing to work with the cancer center, “We are a small museum. We can’t be everything to everybody. We don’t have the capacity, budget or staff so we chose to focus our outreach on specific areas. We picked people who were least likely to come to the museum or have art enrichment in their lives.” In addition to working with the cancer center, the museum also provides programming for veterans with mental health issues and children in foster care. Richmond speaks passionately about these programs because they “enable the museum to be in a place where you can make such a difference in your community.” She believes that these specifically targeted outreach programs demonstrate the enrichment that the arts and creativity can bring to somebody’s life, especially during a time of turmoil (Richmond).

From a marketing standpoint, this program is successful because it has allowed the museum the chance to establish relationships with people in the community. The cancer center is a great place to extend programming to because it reaches people who

live in the neighborhood – they are not tourists who are simply passing through. The people who are patients at the cancer center actually have the opportunity to become lifelong supporters of the museum, whether they join as members, become regular visitors, or attend events and art classes at the museum (Richmond).

During the “Art in Therapy” program, professional artist Karlene McConnell leads the classes in learning to paint with watercolors. While this creative outlet helps patients and family members to focus on something positive, McConnell has found her own healing in the classes as well – she recently lost a cousin and both in-laws to lung cancer. Being able to help others who suffer from illness has been a way for McConnell to cope and channel her grief into a creative outlet. The classes serve as more than just a distraction, however. According to the Executive Director of the cancer center, Luis Chanaga, “Modern medical practitioners agree that recovery from a large variety of ills, both physical and mental, can be aided and accelerated using the therapeutic powers of art.” Chanaga’s vision for the “Art in Therapy” program was “to give patients and those that care for them another option that supports our holistic approach to healing” (“Florida Hospital” 1).

Richmond admits that as someone in the arts, she would naturally prefer that the program be held either at the museum or an arts center, but after discussion with the hospital, they decided that it would be best for the patients’ wellbeing to hold the program at the cancer center. However, there is limited space available at the hospital so participants must register ahead of time. Patients and family members from other hospitals are also encouraged to sign up to attend. The program occurs monthly and each session is based on a different lesson (“Florida Hospital” 1).

In January of 2012, Dr. Harry Moulis led a class on the basic principles of photography, attended by sixty people. Dr. Moulis gave a presentation of his work, which depicts wildlife, mostly birds, and discussed the techniques of making a great photograph. One of his images was even selected for the 2012 Audubon Society Calendar, a picture of a yellow-crowned night heron. Dr. Moulis's lecture also covered the importance of depth of field, aperture, lighting, and framing ("Art in Therapy" 1). Hosting guest teachers and lecturers like Dr. Moulis is one example of how the program mimics the programming that goes on at the museum. Many museums offer presentations by artists or scholars as special events, giving the general public a chance to gain some insight about the museum's collection or exhibits.

When possible, the Ormond Memorial Art Museum tries to tie in their projects at the cancer center with what is happening at the museum. For example, each year the museum hosts a fine art show themed around cars and motor races, in honor of the Daytona 500, because of their proximity to the race. Richmond has found projects centered around this annual exhibit to be a big hit with the patients because it is something that is local and also very relatable (Richmond).

Even though these classes meet at the hospital, they still enable patients to gather together and meet other people who share the same interests, learning something new in a safe environment. Though there are certain obstacles for museum programs geared toward ill or disabled participants, bringing the program from the museum to the hospital and meeting people where they are helps to offset many of these challenges and creates a comfortable learning environment for those still seeking a moment of reprieve in the midst of their stress.

The Phillips Collection

In Washington, D.C. the Children's National Medical Center teamed up with the Phillips Collection, the country's first modern art museum, to develop an Arts in Medicine program that would "bring the museum to the patients' bedside" (Vause 2). In 2006, the program began with thirteen images selected from the Phillips Collection that were used to encourage conversations with the patients ("New Horizons" 1). Museum educators worked closely with hospital staff members to select artwork which would be meaningful to patients based on "emotional content" (Vause 9). Many of the pieces were even created by artists who were suffering from physical or mental illnesses themselves (Goldberg 1). Included in the selection was work by Edward Hopper, Paul Klee, Jacob Lawrence, Georgia O'Keefe, Alfred Stieglitz, and Pablo Picasso (Vause).

Each patient was asked to choose a work of art from the museum's selection that captured their attention. The patients then discussed their own interpretations of the piece with a professional art therapist (Vause 2). The artwork was able to stir up powerful emotions for the patients, "sparking a deep and revealing conversation with the facilitator" ("New Horizons" 1). Afterward, the patients were given the chance to make their own work of art in response to the piece they had chosen from the Phillips (Vause 2).

This opportunity empowered many patients who did not believe that they had any artistic talents. One such example is fourteen-year old Sasha Berry, who was at first reluctant to make her own art because she claimed that she was not "a good drawer." Berry selected "The Seer" by Adolph Gottlieb from the Phillips Collection, drawn to the symbols and the abstract nature of the piece. She said that Gottlieb's work made her feel

like she could make art too and she proceeded to use oil pastels to draw a picture of flowers in a vase by a window. Astounded by her finished product, she exclaimed, “I’m an artist! Do you see this? I’m an artist!” (Vause 29).

In 2007, the museum held an exhibition of the patients’ work titled *The Art of Healing: A Young Artists Exhibition at the Phillips Collection* (“Going Out” 1). Many of the patients had the opportunity to attend the opening reception party, speak about their piece, and enjoy seeing their work on display at the museum (Goldberg 1).

This collaboration is befitting for the Phillips Collection, which was founded by Duncan Phillips in 1921 as a tribute to his father, Duncan Clinch Phillips, and brother, James Laughlin Phillips, who both passed away a few years prior. In the midst of his great grief, Phillips took solace in his art collection. In 1926, Phillips wrote: “Art offers two great gifts of emotion – the emotion of recognition and the emotion of escape. Both emotions take us out of the boundaries of self.” By partnering with the Children’s National Medical Center, the museum believes that it was able to foster what Phillips described as the “joy-giving, life-enhancing” power of art (Vause 6).

The Children’s National Medical Center is also unique in that they started the first formalized Art Acquisition Program to create a permanent collection at their hospital. The acquisition program began with the “Creating Healing Spaces” project, which displays artwork throughout the hospital, softening the hallways and creating a “warmer and more inviting” environment (“New Horizons” 1).

Like the New England Quilt Museum, The Phillips Collection was able to turn their collaborative project into an exhibit. When possible, this is a great opportunity for museums because they get to showcase their outreach for everyone to see. Visitors who

were unaware of these programs before may take an interest and decide that they want to get involved with the museum by either volunteering or making a contribution. Likewise, donors are often inclined to contribute more when they see that the museum is giving back to the community. Donors feel that their money is being put toward a worthy cause because they actually have evidence of where it is going. Not only are they giving to the museum, but they are also giving to the community at large because the museum has reached out to serve a broader audience.

Perhaps the most important people to see artwork on exhibit from the outreach projects are the participants themselves. For those who have never been to the museum before, it gives them a very personal reason to visit and to bring friends and family members along with them. The participants may find that they enjoy the museum's permanent collection or traveling exhibits and become return visitors, they may even decide to join the museum as members. Regardless, they will certainly feel validated, valued and welcomed, as they see their own work on display in a prominent position, surrounded by galleries of priceless masterpieces. Ultimately, this is how the museum should view every visitor, and every potential visitor for that matter: as priceless – for the museum would not exist without them. Finding ways to give back to the community through hospital outreach demonstrates to the public that people matter to the museum, and thus, that the museum should matter to people.

Children's Museum of Manhattan

In New York City, the Children's Museum of Manhattan works with Memorial Sloan-Kettering's Cancer Treatment Center on a weekly basis. Museum educators visit

the children's ward, armed with fun, educational art activities and sterilized supplies. By bringing this program to the hospital, it makes the environment "more livable, stimulating and fun for kids coping with illness and allows them to feel like a 'normal' kid for a while" ("Hospital Arts" 1). For the past five years, the program has been run by Public Programs Manager, Jamie Kim. She comes from a fine art background, having earned an MFA from the School of the Art Institute of Chicago. She also served as a resident at the Creative Center in New York City, where arts-related professionals are trained to work in hospitals. She then transferred to the Children's Museum, which had an already existing hospital outreach program. The collaboration with Sloan-Kettering had stemmed from a presentation given at the museum by Judith Hannan, a mother whose child had cancer. Prior to the diagnosis, Hannan's family had loved visiting the museum together and through her presentation, she urged the Children's Museum to begin a program at the hospital (Kim).

The program includes bringing art projects to the hospital, which can be done either at the bedside or in the general waiting room and is offered not just to patients, but to their siblings, parents, and caregivers as well. One of the main goals of this outreach is to be able to work with everyone who has to be at the hospital, as it can be such a stressful time for family members, too.

When possible, Kim brings the same projects that are done with visitors at the museum so that patients get a similar experience, aside from the setting. She has found that patients are often very curious about life outside of the hospital and this gives them a sense of normalcy. One example of a project that was very successful at both the museum and the hospital was part of an existing program from the museum called "EatSleepPlay,"

which encourages children to make healthy lifestyle choices by eating right, getting enough sleep, and exercising. The project that was part of the “Sleep” portion of the program involved decorating pillowcases and learning about the proper amount of sleep they should get each night. The museum staff brought pillowcases to the hospital and had the patients decorate them with fabric markers – just like they would have done if they were able to visit the museum themselves.

Oftentimes however, the projects have to be specially tailored so that they work within the more sterile environment, for example, glue sticks are used instead of wet glue. The projects that the Children’s Museum of Manhattan brings to the hospital vary from journaling to painting and even musical instrument making, which becomes a multisensory experience for the patients (Kim).

Also, the physical limitations of individual patients must be taken into consideration. Many children are unable to leave the isolation area, so when the museum staff visits the hospital, they are given access to programs that they otherwise would not be able to participate in and enjoy. In the past, the Children’s Museum also designated special hours for patients who were healthy enough to leave the hospital to come visit the museum. This enabled patients to see the museum without being exposed to the large groups of people who typically attend. However, few children were able to visit and the museum found that the outreach was much more successful when the museum staff brought the program to the patients at the hospital. Overall though, Kim acknowledges that this special outreach program is really not about numbers, but about how meaningful it is to the people they serve. By visiting the hospital, the museum staff is given a unique opportunity “to build relationships and trust” with the children and their families.

Typically, the young patients do not respond well to hospital staff because it often involves such a painful experience. As Kim explains, “We’re there to make art with them and they don’t have to think about their illness for that 10-15 minutes. You can see that they are enjoying their time with us. We get integrated into their lifestyle there.” The bond that develops is one that lasts. Often, when the patients become well they come to visit the museum in person (Kim).

Kim has found her experience with the hospital outreach program to be very rewarding from a personal standpoint. “As a museum educator, it is nice to spark more interest and teach to an audience who normally wouldn’t be able to access these things. There’s always a sense of appreciation,” she explained. For children who are physically unable to visit the museum, this program offers “an informal, creative outlet, alleviates stress for patients, and breaks up the banality” of life in the hospital. Each child comes with their own certain skill set and physical limitations. Kim admits that this can be challenging, as it forces staff to become more creative and flexible, but it also becomes more rewarding.

The museum has found the program to be rewarding as well. Participants have offered up personal testimonies, proving the program’s success. The museum also works closely with the Child Life Services staff members, meeting with them and evaluating the success of the program with their help. With the growing number of children that the museum has been able to reach and the joy that the projects bring to each patient, Child Life Services has continually invited the museum back year after year (Kim).

The Children’s Museum of Manhattan is very outreach oriented, striving to bring art literacy and culture to all children, regardless of income and physical limitations

(Kim). The Children's Museum considers itself to be a museum without walls, defining itself by its programming instead of its building. Because of the museum's small size, there is not enough space to hold many exhibits, so instead the museum is more program-driven, making it easy to find the children's museum all over Manhattan – even in unlikely sites like Lincoln Center. In addition to the hospital outreach, the museum also partners with the East Side Settlement House in the Bronx and Homes for the Homeless, providing educational programming in health, art, and literacy to children in low-income and temporary housing (“Hospital Arts” 1). The partnership that they share with Sloan-Kettering is one that is central to their mission and the benefits that the museum has seen have been endless.

Review

These partnerships that museums have formed with hospitals demonstrate that it is not the size of the museum or the size of its budget that matters. A wide range of programs has been developed, each one specifically suited to the environment and population that it serves. The most successful programs are ones that reflect the museum's mission and reach the community in a way that is unexpected, yet overwhelmingly appreciated. The museum should serve as a beacon to its community and should continually find new ways to extend itself to the people. In such dramatic circumstances as illness, the museum has the opportunity to shine a light and become a relief to people in an equally dramatic and a deeply profound way.

CHAPTER 2: PROJECT DESCRIPTION

After researching similar programs and finding quite a number of museums that have partnered with hospitals in a variety of ways as described in Chapter One, I began to develop my own project, which I believe incorporates some of the best aspects for a museum and hospital collaboration. As a student at the University of Florida in Gainesville, I was perfectly situated between two institutions that are both eligible for one such collaboration: The Samuel P. Harn Museum of Art, a university museum, and Shands, the UF Academic Health Center, both of which are located on campus.

Samuel P. Harn Museum of Art

According to the Harn's mission statement, the museum "promotes the power of the arts to inspire and educate people and enrich their lives." The museum's vision statement builds on this, stating that "the Harn unites the university and the wider community to make groundbreaking contributions to research, teaching and service." In addition, the museum "makes great works of art accessible to diverse audiences by using a variety of innovative approaches to the exhibition and interpretation of art" ("Director's Message" 1). Based on both the mission statement and vision, an arts in medicine project is clearly within the scope of the museum's goals. Sticking within this scope is the very basis of developing a successful museum program. If a project does not fit within a museum's mission, it cannot be expected to benefit the museum, nor can it expect to see any long-term sustainability.

Furthermore, the Harn is a university museum and Shands is a university hospital. By reaching out to Shands, not only does the museum unite with part of the university

that it traditionally does not work with, but it also presents the opportunity to reach people in the community who do not traditionally visit the museum, or in some cases, are unable to visit the museum at all. A collaborative project with the hospital opens the door for the museum to cover new territory, meeting patients and their families as well as doctors, nurses, students, and additional staff members. Reaching people who work at the hospital is important because they are likely to live in the community and have the opportunity to visit the museum in their leisure time, potentially becoming members, frequent guests, or supporters of the museum. Likewise, many hospital patients also live in the community and forming a bond with them during a time when they are unable to visit the museum can lead to a meaningful and lasting relationship with the person and their family when they are well. The project is equally beneficial when dealing with patients that have traveled for treatment and are not nearby residents. It acts as advertising for the museum, offering a warm welcome to those who are new or are only visiting the area, and invites them to come to the museum when the patient is well enough or when the family has time away from the hospital.

Shands Health Center

Shands Health Center is an incredible institution and it is the perfect site for a museum to work with because it is one of the country's leading hospitals in the field of arts in healthcare. Founded in 1990, Shands Arts in Medicine (AIM) is "focused on transforming healthcare environments through the arts, and providing leadership for hospital arts programs throughout the nation." The program is geared towards patients and visitors, as well as their families and caregivers, offering a variety of activities in

visual, literary, and performance arts (“History” 1). Over the years, AIM has grown to include a team of paid artists-in-residence, all of whom attend a clinical staff orientation and participate in weekly rounds (“FAQ” 1). Arts in Medicine offers ongoing programs for twelve units at the hospital. The programs can be as simple as an art cart filled with supplies to occupy anxious children waiting in the lobby at the Children’s Cancer Clinic, to more collaborative and large-scale projects like mural painting (Graham-Pole et al. 136). There is even a patients’ lounge known as “Charley’s Corner,” which offers them the opportunity to get out of bed and view performances by actors, musicians, and artists (Graham-Pole et al. 137).

Since the role of the artists is to work closely with the patients, they play a very important role and so it is essential that they have a working knowledge of the hospital’s basic rules and protocol. The same goes for anyone who volunteers with or studies the program.

Volunteer Process

One of the initial steps in becoming a volunteer with AIM is to complete an online training program and orientation quiz. This training teaches volunteers the hospital’s code of conduct and familiarizes them with safety measures that they should be aware of before they even set foot on the premises. As with the museum, it is important to have an understanding of the hospital’s mission and vision – that is why it is the very first page of the online training manual. Being able to uphold the hospital’s mission and vision means representing its values. Shands’ values are: accountability, collaboration, compassion, competence, communication, creativity, empowerment, excellence,

integrity, respect, and trust (“Volunteer” 3). It is also vital for volunteers to understand all acronyms or codes that the hospital uses regularly for both their safety and their wellbeing. For example, “Code Red” means that there is a fire in the building. In addition, Shands follows the BEST (Building Excellent Service Together) program to support its mission of successful internal communication and patient safety standards (“Volunteer” 4).

HIPAA is another important acronym, which stands for Health Insurance Portability and Accountability Act. HIPAA ensures that a patient’s information is kept confidential, protecting their privacy and security. According to the privacy rule, “covered entities are forbidden from releasing protected health information (PHI) unless authorized by the patient or by regulation” (“Volunteer” 10). Protected Health Information includes anything that could help to identify a specific individual, such as: name, social security number, diagnosis, address, phone number, driver’s license, medical record number, account number, etc. (“Volunteer” 11).

After passing the online quiz, submitting all vaccination paperwork, and meeting with the volunteer coordinator for a brief placement interview, volunteers are able to begin.

Challenges of Developing Project

Developing a project between a museum and a hospital proved to come with many challenges and opportunities to creatively meet the needs of the participants. First, I had to decide who was going to be in my target audience. After meeting with the volunteer coordinator, I was placed in the pediatrics department to work with Arts in

Medicine Kids (AIM Kids). Since my audience was children, most of them would be accompanied by parents, siblings, or additional caregivers. Many of the projects and programs that I had researched offered activities not only for the patients but for their families as well, so as to incorporate everybody in the healing process. As the child of a cancer survivor, I personally understood the pain and stress that illness can cause to family members and the ways that it affects everybody involved. Because of this, I wanted to develop a project that anybody would be able to take part in, something that would spark a dialogue between the facilitator and the participant, as well as between the participant and their family members.

Another challenge would be deciding what materials would be appropriate for the project. The Arts in Medicine program at Shands selects suitable materials based on simplicity and comfort (Graham-Pole et al. 137). When considering materials, it is important to think about the setting where they will be used. The pediatric floor at Shands has a playroom with tables and chairs where AIM Kids meets and does an assortment of art projects with the patients who are well enough to leave their room. The artist-in-residence and volunteers also make bedside visits to patients who are confined to their room. When a patient is in their room, there are certain precautions that must be followed on a case-by-case basis. These instructions are listed on their door. For example, the facilitator may need to wear gloves or a facemask when entering the patient's room. When visiting a bedridden patient, it is especially important that the materials are clean and easy to use. Oftentimes, a patient who is in bed will have a limited range of motion. While the beds do have attachment tray tables, these offer a limited workspace.

In addition, the hospital has strict regulations about what kind of materials may be used and what materials may be shared. For example, patients are not permitted to have or use glitter because it becomes messy and very difficult to pick up the small particles. Objects that cannot easily be cleaned, such as glue sticks, cannot be shared between patients. Instead, these materials are given as gifts for the patients to use and then keep. AIM Kids at Shands has an enormous stock of donated art materials to be shared and distributed to patients and their families on a daily basis. In a group setting, art materials such as paintbrushes are shared and cleaned after each use. Due to the low immune systems of patients, it is very important that any materials that are to be shared amongst patients can be easily washed, cleaned, or disposed. Typically, the activities offered during AIM Kids are free-time painting, drawing, and holiday-centered crafts. In addition, the artists-in-residence and volunteers also make bedside visits to offer the same opportunities to patients who cannot leave their room. For those who do not wish to participate in an activity, art kits (which include coloring books, crayons, and painting tools) are dropped off so that they may use them at their leisure.

One of the project's biggest challenges was how to give patients and their families a museum experience without actually being at the museum. I wanted patients to be able to see and enjoy the artwork, however bringing objects from the museum's collection to the hospital would be nearly impossible. While reproductions are often used outside of the museum setting, having original size, high-resolution images printed would be very costly. As many museums already struggle with financial issues, maintaining a very small and strict budget was another challenge with this project. After considering the alternatives, I decided that the best way to easily show and share a museum's collection

outside of the museum's setting would be to use something smaller and more cost-effective that nearly every museum already had: postcards. Museum gift shops are often filled with postcards of images from the collection, serving as mementos and souvenirs for visitors to keep or send to others.

Postcards are ideal for a museum to use off-campus because they are small in size and can travel easily without having to be delicately packed or carefully handled. They come in large quantities for low prices and can be distributed among patients. This is advantageous for several reasons. First of all, a postcard is a representation of an artwork that is tangible. It can be held, touched, and easily examined very close up. This is especially effective for children who are kinesthetic in their learning. It is also a more accessible tool for patients who are confined to their bed. In addition, a postcard is something that the patient can keep. This material is not one that needs to be shared among patients, so this cuts down on the spreading of germs. For the patient, the postcard serves as their own personal artwork. Some might choose to hang it up on their wall to decorate a stark and empty room. For the museum, the postcard serves as a form of advertising. It is a reminder to the patient of the project, the artwork, and the museum. The project may spark a patient's interest in an artist that they wish to learn more about and they may even come visit the museum in person when they are well enough to leave the hospital.

Concept of Project

The concept of this project was based on learning how to examine artwork at a basic level and discovering the different emotions that art can evoke through both the artist's design elements and the viewer's personal experience.

The project begins by introducing the patient to a work of art from a museum's collection. Reproductions in the form of art postcards are used and the patient is given the opportunity to choose an image that they feel drawn to from a selection of different postcards. In practice, the museum performing the project would most likely use only postcards from their own museum in order to highlight their collection. While I did include several postcards from the Harn, this museum had a smaller offering of postcards and not all of them depicted suitable subject matter for children. In order to include a wider selection, I gathered postcards from museums all around the world. I was also interested in learning if there was a particular category of artwork that children were most attracted to, so this enabled me to offer more postcards of landscapes, nature, still life, portraits, and abstract images.

Using postcards from the museum's collection enables the patients to see some of the artwork that the museum has to offer. They may see an image that they recognize but never knew was in the museum's collection or they might see a work for the first time that they love. Oftentimes, people who have not been to the museum before believe that it is an intimidating place (Bernau). When museum professionals and volunteers are able to meet people outside of the museum setting and show them what their collection has to offer, it is less a daunting experience and they may be persuaded to visit and see the artwork in person.

In the book *Mommy, It's a Renoir!*, Aline D. Wolf discusses the study of art postcards for art appreciation. After using postcards as a way to introduce art to her own children, she noticed that they were able to recognize not only the work and the artist but also the style, enabling them to distinguish which artists made which artworks when they were introduced to new images. As a professional in preschool education, Wolf began creating and evaluating different exercises that used art postcards to teach children about art (Wolf 20). Wolf found that postcards of artwork offered children something that the real artwork did not – the opportunity to touch. This is an important benefit because “children learn a great deal more from materials which they can handle than from those which they can only see” (Wolf 23).

After the patient's selection of their art postcard, I would ask them to examine the image closely. The Harn's education department subscribes to the Feldman method of art criticism. Edmund Feldman worked as a professor of art at the University of Georgia and created a basic four-step model for evaluating artwork. Step 1: Description - “What can be seen in the artwork?” or “What is it that is noticeable?” Step 2: Analysis - “What relationships exist with what is seen?” or “How is the image arranged?” Step 3: Interpretation - “What is the content or meaning of the image?” Step 4: Judgment - “Offer an evaluation of the artwork” or “Is this meaning important and why?” (Feldman). The Feldman method is successful because it gets viewers to move beyond the immediate snap judgments that they tend to make when first looking at an image and deciding simply whether or not they like the work. Viewers are asked to critique the work through a more active process that pushes them to think about the work more thoroughly,

breaking it down and examining each piece before putting it back together to form a more developed opinion (Bernau).

In order to help guide the conversation that goes along with the Feldman method, I developed a small game board that participants could use to record their answers (see Appendix A). The board consisted of four columns: Colors, Lines, Shapes, and Feelings. Under each column there were three Velcro squares where participants could stick on their response pieces. Each participant would examine the art postcard that they selected and pick out the response pieces they felt best described the different elements of their image. The “color” response pieces included: red, orange, yellow, green, blue, purple, pink, brown, and black (see Appendix B). The “line” response pieces included: straight, wavy, curly, zigzag, diagonal, horizontal, and vertical (see Appendix C). The “shape” pieces included: circle, oval, square, rectangle, triangle, heart, and abstract (see Appendix D). The “feeling” pieces included: happy, sad, angry, scared, calm, and excited (see Appendix E). Each of the pieces included a word and an image, either a block of color, a line, a shape, or an emoticon expression. Blank response pieces were also included so that the patient could write in different words if their answer was not already a choice.

In order to ensure cleanliness, I laminated the board and each of the pieces which made them easy to spray and wipe down. This enabled the board and pieces to be shared amongst patients after being cleaned with each use. The cleaning process for shared art supplies requires that the person cleaning wears gloves and sprays the object with a chemical called Virex, wiping it with a clean cloth each time. These cleaning supplies are readily available, included on the art carts that are brought into the pediatric playroom and located throughout the unit.

Before we started using the game board, one of the first things I would ask each participant was “Why did you choose this artwork?” or “What do you like best about this image?” This often served as a conversation starter and helped the participant to feel more comfortable talking about the picture. Since answers varied widely among participants, it was important to stay flexible and let the child lead the majority of the conversation. I focused on making connections between the participant and the artwork based on their responses.

The game board would be particularly helpful since my audience was children. Not only would the children be able to visually record their responses, but the board would offer another tangible element, allowing them to pick up the piece they wanted to respond with and place it on the board. The first three columns on the game board (color, line, and shape) corresponded to the first two steps of the Feldman Method (description and analysis). I would ask each participant “Which colors stand out to you in this picture?” Next I would ask, “How do the lines move in this image?” or “Which direction do these lines go?” “Do the lines point to anything?” Then I would ask “What shapes do you see in this picture?” or I would have them pick out one particular form and ask them to break it down into the basic shapes. The participants were able to describe the artwork using these components and then analyze the composition and the relation to the work as a whole. The last column (feelings) corresponded to the third step of the Feldman Method (interpretation). The participants had the opportunity to figure out what was going on in the artwork and how it affected their emotions. I would ask them “How does this image make you feel?” or “What feelings do you think the artist was trying to express?” or even “How do you think the subject in this picture feels?” After the completion of the board,

they could then come to a final conclusion about the work, fulfilling the last step about the Feldman Method (judgment). I would say, “Based on your previous answers, why do you think the picture makes you feel this way?” Although the participant’s feelings might be influenced by their circumstance in the hospital, examining the other elements first helped to better connect the feelings to the artwork and give them a more concrete reason as to why they felt the way they did. For example, a participant might conclude that an image represents feelings of sadness. After looking closely at the other categories, they may find that the many shades of blue helped them to determine this.

After the participants completed the game board, they would then have the opportunity to create their own art postcard. The postcard template was a precut sheet of watercolor paper with decorative-cut edges and address lines on the back. Making a postcard would enable the participants two different creative outlets because they would have the opportunity to decorate the postcard artistically with paint, markers, or crayons and then they would also be able to write a letter or reflection on the back. This is especially beneficial because the AIM program at Shands encourages writing as an emotional outlet and often gives patients journals in their take-home art kits. After the participants created their own postcard, I would have them compare and contrast their image to the art postcard that they selected so they could better understand how artists utilize the different elements to represent specific feelings and meanings. Using the game board again, I asked them to look at their image and pick out each element as we had done with the postcard, thinking about the decisions they had made for their artwork. For example, Participant #33 selected a postcard with “Autumn” on it by Grandma Moses. She found the light colors and straight lines to create feelings of happiness and calmness.

“It feels like home,” she explained. For her own postcard, she painted a sunset over the water, also using straight lines and light colors, especially shades of yellow, to depict similar feelings. She described her own work as “peaceful, calm, and happy.”

Review of Project

While working in the pediatrics department at Shands, I found the children there to be very eager to participate in the project. They were each excited to pick out their own art postcard to keep and enjoyed the time that they spent making their own artwork. During my time at Shands, I was able to get thirty-five children to participate in the postcard activity. This included a mixture of patients and their siblings. I did not have any parents who participated in the project on their own, however some did want to participate together with their child. For example, Participant #23 was what her mother described as very shy. She was quiet at first, but her mother sat with her for the first part of the project while we discussed the postcard she picked. She selected *Lemons and Daffodils* by Janet Fish, a work from the Harn’s collection. The participant explained that she was first drawn to this image because she loves yellow flowers. She began to open up as we used the game board to describe her postcard and when the mother had to meet with someone, the participant stayed so that she could continue painting and talking about her artwork.

The majority of the children that I worked with had never been to an art museum before so most of their knowledge about art came from school or television. This emphasizes the importance of museums reaching out to people who might not normally visit. By meeting people where they are and introducing them to the collections,

museums have the opportunity to stimulate interest in people who never realized what the museum had in store for them, or who never realized that the museum existed.

Benefits of Project

Using the game board to guide the discussion about the art postcards helped the children to stay focused on the topics. The four elements of color, line, shape, and feeling were concepts which they were very familiar with and were able to pick out of the image that they had selected. I found the project to be most successful with children ages five years old to eighteen years old. While four-year olds understood the elements listed on the board, their attention span tended to be much shorter and led them to become distracted in the middle of the project. On average, I spent about half an hour with each patient, which gave them enough time to use the game board, create their postcard, and use the game board again to examine their own work. One of the best methods for evaluation of this project was discussing results with the artists-in-residence and the Child Life specialists because they spend so much time with each of the patients and can offer helpful suggestions on how to tailor the project to fit the needs of specific children.

Despite the bleak hospital setting, the patients seemed to wake up and come alive when offered the opportunity to look at artwork and then make their own. After studying their postcards, many came up with imaginative meanings or stories behind the piece. For example, Participant #2 chose a postcard depicting a cave painting at Lascaux. He believed that the image told a happy story and felt personally connected to this work as he imagined that his “great-great grandfather” might have painted it.

The elements on the board also aided in the children's ability to pick out specific qualities of the piece. When asked to simply describe the image on the postcard, the children tended to make very general statements or seemed unsure of where to start and what to say. However, when asked about the colors that they noticed, the children were able to list these without hesitation and it often led them to open up, either asking questions ("why was this color used?") or sharing about themselves ("this is my favorite color").

The use of the art postcards played an important role in the children's recognition of artists and styles. Several of the children were able to recognize either the names of popular artists or the work itself. For example, Participant #6 selected Van Gogh's *Daubigny's Garden*. Though she was not familiar with the image, when I told her that the work was by Van Gogh, she recognized his name and became excited, having heard about him on a Disney Channel television show, *A.N.T. Farm*. The participant fully engaged with the image, studying it closely and describing it in detail, also noticing a figure, which she believed to be a cat, in the foreground of the picture. Because she was so interested in the artist, I showed her other postcards of artwork by Van Gogh so that she could see how his style was so unique to his paintings.

Patient #12 selected Van Gogh's *The Bedroom*. Though he recognized the image, he was confused about the artist. "Is that Picasso, the guy who cut off his own ear?" I explained that Van Gogh had painted this piece and that he was the one who cut off his own ear. While examining the lines in Van Gogh's piece, I explained that he was famous for a movement called Post-Impressionism, while Picasso was known for a style called Cubism. He then recalled that Picasso was "the one who made the strange faces." I used

this opportunity to show the participant postcards of artwork by both Van Gogh and Picasso so that he could see the difference in their styles. This is also an example of why postcards make such a great learning tool. The pictures are small enough to handle and the participant could touch the images, tracing the different lines and brushstrokes that the two different artists made. Unlike using a book, we could place these images side by side so that the participant could look at both pictures in order to compare them.

While all participants were willing to take part in the first half of the project, some were more reluctant when it came time for them to make their own postcard. Some believed that they were not good at making art, particularly those who were teenagers. Others were not sure what to draw or paint, feeling uninspired in the environment of the hospital. Participant #18 selected *Corbeille de Fleurs* by Osias Beert. While she enjoyed examining the artwork, when it was her turn to paint, she was unsure of what to do. After a few minutes of looking at the postcard, she picked up her paintbrush and began to paint a scene inspired by the image. Like Beert's piece, the participant's image depicted a basket of flowers on a table, some of which looked healthy, others of which were leaning over or losing petals. The participant's work, however, included a detailed background. Her painting included two windows on the wall behind the basket. One window showed sunshine and two stick figures playing with a ball outside. The other window showed a raincloud with a lightning bolt. The flowers in the basket that were dying were positioned on the same side as the rainy window. For this participant, what began as a copy of the artist's work, developed into a creative interpretation of her very own, revealing a conflicted scene as she worked through her own conflicted feelings.

Other participants also expressed feelings of conflict which they were able to explain while looking at the artwork. Participant #34 selected Monet's *Champ d'Avoine* from the Harn's collection. She described the painting and felt that this was a happy picture. She was drawn to the image because it made her happy too, as she loved flowers and being outside. At the same time, though, the painting also made her feel a little sad because she had not been able to spend much time outside recently. For her own postcard, she painted a similar outdoor scene with flowers and also a "blueberry tree" because she wanted to bake a blueberry pie.

One very rewarding aspect of the project was that it served as a temporary distraction for the participants. According to one Child Life specialist at the hospital, Participant #10 had been experiencing a lot of stress during her stay. However, she was excited to participate in the project because she had a fondness for museums, claiming to have been to at least twenty art museums in the past. She selected Monet's *Cap Martin, Near Menton* because she loved Monet and the "pleasant and enjoyable" feelings that this painting seemed to portray. She talked at length about the museums she had visited and the exhibits that she had seen at each of them, a smile on her face the whole time. For these few minutes, it was as if she had been transported somewhere else entirely, forgetting where she was and why she was there. This is an excellent example of the findings from Jan Packer's study, described in Chapter One, where the four key characteristics to mental rejuvenation were met. Packer's conclusion that visiting a museum offered the same benefits and healing properties as spending time in nature can be used to recreate these characteristics when outside of the museum setting. Participant

#10 was able to look at artwork, despite not actually being able to visit the museum, and still feel the four characteristics of fascination, removal, extent, and compatibility.

Another benefit of the project was that the participants were eager to share their own work and their understanding of the art postcards with others. Participant #32 painted his postcard to depict an ocean with a shark fin in the water and the sun shining overhead because he loved to go fishing and spend time out on the water with his family. He painted lots of waves in the water and explained that he wanted his work to feel exciting because he was excited to go fishing again. He also wanted to send the postcard to his aunt so that they could go fishing together.

Ultimately, I found this project to be a successful experience and I believe that if used in the future, it will be mutually beneficial for patients and the museum. Though the patients are unable to leave the hospital, the project still enables them to experience a sense of restoration that comes from visiting a museum. Offering the postcards provided the children with their own work of art that they could keep and also served as a reminder of the museum. Using the game board to examine their postcard enabled the children to focus on specific elements of the artwork and understand it better as a whole. It also helped them to communicate more clearly when describing their own postcard that they made. In turn, the project benefits the museum as a form of outreach and a way to share the collection with people who have not visited the museum before or who may be unable to visit at the time. This project offers one possible solution in the museum's quest to reach new audiences and as museums continue to grow and develop, museum professionals must seek creative ways to keep the museum relevant and evolving.

CHAPTER 3: ADDITIONAL LINKS BETWEEN MUSEUMS AND HOSPITALS AND THE BENEFITS OF COLLABORATION

At the 2009 annual meeting of the American Alliance of Museums, Carol Scott gave a presentation on behalf of the Institute of Museum and Library Services titled, “How Do We Prove the Value of Museums?” Scott discussed exploring a more holistic concept of value, not simply studying a museum’s basic use value or intrinsic value, meaning its “inherent qualities.” She broadened the term to also include “institutional value” or the “processes and practices that agencies adopt to create value for the public; rooted in the ethos of public service.” Pushing the boundary of the term even further, she also discussed “instrumental value, going beyond function and having aspirations to a wider agenda of social change” (Scott 15). While the museum’s fundamental responsibility is the preservation of its collection, in order to maintain its value to society it must reach beyond this simple function and develop higher goals. How can the museum possibly create social change outside of its own walls if it is not first ready to change itself from within by creating new goals? This means making it a priority to recognize the importance of community engagement and to develop long-lasting relationships with local organizations in ways that fit the museum’s mission and benefit society.

As discussed in Chapter One, museums across the country are reaching new audiences by developing relationships with local hospitals. While each of the museums discussed has developed different programs, specifically tailored to that museum and hospital, there are still more ways to connect the two institutions using methods that are adaptable for other museums.

Additional Ways to Link Museums and Hospitals

Many hospitals, including Shands at the University of Florida, have small libraries for their patients to borrow books during their stay. One option is for museums to incorporate children's books and coloring books that relate to the museum into the projects or programs that they bring to the patients. Another possibility is to donate these books to the hospital's library. This is a great option because these books are available to the patients twenty-four hours a day. The Kalamazoo Institute of Arts in Michigan has developed a bibliography of children's fiction books about art museums that include many popular characters from children's literature such as Babar the Elephant, Amelia Bedelia, and Fancy Nancy ("Children's Fiction"). Bibliographies such as this are helpful resources for museum professionals to find new children's books that are themed around museums and their artwork. Storybooks are an excellent way to teach children and introduce them to the concept of an art museum, with a cast of well-known characters leading the way. These books are especially helpful for younger children as well as those who have never been to an art museum before. Although these books tell fictional tales, they help to familiarize children with real museums and the actual artwork that they collect. Books that are based on artists and art history are also useful to museums as they can help to teach children about specific pieces in their collection. *Getting to Know the World's Greatest Artists* is a series by author and illustrator Mike Venezia, which incorporates reproductions of artwork, biographical information about the artists, and discusses basic concepts of art history in a way that is easy for children to understand. This series includes books on artists such as Andy Warhol and Georgia O'Keefe, two artists whose work is included in the permanent collection at the Samuel P. Harn

Museum of Art. Like the postcards discussed in Chapter Two, books offer another way for children who are unable to visit the museum in person to see pictures of the work in the collection. By sharing these books with patients in a program or donating them to the hospital library, museums have another opportunity to introduce artwork and offer a learning experience outside of the museum's walls.

In addition to the children's books, offering coloring books or coloring pages that correspond to the artwork in the books is a fun way to supplement the storybook, reinforce the images, and offer a creative outlet. The museum could bring in coloring books or reproduced pages to distribute to patients as a takeaway item. The museum could also supply the hospital with these items to give to patients who they are unable to reach through programming. Some hospitals, including Shands, distribute art kits to patients, which consist of coloring books and art supplies so that patients can use these at their leisure. Children's Hospitals and Clinics of Minnesota, Children's Healthcare of Atlanta, and Lurie Children's Hospital of Chicago are among the many healthcare institutions that also offer art kits to patients. This is especially helpful in circumstances when the patient may not feel well enough to attend a program or if the patient is confined to an isolation room and is not permitted to have volunteer visitors from the museum. Dover Publications is a very useful source for museums, offering a variety of fine art coloring books that allow children to color images of famous paintings by artists such as Monet, Picasso, and Cassatt ("Products"). The Walters Art Museum in Baltimore, Maryland even offers their very own coloring pages that can be printed from their website for free in order to "extend and reinforce a child's museum experience" ("Make it at Home"). Other museums including the Heckscher Museum of Art, the Van Gogh

Museum, the Asian Art Museum, and the Guggenheim Museum also offer printable coloring sheets that could easily be distributed to patients.

A growing number of museums are beginning to create or have already created digital applications that are available by cellphone or computer. The museum becomes limitless in accessibility, providing people with an opportunity to view or learn about the museum's collection even if they are unable to visit in person. "Smartphones that allow rich media offer the potential to broaden audiences, specifically off-site audiences that may not have the chance to physically reach the museum. Mobile applications are easy to download and can bring in-gallery experiences to remote audiences," explained Kierstin Tait, writer for *Information Systems in the Visual Arts*.

Like the art postcards and books, digital applications or virtual tours offer another way for those who are confined to a hospital bed or waiting room to be exposed to a museum's collection. Though most museums do not have the funding to bring in their own electronic tablets to use with patients, many hospitals across the country are beginning to purchase iPads or similar tablets which patients can check out to use in their room. Museum staff members who bring programming to the hospital could introduce the applications or electronic tours to patients who have either checked out these tablets, or have their own tablet or smart phone. This is something that the patient could explore on their own time or with the help of the museum staff member. Docents could even come to the hospital to give their lecture while patients use the virtual tour to explore the exhibits online.

Many of these applications are kid-friendly or even geared specifically for children, as museums design games around the collection or create interactive

opportunities via technology. The most basic applications function as a pocket-version of the museum. The Museum of Modern Art in New York City, for example, has created a free application that includes a calendar of programs and exhibits, a touring option, and an online viewing of the collection. This application would be very useful in a hospital because children could use phones or tablets to access the application and look at images from the collection or current exhibits. The digital images are high quality and a magnifying tool enables users to examine the work even more closely than they would be able to in real life. In addition, the app offers a variety of digital tours including ones geared for children and one called Visual Descriptions, which is designed for “visitors with visual impairments and those seeking an in-depth looking experience” (“The MoMA App”). Both of these tours are great options for children in a hospital because they provide detailed explanations and descriptions of the work, examining formal elements such as color, line, and shape (just as in the postcard activity which I created, discussed in Chapter Two). These digital tours encourage children to spend time studying the artwork and point out specific details for them to consider. MoMA’s long-term plan is to be able to offer digital devices to visitors who do not have one so that they may access these applications while at the museum (Kaufman 3). Bringing these devices to the hospital would be an excellent opportunity to share the collection with patients, as these tools are portable and would be more cost effective than having high quality reproductions printed.

Another way in which the museum is making its presence known in the hospital setting is through a special tool called the Artmaker Easel. Earlier this year, Shands at the University of Florida installed their very own Artmaker Easel in the Criser Cancer Resource Center, which was designed in a collaborative effort between Shands’ Arts in

Medicine program and the two university museums, the Samuel P. Harn Museum of Art and the Florida Museum of Natural History. The Artmaker Easel is a device that structurally resembles a large iPad and is installed into the wall. This touchscreen panel is used to create digital greetings based on images from local museums. The user begins by selecting a canvas or a background for their piece. Next, they can choose cutout images from the collections of the Harn and the Florida Museum of Natural History. The cutouts can be moved around or rotated on the background and then their color and opacity can be adjusted for different layering effects. Stamps can be added to the image as well, which include words, lines from poetry, or the user can choose to type in their own phrases. When the user has completed their image, they can then send it to someone via email. This is an excellent tool for patients because it enables them to create digital artwork and then send it to a friend or family member, providing them with another way to communicate with people outside of the hospital. Likewise, family members or caregivers of patients also have the opportunity to use the Artmaker Easel and send pictures or words of hope and encouragement to the patient via email. In addition, the Artmaker Easel acts as an advertisement for these two local museums, making their nearby presence known to users. While some patients and their families might live in Gainesville, many come from all over the country to receive treatment and are unfamiliar with their surroundings. The Artmaker Easel is a stationary tool which functions as a way for the museum to have a constant presence in the hospital, also enabling the museum to market itself and make it more accessible to a new audience.

Benefits of Collaboration Between the Museum and the Hospital

As discussed in Chapter One, research has proven that the arts have positive medical effects for those who are ill, but hospitals are not the only ones who are seeing the benefits. Museums across the country have found these collaborative programs with hospitals to be rewarding for their own institutions as well, enabling them to stay relevant locally, receive additional funding, gain publicity, and reach new audiences.

One way that museums benefit from working with hospitals is the opportunity it provides them to stay relevant in their community. Michelle Lopez, Manager of the *ArtAccess* program and Autism Initiatives at the Queens Museum of Art, explains that her museum hopes “to show that community engagement and art are important in the lives of all people. When we show this, we give relevance to our place as a space and our artifacts as relevant to the learning and lives of people.” Lopez believes that the museum is an academic institution and that furthering the museum’s ideas is vital to its very existence. Essentially, the whole process is a cycle. “The more relevant we are to our community, the more likely our work will be funded, and the more likely we can expand our work and serve more people,” Lopez said.

Being able to serve new audiences is something that museums strive for, which is why outreach programs are so important. Some audiences are more difficult to reach than others, however. Lopez wishes to remind museum professionals that “the collection doesn’t have to live within the walls of the building.” Finding ways to make connections between the museum’s collection and the public often means meeting people in their present circumstance. Though the hospital is often a place where patients feel confined, introducing them to artwork from the museum allows them to have an experience of

freedom and restoration. In addition, hospitals serve a very diverse group of people. Whereas other community organizations may serve a specific race, religion, gender, age group, or income level, the hospital serves everyone. Since the hospital is able to reach so many people and because they are from all backgrounds, this allows the museum to reach a greater number of people and a more diverse audience as well.

By partnering with an organization like the hospital, an institution that is more economically secure, the museum can continue to grow their programs and their audience base, helping them to thrive despite difficult financial situations. Creating new outreach programs that are designed for patients at the hospital also offers museums the opportunity to receive more funding through grants. Lopez is familiar with the challenges of fundraising, especially because her museum is one of the many in New York City, all of which are competing for grant funding. *ArtAccess* is a program that enables the museum to provide programming to patients at hospitals and those with special needs. The Queens Museum of Art is the only museum in the country, and most likely in the world, to have three full-time art therapists employed who assist in the program. Art therapists differ from art educators in that they are specially trained in mental health studies. Lopez explains that it is unique things like this that help the museum when applying for grants. “Each institution utilizes the ways in which they stand out to raise funds and to compete,” Lopez said.

Joyce Zevola, Director of Museum Operations at the Florida Museum of Photographic Arts (FMoPA) in Tampa, has found the same to be true where she works as well. The museum’s “Literacy Through Photography” program has worked with Shriners Hospitals for Children to teach basic photography skills to patients and expanding the

program to St. Joseph's Children's Hospital is also being discussed. Fortunately, the program is so well received by the community that it continues to garner monetary support. "We have specific organizations, including the New York Yankees Foundation, that give us sponsorship dollars because of this outreach that we do," Zevola explained. In addition, the museum recently applied for a grant with the Arts Council of Hillsborough County. According to Zevola, the grant review panel was very impressed with FMoPA's support letters from those who had participated in "Literacy Through Photography" and how valuable the program proved to be to people in the community.

Collaborating with a hospital can also benefit a museum through the support and publicity that the partnership offers. For example, the "Art in Therapy" program between the Ormond Memorial Art Museum and the Florida Hospital Memorial Medical Center in Daytona Beach is funded fully by the hospital's marketing budget, which means that the museum is not responsible for raising the money necessary to run the program (Richmond). This is beneficial to the museum because it helps to support the program so that the museum can continue to develop it year after year. Coming up with sustainable programming is sometimes difficult for museums during times of economic hardship. Some museums are struggling financially, which drives them to find creative ways to reach people, bringing the museum experience to new communities (Block, Finkelppearl, Golden, and Tsai). Collaborating with hospitals also functions as a form of publicity, marketing the museum to an audience that typically does not or cannot visit the museum in person. According to Michelle Lopez, over 70% of people with disabilities do not go out into the community. "[The museum] needs to be in the community a lot more – they won't stumble upon us and they usually don't come out unless invited," she explained

(Lopez). At the Florida Museum of Photographic Arts, Zevola has found that the museum's "Literacy Through Photography" program helps to further the museum's exposure in the community, while at the same time helping the museum to fulfill its mission to educate.

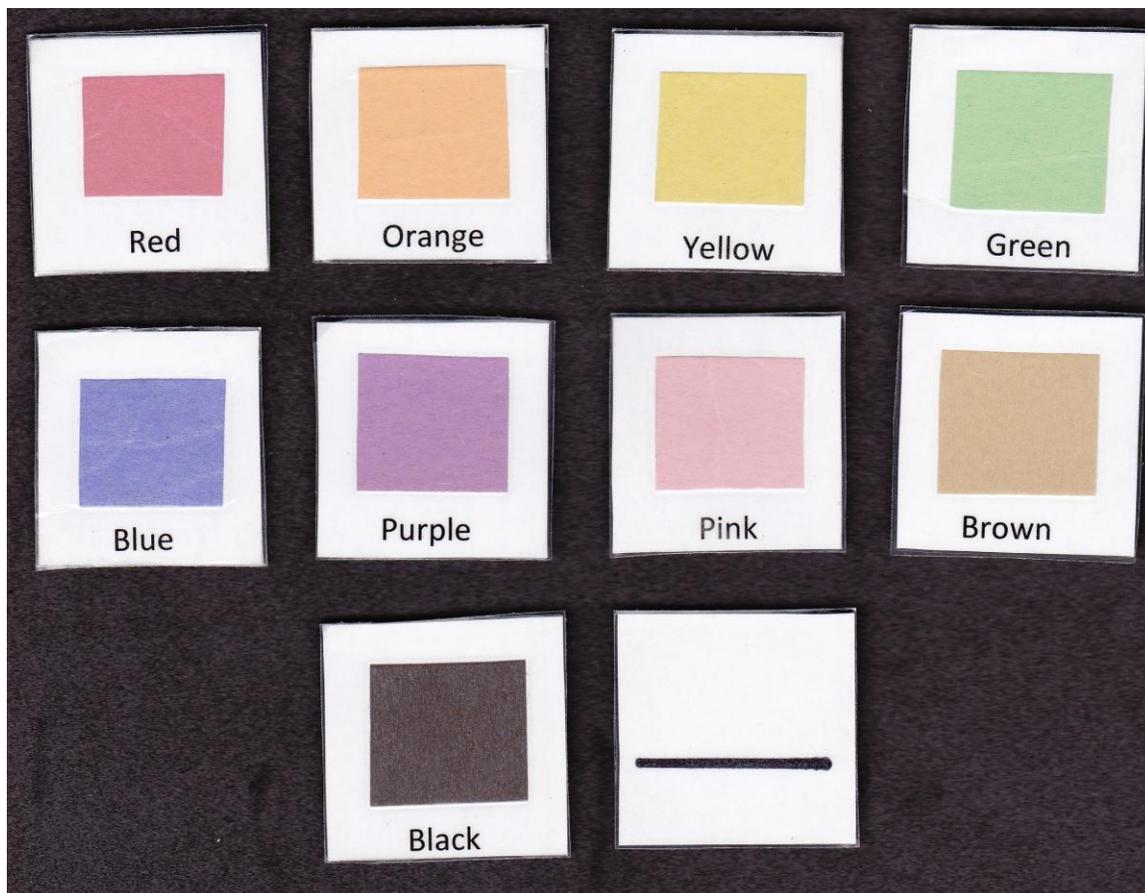
With the rapidly developing number of arts in medicine programs in hospitals across the country, medical researchers and people outside of the art world are seeing the power and the importance of art. The museum, as a facility that protects, preserves, and shares artwork, should thus feel called to bridge the gap between their own institution and the hospital, enhancing their work and helping to foster the research of others. Collaborative programs between the museum and the hospital are mutually beneficial, developing a relationship in which each institution can learn from the other, strengthening their own endeavors, and bringing hope and healing to those in need along the way.

Appendix A

Colors	Lines	Shapes	Feelings
			
			
			

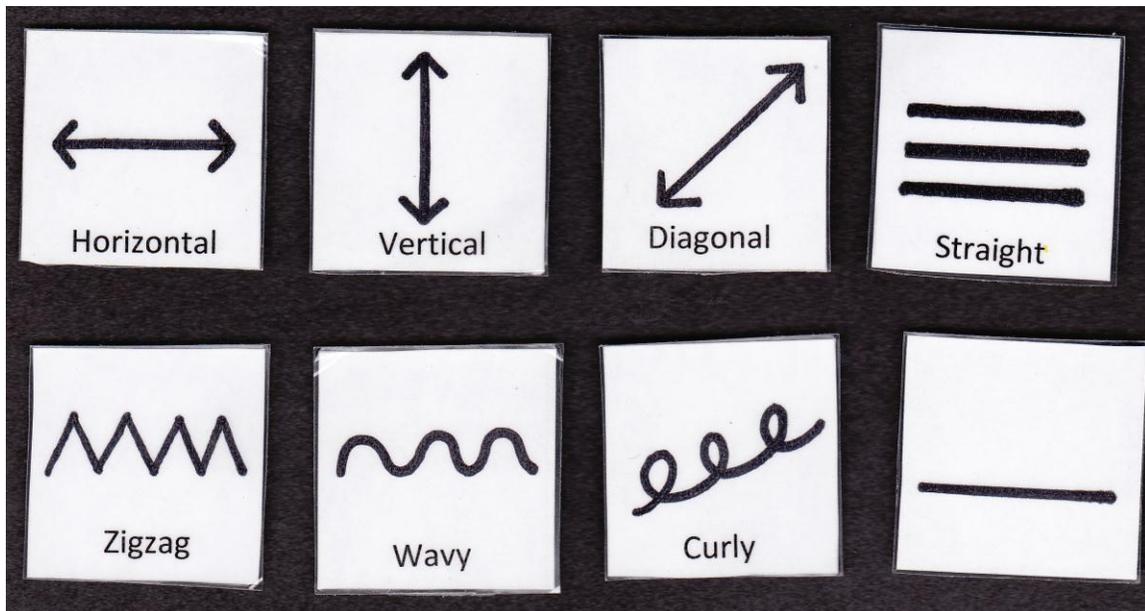
Gameboard: This is the game board described in Chapter Two. The participant selects an art postcard and examines the image, looking at each of the elements listed (colors, lines, shapes, and feelings). There are three Velcro squares under each of the four columns for the participant to record their answers using the square Velcro game pieces. There are corresponding pieces for each of the four columns (see Appendices B, C, D, and E). The board is laminated and the Velcro squares are stuck on top.

Appendix B



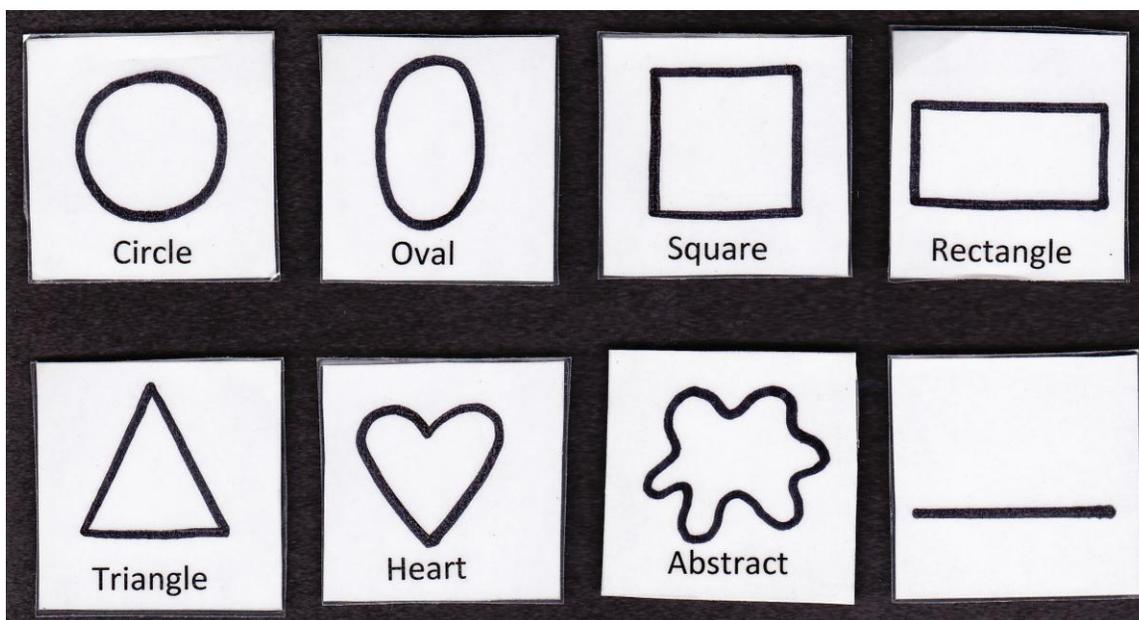
Color Game Pieces: These are the game pieces for the Color column on the game board. The color word is listed below the block of color and the pieces are laminated with a square of Velcro stuck to the back. A blank piece is included for writing responses with a marker if the participant's answer does not correspond to one of the game pieces.

Appendix C



Line Game Pieces: These are the game pieces for the Line column on the game board. The line word is listed below the image of the line and the pieces are laminated with a square of Velcro stuck to the back. A blank piece is included for writing responses with a marker if the participant's answer does not correspond to one of the game pieces.

Appendix D



Shape Game Pieces: These are the game pieces for the Shape column on the game board. The shape word is listed below the image of the shape and the pieces are laminated with a square of Velcro stuck to the back. A blank piece is included for writing responses with a marker if the participant's answer does not correspond to one of the game pieces.

Appendix E



Feeling Game Pieces: These are the game pieces for the Feeling column on the game board. The feeling word is listed below the image of the feeling and the pieces are laminated with a square of Velcro stuck to the back. A blank piece is included for writing responses with a marker if the participant's answer does not correspond to one of the game pieces.

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BIOGRAPHICAL SKETCH

Amanda Christine Kimble was born on September 4, 1987 in Tampa, Florida. The eldest of two children, she grew up in Tampa, graduating from Gaither High School in 2006. She earned her B.A. from Florida State University (FSU) in 2010, double majoring in Studio Art (Photography) and English (Creative Writing). During her undergraduate career, she interned for artist Ruth Kligman, the International Center of Photography in New York City, The 621 Gallery, and the Mary Brogan Museum of Art and Science in Tallahassee. She was a member of Delta Alpha Chi Christian Sorority, Golden Key International Honor Society, and Omicron Delta Kappa National Leadership Honor Society.

While earning her M.A. in Museum Studies at the University of Florida, Amanda had the opportunity to intern at the Solomon R. Guggenheim Museum in New York in the department of Exhibitions Management. She also interned at the Samuel P. Harn Museum of Art in Gainesville in the curatorial and registration departments. In May of 2012 she began an internship at the Florida Museum of Photographic Arts in Tampa, where she was hired as an employee in August.

Upon completion of her M.A. program, Amanda will continue working at the Florida Museum of Photographic Arts. She will marry Joshua Bonanno on May 25, 2013.